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## Thoughts from CADM Chair Nitish Bangalore:

Greetings!

I am the Chair of the ACCP Clinical Administration PRN for 2022-2023. I am relieved to have weathered the COVID-19 pandemic. I am fortunate to have good health and that I get to work with a pharmacy team that is ever stronger from having made it through these challenging times. I do hope that you and your team are healthy and strong.

It is an honor to serve in my capacity as chair of the PRN. As chair, I help to oversee the work of the PRN, which is to address practice and academic issues related to clinical administration. The PRN accomplishes this by providing the means to network with other pharmacists interested in clinical administration, providing educational content and resources addressing the needs of the PRN members, fostering research, submitting member recommendations for ACCP offices, awards, and fellowship status, and supporting the goals of greater ACCP.

I encourage you to become involved in the work of the PRN. The PRN is strong only with strong member participation. There are several ways

that you can get involved. You can join one of our committees:

- Nominations
- Communications
- Annual Meeting Planning
- Education and Research
- Resident and Student

You can submit questions, dilemmas, pearls, and useful publications to the PRN members via the listserv by sending an email to [cadm@prn.accp.com](mailto:cadm@prn.accp.com). Please be aware of the listserv etiquette rules:

 Do	 Don't
Use a descriptive subject title	Use a generic subject title, e.g. "Quick question"
Include a descriptive signature line with work affiliation, city, state, and title	Use a generic signature, e.g. "Sent from my iPhone"
Share links to journal articles in Pubmed or journal website	Send attachments subject to copyright protection, e.g. PDFs
Abide by HIPAA and regulation on proprietary information	Include protected health information or discuss drug pricing, contracts, or compensation
Seek approval from the PRN chair prior to sending surveys	Use the listserv for employment and training opportunities. Use the ACCP Online Positions Listing instead.

You can network in person at the ACCP Annual Meeting. We will host a Clinical Administration PRN Business Meeting at the 2023 ACCP Annual Meeting in Dallas, TX, November 11-14. The exact date and time will be communicated via the listserv.

Finally, please consider nominating a colleague or running for Clinical Administration PRN office. We are accepting nominations right now for the 2023-2024 year.

Please do not hesitate to reach out to me if you have any ideas for how the PRN can support you and its members. This may include educational topic ideas, initiatives for one or more of the committees, and assistance with nominations for colleague or yourself.

I look forward to seeing you in Dallas in November!

## Member Focus



Richard Parrish II, PhD, FCCP, BCPS

Professor of Pharmacology and Medical Education, Mercer University School of Medicine

### **Tell us about your current position and the path to this position.**

In my current position, I had the opportunity to open a new medical school campus (Columbus, GA) with Mercer University after serving as Director and Chief Pharmacist at St. Christopher's Hospital for Children in Philadelphia for almost 5 years and, prior to St. Chris, was a clinical practice leader for Alberta Health Services in Edmonton, Canada for about 4 years. When my wife received an appointment at Mercer, I was able to join her and the faculty as a full professor with a concentration in pharmacology and medical education. I liaise with the College of Pharmacy on our Atlanta campus for Interprofessional Education activities.

I've been very lucky during the course of my 40+ years in pharmacy. My career path has been wayfaring and circuitous. As for academic preparation, I followed a traditional path to a terminal degree in pharmacy (BSPHarm, Master's, and PhD) and have been board certified in either nutrition support or pharmacotherapy for almost 20 years. I have been in and out of practice, administration, and academia over the years, being licensed in 9 jurisdictions in the US and one province (Alberta) in Canada. I have been involved in many leadership training courses, including Boy Scouts of America (Eagle Scout), Dale Carnegie, Studer, Gallup Strength Finders, the Alberta College of Pharmacists inaugural leadership development group, and executive leadership development offered through the National Infantry Museum.

### **Why did you join the Clinical Administration PRN and what kept you involved?**

I joined the Clinical Administration PRN in 2006 when I became administratively responsible for clinical pharmacy service development and leadership within a health system. Fellowship with PRN members and educational programming that the PRN provided me has continued my involvement with the PRN.

## What do you enjoy most about your involvement in ACCP?

I have been able to organize several initiatives to expand member opportunities for their own leadership and development, such as formation and sponsorship of the District of Columbia College of Clinical Pharmacy chapter (DC-CCP) in 2011, Perioperative Care PRN in 2014, and Pulmonary PRN in 2017. I served as the organizing president of DC-CCP and was the third chair of Perioperative Care in 2016 after serving as secretary and chair-elect. While chair-elect, I was able to organize a focus session concerning one of my clinical passions, enhanced recovery after surgery. I have been senior author on 4 PRN opinion papers (One with the Pediatrics PRN in 2013; two with Perioperative Care in 2019 and 2021; and a joint Pediatrics/Perioperative Care PRN paper in 2022). ACCP has provided me, a non-PharmD, with educational, leadership, and collaboration opportunities with like-minded colleagues to have an impact on the direction that our profession is moving, full integration in health care service provision. I have been able to form close personal and professional relationships in ACCP over the last 20+ years that I highly value and from which I am blessed.

## What do you like to do outside of work?

I enjoy traveling, billiards, and reading, especially about politics and history. I enjoy working with “up and coming” ACCP members to make their voices heard and develop their talents for leadership and service. At USP, I am involved as a volunteer co-chair in a project to develop ways and means for the electronic transmission of compounded oral liquids for children across computer platforms. Over the years, I have been active in the Boy Scouts and Habitat for Humanity.

## What advice do you have for student and residents who have an interest in pharmacy administration and academia?

Join and get involved in the Clinical Administration PRN! Volunteer for task force or committee assignments within it or any PRN as a way to get the necessary experience to hone your communication, interpersonal, and leadership skill sets. Run for elected office. Read leadership books. Pick a clinical area to develop an expertise. Under-commit to over-perform. Be patient with yourself and cultivate your professional network through social media.

## Anything else you would like to share with the PRN members?

Define yourself early on or others will! Stay humble and kind. Remember where you came from. Persistence and perseverance are underrated and, more often than not, determine your effectiveness for making real progress rather than just raw intellect. A quitter never wins, and a winner never quits! Patients won't really care how much you know until they know how much you care about them. Attend to your spiritual growth and emotional intelligence; your character depends on these combined with persistence and perseverance.

## Establishing a Wellness Program in a Pharmacy Department

One's well-being involves the ability of individuals to address normal stresses, work productively, and realize one's highest potential. After three years of living through a pandemic, research demonstrates that anxiety and depression are at all time high levels. Additionally, the physical health of many has declined precipitously given the inability over these last several years to exercise as they normally might and changes in nutrition related to changes in finances and utilization of food as a comfort measure to deal with the challenges of the pandemic. Recent

research of the effects of COVID-19 and its impact on mental health found a fairly high percentage (> 40%) of employees feel hopeless, suffer from burnout, and battle exhaustion at work resulting from the ill effects of managing through this time. While many fortune 500 companies have the necessary means to address physical and mental health challenges of their employees, hospitals, and specifically Pharmacy departments, may not have the flexibility either financially or because of the severe health care shortage to adequately address these concerns to provide the resilient workforce that is needed to provide superb patient care.

Employees who are in good health are more likely to deliver optimal performance for patients and their fellow caregivers. These individuals experience a better quality of life, and experience a lower risk of disease, illness, and injury, as well as increased work productivity. They are also more likely to contribute to their communities. Thus, it is advantageous for leaders of Pharmacy departments to institute a robust Employee wellness program for their employees.

Many leaders may struggle to develop an employee wellness program. If Pharmacy leadership embarks on this challenge, knowledge from the Gallup organization is key. Gallup indicates that “Companies are most successful at creating a culture of well-being when they provide managers with the right tools for a holistic, multifaceted approach.” While keeping this in mind, Pharmacy department leaders can develop a comprehensive culture of health and well-being while analyzing such factors as wellness and the relationship to the work environment, training and leadership that will be required for a successful program and integration of Pharmacy department values into the program. Tailoring a program to your department will create value for your employees, your department, and the patients and organization your department serves.

Communication will be key to an employee wellness program in your department. Increasing program engagement will require different strategies to involve employees. Pharmacy employee engagement will require creating and maintaining a sincere interest and involvement in living a healthy life—at home and at work. A Pharmacy department wellness program will only be as effective as the proportion of employees who truly engage in the program. Active participation by employees in health decisions, as well as receiving employee input and their involvement in the design and execution of a wellness plan will also improve success of the program.

When considering initiating an employee wellness plan, some steps to assure success may involve a multi-tiered approach. A design and analysis phase, an implementation phase and finally an assessment phase may be three main areas to focus attention as your department moves through a wellness program. During the design and analytical phase, Pharmacy leaders may strongly consider seeking the input and participation of their employees by several means. These include: creation of a wellness committee, development of an employee needs and interest survey that can be completed online or in person and is anonymous, utilization of employee interviews or focus groups to ascertain current wellness challenges, ascertaining leadership support from department and organizational leadership, development of a strategic communication plan, assessment of Pharmacy department work environment health evaluation, review of any organizational policies related to wellness, prioritization of staffing, program materials, data system, recognition, and incentives to develop a budget. Additionally, identification of any hospital or community partners that may be able to provide free services, and measures to assess the effectiveness of a wellness program in your department will be key components.

The second step of a Pharmacy department wellness program is implementation. During this phase, leaders work with their employees to create programs that are accessible to them on-site, online or by phone. Additionally, leaders may seek out programs that can be provided at low cost and that are affordable to their employees. Communication of program offerings utilizing different venues (e.g., daily Pharmacy huddles, e-mail, posters, Pharmacy website, newsletters, and social media venues) is incredibly important for program success. Additionally, researching what your organization may already have in place to create a healthy environment (e.g., tobacco-free workplace and healthy meeting and vending policies, walking trails, on-site physical activity options), local community and federal resources should be explored and communicated to your team members. Offering team and individual programming (e.g., walk challenges, weight loss challenges, mindfulness challenges, etc and education sessions for example). Finally, connecting with the resources that may already be in your organization such as an art therapist, music therapist, spiritual therapist, or massage therapist that are routinely used for patients may also be offered to caregivers in group settings. Leadership presence and participation as a demonstration of support and engagement will also strengthen the wellness program.

The final step of establishing and maintaining a robust wellness program in the department of Pharmacy involves some mechanism to evaluate success and to make changes accordingly. This step involves working with managers and senior Pharmacy department leaders to communicate the benefits of the program (with some success stories as highlights), provide recognition to individuals who have been an integral part of the success, and intermittently survey your employees for feedback on the wellness programs which includes satisfaction and opportunities for growth. Finally, a cost benefits analysis over 2-3 years may demonstrate

improved productivity, decreased staff turnover, improved attendance, etc.

Examples of programs that have worked in Pharmacy departments who have instituted wellness programs not previously mentioned include: multi-week sleep improvement workshop, pet therapy, outdoor scavenger hunts, and speaker series on top topics such as burnout, mindfulness training, and mediation sessions, employee recognition, paid time off for birthdays or work anniversaries, leadership training, community volunteer projects, walking groups at lunchtime, health screenings, online assessments, learning modules, training programs, on choosing healthy foods, quitting tobacco, exercising regularly, and managing stress. Additionally, group outings to sporting or musical events, healthy potlucks and ideas specific to your employee input should be integrated into your wellness program.

## Diversity Equity and Inclusion

### Diversity, Equity, and Inclusion

ACCP's Commitment to Diversity, Equity, and Inclusion



ACCP is committed to addressing Diversity, Equity, and Inclusion (DEI) within its strategic plan. That plan can be accessed here. [https://www.accp.com/docs/about/2021\\_ACCP\\_](https://www.accp.com/docs/about/2021_ACCP_)

Strategic\_DEI\_Plan\_Member.pdf. As part of that plan, the ACCP Task Force on Diversity, Equity, Inclusion, and Accessibility (TF on DEIA) is addressing DEI as applies to creating diverse and inclusive leadership for the College as well as enhancing the diversity of its members.

As part of this plan, ACCP has been and continues to host educational and networking opportunities to foster DEI among its members. I was fortunate to attend a panel discussion at the 2022 GCCP meeting, "Fostering a More Diverse Profession: Bringing Underrepresented Groups into the Pharmacy-Workforce Pipeline". These are just a few pearls that I took away from this session.

- There is a large disparity between the pharmacy workforce and the populations that we serve. We are charged with a responsibility for ensuring that our admissions, recruitment, and hiring processes are fair, equitable, and inclusive.
- Hiring is often based on a similarity between the hiring leader and the hired individual. We may subconsciously look at a candidate's name and/or photo and make judgments based on them. It is important to be aware of our own biases.
- Admissions and residency candidates are often given rank priority based on research experience, volunteer experience, mission trips, conference attendance, and ability to interview onsite. Each of these often require financial means. We may be excluding exceptional candidates that may not have had those opportunities, for example if a student had to work significant hours to be able to afford their education.

To address these concerns, the following are ways that you can foster a more diverse student, resident, or pharmacy workforce:

- Eliminate the requirement for a photo on admissions or job applications.
- Censor names on admissions or job applications, for example use initials only.
- Allow virtual interviews to include candidates that cannot afford to travel.
- Give rank priority to students that worked while in school.

I wanted to provide some examples of what the pharmacy team and I have done in the workplace to foster DEI.

- Eliminating the need for resident and job applicant photos, allowing virtual interviews, and strategically structuring our interview teams with diversity of interviewers in mind.
- Joining our organization's Inclusion, Diversity, & Equity Teams (ID&E). I am a member of our Hospital ID&E team as well as our Asian & Pacific Islander Alliance (APIA) Inclusion Resource Group (IRG). We have other pharmacy staff on ID&E teams and IRGs.
- Strategically incorporating DEI into our community engagement. This includes food/personal care item collections with African American hair and skin care in mind and volunteering in the community at health fairs.
- Culturally-diverse potlucks. This year, we have planned a Cinco de Mayo potluck and "Share Your Tradition" potluck.
- Adding religious observances and a variety of community events like Milwaukee's numerous ethnic and cultural festivals to our department calendar and all-staff meetings.

The Clinical Administration PRN encourages you to incorporate DEI concepts and strategies into your workplace and practice.

## Promotions

- **Tyler Vest:** Associate Chief Pharmacy Officer, Inpatient Pharmacy Services, Duke University Hospital

## Awards

- **Tyler Vest: 2023 ASHP Best Practices Award: Success of an Expedited Pharmacy Technician Training Program to Augment the Workforce Needs of an Institution**

## Publications

- Wells DA, Johnson AJ, Lukas JG, Hobbs DA, Cleveland KO, **Twillia JD**, Hobbs ALV. Can't keep it SECRET: system evaluation of carbapenem restriction against empirical therapy. *JAC Antimicrob Resist.* 2023 Jan 2;5(1):dlac137.
- Moore CH, March KL, Hudson JQ, Finch CK, **Twillia JD**. Evaluation of Hospitalized Patients Receiving High versus Low-Dose Opioids for Non-Cancer Pain. *J Pain Palliat Care Pharmacother.* 2022 Jun;36(2):71-78.
- Clark J, Fera T, Fortier C, Gullickson K, Hays A, Murdaugh L, Ogden R, O'Neal B, Rush J, **Vest TA**. ASHP guidelines on preventing diversion of controlled substances. *Am J Health-Syst Pharm.* 2022;79(24):2279-2306.
- Gazda NP, **Vest TA**, Peek GK, Eckel SF. A new perspective: practice-enhancing publications about the ambulatory care medication use process in 2020. *Am J Health-Syst Pharm.* 2022;79(19):1697-1727.

- Penley B, Minshew L, Chen H, **Eckel S**, and Ozawa S. Accessibility of Low-Cost Insulin from Illegitimate Online Pharmacies: A Cross-Sectional Study. *Journal of Medical Internet Res* 2022;24:e25855.
- Wolcott MD, Sasser CW, Morbitzer KA, and **Eckel SF**. Exploring Shifts in Resident Recruitment during COVID-19: Initial Perceptions from Residents, Preceptors, and Residency Program Directors. *Journal of the American College of Clinical Pharmacy* 2022;5:436-441.
- Vest TA, Gazda NP, and **Eckel SF**. The Essential Nature of and Continued Need for Health Systems to Prioritize the Medication-Use Process. *American Journal of Health-System Pharmacy* 2022;79:314-318.
- Moss A, Kang S, Morbitzer K, Nguyen L, Shwin M, Cyr DS, Portogues J, and **Eckel SF**. Evaluation of Chemotherapy Preparation Process: Volumetric Method Reliability and Gravimetric Method Utility within 5 US Hospitals. *American Journal of Health-System Pharmacy* 2022;79:230-238.
- **Eckel SF** and Jew R. . The Medication-Use Process: Now as Ever, Pharmacy's Domain. *American Journal of Health-System Pharmacy* 2022;79:205-206.
- **Eckel SF**. P5 – the Compound Interest Formula for Professional Development. *American Journal of Health-System Pharmacy* 2022;79:385-387.

## Grants

- **Eckel SF** (Primary Investigator) Assessing customer experience with different types of cleanrooms \$15,591 Grant –QleanAir Scandinavia (2022)
- **Eckel SF** (Primary Investigator) **Reducing Preventable Medication Errors through**

**Minimizing Work Distractions:  
Evaluating Data from Smart Pump  
Usage in Health Systems  
across the Midwest. \$607,510 Grant –  
Funded: FDA Safe Med Use Initiative  
(2022)**

## Other Accomplishments

- **Eckel SF.** Filed a US provisional patent for Methods, Systems, and Computer Readable Media for Automated Assessment of Aseptic Technique of Compounding in a Biological Safety Cabinet)
- **Eckel SF.** Received European patent for Devices, systems, methods for volumetrically measuring syringe fluid

## Social Media Links for CADM PRN

### SOCIAL MEDIA LINKS FOR CADM PRN:

Please follow us on the following social media links.

- Facebook: <https://www.facebook.com/accpcadmprn>
- Twitter: <https://twitter.com/ACCPcadmprn>

As a way to learn more about our amazing PRN members, we would like to introduce the Member Spotlight! Each month throughout the year, we will be highlighting one PRN member. If you are interested in being featured, please fill out the following form: <https://tinyurl.com/accpcadmprn>