

The PRN Report

accp

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A Note From President Mary Beth O'Connell...

Leading With a Cup Half-Full Perspective, Moving to a Full Cup

In a world currently focused on war and crime, we sometimes forget that cooperation, peace, respect, and strengths are effective tools to achieve goals and operate efficiently. Identifying strengths within any group (e.g., PRN, committee, patient care team, etc.) is part of leading with a cup half-full perspective. To bring the cup to full, everyone needs to ensure all people, processes and conflict resolutions are operating at full strength.

Strength Deployment Inventory

Strengths can be identified with the Strength Deployment Inventory (SDI). Answers to the 20 SDI questions identify strengths and styles during good and conflict/opposition times. Six major types of strengths and styles are identified: altruistic-nurturing, assertive-nurturing, assertive-directing, judicious-competing, analytic-autonomizing, and cautious-supporting. Some people can be in the middle of all these domains. All strengths are valuable.

Thus, each person is unique and brings a different strength set and passion to the table. Like the Myers-Brigg tool, the SDI can be used to assist in enhancing team efficiencies by identifying motivations and patterns of behavior when things are going well and when conflict exists. Prior to doing this inventory, I thought people acted and reacted the same way all the time. That is not so. In fact, most people change styles during conflict.

Realizing people change during conflict facilitated my ability to change leadership styles to accommodate these changes and utilize the new strengths for solutions. People also change over time, especially as they mature and learn more about leadership, team function, and conflict resolution. Recent events in one's life can also affect the outcomes.

Strength Utilization

Fundamentals of all good teams are good leadership, a value of diversity, respect, and cooperation to come to agreement. Teams with people having various strengths bring different perspectives to decision making and will need good leadership to come to agreement. Teams with people who are similar can sometimes run more efficiently but a concern could exist by missing a strength, such as no one looking out for the good of all (altruistic-nurturing), making hard decisions (assertive-directing), or making sure all data have been evaluated (analytic-autonomizing). Teams with an "outlier" can be either functional or dysfunctional depending on process, respect, and leadership. The "outlier" can be a person being herself or himself, utilizing a different motivation and behavioral pattern, versus just being difficult. The leader and team members need to identify the strengths of each person and utilize them for efficiency. If this can not be done, the team cannot become maximally functional.

Team Growth

Each year as new members accept PRN leadership, the leadership team changes. Teams and committees go through the growth cycle—forming, norming, storming, performing, leaving. Forming is getting to know each

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other, norming is beginning to do work, storming is the first conflict and developing processes to resolve conflict, performing is the maximum efficiency state, and leaving is potentially failure. Performing can ONLY be achieved if conflicts are encouraged and conflicts are resolved. If members do not feel they can freely express their opinions and concerns, information, insight, and energy are lost. If conflicts are ignored, they grow over time and unconsciously or consciously impede progress and can cause harm, members to leave, team disbandment, uncompleted tasks, or suboptimal outcomes.

Conflict Resolution

Collaboration (cooperation) is the best technique followed by consensus (accommodating) and negotiation (compromising) to resolve conflict. Coercion and avoidance are the worse techniques. People operate differently under conflict. As a leader you need to identify member styles and conduct business incorporating these different styles during conflict. Based on research with the SDI, 13 different conflict behavior types exist. At the beginning of conflict people either fight hard, negotiate, strategize, seek harmony, or listen. As the conflict continues, people change to either fighting, becoming analytical, giving in, or withdrawing.

The art of leadership, unique to each of us, is bringing all these styles and ideas into a collaborative conclusion. Everyone should start with conflict resolution as a goal. After conflict, reflect on the process and think, how could I as a leader or member have changed the discussion or process to facilitate collaboration? At no time should any leader or member tolerate avoidance or coercion. Frequently during short-term leadership assignments, we tolerate this behavior. But in reality, someone or something suffered.

Hopefully, these ideas will help you in your leadership activities and in other relationships with family, friends, patients, and colleagues. Enjoy and learn from your experiences with ACCP. After conducting a PRN meeting, consider discussing the meeting with the members, PRN leadership team, and/or board liaison. We greatly appreciate your sharing of your time and skills with ACCP.



Attendees of the 2002 Annual Meeting make time to view posters during the Scientific Poster Session.

Ready to Run For PRN Office? Nominations Begin Soon

Do you have what it takes to lead a PRN? If so, run for an office! PRNs will soon be seeking candidates for their upcoming elections. PRN Nomination Committees are forming and the call for nominations will go out in March.

If you are interested in serving as a PRN officer, or would like to nominate someone, contact that PRN's chair right away. A list of current chairs' phone numbers and e-mail addresses is included in this newsletter. The process for conducting PRN elections is as follows:

The Nominations Committee will consist of at least two individuals who are appointed by the PRN's chair; these individuals may be the PRN's current elected officers. Those who comprise a PRN's Nominations Committee will be ineligible to run for office in that PRN's election that year.

The Nominations Committee should prepare a slate of candidates. As they do this, the members of the Nominations Committee should be certain to share the timeline and procedures for the election, along with a list of expected duties, with each candidate.

Whenever possible, there shall be two or three candidates for each office up for election. In those infrequent cases when only one candidate can be identified, an election will still be held, with voters given the option of identifying a write-in candidate. In those cases when there are more than three possible candidates, it will be the duty of the PRN's Nominations Committee to make the final selection of candidates for the slate.

The Nominations Committee will obtain a brief biographical sketch or statement from each candidate that shall be included in the ballot mailed to members.

PRN elections will occur according to the following timetable:

- Call for nominations March
- Submission of camera-ready ballots and candidate biographies by nominations committees to ACCP June 16
- Mailing of ballots July 14
- Receipt of ballots at ACCP headquarters August 22
- Nominations Committee notifies all candidates of results of election within 10 days of election

Spring Forum PRN Schedule At-A-Glance

Saturday, April 26

9:00 a.m. – 4:00 p.m. **Realizing Your Leadership Potential**; Presented as part of the ACCP Leadership Curriculum. Led by Hal Wood, BSBA, MBA, MSPH, Advisory Management Services. Lunch and refreshments will be provided. (*Separate registration required.*)

2:00 p.m. – 6:00 p.m. **Meeting Registration**

7:00 p.m. – 9:00 p.m. **Industry Classrooms**

- Data for Decision Makers: Management of GI Complications in Critical Care
- Treating HIV: One Patient at a Time

Sunday, April 27

7:00 a.m. – 6:30 p.m. **Meeting Registration**

10:30 a.m. – 12:00 p.m. **PRN Officers Meeting**

1:00 p.m. – 3:30 p.m. **Committee and Task Force Meetings**

1:30 p.m. – 3:30 p.m. **Industry Classroom**

- Controversies in Management of Upper Gastrointestinal Bleeding

4:00 p.m. – 6:00 p.m. **Opening General Session**

- *The Changing Face of Human Research in the 21st Century—Harold T. Shapiro, Ph.D.*
- *Young Investigator Award Lecture: Pharmacogenetics and Schizophrenia Treatment—Vicki Ellingrod Ringold, Pharm.D., BCPP*

6:30 p.m. – 8:00 p.m. **Opening Reception**—*All attendees are invited to attend.*

Monday, April 28

7:00 a.m. – 5:00 p.m. **Meeting Registration**

8:00 a.m. – 11:00 a.m. **PRN Focus Sessions**

Central Nervous System—Using Drug Concentrations in Neurology and Psychiatry

Clinical Administration—Improving Patient Safety Through the Provision of Pharmacy Services

Immunology/Transplantation—Managing Racial and Cultural Differences in Transplantation

11:15 a.m. – 12:15 p.m. **PRN Business Meeting**

Pharmacokinetics/Pharmacodynamics—Attendees interested in pharmacokinetics and pharmacodynamics are invited to join this group for its business meeting.

11:15 a.m. – 1:00 p.m. **PRN Business Meetings and Networking Forums**

Cardiology—Interested attendees and PRN members are invited to this group's meeting, where Jim Tisdale will talk about his minisabbatical. Hors d'oeuvres and refreshments will be available.

Clinical Administration—Attendees with an interest in administration are invited to this PRN's business meeting. A light lunch will be provided.

Critical Care—Those interested in critical care are encouraged to join with this PRN, where the winner of the PRN's travel award will present his or her research poster and deliver a brief presentation. Refreshments and food will be available.

Drug Information—Join this new PRN for its first official meeting. Network with other drug information practitioners and discuss the PRN's upcoming activities. Kelly Smith will also provide an update on the proposed changes in the drug information specialty residency standards. Lunch will be provided.

Geriatrics—Join this PRN for its business meeting and networking forum, where members will discuss their clinical practice and research activities. A highlight of significant geriatric papers will be provided. A light lunch will be available.

Hematology/Oncology—Interested attendees and PRN members are invited to this group's business meeting. Lunch will be provided.

Immunology/Transplantation—Those interested are encouraged to join this PRN for its business meeting and networking forum. Christine Formea and Robin Bordman will discuss "Calcineurin-Free Immunosuppression and Steroid-Free Immunosuppression." Refreshments will be provided.

Pain Management—Join with this PRN as its members review pain management activities and other organizations' activities. A presentation on the pharmacist's role in preventing drug diversion is planned. Lunch and beverages will be provided, courtesy of Purdue Pharma.

Women's Health—Those interested should join this PRN for a discussion of its future activities. A buffet lunch will be available.

1:15 p.m. – 4:15 p.m. **PRN Focus Session**

Geriatrics—**Update on Parkinson’s Disease**

Pain Management—**Pain, Pharmacy, and the Law**

Pharmaceutical Industry—**New Technologies and Techniques in Clinical Drug Development**

5:00 p.m. – 8:00 p.m. **Business Meetings and Networking Forums**

Adult Medicine—Members and interested parties are invited to join this PRN for a presentation on “The Role of Inhaled Corticosteroids in the Prevention and Treatment of COPD.” Hors d’oeuvres and refreshments will be available.

Central Nervous System—PRN members and others interested are invited to join this group for its business meeting and networking forum. Hors d’oeuvres and drinks will be available.

Education and Training—Join this PRN for its business meeting, which will be followed by a panel discussion regarding fellowship training lead by Clinton Stewart, chair of the Fellowship Review Committee. The panel discussion and reception will be a joint effort with the Ambulatory Care PRN.

Outcomes and Economics—Find out more about this PRN by taking part in its business meeting and social hour. The award for best Spring Forum pharmacoeconomics or outcomes poster will be presented. Snacks and refreshments will be provided.

Pediatrics—Join with this group to hear Julie Whitehurst talk about supraventricular tachycardia in children. Food and refreshments will be provided, courtesy of TAP Pharmaceuticals.

6:00 p.m. – 9:00 p.m. **PRN Business Meetings and Networking Forums**

Ambulatory Care—Join this PRN for its business meeting and networking forum. Part of the evening will be a joint meeting with the Education and Training PRN, during which time the groups will listen to a presentation on fellowship training, scholarship and research. Social activities, such as a game show or a dance, will take place. Food and refreshments will be served.

GI/Liver/Nutrition—Members and interested parties are invited to join this PRN for a time when new and seasoned colleagues can discuss their research activities. Hors d’oeuvres and beverages will be available.

Infectious Diseases—Those interested are encouraged to join this group for its business meeting and networking forum, where the PRN will present two travel grant

awards and announce the minisabbatical award winner. Food and beverages will be available, courtesy of Ortho-McNeil.

Nephrology—Those interested should join this group for its business meeting and networking forum. Listen to members discuss their clinical practice and research activities. Ed Webb will lead a discussion on HIPAA regulations. Food and beverages will be available.

7:30 p.m. – 10:00 p.m. **PRN Business Meeting and Networking Forum**

Pharmaceutical Industry—Interested attendees are invited to this group’s networking forum and business meeting for a discussion of the PRN’s activities. Hors d’oeuvres and refreshments will be available.

Tuesday, April 29

7:30 a.m. – 5:00 p.m. **Meeting Registration**

8:30 a.m. – 11:30 a.m. **PRN Focus Session**

Cardiology and Ambulatory Care—**Primary Prevention of Adverse Cardiovascular Outcomes**

1:00 p.m. – 6:00 p.m. **ACCP Classic Golf Tournament: A Fundraiser for the ACCP Research Institute**

1:00 p.m. – 4:20 p.m. **PRN Focus Session**

GI/Liver/Nutrition—**Updates in Nutrition Support Guidelines**

7:30 p.m. – 9:30 p.m. **Scientific Poster Session**

- Best Poster and Best Student, Resident, Fellow Paper Competitions
- Dessert Reception

Wednesday, April 30

7:30 a.m. – 1:00 p.m. **Meeting Registration**

8:00 a.m. – 10:00 a.m. **PRN Focus Session**

Pediatrics—**Hot Topics in Pediatrics**

10:15 a.m. – 12:15 p.m. **PRN Focus Session**

Outcomes and Economics—**Current Issues in Research Ethics and Human Subjects Protections: Focus on Outcomes Research**

For more information about the Spring Forum/Updates in Therapeutics, go to <http://www.accp.com/03sfhome.php>.

Drug Information PRN Now in Place

The Drug Information (DI) Practice and Research Network is now official! The ACCP Board of Regents approved the creation of this new PRN at its January meeting in Orlando, Florida.

The PRN's first business meeting will be held at the ACCP Spring Forum in Palm Springs, California, on Monday, April 28, from 11:15 a.m. to 1:00 p.m. The organizer of the PRN is Amy Peak. "I was so relieved the day I received notification that the Board of Regents approved the new DI PRN," Peak said. "In a way, it felt like a commencement. A considerable amount of time and effort was devoted to the creation of the PRN, but establishing the PRN is only the beginning. The best is yet to come!

"We have identified several goals and objectives that we hope the PRN can accomplish in the upcoming months. One major goal is partnering with the American Society of Health-System Pharmacists to define DI specialty residency standards. This work has already been started and will likely be continuing for the next several months. We are planning a symposium, *Drug Information Technologies and Resources*, for the 2003 ACCP Annual Meeting this fall." Additional goals include:

- developing specific recommendations for learning objectives and experiences that should be incorporated into DI rotations for Pharm.D. candidates and pharmacy practice residents;
- creating a list of recommended drug/medical information references and resources;
- exploring credentialing options for DI specialists;
- expanding the use of technology and informatics within the practice of pharmacy; and
- sharing and developing innovative DI teaching methods and exercises.

With the creation of the DI group, ACCP is home to 20 PRNs. ACCP members can join any PRN in any number of ways:

- 1) download the first page of the member application, check off the desired PRN (or write it in), pay \$15, and send to ACCP;
- 2) pay dues online;
- 3) call (816) 531-2177 to pay over the phone using a credit card; or
- 4) select the PRN when paying regular annual dues.

Peak says there are good reasons why DI practitioners should join the new PRN. "It seems like DI practitioners often feel like we don't really have a home in any of the major professional organizations," she said. "The Drug Information Association is great for practitioners in pharmaceutical industry, but for those of us who practice drug information in hospital, academic, government, or independent settings, it really doesn't meet our needs.

"The DI PRN within ACCP was created to bring all types of DI practitioners together, exchange ideas, and advance the practice of DI. If you are a DI practitioner and have ever struggled to find an organization that adequately meets your needs, check out this new PRN. I think you'll be pleasantly surprised," Peak said.

If you have a need to network with colleagues in an area for which a PRN does not exist, consider starting a new PRN. For more information about how to start a PRN, contact Peggy Kuehl at pkuehl@accp.com or (816) 531-2177.

PRN Membership Totals

Adult Medicine	374
Ambulatory Care	962
Cardiology	578
Central Nervous System	207
Clinical Administration	83
Critical Care	578
Drug Information	20
Education and Training	151
Geriatrics	182
GI/Liver/Nutrition	102
Hematology/Oncology	304
Immunology/Transplantation	157
Infectious Diseases	580
Nephrology	150
Outcomes and Economics	171
Pain Management	160
Pediatrics	251
Pharmaceutical Industry	343
Pharmacokinetics/Dynamics	149
Women's Health	125

The logo for ACCP (American College of Clinical Pharmacy) features the letters 'accp' in a bold, lowercase, sans-serif font. The letters are closely spaced, and the 'p' has a distinctive shape with a curved bottom. To the right of the letters are three dots, suggesting a continuation or a 'more' symbol.

WHERE PHARMACY IS GOING

CNS Minisabbatical Experiences Successes

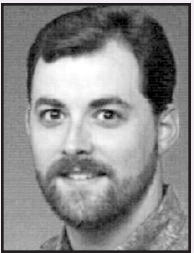
The Central Nervous System PRN minisabbatical program is a perfect example of how minisabbaticals can lead to professional and personal success.

During 2001 and early 2002, Collin Hovinga from the Cleveland Clinic Foundation and Mark Luer from the University of Arkansas for Medical Sciences each worked with Susan Fagan in her laboratory at the Medical College of Georgia to gain experience with animal models of stroke injury and neuroprotection.

“Both Collin and Mark responded to a call I placed on the CNS PRN listserv offering to host a minisabbatical in stroke research at my laboratory at the University of Georgia and the Medical College of Georgia,” Fagan said. “In fact, in the 48 hours following my call, I had seven responses. I chose to proceed with Mark and Collin because their goals were most closely aligned with mine. I knew Mark professionally but had never met Collin.”



Susan Fagan



Mark Luer

The emotional aspect of these experiences was just as satisfying to Fagan as the work. “As a result of these minisabbaticals, I have gained two new lifelong friends and colleagues,” she said. “The experiences have been not only successful academically—to the tune of almost \$300,000—but personally, too. I expect to remain in

contact with Mark and Collin for years to come.”

According to Fagan, Hovinga’s academic interests are in pediatric neurology and he wanted to learn an animal model of perinatal stroke during his experience. He spent the entire month of January, 2002, in Augusta and supplemented the funds of the minisabbatical with his own money so he could stay in Augusta and rent a car for the entire time. He learned the model and started working with Fagan on a project for the National Institutes of Health (NIH) National Institute of Neurological Disorders and Strokes involving the evaluation of neuroprotective compounds for clinical trials. This led to a supplement to an NIH clinical trial grant through the Medical University of South Carolina (approximately \$30,000).

Fagan said, “The work was so well received by NIH, they decided to extend our grant for five years for a total of \$138,000. This work also resulted in a publication of our findings, which will be published in *Neurology* in spring 2003.”

Meanwhile, Luer went to Augusta to compare techniques on the stroke animal model both he and Fagan



Collin Hovinga works in the laboratory during his minisabbatical experience. He said that he is very pleased with the time he spent working with Susan Fagan, and he hopes that other ACCP members offer similar experiences for researchers.

work with and to brainstorm with Fagan regarding ideas for a grant submission. Fagan said, “He spent one week in Augusta in February. After that, Mark and I continued to stay in touch about his grant. He submitted an affiliate grant to the American Heart Association in the fall of 2002 and was awarded \$140,000 just recently. We will continue to collaborate on this project.”

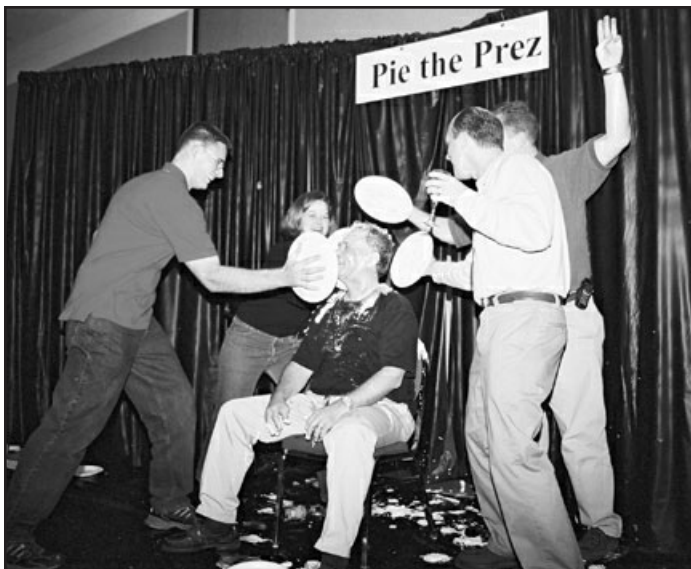
Fagan chose to become involved in the CNS minisabbatical program because her own sabbatical experiences have been positive. She wanted to impact other people’s lives in the way that she was affected by her experiences. She said, “I did a nine-month sabbatical at the University of California San Diego in 1993 and it changed my life in a positive way! I felt very strongly that these were wonderful opportunities that should be utilized. I wondered if minisabbaticals were not being utilized because people didn’t know whom to approach. The overwhelming response to my call told me the answer was ‘yes’.

“My sincere hope is that other members with experiences to offer will step in and offer them to their colleagues. I want others to benefit from it now.”

Three of ACCP’s PRNs offer minisabbaticals—Central Nervous System, Cardiology, and Infectious Diseases. Although the application deadline for minisabbaticals in 2003 has passed, it is not too early to start planning to submit an application for 2004. The application deadline will be February 1, 2004.

**For more information about
PRN minisabbaticals, go to**

<http://www.accp.com/ClinNet/research.php>



PRN members assault ACCP President Brad Boucher with pies during the "Pie the Prez" event at the end of the 2002 Silent Auction in Albuquerque, New Mexico.

Benefits of Belonging to a PRN

"While I am not very active within the PRN, I belong to the PRN because I have an interest in infectious diseases and am curious about what practitioners at other sites are doing." — **Mark Harris**, member of the *Infectious Diseases and Nephrology PRNs*

"Why do I belong? Easy...for two reasons. One, networking! Two, opportunities to become involved with ACCP at a national level." — **Deb Sturpe**, member of the *Ambulatory Care and Education and Training PRNs*

"It is good to know that you are not the only one with a particular issue. I get ideas on things I am currently not working on. I can see the general trends occurring in my areas. I enjoy reading the ongoing discussions on various issues. It gives me an opportunity to contribute when and where I want." — **Kurt Winkler**, member of the *Ambulatory Care and Geriatrics PRNs*

"I belong to PRNs to support and contribute to the profession of pharmacy through clinical organizations. I also belong to remain current in my therapeutic area by networking with practitioners with similar interests across the country," — **Betsy Woodall**, member of the *Outcomes and Economics, Pharmaceutical Industry, and Women's Health PRNs*

"I belong to a PRN for several reasons. First, it gives me the ability to help focus educational opportunities to an area of interest. Second, it is a positive way to meet colleagues who share your interest area. Finally, it offers a support system for pharmacy-related issues for a given specialty area." — **Mary Worthington**, member of the *Pediatrics PRN*

Spring Forum Pre-Meeting Leadership Program Back by Demand

Realizing Your Leadership Potential

April 26, 2003

9:00 a.m.– 4:00 p.m.

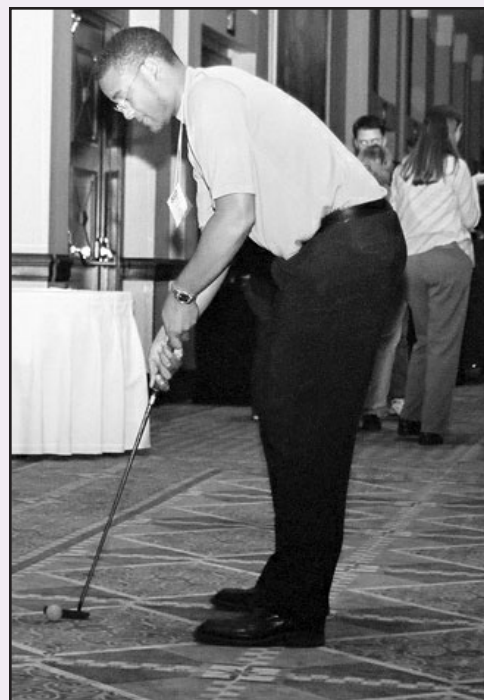
Presented as part of the ACCP Leadership Curriculum

Hal Wood, BSBA, MBA, MSPH, from Advisory Management Services, is back by popular demand to again assist pharmacists in their careers and daily lives. This program will take place on the Saturday before the Spring Forum in Palm Springs, California, and will help you:

- become an effective leader within the workplace;
- foster leadership principles in your personal life;
- assist you in taking an active role in your profession;
- address daily leadership issues with more confidence; and
- develop as a future leader of ACCP.

Throughout the day, you will examine your own leadership potential and identify areas where you can exert greater leadership, whether personal, workplace, organizational, or governmental. The workshop will use a combination of didactic and interactive activities to help you develop specific leadership goals and activities for yourself.

Lunch and refreshments will be provided. *Separate registration is required.*



ACCP members enjoyed taking part in games, such as the "Putt Like Tiger" competition, at the 2002 Silent Auction. The auction has become a popular part of the ACCP Annual Meeting and an important fundraiser for the ACCP Research Institute.



ACCP members socialize and network after the Opening General Session at the 2002 Annual Meeting.

Electronic Services Available for PRNs

ACCP continues to serve the PRNs and their members online in many ways. Among them are:

- automatic sign up of PRN members to PRN mailing lists;
- provision of searchable archives of mailing list discussions; and
- choice to receive mailing list discussions in real-time, as a once-daily digest, or to not receive them at all!

Of course, the Web page for each PRN has all the usual helpful items, such as:

- listings of each PRN's officers and how to reach them;
- access to the mailing lists and mailing list archives;
- searchable PRN membership directories;
- mission statements for each PRN;
- back copies of each PRN's newsletters;
- back copies of The PRN Report; and
- other key documents and postings.

All you need to do is go to www.accp.com and click on "PRNs". You will be prompted for a login name and password. From there, select any PRN of which you are a member, and follow the links! If you would like to change how you receive the mailing list messages or change your e-mail address, just click on "Services for PRN Members." You will be taken to a page where these changes can be made. If you would like to join a new PRN, just follow the instructions that appear when you click the "Services for PRN Members" of the PRN in which you are interested.

If you have questions or suggestions to improve the PRN sections, or any section, of the Web site, ACCP staff will gladly receive them. Please direct your inquiries to Elisa Case at (816) 531-2177 or ecase@accp.com.

For more information on PRNs:

Adult Medicine: Teresa Dunsworth, (304) 293-1457; tdunsworth@hsc.wvu.edu

Ambulatory Care: Joe Saseen, (303) 315-4770; joseph.saseen@uchsc.edu

Cardiology: Judy Cheng, (212) 241-7718; jcheng@liu.edu

Central Nervous System: Jacci Bainbridge, (720) 848-2131; jacci.bainbridge@uchsc.edu

Clinical Administration: Eric Racine, (586) 801-3873; eric.racine@us.sanofi.com

Critical Care: Allan Anderson, (806) 356-4000 x 318; aca@sheridanhospital.org

Drug Information: Amy Peak, (317) 940-9870; apeak@butler.edu

Education and Training: Mary Roth, (919) 843-8083; mroth@unc.edu

Geriatrics: Carlos Rojas-Fernandez, (806) 356-3589; rojasfe35@netscape.net

GI/Liver/Nutrition: Jane Gervasio, (317) 962-3267; jgervasio@clarian.org

Hematology/Oncology: Bill McIntyre, (956) 318-5262; mcintyrew@panam.edu

Immunology/Transplantation: Mary Hebert, (206) 616-5016; mhebert@u.washington.edu

Infectious Diseases: Steve Gelone, (215) 836-2670; sgelone@msn.com

Nephrology: Naomi Dahl, (973) 355-8343; ndahl@attglobal.net

Outcomes/Economics: Daniel Touchette, (503) 494-4722; touchett@ohsu.edu

Pain Management: James Ray, (814) 877-6000 x 2525; james.ray@hamot.org

Pediatrics: Robert Aucoin, (225) 765-7652; mraucoin@bellsouth.net

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Women's Health: Karim Calis, (301) 402-7070; kcalis@nih.gov