



# Washington Metropolitan Society of Health System Pharmacists Newsletter

June 2023  
Volume 2

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[www.wmshp.org](http://www.wmshp.org)



Message from the WMSHP President

Hello everyone! As we complete the first half of this year, I am excited and proud of the strides we have made as an organization thus far including onboarding some new members to their positions on the Executive Board and as Committee Chairs.

On International Women's Day, we partnered with a sponsor for a non-CE dinner event on Wegovy, with a seasoned endocrinologist as the speaker. It was great to get to know our members and of course highlight the importance of everyone's health.

In April, we held a successful Spring CE – Half Day session to be mindful of work/life balance. The CE program featured engaging topics and speakers in pharmacy practice and clinical research, fulfilling some of the DC licensure requirements

In early June, I was honored to represent WMSHP in presenting certificates of achievement to those who successfully completed the WMSHP Teaching Certificate Program. It was a pleasure to share professional journeys and recognize these accomplished new practitioners along with

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## WMSHP 04/22/2023 Half-Day CE Event



Dr. Mohammed Aldhaeefi  
President Elect

The Washington Metropolitan Society of Health-System Pharmacists (WMSHP) hosted its virtual continuing education (CE) lectures series on April twenty second of 2023. The day started with introductory remarks by the WMSHP leadership followed by a presentation on the management of diabetic ketoacidosis by Dr. Adelanke Adebusoye, Pharm.D. BCPS, BCCCP, MBA. Dr. Adelanke discussed the pharmacological, non-pharmacological treatment of DKA and strategies to prevent readmission of diabetic ketoacidosis.

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## From page 1 Dr. Mohammed Aldhaeefi

After that, Dr. Wafaa Abou-Zeineddine, PharmD, BCPS, presented on Chagas Disease cardiomyopathy. Dr. Zeineddine explained the different methods of diagnosis at the different phases of Chagas disease and summarized various treatment strategies. As part of the CE series, Dr. Kathryn Lurain MD MPH, presented on the basics and advances of Immunomodulation to treat HIV-associated Lymphomas. Dr. Lurain illustrated how to apply potential mechanisms of action of immunomodulatory therapies to the treatment of HIV-associated lymphomas. The last two presentations were on the Management of Acute Coronary Syndromes and Just Culture and Medication Errors by Dr. Victoria Ly, PharmD, BCCP and Dr. H. Kwame Adjei, Pharm.D, MS, MBA, CPPS. Dr. Ly summarized different antiplatelets and anticoagulants that could be used as part of the Acute Coronary Syndromes management. Dr. Adjei outlined ways to evaluate medication safety events. This CE series provided 5 CE hours. A total of over 200 attendees actively participated in this virtual CE lectures series.

## Interviewing Howard University College of Pharmacy's Dean, Dr. R. Akiyode

By: Tejona Johnson-Moore



Dr. Ranti Akiyode is the new dean at Howard University College of Pharmacy (HUCOP). She replaced the previous dean, Dr. Tofade, in January 2023.

A second year Doctor of Pharmacy candidate, Tejona Johnson-Moore, had the opportunity to interview Dr. Akiyode to gain insight into how she plans to transform HUCOP to the next level!

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## Interview with Dean R. Akiyode continued

The Interview:

### 1. What initially motivated you to apply for the next dean position?

“In short, I have the passion to move the College forward”

### 2. What is your vision for HUCOP?

She desires to excel in every area, to be above the norm. Her vision is to follow Howard University's motto, to be excellence in truth and service.

### 3. What sets HUCOP apart from other pharmacy schools?

HUCOP is developing well-rounded students. Not only academically strong, but also socially aware and culturally competent. Our school offers international rotations, community service opportunities, and society-based education.

### 4. How are you ensuring that students are passing the NAPLEX board exam and are competent pharmacists post graduation?

The pharmacy school is a new curriculum that is high quality and contemporary. We take multiple measures to guarantee that our students are receiving the best education possible. There is a review board that examines the curriculum to ensure that it meets the needs for NAPLEX. Not to mention, the course evaluations are examined to see how the professors are educating the students. The dean plans a faculty/staff retreat to make certain that the professors are asking the right questions on assessments. Furthermore, the college offers a progression committee that looks into the students' academic progress to see if any student needs any guidance. If any student needs guidance, there are tutors available and a success coach available at any time. During the fourth year, the HUCOP has a live comprehensive review session tailored to answering NAPLEX based questions.

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## Interview with Dean R. Akiyode continued

**5. Are there any courses or organizations that you have seen at other pharmacy schools that you would like to open up to the students at HUCOP?**

There aren't any courses or organizations that's been seen at other pharmacy schools, but would like to see HUCOP students involved with the International Pharmaceutical Federation (IFP) to open up more pharmaceutical opportunities internationally. This will lead the students to acquiring a diverse clinical experience and to build a connection outside of the United States.

**6. Where do you see pharmacy heading in the next five to ten years?**

There will be an expansion of clinical pharmacy roles compared to what the clinical pharmacists are able to do currently. The pharmacists will be able to provide more clinical work beyond giving vaccinations. I vision pharmacists being incorporated into more disease areas to provide expertise and being able to test/treat the patients in the community. Lastly, pharmacists will have more freedom in the industry field.



Howard University College of Pharmacy (HUCoP) Dean Dr. Oluwaranti (Ranti) Akiyode is featured here with former WMSHP President Vaiyapuri Subramaniam, PharmD, MS, at the HUCoP Campus in March 2023.

Editors note: The March 15<sup>th</sup>, 2023 American Journal of Health System Pharmacy (AJHP) (p359) had a reprint of the speech that Toyin Tofade, BPharm, MS, PharmD, BCPS, CPCC, FFIP, Presidents Office, Albany College of Pharmacy and Health Sciences, Albany, NY, USA delivered at the December 2022 ASHP Midyear Clinical Meeting for the Donald E. Frankcke Medal Lecture. The title was "Leading with heart in service of global initiatives." Dean Tofade is also on the AJHP Editorial Advisory Board. Dean Tofade was formally the Dean of the Howard College of Pharmacy and worked with WMSHP on a number of initiatives. She can be reached at [tofade@gmail.com](mailto:tofade@gmail.com).

## ASHP Regional Delegate Conference May 2023

By Sue Carr and Carla Darling



Sue Carr, Sumit Duo and Carla Darling  
WMSHP Delegates to ASHP House of Delegates



Delegates and ASHP staff at the ASHP Regional delegated conference that prepares regional delegates for formal voting at the summer house of delegates meeting

Carla Darling, Delegate, Sumit Dua, Delegate, and I, Sue Carr, Alternate Delegate, had the opportunity to attend the Regional Delegate Conference (RDC), in Baltimore, MD. It was a two-day conference held 4/29/23 – 4/30-2023. The conference brought together thought leaders, policymakers, students, and ASHP representatives to discuss the latest trends, best practices, and the roles and responsibilities of the pharmacy personnel including "learners and

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## **ASHP Regional Delegate Conference cont.**

educators.” The RDC in Baltimore is one of several RDC’s that are held simultaneously across the country each year representing pharmacists throughout the United States. In preparation for the RDC, Carla, Sumit and I reviewed and discussed the policies up for review and amendment on behalf of WMSHP. The topics discussed at the conference are very relevant and important to many of our practices. Some of the hot topics included the availability and use of Fentanyl test strips and emergency medical kit standardization. There was also a robust discussion about, over the counter (OTC) availability of oral contraceptives, the resilience of the Pharmacy Workforce, and including “learners and educators” in several of the policies in order to be more inclusive. During the discussion of the policy related to the manipulation of drug products for alternate routes of administration, I had the opportunity to voice my opinion in agreement that there needs to be better information available to support our practice and improve patient care. I suggested that increasing standardization and unit dose specific medication preparations would avoid potential errors in both hospitals and retail pharmacy settings. The policy discussion that received overall support from the delegates in the Baltimore RDC was the policy related to the removal of Phenergan (Promethazine) Injection, from hospital formularies because of high risk of serious complications such as tissue damage. Injectable promethazine has been on the Institute for Safe Medication Practices (ISMP) List of High-Alert Medications in Acute Care Settings since 2007. Promethazine can be administered orally, rectally, or parenterally via I.M. or slow I.V. bolus injection. The preferred parenteral route is deep I.M. injection. Inadvertent administration into an artery or subcutaneous tissue may result in soft tissue damage, leading to tissue necrosis and, in some cases, gangrene and amputation.

The Delegates will be voting on these policies during the House of Delegates (HOD) meeting this summer, which will be held from June 10<sup>th</sup>-13<sup>th</sup> 2023 in Baltimore, MD at the Convention Center. Serving as a Delegate or an Alternate Delegate is an excellent opportunity to learn about the latest issues and best practices in pharmacy. The RDC in Baltimore was a rewarding experience. It is important for pharmacy personnel to stay up to date on the latest issues and best practices in the industry. Serving as a delegate provides an excellent opportunity for those interested in advocating for issues facing the profession of pharmacy. It is a rewarding feeling to be in the position to pay it forward and be a part of the solution. Overall, we had a great experience and appreciated the opportunity to meet with other pharmacy professionals, share ideas, best practices, and learn from one another.

## **Pharmaceutical Compounding and the ASHP Compounding Resource Center**

Introductory Summary by Dr. Vaiyapuri Subramaniam and CAPT. John Quinn

### **Introduction:**

Since 2004, published standards and best practices on pharmaceutical compounding have evolved and become more complex that have resulted in increased involvement of regulatory agencies such as the Food and Drug Administration (FDA) and accrediting organizations such as The Joint Commission to ensure compliance by health-systems with applicable pharmaceutical compounding standards. Pharmaceutical compounding is an essential part of pharmacy practice and becomes essential for patients who are unable to use commercially available formulations of medications. Further, the process of compounding sterile preparations consists of combining or manipulating commercially-available drug products to make a final drug formulation to meet customized patient needs and minimizing the risk of adverse events. In addition, the compounding process includes safe storage, handling and transportation of the compounded sterile preparations (CSPs) to meet patient-specific needs, as well as the process for ensuring a safe and clean environment exists in the preparation of CSPs.

### **Announcement of the ASHP Compounding Resource Center:**

The Washington Metropolitan Society of Health-System Pharmacists (WMSHP) would like to announce that the American Society of Health-System Pharmacists (ASHP) recently published in its new [Compounding Resource Center](#), the latest revisions of the United States Pharmacopeia (USP) General Chapter 797 (USP <797>) on “Pharmaceutical Compounding – Sterile Preparations” and General Chapter 795 (USP <795>) Pharmaceutical Compounding – Nonsterile Preparations.”

Both USP <797> and USP <795> Chapters would become official on November 1, 2023, for implementation by health-systems and pharmacy practices. The USP <797> and <795> revisions can be found in ASHP's new [Compounding Resource Center](#) to serve as an information hub for all ASHP members and contains useful news, resources, products, and services to help pharmacies navigate the upcoming 2023 USP <797> and <795> revisions. The Compounding Resource Center would provide information on updates, guidance documents, and resources to help pharmacists and their pharmacy staff prepare and implement the new pharmaceutical compounding standards and best practices for handling hazardous and nonhazardous drugs.

ASHP has compiled the following resources and documents outlined below available in its Compounding Resource Center ([ashp.org](http://ashp.org)) that would be accessible for members on changes to the USP <797> and <795> and compliance with the new standards to ensure compliance prior to the November 1, 2023 deadline:

#### **USP Chapter <797>**

[USP <797> Key Changes](#) [PDF]

[USP <797> List Of Standard Operating Procedures](#) [PDF]

#### **USP Chapter <795>**

[USP <795> Key Changes](#) [PDF]

[USP <795> List Of Standard Operating Procedures](#) [PDF]

#### **Persons Responsibilities**

[USP Designated Persons Responsibilities Chart](#) [PDF]

[USP Designated Persons Responsibilities](#) [PDF]

Additional information on pharmaceutical compounding that can be found in the ASHP website are resources pertaining to: **Policies, Best Practices, and Guidelines for Sterile Compounding; Presentations and FAQs; Tools for Sterile Compounding; and Assessment of Risk Toolkit for USP Chapter <800> “Hazardous Drugs – Handling in Healthcare Settings.”**



Editors Note: As part of WMSHP's mission to support the pharmacy practice of various fields and specialties, please see Brian Fung's article below featuring his unique career path in informatics and technology.

### **Digital Disruption in Healthcare: Insights from a Clinician in a Technology Company**

By Brian K. Fung, PharmD, MPH, BCPS  
Health Data Architect/Informatics Pharmacist

My vision is to connect the world's healthcare data. My mission is to train the next generation of biomedical informaticians. (<https://www.briankfung.com/>)

An insightful article in NEJM Catalyst was published on March 1, 2023, by Karen DeSalvo, Chief Health Officer at Google, and Michael Howell, Chief Clinical Officer at Google.

Having spent the last 10+ years as a pharmacist and clinician at multiple health systems (e.g. Mayo Clinic, University of Utah Health, Sarasota Memorial Health Care System), the article made me spend some time today to reflect on my own foray into a technology company just 10 months ago. In short, I am grateful for the path that Karen and Michael undoubtedly paved for other clinicians to venture into this industry.

In this article, I'd like to share my own experience as a health data architect/clinician at Verily, an Alphabet Inc. company and how it relates to the 6 lessons laid out by Karen and Michael. You can read the full #NEJM article [here](#).

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## **Background**

I spent the last 7 years at Mayo Clinic as an informatics pharmacist and was part of the Plummer Project team that implemented Epic as our single, integrated electronic health record (EHR) across our hospitals and health systems. I was primarily focused on infectious diseases (i.e. Antimicrobial Stewardship and Infection Control). As the project began to ramp down in 2019, I embarked on new adventures part time. In 2020, I completed my MPH and year-long internship at the Office of the National Coordinator for Health Information Technology (ONC).

Shortly thereafter, the cumulation of my clinical, public health, and federal policy experiences really began to make me ponder about the opportunities to disrupt healthcare from more of a technology perspective. I spent a few months researching what that may look like and ultimately accepted a new role as a Health Data Architect at Verily in April 2022.

## **Identity**

A common theme among the lessons in the NEJM Catalyst article is the need to truly define what our roles should be as clinicians within a technology company. What makes this particularly challenging is the fact that, as described in Lesson 4, a “clinician” is a new function for technology teams.

In the last 10 months, I can't tell you how many times I've been asked to describe my role and subsequently struggled to find the words to articulate what exactly I do as a health data architect. Should I continue saying that I'm also an informatics pharmacist? Or perhaps I should use clinician or subject matter expert since I'm no longer strictly focused on pharmacy. Honestly, I've probably given a different introduction to everyone I've conversed with in the last 10 months, but I think it's finally coming around.

Hi, I'm Brian. I'm a health data architect, but a pharmacist by training. I have a little over a decade of experience, in which, 3 years were in direct patient care and the last 7 were in pharmacy informatics.

Yeah, I know. It still needs some more work. Let me get back to you on that in the future.

## **Empathy**

Many years ago, I recall working late one evening and being extremely frustrated at the newly implemented EHR. I was in the central pharmacy trying to verify some medication orders for my patients and could not get the order to complete because it wouldn't route to the correct dispensable medication.

I was thinking to myself, “It's a basic furosemide order, how did the informatics folks make this so difficult for us to simply do our jobs?!”. That ultimately became one of the motivating factors that influenced me to pursue pharmacy informatics.

Well, I did and realized that it's not that simple.

Over the next few years, I began to appreciate the complexity that occurs at the intersection of healthcare and technology as I was immersed in the configuration of my hospital's EHRs. Constraints showed up in many forms — technical, business, regulations, you name it. You'd think I'd learn from that experience, but I had similar frustrations with healthcare policy given the rapid adoption of EHRs during the Meaningful Use Era

Then I interned at the Office of the National Coordinator for Health Information Technology (ONC) when the 21st Century Cures Act was being finalized. At last, I had the opportunity to inform health IT policy via the ONC's Cures Act, but quickly realized that, again, it's not that simple. It was a different set of constraints, but constraints that made me understand why things weren't always black and white.

All that to say, I couldn't agree more with Lesson 3: Recruit for Talent — but not only for clinical expertise. As clinicians working in tech, we truly should seek to also understand the constraints that go beyond traditional patient care: product, technical and business. Personally, it took many years for me to get the memo, but I think empathy can go a long way here.

## **Career Progression**

My career planning was much simpler when I was a pharmacist as I had an idea of what roles I could work towards. Be it a staff pharmacist, a pharmacy specialist for a given service line, a clinical coordinator, or perhaps a pharmacy manager or director. These days, it's not really clear. I've had this discussion with a few colleagues over the last few months and I think, as humans, we all want to feel as though we're progressing.

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## **Digital Disruption cont.**

On that note, I'm reassured by the fact that lesson 5 puts an emphasis on further defining what the job ladders and performance reviews look like for clinicians that work in tech. I also think we can borrow some ideas from our fellow engineers as well. Especially when it comes to tech levels (e.g. L3, L4, L5) and the option to continue down the individual contributor (IC) path as a L6+ vs. only moving up by way of becoming a manager. Lastly, I feel quite fortunate to have many clinician role models at Verily such as Erich S. Huang, MD, PhD, Vindell Washington, & Vivian S. Lee, MD, PhD, MBA. Of course, I also greatly admire the work of Karen DeSalvo and Michael Howell as they've grown the clinical team at Google, which, I'm sure indirectly gave me the opportunity to have Cian Hughes as one of my formal mentors.

### **Synergy**

When two very different industries intersect, it can be difficult to identify the best ways to collaborate. Lesson 4 describes the ways in which clinicians interact with teams and goes into depth about the level of engagement. That is, usually it starts off with ad hoc advising, but eventually (and hopefully) continues to progress through consultation, collaboration, and eventually co-creation & leadership. I had hopefully in parenthesis because I think this is only possible when there is rapport between the individuals and teams.

I typically strive for rapport in two ways: domain knowledge and empathy. The former usually manifests as classes or certifications in computer science when working with engineers and getting my BCPS and CEs when working with pharmacists and other clinicians. The latter is usually through a lot of listening, being kind, and showing others that you acknowledge their challenges. They say relationships are the key to a successful life. It also applies to our careers. I'm extremely grateful for the help and patience that many of my fellow engineers have given me and I hope to continue collaborating and co-creating amazing products with them. You all know who you are.

### **Compassion**

The primary value at Mayo Clinic is: the needs of the patient come first. As clinicians, this is how we rationalize our decision making. This hasn't always come easy for me as I was a very shy, soft-spoken pharmacy student at the University of Florida. That was until my 4th year APPE rotations at Mayo Clinic Jacksonville and the PGY-2 Critical Care Pharmacy Resident told me something that has stuck with me ever since:

Brian, I know it can be hard to speak up sometimes. But remember this, whenever you come across a situation where you think something you know may impact a patient, you must speak up. It might be scary, but we have a duty to our patients to provide the best pharmaceutical care we can.

I've spoken my mind ever since.

I'm not always right and I've actually been wrong quite a few times. Of course, I make certain to let others know when I have a knowledge gap, but I'll never hesitate to say something if I think a decision may impact a patient down the road. I think this aligns quite nicely with Lesson 2: Develop, communicate, and act on a consistent set of clinical values. These core values should form the basis of our decisions in tech as they have in the hospitals and health systems we used to practice in.

### **Concluding thoughts**

I truly think disruption and transformation in healthcare doesn't happen in a (clinical) vacuum. Rather, it takes a village — as Abinash Virk used to say whenever our Antimicrobial Stewardship team at Mayo Clinic accomplished an important milestone or project. As of right now, I think technology is an enticing path to making healthcare better for everyone and I am excited for a future when clinicians in tech are no longer the exception, but rather the norm.

<https://briankfung.medium.com/digital-disruption-in-healthcare-insights-from-a-clinician-in-a-technology-company-520e7ab175d0>

## **WMSHP Member Spotlight: Pamela Smith, BSPHarm, PharmD WMSHP Teaching Certificate Program Director**



### **“What was your pharmacy journey to Pfizer and what does your current position entail?”**

Pamela S. Smith, BSPHarm, PharmD, is currently a Vaccines Medical Director within Pfizer’s Medical Affairs division in the Mid-Atlantic (DC/DE/MD/VA area) region, with 24 years of medical affairs experience with the same pharmaceutical industry. Pamela assumed this position with the Vaccines Team in February 2022, after serving as Senior Field Medical Director with the Cardiovascular/Metabolism Team. Dr. Smith also represents Medical Affairs on Pfizer’s Clinical Trials Diversity Team. She received her B.S. in Pharmacy from the West Virginia University School of Pharmacy in Morgantown, West Virginia and her Doctor of Pharmacy degree and Specialized Residency in Critical Care Pharmacy from the Medical University of South Carolina, in Charleston, South Carolina. Prior to joining Pfizer, she worked as a Critical Care Clinical Pharmacist Specialist at a large tertiary care health system. Dr. Smith is active in several state and national pharmacy organizations and other healthcare associations and is also active in leading pharmacy residents and students from schools of pharmacy in the regional area.

In addition to her significant medical affairs expertise and health care system experience, Pamela has demonstrated Medical Affairs leadership in initiatives with various national organizations including ASHP, FDA, AHA, ACS, ALA, as well as regional associations, serving on the Executive Committee of the DC Tobacco Free Coalition. She is also the recipient of various awards and acclamations within Pfizer and with regional pharmacy associations. In May 2023, Pamela was named one of Pfizer’s Top 125 Most Inspiring Women.

Dr. Smith has extensive experience in working in the national capital region to engage clinicians, health systems, advocacy organizations and other third-party organizations, around education and initiatives related to vaccinations and preventable disease, cardiovascular and metabolic disease, as well as clinical trials diversity, and is working on additional opportunities in her current role as Vaccines Medical Director in the region.

### **When and how did the residency certification program start and when did WMSHP start helping to sponsor it?**

Pamela was able to partner with Pfizer medical colleagues and Residency Program Director leaders in the Washington, DC metro area back in 2005, to work together on a program that originally began in 2003. The team banded the residency and fellowship programs in the Washington DC metropolitan area to gain efficiency across the 15 ASHP-accredited pharmacy residency and fellowship programs.

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For the first ten years of the program, residents, fellows, residency directors, residency preceptors and medical affairs colleagues from Pfizer participated in a quarterly day-long seminar program. This program was originally designed to provide both speaking opportunities and professional development for the residents and fellows. Through discussions of interest areas and hot topics, residents and fellows chose therapeutic topics for presentation. Faculty and outside speakers have provided professional development topics, which have included presentation skills, PowerPoint skills, curriculum vitae development, interview skills, professional networking and financial planning. This type of training is invaluable for young practitioners. Preceptor time to provide formal training can often be scarce and the residents' learning experience can be compromised. Our goal was to gain efficiencies in training and education to enhance the quality of resident/fellow experience by engaging them in additional professional development. We united with WMSHP early on in the process - as the designated pharmacy professional organization for collaboration in training and leadership of the program.

Under Pamela's leadership, in 2012, the team of residency program directors, faculty, and other Pfizer medical colleagues transitioned the program into a more formalized Teaching Certificate program. We just celebrated our tenth year of the Teaching Certificate program (twenty years total for the training). This team of professionals works each year to plan, organize, and conduct day-long programs six times per year to supplement the pharmacy residents' experiences.

### **What do the residents learn both didactically and as far as starting their career networks?**

Residents who successfully complete a PGY-1 pharmacy residency or fellowship should be prepared to enter a vast array of potential positions within the profession of pharmacy. These positions include, but are not limited to, clinical specialists, clinical pharmacy managers, preceptors, research development, industry, and academia. To date, many residency programs vary as it relates to goals and objectives related to providing medication and practice related education opportunities for residents to develop teaching skills. As a result, participation in the WMSHP teaching certification program prepares residents and fellows with the essential skills needed to embrace various aspects of teaching as a clinician, and hone leadership expertise as well as embrace roles in public health, including planning and executing didactic and experiential learning.

A key feature of program is the teamwork and networking across different organizations. This has provided participants with a broader base of pharmacy practice experiences, as well as increased the knowledge depth for a variety of pharmacy topics that are core to residency and fellowship programs. The Washington, DC area is an excellent geography for access to professional pharmacy organizations (including ASHP, ACCP, CMS), National Institutes of Health, and the Food Drug Administration. This proximity permits us to tap into these organizations as resources for programming ideas and for bringing on volunteer faculty for the many development topics covered.

### **“Matching” into a residency can be a very competitive situation with more qualified applicants than openings. Do you have any advice for young graduates who are planning to seek residency?**

Career paths for pharmacists have certainly become more competitive over the years, and “matching” into a residency program is part of that competitive landscape. I would advise any pharmacy graduate, whether pursuing a residency, or other post-graduate training, of the importance of setting yourself apart from others in the career. I think there are several ways to accomplish this in your training. Identify areas in pharmacy that you are passionate about. I would suggest the following: seek out mentor(s), network with pharmacy peers and pharmacist leaders, get involved in research, pursue to publish, and explore a variety of pharmacy work experiences. It is also important to get involved in your community based on your passions – this could be related to or unrelated to healthcare.

### **How should a resident prepare themselves for their post-residency career search while they are in residency?**

Preparation for post-residency career searching is a topic that we cover throughout the Teaching Certificate program. We emphasize the importance of networking, peer to peer connecting, and broadening knowledge about opportunities available – all skills that I believe are critical for future career planning. Some of the topics that we cover that help with career planning include: continuing professional development, professional profiling, environmental scanning, curriculum vitae (CV) development, pharmacy career planning tips, networking with key organizations (i.e., ASHP, CMS, FDA, ACCP). I think the first step is for residents to develop a post-residency career plan, inclusive of their professional objective(s) – and then actively seek out opportunities, and to keep an open mind when opportunities do present themselves. It is also important to be flexible and adapt your career plan as needed.

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*“It is not what happens to you that determines how far you go in life; it is what you do with what happens to you.” - Zig Ziglar*

*“Dreams are extremely important. You can't do it unless you imagine it.”—George Lucas*

**What are some of the changes you see in pharmacy and how is this influencing how you will direct the program in the future.**

I believe some of the key changes influencing the future of pharmacy include: the expansion of the role of the pharmacist in patient care (as we see increased automation in pharmacy); advancements in the science of medical therapies (i.e., precision medicine, gene therapies); and, the incorporation of technologies like artificial intelligence (AI) and machine learning into medical management.

It will be imperative for our program and overall residency training to adapt to these changes for continued success of the residents. We will need to educate on the ever-changing landscape in healthcare and be sure to incorporate best practices and learnings from our faculty and partners, including WMSHP and other healthcare organizations in the DC metro area. It will also be important to continue to take advantage of pharmacy leaders in our area to share their perspectives on the future of pharmacy and opportunities for residents to impact that future!

*I am extremely grateful for the opportunity in leading this WMSHP Pharmacy Resident program and for the esteemed colleagues and faculty who I am fortunate to work with to ensure the success of the program. It is truly a team effort! I am overwhelmed with JOY in impacting so many future pharmacists who have chosen to advance their careers with residency training.*

**WMSHP Pharmacy Residents Teaching Certificate Recognition Program held on June 7, 2023 at The Capital Grille**







**John Spain, MA, PharmD, BCPS, COL, USA (Ret)** – Co-Lead of WMSHP Teaching Certificate Program and Pfizer, Inc. DoD/VA National Account Payer Medical Lead; **Krystal McLearn**, Novo Nordisk Executive Diabetes Care Specialist; **Romeu Azevedo, MD** – Event Speaker and Endocrinology, Diabetes & Metabolism Specialist; **Pamela Smith, PharmD** Co-Lead of WMSHP Teaching Certificate Program and Pfizer, Inc. Vaccines and Antivirals National Payer Accounts Medical Lead; **Meenakshi Shelat, PharmD** – WMSHP President and NIH Clinical Center Hematology/Oncology Clinical Pharmacy Specialist; **Heidi Carroll**, Novo Nordisk Diabetes Care Specialist; **Charissa Brennan, PharmD**, Novo Nordisk Pharmacy Execution Manager




**Krystal McLearn**, Novo Nordisk Executive Diabetes Care Specialist; **Romeu Azevedo, MD**, Event Speaker and Endocrinology, Diabetes & Metabolism Specialist; **Monica Berry**, Novo Nordisk Regional Account Manager

Please see below the listing of the PGY-1 Pharmacy Residents (n=19) who met all of the WMSHP Pharmacy Resident Teaching Certificate Requirements for the 2022-2023 year. Congratulations to all of you!

|   |   |
|---|---|
| <p><b><u>Howard University Hospital</u></b></p> <ul style="list-style-type: none"> <li>- Adedolapo Akintola, PharmD</li> <li>- Helen Akinwale, PharmD</li> <li>- Nora Gadri, PharmD</li> </ul> <p><b><u>Howard University/CareFirst Community Health Plan, District of Columbia</u></b></p> <ul style="list-style-type: none"> <li>- Brian Sistani, PharmD</li> </ul> <p><b><u>Howard University/Walgreens</u></b></p> <ul style="list-style-type: none"> <li>- E'Shay Winfield, PharmD</li> </ul> <p><b><u>Kaiser Permanente</u></b></p> <ul style="list-style-type: none"> <li>- Aliyah Carty, PharmD</li> <li>- Crei Therese Tabligan, PharmD</li> <li>- Julie Weaver, PharmD</li> <li>- Sydney Hajimirsadeghi, PharmD</li> </ul> <p><b><u>MedStar Georgetown</u></b></p> <ul style="list-style-type: none"> <li>- Victoria Natividad, PharmD</li> </ul> | <p><b><u>MedStar National Rehabilitation Hospital</u></b></p> <ul style="list-style-type: none"> <li>- Helen Fita, PharmD</li> </ul> <p><b><u>MedStar Washington Hospital Center</u> (continued)</b></p> <ul style="list-style-type: none"> <li>- Anas Hanini, PharmD</li> <li>- Caitlin Benkart, PharmD</li> <li>- Meghna Bhatt, PharmD</li> <li>- Naidelyn Medina, PharmD</li> </ul> <p><b><u>Sibley Memorial Hospital/Johns Hopkins Medicine</u></b></p> <ul style="list-style-type: none"> <li>- Michelle Montoya, PharmD</li> </ul> <p><b><u>University of Maryland Capital Region Medical Center</u></b></p> <ul style="list-style-type: none"> <li>- Chi (Sophia) Ham, PharmD*</li> </ul> <p><b><u>Walter Reed</u></b></p> <ul style="list-style-type: none"> <li>- Hanlon Maivelett, PharmD</li> <li>- Wesley Snow, PharmD</li> </ul> |
|---|---|

**Headshots from WMSHP Pharmacy Residents Teaching Certificate Recognition Program held on June 7, 2023 at The Capital Grille**

| Howard University Hospital  |   |  |   |
|---|---|--|---|
| <u>Residency Program Director</u>   | <u>PGY-1 Residents</u>  |  |   |
|  |  |  |  |
| Andrew Rubio, PharmD,<br>BCIDP, AAHIVP  | Adedolapo Akintola, PharmD  | Helen Akinwale, PharmD   | Nora Gadri, PharmD  |

| Howard University   |  |   |
|---|--|---|
| <u>Faculty</u>  | <u>CFCHP, DC<br/>PGY-1 Resident</u>  | <u>Walgreens<br/>PGY-1 Resident</u>   |
|  |  |  |
| Malaika Turner, PharmD, MPH   | Brian Sistani, PharmD  | E'Shay Winfield, PharmD   |

*\*Not pictured: PGY-1 Resident Chi (Sophia) Ham, PharmD of University of Maryland Capital Region Medical Center with Residency Program Director Pan Pan Wong, PharmD, MSEd, BCCCP*

**See next page**

**Headshots from WMSHP Pharmacy Residents Teaching Certificate Recognition Program (continued)**

**Kaiser Permanente**

Residency Program

Director



Kristen Fink, PharmD,  
CSP, PRS

PGY-1 Residents



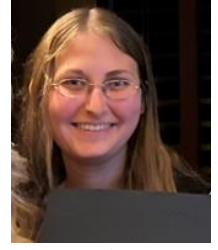
Aliyah Carty,  
PharmD



Crei Therese  
Tabligan, PharmD



Julie Weaver,  
PharmD



Sydney  
Hajimirsadeghi,  
PharmD

**MedStar National Rehabilitation Hospital**

Residency Program Director



Lubna Kousa, PharmD, MA, EM-CQSL

PGY-1 Resident



Helen Fita, PharmD

**Medstar Georgetown**

PGY-1 Resident



Victoria Natividad, PharmD

**MedStar Washington Hospital Center**

Residency Program Director



Lama Kanawati, PharmD,  
BCPS

PGY-1 Residents



Anas Hanini,  
PharmD



Caitlin Benkart,  
PharmD



Meghna Bhatt,  
PharmD



Naidelyn Medina,  
PharmD

**Sibley Memorial Hospital/Johns Hopkins Medicine**

Residency Program Director



Monique Bonhomme,  
PharmD, MS, BCPS

PGY-1 Resident



Michelle Montoya, PharmD

**Walter Reed**

PGY-1 Residents



Hanlon Maivelett, PharmD



Wesley Snow, PharmD



## WMSHP Teaching Certificate Program March 2023

By Vicki Ly

WMSHP teaching certificate program education series was held at Medstar National Rehabilitation Hospital (NRH) this year on March 16. PGY 1 residents in the nearby DMV area participated and had a great time educationally and socially. Represented in the picture are (from left to right) Lubna Kousa (preceptor for MNRH, second left), John Spain (Preceptor), Pamela Smith (Program Organizer), Wafaa Abou Zeineddine (preceptor for MWHC), Sumit Dua (WMSHP Delegate) and Victoria Ly (preceptor for MedStar Washington Hospital Center and WMSHP Treasurer.)

**On March 8<sup>th</sup> 2023 WMSHP and Novo Nordisk sponsored a seminar on Wegovy (semaglutide) injection at Maggiano in Friendship Heights. Pictures from this event are below.**



WMSHP President Dr. Meenakshi Shelat and speaker Dr. Joseph Fallon



Former WMSHP President Dr. Vaiyapuri Subramaniam, Novo Nordisk MSL Ms. Krystal McLearn, speaker Dr. Fallon, and WMSHP President Dr. Meenakshi Shelat

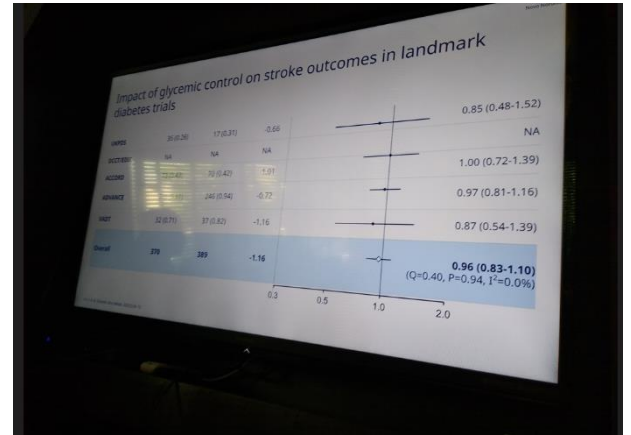


WMSHP Delegate Dr. Michelle Eby, Former WMSHP President Dr. Vaiyapuri Subramaniam, WMSHP Editor Dr. Tiffany Tseng, Clinical Pharmacy Specialists Dr. Kevin Vu and Dr. Maureen Muthoni



Former WMSHP President Dr. Vaiyapuri Subramaniam, WMSHP Delegate Dr. Michelle Eby and Novo Nordisk MSL Mr. William Howard

**On June 14<sup>th</sup> 2023 WMSHP and Novo Nordisk sponsored a seminar on Diabetes management in ASCD (GLP-1RA use in T2D & Stroke) at Capital Grille in Chevy Chase, MD. Pictures from this event are below.**



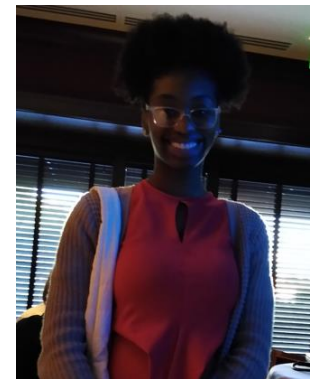
**Matt Levit - WMSHP Secretary; Dominic Solimando -Former WMSHP Newsletter Editor; Meenakshi Shelat - WMSHP President; Vaiyapuri Subramaniam - Former WMSHP President; Akilah Parks Novo Nordisk Medical Science Liaison; Sadhna Khatri Former WMSHP President; John Quinn WMSHP Board Member**



**Evelyn Edwards and Former WMSHP President Mike Edwards**



**Former WMSHP Editor Dominic Solimando**



**WMSHP Student Editor Tejona Johnson-Moore**



## **Presidents Article from page 1**

their Residency Program Directors and the leads of the program, Drs. Pamela Smith and John Spain. Dr. Pamela Smith will be our new spotlighted member for 2023.

Furthermore, I appreciated the opportunity to represent WMSHP at the ASHP Summer Meeting in Baltimore this year and catch up with mentors and strong leaders within our profession who continue to inspire me. Our delegates also represented very well at the June House of Delegates.

In launching our new website [wmshp.org](http://wmshp.org), we have optimized our communications with you all and the website serves as an easy to use resource to keep informed on upcoming events and registration steps, display newsletters, ease membership steps, highlight responsibilities of officers, and soon to upload an updated Constitution and Bylaws document.

I look forward to ensuring we accomplish not only basic goals but building on engagement with education, service, and policy discussions. In our profession, we lead, advocate, and educate daily with or without official leadership roles. It takes solid volunteer efforts to ensure we are meeting the goals for our society including plans for quality educational programs, financial status in good standing, as well as comprehensive newsletters, plus other engaging events with our members highlighting legislative policies and relevant topics related to work/life balance – reach out if interested in committee work and check out future upcoming events.

Following a dinner event in mid-June on a diabetes-related topic, we will have our first joint program this year with Pharmacy Times (CE) in early July on Pulmonary Arterial Hypertension as well as programs in progress periodically this year.

Check back for details at [wmshp.org](http://wmshp.org) under upcoming events! Further updates will be sent to active members registered on the website.

Hope to see you all!  
Meenakshi

Meenakshi Shelat, PharmD, BCOP  
Hematology/Oncology Clinical Pharmacy Specialist at the NIH Clinical Center  
WMSHP President 2023

# Practical Approaches in the Management of Pulmonary Arterial Hypertension:

*Understanding the Pharmacist's Role in Personalized Care*



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This activity is supported by an educational grant from Merck Sharp & Dohme Corp.

Register at: <https://wmshp.org/event-5319405>

## FACULTY



**Tracy, E. Macaulay, PharmD, BCCP, FACC, FCCP**

Clinical Professor Pharmacy, UK  
College of Pharmacy  
Cardiology Clinical Pharmacy  
Specialist, UK Healthcare  
Lexington, Kentucky

**Tracy, E. Macaulay, PharmD, BCCP, FACC, FCCP**, obtained her PharmD from the University of South Carolina. Subsequently she completed a Post-Graduate Pharmacy Practice Residency at the Mayo Clinic in Rochester, MN and a Cardiology Specialty Residency at The Ohio State University. In 2006 she joined UK HealthCare Pharmacy Services and Gill Heart Institutes as a Clinical Pharmacy Specialist-Cardiology. And a short time later she was appointed in the Department of Pharmacy Practice and Science at the UK College of Pharmacy, and is now at the rank of Clinical Professor. Over the past fifteen years with UKHealthCare Pharmacy Services she has held several leadership roles, including Director of Transitional Care Pharmacy Services leading and developing transitions of care programming and establishing a credentialing and privileging process for Director of CV Pharmacy Services for the Gill Heart and Vascular Institute. She remains a clinical pharmacist for Pharmacy Services and Cardiology. She has experience teaching pharmacy students and residents as well as medical students, residents and CV fellows in both didactic and clinical arenas, and is co-host of the CardioScripts Podcast.

Learn more at [www.pharmacytimes.org](http://www.pharmacytimes.org)

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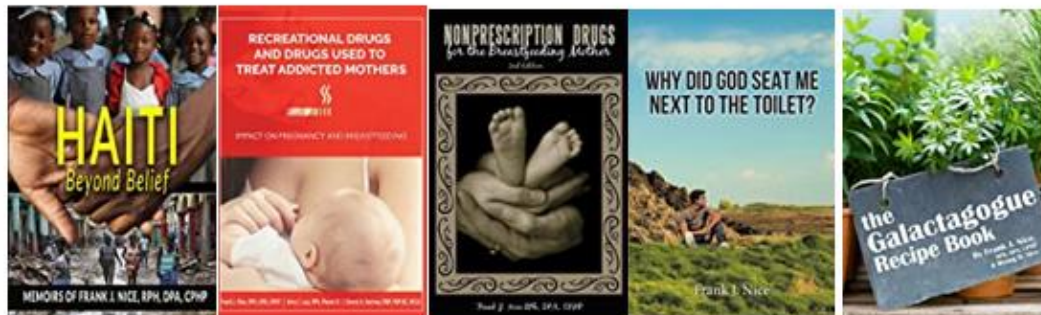


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## **Advertising Opportunities**

The WMSHP newsletter will start accepting half page advertisements as part of the newsletter.

For small businesses and hospitals, the rate will be \$20 a month or \$100 a year. For drug companies and larger medical related businesses, the rate will be \$30 a month or \$200 a year

Advertisements must be emailed to [webwmshp@gmail.com](mailto:webwmshp@gmail.com) by the 15th of the month to be included in the next newsletter. Both print images are acceptable.