Today we welcome students who will become the technically competent, highly knowledgeable and caring health professionals of tomorrow. We work very hard at selecting the best and brightest of students to enter our academic programs because selecting the right student is the greatest predictor of future student success.

As faculty, we have a tendency to look at the graduating class and think, “look at the fine job we have done.” In truth, it is the students who have done the fine job and they deserve all the credit. Our job is really quite simple. We need to create an enriched learning environment that provides a series of integrated learning experiences leading to the attainment of ability-based outcomes reflective of contemporary practice that meets both accrediting and licensing requirements (intentional run-on sentence). Oh yes, we also need to make sure that our graduates will be able to adapt to a changing body of knowledge and evolving science throughout their professional careers.

When you graduate, you will be competent to practice in a defined and highly regulated health care environment. But, is it the best environment for achieving the goals we desire for our patients and our profession? Let me illustrate with the following scenario.

A student on rotation asks her preceptor, “Why didn’t we spend more time with Mrs. Gray explaining how to avoid further visits by taking better care of herself?”

Preceptor responds, “Ten minutes is not a lot of time to spend with a patient, so we have to set priorities on what we can do during a visit.”

“But how can we be forced to set priorities when it’s ALL important?” says the student.

...Continued on page 2
Preceptor, “Do you know the Golden Rule? Whoever has the gold makes the rules.”

“That’s not right”, said the student. “Someone should do something about it.”

“Knock yourself out. The people to talk to are in Washington, DC,” says the preceptor.

There are many things in health care that could and should be improved, but it requires your involvement. Students can be highly effective agents of change, and grassroots advocacy is a great place to start. There are many examples of students getting involved in health policy issues through student organizations. It starts with identifying an issue, developing a proposal, understanding the financial impact (Golden Rule), considering other’s points of view, and knowing the rules that apply in moving your issue forward. The process is probably similar to the one you used when you asked your parents to assist you in getting your first car.

Let me share my most recent experience with advocacy.

I just received a “personalized” letter from Governor Schwarzenegger, thanking me for writing to him about the devastating impact that his drastic cuts in Medi-Cal reimbursement funding will have on the neediest citizens of California. The Governor’s letter goes on to assure me that he is looking after California’s most vulnerable citizens by establishing a rainy-day fund that will get more value out of the California Lottery to help us get through this tough budget period. It is interesting that 51% of those who play the lottery have mean family incomes of less than $40,000 and play the lottery more out of desperation than entertainment.

Let there be no doubt that you will have many opportunities to get involved in improving the world around you through advocacy. You just might find that there are students, faculty and others who are crazy enough to share your passion for change.

The following is paraphrased from a 2007 Apple Advertising Campaign.

Here’s to the crazy ones. The misfits. The rebels. The trouble makers. The round pegs in the square holes. The ones who see things differently. …Because the people who are crazy enough to think they can change the world are the ones who do.

Sincerely,

Daniel C. Robinson, PharmD, FASHP
Dean, College of Pharmacy
Western University of Health Sciences
Western States Conference for Pharmacy Residents, Fellows and Preceptors — May 21-22, 2008

Each spring, residents from the West Coast gather at the beautiful Asilomar Conference Center in Pacific Grove, California to present their residency projects in a 20-minute presentation. This year 14 WesternU alumni from the Class of 2007 gave the following presentations.

Annie Chhay, PharmD – Efficacy and Safety of Acetazolamide in the management of Metabolic Alkalosis in Neonates. Hollywood Presbyterian Medical Center, Buena Park, CA.

Micah Hata, PharmD (pictured below) – Direct Patient Care Services in Community Pharmacy. Western University of Health sciences, Pomona, CA.

Bryan Katuin, PharmD – Safety of Probiotic Administration for Clostridium Difficile-Associated Disease. Huntington Memorial Hospital, Montrose, CA.

Cindy Le, PharmD – Multi-drug resistant Organisms and Previous Antibiotic use as Risk Factor for Acquiring Higher Minimal Inhibitory Concentration. Fountain Valley Regional Hospital and Medical Center, Placentia, CA.

Jenny Lin, PharmD – Evaluation of Pharmacist-Driven Medication Reconciliation of Core Measure Patients. Encino-Tarzana Regional Medical Center, Tarzana, CA.

Karen Lin, PharmD – Implementation of Medication Reconciliation Utilizing an Electronic System. Arrowhead Regional Medical Center, Diamond Bar, CA.


Michael San Agustin, PharmD – Complications Associated with Outpatient Parenteral Antibiotic Therapy in Children. Long Beach Memorial Medical Center, Newport Beach, CA.

Mannhu Ton, PharmD – Vancomycin Dosing Protocol for Cardiothoracic Surgery Prophylaxis. UC Irvine Medical Center, North Hills, CA.

Ann Vu, PharmD (pictured below) – Comparison of the Efficacy Of 7.5% Hypertonic Saline Versus 20% Mannitol For Intracranial Hypertension Management In Critically Ill Patients. Community Medical Center, Clovis, CA.


Jason Wong, PharmD – Initial Antibiotics and Microbiology in community Acquired Pneumonia Versus Healthcare Associated Pneumonia in Adults.

Sylvia Youn, PharmD – Development and Implementation of a Black Box Warning Policy at an Acute Care Community Hospital. Fountain Valley Regional Hospital and Medical Center, Fullerton, CA.

Carol Young, PharmD – Evolving Out-Patient Pharmacists’ Role in Diabetes Management: Initiating a Paradigm Shift. Kaiser Permanente – Orange County Service Area, Hacienda Heights, CA.

Photo from left to right: Bryan Katuin, Micah Hata, Mannhu Ton, Sam Shimomura, Amy Phillips, Michael San Augustin and Jason Wong.
What does the white coat mean to me?

I wore my coat as a clinician in Alaska and California—in an independent retail pharmacy, a skilled nursing facility, a small community hospital, a chain pharmacy, a large teaching hospital and in home care. It helped me move to the business of pharmacy as a health plan and a pharmacy benefit manager. It helped me work on health policy with the Institute of Medicine, the Veterans Administration, the Food and Drug Administration and the Medicare Payment Advisory Commission. The experience gained with my white coat led me to be a regulator on the California Board of Pharmacy and to speak on the merits of Medicare drug benefits before Congress. Finally, my white coat gave me the recognition by others involved in health care to develop new national quality standards in the areas of pharmacy benefit management, mail service pharmacy and specialty pharmacy. I have worn quite a few white coats in over 30 years of practice and I wouldn’t trade the experience.

When I began pharmacy practice.

I would have laughed if anyone had told me that this white coat would take me where it has when I sat as you in anticipation of my first year of pharmacy school.

Graduate pharmacists had fewer options in 1975. Practice settings included independent and chain retail and hospital pharmacy practice, pharmaceutical sales and manufacturing (few) and research and academia (fewer still). Jobs for pharmacists were relatively scarce and we had to compete for them. The pharmacist work force shortage was many years away.

Modern pharmacies had electric typewriters. Self correcting typewriters were a big deal. In the early 1980s I worked with a technician with a flair for programming, and our Apple IIe at the UCSF hospitals had one of the first programs to calculate hyperalimentation admixture and print a worksheet and labels—everything before that was done manually. We spent $10,000 for a 10-megabyte hard drive and were amazed at what we could do with it. Our innovative program dramatically increased accuracy in complex calculations and cut the time to prepare the admixtures by two thirds.

Challenges and Opportunities

Diseases

My generation has had some unique professional challenges. In the mid-1980s, AIDS didn’t even have a name, and for awhile we didn’t know what exactly it was. While it wouldn’t be politically correct today, Dean Edell the radio talk show physician in San Francisco for a time referred to the disease as "Gay Cancer" because of the findings of Kaposi’s Sarcoma in the gay male population. Many of the medical pioneers were dermatologists because the first notable diagnosis was this skin disease. Our home care pharmacy received many patients via dumping from other states because they thought that medical care in San Francisco was better and because they didn’t want to deal with this dreaded new communicable disease.

As director of home care, half of my staff was gay and lesbian, and we lost several employees (who had become close friends) to the disease over the years. We were cutting-edge, and it demanded a high level of professionalism from all of our pharmacists and the AIDS team. We developed and tested experimental drug delivery systems to administer newer, more powerful antibiotics with technologically advanced infusion pumps through implanted ports and sophisticated catheters. We became better and better at battling infections and keeping
patients alive longer while we waited for the discovery of effective antiviral combination therapies.

Many predict that you will have similar challenges to public health such as the anticipated Avian Flu Pandemic. Such threats will test your resourcefulness, knowledge and professionalism.

Computers

Computers have totally changed our lives and practices. But you have an advantage over past generations of pharmacists. You have been raised with computers, realize their potential and will incorporate their use into everything you do. We are poised on the edge of yet another revolution—that of electronic prescribing. It will simplify your practices and bring ever-increasing safety and efficiency to patient care.

Cost and Quality

Pharmacy will continue to pay well as a profession, but consumers will expect your services to be provided at ever-higher quality and at a low cost. It will be your challenge and opportunity to develop continual improvements in the quality of drug therapy at a cost that is affordable to all Americans.

Automation

Automation in pharmacy is here to stay. Some of the finest pharmacists I know are not involved in dispensing, but spend most of their workday on the phone with physicians, nurses and patients or working to plan benefits or assess new drugs for the health plan formularies which will affect millions of patients. The prescriptions are filled by machines in a highly automated environment, leaving pharmacists free to interact with patients, update their knowledge and plan therapies with the medical team.

Tailored drug therapies

Medicine designed through knowledge of the human genome is just beginning to emerge. It will play a large part in your future and holds the promise of not just better treatments for today's diseases, but also cures. Pharmacists must make this new area of medicine their own for the profession to have a viable future.

Looking Ahead

With your new white coat I implore you to learn everything you can. Explore all of the possibilities. Recognize hazards and opportunities present in pharmacy practice, and act accordingly. Remember that the community of pharmacists is small and your professional reputation will precede you throughout your career. Work hard, be resourceful, treat patients with respect and dignity, be honest and caring, and this white coat will give you a career like no other.

Good luck in your studies here at WesternU. Your opportunities for discovery and accomplishment await.
**New Faculty**

**Micah Hata, PharmD**

Dr. Micah Hata has joined the College of Pharmacy as an Assistant Professor in the Department of Pharmacy Practice and Administration. He received his PharmD and then completed a Community Pharmacy Practice Residency at WesternU. As part of his residency program, he was involved in setting up a training program for developing medication therapy management services in community pharmacies. He also served as a principal member of Partners in D, a statewide outreach initiative involving the 7 California schools of pharmacy dedicated to bringing Medicare Part D expertise into the community. He currently practices at multiple independent, community pharmacies in the greater Los Angeles and Orange County areas.

**Emmanuelle Schwartzman, PharmD**

Dr. Emmanuelle Schwartzman joined the faculty as an Assistant Professor of Pharmacy Practice and Administration. Dr. Schwartzman obtained her Doctor of Pharmacy degree and her Community Pharmacy Practice residency at USC. She will be working at the WesternU Medical Clinic in an ambulatory care setting. In addition, she will be setting up Medication Therapy Management services within community pharmacies in the area.

**New Residents and Fellows**

**Vuong Green, PharmD**

Vuong Green, PharmD graduated with the WesternU Class of 2008. She is starting a 2-year oncology fellowship with Dr. Siu-Fun Wong from the WesternU College of Pharmacy and will be practicing at the St. Joseph Cancer Center in Orange.

**Mike Wang, PharmD**

Mike Wang, PharmD graduated from WesternU in 2008 and is working with WesternU faculty member Dr. Jennifer Le at Long Beach Memorial Medical Center. He intends to pursue a career in academia because of his interest in education and research. His clinical areas of interest are ICU, psychology and cardiology.

**Chih-Wei Dai, PharmD**

Chih-Wei Dai, PharmD, has joined WesternU as the new Community Pharmacy Practice resident. He will be working with Dr. Shimomura on the Partners in D program and with Roger Klotz to help integrate patient care services in community pharmacy practice. He received his B.S. in chemistry from UC Berkeley in 2001 and his PharmD degree from the Midwestern University College of Pharmacy in Glendale, Arizona in 2008.

**Jae Wook, PharmD**

Jae Wook, PharmD, PhD. graduated from the Sahmyook University in Seoul, Korea with a BS in Pharmacy and MS and PhD in Pharmaceutical Sciences followed by Post Doctoral training at Stanford University. He received his PharmD from WesternU and has continued on as a Transplant Fellow working with Dr. David Min. He had the most highly scored research abstract at the 2008 World Transplant Congress in Sidney, Australia, Aug 10-14, 2008, and was named one of the Top 5 in the Best Resident and Fellow Poster competition at ACCP’s convention in Denver Colo., Oct. 14-17, 2007.

**Sally Shin, PharmD**

Sally Shin, PharmD graduated from WesternU in 2008. She completed her BA in History and BS in Animal Physiology & Neuroscience at UC San Diego in 2000. She was a researcher at UCLA & Loma Linda Universities before attending WesternU. She is starting a Pharmacy Practice Residency with Dr. James Scott at his practice site, the Jeffrey Goodman Clinic in Hollywood.
Faculty Accomplishments

Promotions

Dr. Guru Betageri was promoted to Assistant Dean in the new Graduate College of Biomedical Sciences at WesternU. Dr. Wallace Murray, Associate Dean, will also serve as Interim Department Chair of Pharmaceutical Sciences until a new Chair is named.

Grants

Campbell A Intramural grant “Determination of Potential Regenerative Capability of Human Embryonic Stem Cells at Different Phases of Differentiation to Mature Oligodendrocytes,” $10,000.00

Pham D Intramural grant “Relationship of Genetic Polymorphisms in the Organic Cationic Transporters on Metformin Clearance and Treatment Outcomes in Patients With Type 2 Diabetes Mellitus,” $14,000.00

Pon D Intramural grant “Development of Traditional Chinese Medicine Formulas for the Prevention of Radiation-Induced Oral Mucositis Using a Translational Approach: Initial Pilot Study Using a Cell Line Model,” $14,000.00

Scott JD, O’Barr S “A comparison of the effect of selected Protease Inhibitors and Non-nucleoside reverse transcriptase inhibitors On T-cell function.” Funding source: Abbott Labs, $50,850.25

Honors

Campbell A Appointed member of the editorial board for Particle & Fibre Toxicology and Journal of Nanoneuroscience.

Chow MSS Appointed Honorary Advisor to Board of Directors of the Asian Association of Schools of Pharmacy, June 28, 2008.

Chow S Interviewed for a news segment on Channel 7 (KABC-7) related to consumer cost savings on medications (emphasis on cardiovascular medications.)

Chung E was appointed Curriculum Development Specialist in the WesternU College of Pharmacy effective July 1, 2008.

Gupta E passed the American College of Clinical Lipidology examination and is now a Clinical Lipid Specialist (CLS). With this certificate he is now considered a Diplomat of the American College of Clinical Lipidology.

Lutfy K Selected to serve as a reviewer to the Special Emphasis Panel on Exploratory Centers for Translational Research, NIH; June 2008.


Robinson D Appointed to the Pharmacy Foundation of California Board of Directors Task Force on Medication Errors, June 2008.

Scott J was one of 24 nationwide pharmacy faculty members honored for their completion of the Academic Leadership Fellows Program.

Shimomura S passed the Certified Geriatric Pharmacist examination to be recertified as a Certified Geriatric Pharmacist (CGP).

Wong SF Receives appointment as the Leader of Pharmaceutical Sciences for the Southwest Oncology Group (SWOG) for the term August 2008 – May 2009.

Publications


Master of Science in Pharmaceutical Sciences Students (MSPS)

Back row, left to right: Sravan Penchala; Abhishek Chaudhary; Drupad Parikh; Harold Ting
Front row, left to right: Chandana Mulamalla; Deepthi Are; Kate Wang; Anh Pham.

For more information about the MSPS, please visit: http://www.westernu.edu/msps

Fall 2008
Greetings from the WesternU Office of Alumni Relations! We hope you had a great summer, and look forward to seeing you at our Alumni Reception during CSHP Seminar ‘08. This event will be held on October 10, 2008 at the Disneyland Hotel. Also, please don’t forget to keep the Alumni Office updated on your successes, both personal and professional. We enjoy sharing good news with your classmates and the entire alumni community. You can reach us at alumni@westernu.edu or at (909) 469-5274.

Susan Gebhard
Alumni Relations Associate

The College of Pharmacy would like to thank

CVS/pharmacy

Thanks to Drs. Minh Dang and Chi V. Tran of CVS/pharmacy for their support of the white coat ceremony and this issue of the Pharmacy Alumni Newsletter.