Putting Myself in the Public Heath Service’s Shoes: Experience at the FDA
Submitted by ENS, Jennifer, Tsan

As a first-year pharmacy student, I volunteered at my school’s commencement and watched the graduating class receive their degrees. I couldn’t wait to be in their shoes! During the event, I remember seeing a man in a uniform and wondered what an airplane pilot was doing here. I later learned, from my Public Health elective, that he was a not a pilot, but a United States Public Health Service (USPHS) Officer.

One may ask, what exactly is the USPHS? The USPHS is a federal uniformed service of health professionals dedicated to protecting and promoting the public health. As I learned more about the USPHS, I knew I wanted to be in their shoes. To determine if the shoe would fit, I applied for the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP). After finishing a rigorous and challenging second-year of pharmacy school, I was on my way to completing a JRCOSTEP at the FDA in Silver Spring, MD for two months.

I had the distinct honor of wearing the khaki uniform and my new shiny, black PHS shoes. I was stationed at the Center of Devices and Radiological Health (CDRH) in the Office of Compliance (OC) and Division of Premarket and Labeling Compliance (DPLC). The role of the FDA is no stranger to pharmacy students. The FDA impacts pharmacy and the lives of patients every day through policy, regulations and public awareness.

My preceptor CAPT Raquel Peat and mentor CDR Jeene Bailey were immensely welcoming and responsive. My main duties included reviewing allegations against a variety of medical devices to ensure that firms were compliant with the pre-marketing rules and regulations. This involved utilizing the Code of Federal Regulations (CFR) and relevant guidelines provided by the FDA and performing a risk and benefit analysis. My other duties included developing strategies for the enforcement of final orders and streamlining the process for reviewing allegations. I also delivered a presentation at a division meeting about the New Drug Application (NDA) for a combination product that consists of both a drug and a device. In addition, my preceptor and mentor provided me the tools and support to create and present a research poster at the Annual Salute to Science Student Poster Symposium at the FDA. Outside of my duties, I got the opportunity to attend pharmacy lectures offered by the FDA that covered topics ranging from the process for generic approvals, reviewing adverse events, orphan product development and the drug shortage program. In addition, PHS pharmacists spoke about their experiences as officers, describing the career opportunities and benefits available with PHS.

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Putting Myself in the Public Health Service’s Shoes: Experience at the FDA
Submitted by ENS, Jennifer, Tsan

The PHS officer who I thought was a pilot turned out to be CDR Jerry Zee and, during my tour, I was able to visit the Centers for Medicaid and Medicare (CMS) and to meet with him. He shared his experience with the Bureau of Prison (BOP), Indian Health Services (IHS) and I learned about the growing role of pharmacists in managed care. I also visited the PHS headquarters, the Coast Guard headquarters, the Pentagon, and the Naval Support Academy where I learned a lot about these agencies. CAPT Brian Lewis allowed me to shadow him at the Veteran’s Affairs (VA) Hospital in Washington, where he practices as a cardiologist and performs surgery to implant pacemakers. Being in the Maryland area allowed me to attend the 2017 American Society of Consultant Pharmacy (ASCP) Mid-Atlantic conference in Baltimore, where I had the opportunity to meet the Chief Pharmacy Officer (CPO), RADM Pamela Schweitzer.

During my time at the FDA, I developed relationships, improved my communication skills, and furthered my knowledge of drug and device regulations. My experience was not only educational and fascinating, but also rewarding and worthwhile. I greatly appreciate the opportunity to work with CAPT Peat and CDR Bailey this past summer. I’ve learned so much from the projects I’ve been working on and about the great mission of the USPHS. I am so grateful to have had the incredible opportunity to see what it’s like to be a PHS officer and to be in their shoes.

Editor’s Note:

The UPOC newsletter team is delighted to release our Winter 2017 issue. Our team aims to produce a top-notch newsletter that offers both students and emerging healthcare professionals a glimpse of the unique opportunities and experiences available through working for UHSPHS.

Thank you to the contributing writers, both students and pharmacists, who willingly shared their experience about their rotation or pharmacy practice site. Your personal stories and reflections give our readers a better sense and a closer glance at the diverse opportunities PHS offers. As Editor-In-Chief, I invite new ideas that are both fun and enlightening, and showcase what it’s like to be a PHS pharmacy officer.

Students, we wish you the best of luck in school and your career endeavors.

Happy Holidays & Best Wishes on your success,

LCDR Shannon Saltclah, Pharm.D., BC-ADM, NCPS
Discovering Pharmaceutical Care in Native Communities
Submitted by Ms. Sara Shahdoost Moghadam

One of my fondest memories from pharmacy school will forever be my exposure to the U.S Public Health Service. As a first year student pharmacist, I was fortunate to be offered an externship at the Bemidji Area Office under the supervision of CDR Michael Verdugo, who later encouraged me to apply for a JRCOSTEP. During my time in Bemidji, I learned about the work that goes behind scenes to set up a new pharmacy, the complexity of keeping a drug database up to date, as well as the importance of building rapport with the Native American population while providing healthcare services. I must admit that my knowledge about Native American culture was very poor when I began my externship, and I was determined to come out of this experience not only with more clinical knowledge, but also with more cultural sensitivity.

A couple of weeks into my externship, I was invited to my very first powwow. Words will never be enough to describe the beauty of the ceremony or how the beat of the drums made me feel; I cannot explain the intricacy of their art and the incredible respect they have for their surroundings. My favorite part, however, was having a warm bowl of wild rice soup while conversing with a woman who patiently told me about the meaning behind each dance, dress, and headdress. It was truly an eye opening event that made me realize how much more I had to learn in order to better serve this population. Thankfully, the USPHS officers at Cass Lake hospital guided me through this learning process by actively showing me how to take care of these patients with the utmost respect for their beliefs and culture. Seeing the impact that the different USPHS officers had on their patients, as well as witnessing the determination they had for improving patient care, was beyond inspiring. It was because of my experiences in Bemidji that I decided that I too wanted to serve those who need it the most.

As a second year student pharmacist, I was honored to serve at the Fond du Lac Band of Lake Superior Chippewa, both at their Min No Aya Win facility in Cloquet, MN, and at their Center for American Indian Resources (CAIR) clinic in Duluth, MN. My experience at Fond du Lac was not only more than what I expected, but it also helped me cultivate my knowledge clinically, culturally, and structurally. One of the reasons why my experience was so different from my externship was due to the fact that Min No Aya Win is a tribally run clinic, while Cass Lake is federally run. I spent weeks pinpointing the differences and similarities of these systems – which is something I encourage any future JRCOSTEP to do – not only to learn more about the environment in which I was serving, but to draw on the best aspects of each site to later on apply it to practice.

One of the many aspects of pharmacy practices that I admired from Min No Aya Win was the great amount of inter-professional collaboration as well as the trust system between the different healthcare providers and the patients. At Min No Aya Win, patients are referred to different services offered by the pharmacy which include smoking cessation, asthma, cardiovascular health, and anticoagulation clinics, as well as medication therapy management (MTM) services and patient education and community outreach programs. Participating in these clinics helped me put into practice everything I learned in the classroom. As part of their patient education and community outreach program, I was invited to participate at their annual health fair, where I was assigned to measure patients' blood pressure and was taught how to perform lipid panels. I was then assigned to follow up with the patients we had seen to provide their results over the phone, which was a great opportunity for patient education. Additionally, I was encouraged by both my site preceptor and my JRCOSTEP mentor, to continue exploring my interests in ambulatory care and drug information through the development and completion of projects. It was through these assignments that I confirmed where my passion truly lies.

Being part of the IHS student extern and USPHS JRCOSTEP programs not only helped me further develop my clinical skills, but it also allowed me to live up to the mission of the USPHS Commissioned Corps of protecting, promoting, and advancing the health and safety of our Nation. As a future pharmacist, I am committed to serving my patients to the full extent of my license in an efficient, safe, caring, and culturally sensitive manner.

(Ms. Sara Shahdoost Moghadam, CDR Micheal Verdugo, and CPT Deanna Houle after presenting at the Indian Health Service Regional Partnership Conference in Minneapolis, Minnesota.)
An Introduction to Indian Health Services: From Oregon to Alaska
Submitted by Rochelle Wolfram – Pacific University School of Pharmacy Hillsboro Oregon

After moving from Alaska in 2015 to attend pharmacy school at Pacific University School of Pharmacy, I felt very fortunate to be able to experience APPE rotations in Oregon and to go home to Alaska. Since I have developed an interest in the Indian Health Service (IHS), I pursued the opportunity to have a rotation at Chemawa Indian Health Clinic in Salem, Oregon and at Alaska Native Medical Center (ANMC) in Anchorage, Alaska. I was overjoyed to have been granted the opportunity to have two IHS rotations with two facilities known for their excellence in healthcare.

My experience at Chemawa Indian Health Clinic was mainly ambulatory care with LCDR Christi Swaby and CDR Grace Huggett as my preceptors. I fell in love with the facility’s healthcare model while working one-on-one with patients. I had the opportunity to counsel patients on new or maintenance medications, smoking cessation and anticoagulation therapy. Building a rapport with patients and learning about their communities was by far one of my favorite aspects of the rotation. I also had opportunities to complete drug utilization reviews, analyze antimicrobial stewardship and give a presentation during a pharmaceutical and therapeutics meeting for formulary additions. My preceptors were excellent in guiding me to ensure I was providing appropriate care for each patient, which helped me excel and gain confidence as a student pharmacist.

My rotation at Alaska Native Medical Center was divided into three settings: critical care unit (CCU), pediatric/neonatal intensive care (PICU/NICU) and Internal Medicine services where I served to help monitor drug kinetics. I had the opportunity to work with LCDR Sean Berkey, who just celebrated his 10-year anniversary as an essential member of the ANMC team and recently obtained board certification as a Pediatric Pharmacy Specialist. His knowledge and expertise in pediatric pharmacy is astounding. This was my first experience with pediatric patients. I was able to work up patients and learn about pediatric disease states, pharmacotherapeutic monitoring and become a part of the dynamic healthcare team, ensured that their pediatric patients received the best care. Did you know that there is research regarding the identification of gene sequence Carnitine Palmitoyl Transferase, Type1A (CPT1A) Arctic Variant that expresses a hardship in fatty acid oxidation in the Inupiaq and Yu’pik populations for improvement of care? Fascinating! I also had the opportunity to work with Board Certified Critical Care pharmacist CDR John Carothers and CDR Mary Mackey in the CCU. During this rotation, I was among the action by witnessing traumas, codes, evaluating patient charts and expanding my knowledge knowledge on disease states and treatments options. On the internal medicine floor, I was able to practice foundational skills of vancomycin, anticoagulation and renal dosing monitoring.

While working in other departments on the hospital campus, I was able to shadow pharmacist, Jessica Sowinski in the emergency department (ED). I loved being able to counsel patients upon discharge, see how the ED pharmacist operates and be involved in the transition of care so the patients can receive medications after outpatient pharmacy hours. In addition, I had the opportunity to shadow the Infectious Diseases pharmacist, Katie Gordon, whose expertise in Infectious Diseases was invaluable and vital. During my time with Katie, I was able to attend an ANMC Antimicrobial Stewardship meeting for the hospital and observe how pharmacists serve as the main pharmacological resources for the healthcare team. It was eye opening and refreshing to see how close the pharmacists work with the infectious disease providers.

The pharmacists within IHS are some of the most highly trained clinicians and provide high quality care for their patients. It was an honor to work with them as I learned so much from each pharmacist. I look forward to my next four rotations, as I now feel exceptionally prepared because of both my ANMC and Chemawa Indian Health Services rotations and the pharmacy teams I worked with. I want to thank each one of them for their time and dedication in filling the role of preceptor.
Bureau of Prisons FMC Devens Longitudinal Experience
Submitted by  LCDR Anna Santoro, PharmD; Zackary Levine, MCPHS University PharmD Candidate May 2018; Amanda Mercadante University of Rhode Island PharmD Candidate December 2017; Cally Ryan MCPHS University PharmD Candidate May 2018

The unique aspects of correctional pharmacy have challenged, engaged and inspired us during our time at the Federal Bureau of Prisons Federal Medical Center (FMC) in Devens, Massachusetts. Throughout our clinical rotation at FMC Devens, we had multiple opportunities to work with pharmacists and interact with patients in clinical settings for anticoagulation, anemia, diabetes and psychiatry. This experience allowed us to directly counsel patients on a one-to-one basis, monitor progress, discuss side effects, patient adherence, and address patient concerns.

Along with gaining clinical skills, we were also able to improve upon our retail pharmacy skills. FMC Devens is unique in the aspect that they service a full functioning, retail type unit in addition to their clinical unit. All of us had prior experience in the retail setting, so learning a new system with Script Pro and Pyxis was intimidating, but quickly became second nature. We learned a new way of processing a prescription from “pickup” to “drop-off”, all while abiding by the limitations and safety concerns of the correctional system. We were able to implement a workflow system, centered around teamwork, in order that all aspects were completed as efficiently and accurately as possible.

Whether it be for a six week period or a three month longitudinal rotation, FMC Devens provided us with the most comprehensive pharmacy experience we have received to date. The vast opportunities provided to us were more than we could have wished for in a rotational setting. This rotation has opened our eyes to the unique opportunities and doors that a PharmD can open for an individual. A rotation within FMC Devens, or any BOP location, is highly recommended by us as it supplies a wealth of knowledge and submerges the student into a unique culture for which skills can be utilized in almost any area of pharmacy practice.

Temple University School of Pharmacy/ CORPS values
Submitted by CDR Paras M. Patel, RPh., MBA CDER Drug Shortage Staff/ Office of the Center Director Food and Drug Administration

May 15, 2017 (Philadelphia, PA.), Temple University School of Pharmacy graduation ceremony for Class of 2017. It was a great honor to have been invited to the 2017 Temple University School of Pharmacy graduation ceremony. During the ceremony, RADM Scott F. Giberson, Assistant U.S. Surgeon General, was bestowed with an Honorary Doctor of Humane Letter, Honoris Causa, for career of work for national and international public service, advancing interprofessional practice and the pharmacy profession and leadership for the U.S Commissioned Corps Ebola Response. CDR Paras M. Patel was presented with the 2016-2017 Advanced Pharmacy Practice Experience Program Preceptor of the Year Award for outstanding contributions to the Experiential Education Program. Adesumbo Odunlami (Class of 2018) was awarded the United States Public Health Service Excellence in Public Health Pharmacy Award in recognition of his demonstrated commitment to public health and the pharmacy profession.

Dean Peter H. Doukas, Ph.D. presented to RADM Scott F. Giberson an Honorary Doctor of Humane Letter, Honoris Causa. The conferral was the first ever honorary degree to have been granted by Temple University School of Pharmacy. Dean Doukas extended warm remarks as he noted RADM Giberson’s career achievements, service and dedication to public health. RADM Giberson also served as the 2017 graduation ceremony honorary keynote address speaker. RADM Giberson opened with remarks noting that he personally shook hands with each graduating professional prior to the start of the ceremony. The current social affinity for texting, tweets and snapchats should never replace the true connections that are made with personal one on one interaction. He

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spoke to all those in attendance about their inner potential that can be dormant or be ignited simply by the choices they make. He told the graduates, “You have to believe that you are the one who will make the difference. These choices that determine the impact you will have across your life – professionally and personally – are all within your control.” RADM Giberson closed his remarks with a charge to the graduating 2017 class to be dynamic, lead, and exemplify resilience. RADM Giberson performed additional duties at the ceremony by presenting the United States Public Health Service Excellence in Public Health Pharmacy Award to Adesumbo Odunlami. Mr. Odunlami, Class of 2018, was recognized for this dedication to service for promotion of public health.

Temple University School of Pharmacy extended their support for the USPHS by awarding me the 2016-2017 Advanced Pharmacy Practice Experience Program Preceptor of the Year Award. It is a privilege to have established and maintained a 16 year professional relationship with the university as a student preceptor, adjunct faculty and University Point of Contact (UPOC). The FDA Student Experiential Program (PSEP) provides a unique opportunity for Pharm. D candidates to participate in a robust five week regulatory rotation at the Food and Drug Administration (FDA). The students are introduced to the regulatory and clinical sciences involved with the approval of safe and effective drug products and medical devices for the nation. Further, students are able to interact with PHS officers to gain perspective on the opportunities offered by the Commissioned Corps to be able to serve for the promotion of public health. The personal highlight was the ability to share this award with my former student Shriya Patel, Pharm. D (Class of 2017). Shriya completed her rotation at the FDA in 2016. She was all smiles as she received her diploma with her proud family and friends in attendance.

RADM Giberson and I want to thank Dean Peter H. Doukas, Ph.D., esteemed faculty and staff for their dedication to higher education and for their support of the U.S Public Health Service. RADM Scott F. Giberson (’93) and CDR Paras M. Patel (’99), Temple University School of Pharmacy alumnus.
Advanced Pharmacy Practice Experience at the FDA
Submitted by Kwadwo A. Yeboah, PharmD Candidate 2018, Preceptor LCDR Lindsay Wagner

Despite being riddled with uncertainties, the Advanced Pharmacy Practice Experience (APPE) year is an exciting year for pharmacy students. The challenging didactics are over, and we get to apply everything we have learned over the years. My name is Kwadwo Yeboah, a fourth professional year student at Purdue University College of Pharmacy. I spent the first four weeks of APPE rotations at the Food and Drug Administration (FDA) Division of Drug Information (DDI).

On the morning of May 8, 2017, I arrived at the FDA, with my mind racing with thoughts of what to expect. While waiting for my preceptor at security, it finally clicked: “My preceptor is a pharmacist, I should be fine.” A few seconds after this eureka moment, LCDR Lindsay Wagner, my preceptor, stepped through the door with a smile. We did our introductions and headed up to DDI’s floor, where I was shown my office, and given a tour of the building. At this point, I had been introduced to some professionals in the division, most of whom are pharmacists. The warm welcome, smiles, and invitation by these professionals to stop by their respective offices with questions or concerns calmed my nerves, and made me feel at home.

If I were to describe the FDA Pharmacy Student Experiential Program in one word, I would beg for two other words and call it “extremely well structured”, and if denied, I would settle for “exceptional”. Right from the onset, my preceptor made sure my schedule was packed with activities. My primary responsibility was to interact with patients, and help them report adverse events associated with medications. I was also tasked with answering questions about commercial drugs from consumers and some healthcare professionals. Through this experience, I learned how to probe patients to arrive at specific medication issues that needed to be reported. I also learned how to efficiently use drug information resources, which I believe is one of the cardinal skills that defines a pharmacist. In addition, I was fortunate enough to be involved in a project that was geared towards educating patients and healthcare professionals about Expanded Access or Compassionate Use. Prior to this experience, I knew the FDA’s mission is to ensure the safety, efficacy, and security of drugs, biologics, and devices. However, it was not until my month there that I got an appreciation for how patient-centric the Agency really is. I found it fascinating that the Agency takes the time to acknowledge and respond to every patient or public correspondence. I also admire the fact that every action taken by the division took the safety of the patients and consumers into consideration.

I went into this rotation with high hopes of learning about operations within the FDA, and I was not disappointed. The FDA Pharmacy Student Experiential Program places emphasis on exposing students to operations in various FDA offices and divisions by offering daily lectures. Whether it was a lecture on the Office of Prescription Drugs Promotions (OPDP) or the role of the Office of Pharmaceutical Quality (OPQ) in ensuring drug quality; the lectures collectively gave me a deeper perspective on how the FDA operates. One of my fondest memories throughout this experience was at an Advisory Committee meeting organized by the FDA. The two-day meeting provided the avenue to discuss issues surrounding the implementation of mandatory training for opioid analgesic prescribers. I found these meetings interesting because in addition to seeing our democracy at work, experts, professional organizations, advocacy groups, and the public got to share ideas about which policies would be best for the nation.

I enjoyed my time at the FDA’s Division of Drug Information. I appreciate that I was assigned responsibilities and projects that would positively impact Americans and patients around the world. Learning more about other FDA offices and divisions, and the unique opportunity to take a tour at the Pentagon made my time at the FDA even more educational and memorable. Many thanks to LCDR Lindsay Wagner and all the professionals I interacted with for a great experience at the FDA.

Summer in South Carolina - JRCOSTEP Experience at the Catawba Service Unit
Submitted by ENS Lauren Abresch, PharmD Candidate 2019 and CDR Misti Houck

It was April 17th of 2017 that I received my official acceptance letter. I couldn’t believe I was chosen to be in the USPHS JRCOSTEP Program! I couldn’t wait to find out where I was going, or who I was going to meet. As the weeks passed, I was growing anxious to find out my placement. Finally, the day came when I found out I was going to spend my summer in Rock Hill, South Carolina, serving the Catawba Indian Nation.

The Catawba Service Unit provides fully comprehensive healthcare, including medical, dental, nutrition, lab and pharmacy services. I was fortunate enough to spend time with each specialty, which helped me develop my interprofessional communication skills. I learned about periodontal disease, as I charted in the dental office. I dispensed medications and counseled patients in the

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pharmacy, and I shadowed the pediatrician, who provided valuable insight into the diagnostic element of healthcare. The multidisciplinary approach that was available to me here at the Catawba Service Unit will prepare me for the ever-expanding role of the pharmacist on the healthcare team.

It was especially rewarding to participate in community health events that were sponsored by the Service Unit. During my first week, I was able to participate in the annual community health fair in the Reservation’s Long House; I collected tobacco use surveys and had the opportunity to educate the health fair participants on our smoking cessation clinic at the pharmacy. I also participated in blood pressure screenings at the Senior Center twice monthly. In addition, once a month, a diabetic shoe clinic is held at the Service Unit, in which we were able to educate diabetic patients on proper footwear and foot care. These are just a few of the many events that I participated in. I developed a real appreciation for the impact that I can make, as a future health care professional, on the community’s health and wellbeing.

One of the best things about the Catawba Service Unit was that each and every member of the staff was willing to teach you something – about their profession, or about their life experiences. I was surrounded by many Commissioned Corps officers who were willing to share their stories about their journey in the Public Health Service. This gave me a better understanding of how public health can play a role in my career. The pharmacists at the Catawba Service Unit helped me to gain real-life experience, by allowing me to apply therapeutic knowledge to patient cases and by showing me how to collaborate with an interprofessional team of healthcare providers. I was also given the opportunity to speak to many tribal members about Catawba culture and traditions. By taking the time to learn about the Catawba people, I was able to better serve the community.

I can’t say enough good things about my time at the Catawba Service Unit as a JRCOSTEP. The experience that I have gained here will help me wherever I go in my future career. I have grown as a person and as a professional in these past few months, and I look forward to applying my new knowledge in other clinical settings. It was a privilege to work with everyone at the Service Unit, and it was an absolute pleasure to serve the Catawba community.

Howard University College of Pharmacy
Submitted by CDR Diana Solana-Sodeinde

LCDR Andrew Gentles and LT Andrew with student leaders at Howard University, College of Pharmacy on October 18, 2017

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On October 18, 2017, PHS Officers LCDR Andrew Gentles and LT Andrew Coogan coordinated an after-school strategic planning session with student leaders from P1-P3 years at Howard University, College of Pharmacy in Washington, DC. The topic for the night was how to create a “Call to Action” on advocating for the swift passage of rules for Collaborative Practice Agreement. For over 40 years, federal agencies such as the Veterans Affairs, Indian Health Service, and Bureau of Prisons have embraced and successfully utilized collaborative practice agreement to successfully implement programs such as pharmacist-managed anticoagulation clinics, immunization programs, chronic disease management and even streamlining refill policies agreements between healthcare providers and retail pharmacies. The District of Columbia’s Board of Pharmacy and Medicine is moving closer to having a working CPA ruling passed since the law was passed in 2012. On September 29, 2017, the second proposed rules and regulations for CPA were released with a 30-day comment period, which ends on October 27, 2017. A task force consisting of students, Washington DC Pharmacist Association and other stakeholders was created to answer the call for action and awareness on advocating for the passage of the CPA ruling. These officers spent their time on October 18, 2017, describing what a CPA is, as well as gaining vital student input on creating an effective letter writing campaign. As of October 25, 2017 this letter writing campaign has accounted for over 90% of all student organizations at HUCOP voicing their support for the passage of the CPA rules and over 100 students had pledged their support.

Hoorah to the Great Team Work!!!
professionals to care for all of them is daunting. Yet, the team at FMC-FTW does a great job in caring for their patients. The team at FMC truly cares about making a positive impact on the health of the inmates. Seeing the inner workings of healthcare within a prison made me appreciate the uniqueness of the jobs that healthcare professionals have within the prison system.

This advanced pharmacy practice experience allowed me to grow as a future healthcare professional by constantly challenging me to become more innovative in my way of thinking in regard to patient care. I did not know much regarding the opportunities for pharmacists within the USPHS before this rotation. However, after completing a rotation at the Federal Medical Center in Fort Worth, my horizons have been broadened and the experience made me realize that the field of pharmacy is not just an one health care system fits all type of thing. I would highly recommend this rotation to future student pharmacists as they will be able to grow as a student and experience a unique rotation.

Unique Deployment and Temporary Duty (TDY) Assignment Opportunities in the USPHS
Submitted by CDR Monica Reed-Asante, LCDR Lysette Deshields, LCDR Ashlee Janusziewicz, LCDR Sadhna Khatri

Officers in the United States Public Health Service (USPHS) help achieve the mission of the Corps to respond to health needs by deploying and utilizing their varied skill sets to serve populations impacted by public health emergencies. In addition, USPHS officers often take on additional responsibilities beyond their routine scope through temporary duty assignments (TDYs) to support areas of emergent need for short periods of time. There are many exciting and unique opportunities for deployments and TDYs within the USPHS. We had the pleasure of interviewing LCDR Mozeke-Baker about her very memorable deployment and TDY experiences.

**Question:** What deployment(s) and TDY have you done and can you tell us more about your day to day duties?

**Answer:** I had a TDY in 2014 to assist with the Unaccompanied Minors Crisis while stationed with Department of Homeland Security (DHS). I provided routine care to the unaccompanied children and mothers. I also deployed to southern Louisiana in 2016 to care for flood victims. My duties included administering medications, providing dressing changes, assisting with activities of daily living, and coordinating with ancillary services. I was afforded the unique opportunity to deploy with Hurricane Harvey/Irma remotely via an Incident Management Team for three weeks, which required working within an Incident Command System (ICS) and calling hundreds of firms to assess for potential damage.

**Question:** How did you find out about the deployment and TDY opportunities?

**Answer:** Information about deployments and TDY opportunities come through various channels. For example, my DHS supervisor notified me of the DHS TDY. For the Louisiana flood deployment, I was notified of the need to augment the Rapid Deployment Force via email and phone call.

**Question:** What surprised you most about your experiences?

**Answer:** I have eight years of experience through my work in the US Air Force, in addition to my experiences working at the Bureau of Prisons, DHS and currently as a Consumer Safety Officer with the Food and Drug Administration. Even with my diverse background, I am still surprised that deployments and TDY’s bring out the best in people. In the most difficult of times for some, I am so proud of how we (all service members) come together to serve the public.

**Question:** What piece of advice could you give to an officer considering doing a TDY but is on the fence for one reason or another?

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Unique Deployment and Temporary Duty (TDY) Assignment Opportunities in the USPHS
Submitted by CDR Monica Reed-Asante, LCDR Lysette Deshields, LCDR Ashlee Januszewicz, LCDR Sadhna Khatri

Answer: Do it! Stretch yourself, serve others in various capacities. No matter what your clinical background (e.g. pharmacy, nursing etc.) there are many unique opportunities to deploy in diverse capacities. These experiences may propel and humble you – professionally and personally.

Question: What did you find the most challenging?

Answer: I believe the most difficult challenge is the process and/or logistics of getting to the deployment or TDY location. These are sometimes austere situations and travel can be dynamic.

Question: What was the most rewarding aspect?

Answer: It is always rewarding to serve others. Always! I carry the experiences and faces of patients and other service members, even as I fulfill my recent regulatory duties. It drives my passion for advocacy and competency.

Special thank you to LCDR Mozeke-Baker for volunteering for this interview

My APPE Rotation Experience at CMS New York Regional Office
Submitted By Stephanie Tse, Preceptor: Commander Jerry Zee, PharmD MPH CPH

In lieu of celebrating American Pharmacist Month this October, I was able to spend the month in the Centers for Medicare & Medicaid Services (CMS), located in Manhattan by shadowing Commander (CDR) Jerry Zee who is the Regional Pharmacist of New York, New Jersey, Puerto Rico and the U.S Virgin Islands. As a 6th year student pharmacist with a community pharmacy background, I was excited and eager to explore the regulatory aspect of healthcare. It was a busy month for us due to the annual open enrollment periods for both of Medicare, and the Affordable Care Act Marketplace right around the corner. But, I could not have been more thankful for my time there because I was able to learn so much within a short span of time.

On October 5th, we attended New Jersey’s Re-Entry Roundtable in Jersey City, hosted by New Jersey’s former governor Jim McGreevy. The main topic was regarding re-entry. There were many participants including physicians, NJ Family Care Commissioner, DHHS Assistant Secretary, and DHHS Acting Regional Director. Everyone worked harmoniously together to discuss different sources of addiction, effective methods for supporting those with substance abuse disorder, and the persistent battle in dealing with the opioids crisis in NJ.

The week of October 9th, CDR Jerry Zee conducted four consecutive days of insurance audits. Observing the events, I can say that it was a very meticulous process. We were to make sure everything was done correctly according to the Medicare rules, regulation, and statutes. It is important to regulate the Medicare health insurance (Part C & D) plans to ensure that beneficiaries are aware of their rights and are able to access their life-saving medications in a safe and timely matter.

On October 13th, I was able to attend a ‘CMS & You’ TV show taping that took place in a Brooklyn recording studio. The session that they had done was regarding the top tips they had for viewers regarding the Medicare Annual Open Enrollment period as well as any updates for victims use were affected by the Hurricanes: Harvey, Irma, and Maria. This event was particularly exciting because I was able to see what CMS staff members do outside their normal placement.

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My APPE Rotation Experience at CMS New York Regional Office
Submitted By Stephanie Tse, Preceptor: Commander Jerry Zee, PharmD MPH CPH

On October 17th, CDR Zee and I went to Rutgers Club at Rutgers University for the New Jersey Pharmacists Association Conference. We provided CMS regulatory updates, and others did the same with the organization that they were a part of.

On October 23rd, CDR Zee and I went up to Albany to the Department of Health for the New York Medicaid Pharmacy Advisory Committee Meeting. There were a few presentations throughout the day regarding updates on insurance plans, the mandatory compliance program, and free access to the Naloxone Co-payment Assistance Program (N-CAP).

On October 24th, there was a DHHS Region II Summit addressing the public health and public safety of the opioids crisis. There were many important speakers at the meeting from the Principle Deputy Director from the Office of the Secretary and the Office of Intergovernmental and External Affairs to the Acting Commissioner from the Department of Community Mental Health in New York’s Westchester County. There were representatives from different organizations such as NYC RXStat Workgroup, which helps develop meaningful relationships across governments to work together in defeating the opioid crisis. The Office of the U.S. Attorney also spoke about their role in the safety of opioid crisis, such as prosecuting heroin distribution and battling against organizations that have taken over neighborhoods and communities.

On October 25th, I attended the CMS Training in Lincoln Hospital. It was a very informational session about the benefits of Medicare and how to apply, Medicare appeals process, Medicare programs for people with limited income and resources, the new Medicare card, and enrollment resources for the uninsured. Caregivers, patients, and community providers attended this event and the turnout was great. The attendees were very attentive and asked many questions.

On October 26th, the CMS staff members and I went to Sayreville, New Jersey for the ‘2018 New Jersey Affordable Care Act Roundable.’ There were speakers from Blue Cross Blue Shield Horizon, Oscar Insurance, and AmeriHealth. They talked about their mission as a company and what kind of benefits they offer beneficiaries for the upcoming annual open enrollment period for the Affordable Care Act Marketplace.

Lastly, on October 27th, we went to Touro College of Pharmacy’s Career Fair, where hospitals with residency programs, fellowship programs, the U.S Public Health Service Commissioned Corps, and companies like CVS Health, and Walgreens came out to educate the student pharmacists like myself. At each booth, I was able to pick up fliers and brochures about each program. It was a great way to meet new people and personally interact with pharmacists in different fields. They also had an ‘Interview Panel’ where representatives would answer questions from the students about tips on applying for residency/fellowship programs as well as advice for post-graduation.

With that, my time at CMS came to an end. I am inspired to keep exploring!

United States Public Health Service Excellence in Public Health Pharmacy Award
Submitted by Crystal Salgado, PharmD

Every year, the United States Public Health Service (USPHS) Excellence in Public Health Pharmacy Award recognizes pharmacy students who have made significant contributions in public health. Nominees are students who have demonstrated dedication by: Advancing the goals and objectives of Healthy People 2020 by promoting quality of life, eliminating disparities, and improving the health of all groups; focusing awareness on current public health issues around the opioid epidemic and Zika virus through their time and contributions; and highlighting priorities through programs such as Tobacco Free Living, Healthy Eating, and Mental and Emotional Well-Being as part of the National Prevention Strategy. It was a great honor to receive this award in May of 2017 for the contributions that were made through the project Take Charge of Your Health.

Created by the faculty at the University of Arizona Colleges of Medicine, Pharmacy, and Public Health, Project Take Charge of Your Health endorsed inter-professionalism among the different disciplines while encouraging improvement in patients’ health and wellness. Located in southern Tucson, the Fred Archer Community Center is a local recreation center that provides youth and senior programs to the surrounding residents. Over an 8 month period, a total of twenty-seven students (Medical: 7, Pharmacy: 15, Public

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Health: 5) and ten-faculty members (Medical: 5, Pharmacy: 3, Public Health: 2) participated in the program. As inter-professionalism was a key highlight of the project, five teams were created, each with one or more students from the different disciplines. Participants were then assigned to their specific team for the entirety of the program. One Saturday a month for three hours, participants would start with free health and disease monitoring, including blood glucose readings, weight measurement, blood pressure, A1C, cholesterol, and medication reconciliation. The remainder of the morning included discussions with participants about goals or challenges they faced the month before, followed by a twenty minute exercise focused activity, and finally a fifteen-minute healthy eating activity. Each group was responsible for designing two sessions throughout the program, which as time progressed became more tailored to our participants. After our participants left, students and faculty would discuss the pros and cons that occurred during that session to help improve the next Saturday. During those months it was a whirlwind of activity that provided unique and personal interactions with patients.

The last session my group organized, I was assigned the exercise session of that day. As a lot of the sessions previously included some form of aerobic exercise or weight lifting, I contemplated the best activity that would be new and rewarding to our patients and played with my strength and knowledge of yoga. I decided to introduce our patients to a yoga practice called Pranayama: breathing exercises. Participants went through various breathing exercises and we discussed how hard it can be to sit and just be present, not to worry about tomorrow or stress about mistakes that happened yesterday, but focus on that moment. I talked about the importance of taking just 10 minutes a day just for yourself and practicing self-care. The activity generated lots of laughter as we joked about the thoughts that would come up trying to sit in silence and breathe, but what I found the most touching occurred after the activity. A few participants approached me after the session and thanked me, stating how the discussion and breathing techniques touched topics very close to their hearts. It was inspiring to sincerely impact our participants with our words and deeds and to motivate them to make small changes in their lives. Taking Charge of Your Health helped me acquire skills that made me successful in my Advance Pharmacy Practice Rotations and future endeavors.

This past year has emphasized the unpredictability of life and the importance of taking one day at a time. On a weekend trip in July 2016, my friend went into cardiac arrest and passed away while we were on a nature trail in Monument Valley. Sometimes words are inadequate to explain a situation. I believe it’s simpler to say that getting up and moving forward with small goals was the best course of action for me. Graduating on time and starting to travel more were small goals. Beyond that, I am working for a community pharmacy, which allows me the option to re-evaluate other opportunities available in a year. I would like to thank my teammates, participants, and Dr. Theodore Tong at the University of Arizona College of Pharmacy for providing an extremely unique and emotionally fulfilling experience. I consider myself blessed to have been nominated and chosen for the USPHS Excellence in Public Health Pharmacy Award.
Promoting and Protecting the Health of Minorities: A Pharmacy Practice Experience
Submitted by Axel Vazquez-Deida, Pharm.D. Candidate 2018, Preceptor CDR Christine Merenda

Pharmacists are ideally positioned to improve patient outcomes by being directly involved in health promotion, education and patient-centered care. However, pharmacists also play a major role in ensuring the health of the Nation through active involvement in public health initiatives. As a fourth-year student pharmacist at the University of Minnesota, I had the opportunity to complete an Advanced Pharmacy Practice Experience (APPE) at the United States Food and Drug Administration (FDA) Office of Minority Health (OMH) in Silver Spring, MD. The OMH aims to improve regulatory science by increasing the amount of clinical trials data available on racial/ethnic minorities and promoting health and safety communication to minority populations. During the five-week APPE, I worked alongside my preceptor, CDR Christine Merenda, on a project that connected the two programs of OMH, the Research & Collaborations Program and the Communications & Outreach Program.

Throughout pharmacy school, I have been involved in various public health initiatives, especially via the University of Minnesota’s student-run Health of People Everywhere (HOPE) clinic for the underserved, the student chapter of the Commissioned Officers Association (COA) of the U.S. Public Health Service (USPHS) and the Minnesota Pharmacy Student Alliance. I completed two Junior Commissioned Officer Student Training and Extern Program’s (JRCOSTEP) with the Indian Health Service (IHS), further strengthening my passion for public health and providing me with the foundations of how to integrate public health practice into direct-patient care. However, I had not experienced public health at a greater scale, at a level that such decisions would impact the entire country. Therefore, I was truly excited to be at the FDA and to be able to contribute to the agency’s mission.

The FDA’s Pharmacy Student Experiential Program is structured to allow pharmacy students to learn about the FDA’s multidisciplinary processes for addressing the public health issues the country faces, specifically regarding drugs, biologics and medical devices. During my five weeks at the FDA, I was able to attend weekly lectures that allowed me to learn more about the duties of various offices and divisions. Some of these areas included the Office of Generic Drugs and the Division of Pharmacovigilance, the Division of Medication Error Prevention and Analysis, and the Division of Drug Information from the Center for Drug Evaluation and Research, among others. The rotation also allowed me to participate in various USPHS meetings and join RADM Pamela Schweitzer, Chief Professional Officer for the pharmacy category, for one day at the Centers for Medicare & Medicaid Services (CMS). I also visited the headquarters of the American Society of Health-Systems Pharmacists (ASHP) and the Pentagon. Perhaps one of the most memorable opportunities was attending the Vaccines and Related Biological Products Advisory Committee Meeting. During this meeting, the safety and efficacy of a new Hepatitis B vaccine were discussed, thus demonstrating the FDA’s role as not only a regulatory agency but also as a public health authority.

During the rotation, I worked on assessing the prevalence and disparities of tobacco use and exposure among U.S. racial/ethnic minorities and evaluating the effectiveness of all FDA-approved tobacco cessation pharmacotherapies. I also reviewed the constituents present in various tobacco products, as well as in second- and third-hand smoke. As a result, I was able to develop English, Spanish and Native American culturally sensitive fact sheets that the OMH will use to educate the public. Through this project, I was able to experience interdisciplinary collaboration at its best, working with physicians, nurses, scientists and public health advisors in analyzing and translating the information for outreach to the public. This rotation was an incredible experience that allowed me to witness how the FDA translates their public health work into community-accessible resources that can promote change. As pharmacists, we are very well positioned between the communities we serve, clinical advances in healthcare, and drug regulation. Having such a position allows us to use our experiences in the field and be drivers of change, thus, impacting the lives of diverse patients across the country, while giving back to the practice and profession of pharmacy.
In July of 2017, I boarded a nine-hour flight coming from West Virginia to Anchorage, AK to start my in-patient pain management rotation. The anticipation of working at Alaska Native Medical Center, which is the largest, most comprehensive Tribal Health organization in the United States, had built up since I first applied for the rotation, nine months earlier. It was my first time out of the 48 contiguous United States, and the first time treating American Indians and Alaska Natives. I anticipated learning new methods to manage pain and becoming more knowledgeable on acute and chronic pain. My preceptor, CDR Aimee Young helped me not only learn about pain management but provided me with numerous opportunities to be exposed to other areas of medicine.

A typical day started with attending multidisciplinary surgery rounds, where we would offer assistance if patients had unmanageable pain or medication related questions. After rounds, we documented the dosage of narcotics used in individual patient controlled analgesia pumps. Then I would work up patients that the pain service was consulted on; this included patients who had an epidural, ketamine drip, or simply did not have adequate pain relief. Later in the morning, we would meet with the pain management nurse practitioner (NP) and rounded on the consulted patients, providing medication recommendations as needed. The NP visited each patient and sometimes I would round with her to see the patients we were treating. Below are a few of the different opportunities I was fortunate enough to see throughout my rotation.

- End of Life Nursing Education Consortium on Palliative Care
  - It was a great opportunity to learn how to help manage patients’ symptoms as well as a touching experience hearing testimonies and what some patients go through towards the end of life.
- Palliative Care ECHO (Extension for Community Healthcare Outcomes) meetings
  - These meetings are designed to help promote palliative care services throughout the Alaska Tribal Health System in rural areas. The meeting starts with an educational lecture followed by the presentation of a patient case which is worked through among the intra-professional team and ends with recommendations.
- Shadowed a nurse anesthetist and watched different surgeries for a day
- Presentation on Intranasal Naloxone for overdose to the Bureau of Indian Affairs
  - CDR Aimee Young and LT Kristin Allmaras gave the presentation as I was able to accompany them to the lecture.
- Attended the 2nd annual Aurora Borealis Commissioned Officer Association Promotion Ceremony
- Listened to CDR Kara King, Pharmacy Director, give a motivational speech about the U.S. Public Health Service

While I was in Alaska for five weeks, I took every available opportunity to explore the beautiful scenery that surrounded me. I traveled to Seward, AK and went on a whale watching cruise and explored the port town that also holds the start of the historic Iditarod. I went to Denali National Park and took in the breathtaking landscape centered around the tallest peak in North America, Mt. Denali. I went on numerous hikes to see different areas of interest, exhausted when I got to the top, but worth every drop of sweat and muscle pain that came with it. I got to walk on a glacier and see a wide array of wildlife. The last week of my rotation I was able to cross seeing the Northern Lights off of my bucket list. These are only a small fraction of the amazing experiences I had while in Alaska.

This rotation gave me the opportunity to work with U.S. Public Health Service Commissioned Corps and Alaska Natives. Working with CDR Aimee Young and various other healthcare providers was a wonderful educational and cultural experience. I was able to see a different side of pharmacy through the U.S. Public Health Service. I walked away from the rotation gaining knowledge in, not only pharmacy, but Alaska Natives as well. I highly recommend Alaska Native Medical Center for students who are willing to put forth academic effort, desire to experience a new environment, and who want to have an adventure of a lifetime.
When ranking rotations during my third year of pharmacy school, I approached it with an open mind, with the hope of seizing any opportunity to broaden my horizons. When I came across the opportunity to travel to Anchorage, Alaska for a rotation, I was intrigued. I was even more excited to find out that I was serving at an Indian Health Service facility. Luckily, I had ranked the rotation, applied, and later found out that I would be spending four weeks completing a “Transitions of Care” (TOC) rotation at the Alaska Native Medical Center (ANMC).

During my TOC rotation, my preceptor LCDR Michelle Locke had numerous opportunities every day to build upon my clinical knowledge foundation. I attended daily multidisciplinary rounds with pharmacists, charge nurses, providers, hospital administration and other members of the healthcare team. These bedside meetings provided a better understanding of the daily hospital needs, issues that arose, and plans for discharge at the 167-bed medical center. I also met with every patient being discharged from the hospital to counsel them on their new prescriptions and any changes made to their home medication regimen. I was able to clarify instructions, answer questions, provide clinical recommendations, and assist in a successful transition between inpatient and outpatient care.

While at ANMC, I was able to attend a Pharmacy and Therapeutics Committee meeting. I assisted with creating the meeting minutes, and I observed the hospital’s interdisciplinary interactions. This relationship between pharmacists and other healthcare providers is the reason why I chose pharmacy as a profession. I also had the opportunity to complete a variety of projects while on this rotation. I was able to develop various handouts for providers and hospital staff. I led topic discussions on common disease states, drafted SOAP notes for presentation and review and answered pharmacist and provider drug information questions. I also led a journal club for pharmacists and providers. Additional projects throughout the rotation included updating ANMC’s opioid conversions guidelines, including new guidelines for methadone and transdermal fentanyl. This update allowed me to create a newsletter informing all hospital providers and staff of these conversion changes. Finally, I assisted in the creation of a statewide Medication Reconciliation toolkit that was modeled after the transitional care practices at ANMC. This toolkit will serve other remote healthcare facilities throughout the state of Alaska in developing and implementing medication reconciliation processes at their facilities.

This rotation not only allowed me to step out of my comfort zone from the Midwest and experience the beauty Alaska has to offer; the rotation also provided a well-rounded ambulatory care pharmacy experience. I was pleased to learn about the numerous opportunities pharmacists have within the Commissioned Corps of the United States Public Health Service (USPHS) and understand the mission of USPHS “to protect, promote, and advance the health and safety of the Nation”.

Greetings, I am La-Kasia Best, a fourth year Doctor of Pharmacy Candidate from Florida A&M University College of Pharmacy and Pharmaceutical Sciences (FAMU). I had the pleasure of completing a four-week Advanced Pharmacy Practice Experience (APPE) at the U.S. Food and Drug Administration (FDA), working with the Center for Drug Evaluation and Research (CDER), Office of Compliance (OC) and the Office of Unapproved Drugs and Labeling Compliance (OUDLC).

Physicians and nurses are throughout my family, but there are not any pharmacists. So I thought, why not become the first! During my first year of pharmacy school, I was introduced to an array of pharmacy fields. Many of which are less known to the public than community or hospital pharmacy. Since then, I have always been interested in the non-traditional pharmacy opportunities, such as governmental pharmacy and pharmacy business management. When I was given the opportunity to join the FDA to complete a

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rotation, I was overwhelmed with joy. Arriving with no expectations, I had an open mind and a willingness to learn and network. What interested me most was learning how laws, policy and regulations were implemented at the FDA. I believe as students, we must optimize our opportunities to reach our highest potential.

The most gratifying experiences, while completing my APPE at the FDA, were participating in several important projects. My first project involved tracking the drug shortages from 2015 to the present that the OUDLC assisted in alleviating. In addition to tracking drug shortages, I assisted with drafting a background document that discussed the timeline of events from approval of single-ingredient colchicine through the removal of unapproved single ingredient colchicine from the domestic market to present day. The document elaborated on the importance of these actions and will be used by the OUDLC to promote its unapproved drug program. Furthermore, I co-presented a lecture to my pharmacy colleagues titled, The History of the Federal Food, Drug and Cosmetic Act and The Unapproved Drug Program. Lastly, I learned how to write a warning letter to pharmaceutical firms for marketing unapproved drug products with the intention of assisting them with the submission a New Drug Application. Being able to participate in these numerous projects greatly increased my passion for non-traditional pharmacy occupations.

Something unique about my rotation was that I was accepted as the first student member of a new FDA workgroup focused on topics related to professional and personal challenges facing women in the federal workplace. The focus of this group is to enhance both professional and personal development for leadership opportunities, career advancement and work-life balance in women. This workgroup has plans to partner with other internal federal organizations to increase diversity, employee engagement, outreach and recruitment. I attended the first committee meeting, where I contributed great ideas for public information packets and recruitment events, specifically external outreach for the student population. After speaking with the facilitator about the organization, I felt that I made the right choice to join the organization externally. I look forward to beginning my journey with this organization.

Business was priority, but my stay in Washington, District of Columbia was not all business. During my visit, I was able visit some of the most valued sites in the world: the White House, the Washington Monument, the Presidential Memorials, the Pentagon, the National Institutes of Health, the United States Coast Guard Headquarters and a variety of museums, including the National Museum of African American History and Culture. I would suggest all students explore this very wonderful city and enjoy the history behind our country.

Knowledge is power, but communication is required. Throughout my time at the FDA, I networked with FDA employees and pharmacy students from across the world. By building relationships and gaining knowledge from these individuals, they have helped me further my career and to become the best pharmacy student and pharmacy leader. Meeting the right people at the right time can make a difference in your life. After one of the student lectures, I was so intrigued that I set-up a one-on-one meeting with the presenter and it was then that a forever bond begun. We connected and I was offered the opportunity to gain a mentor. In my opinion, a mentor is willing to be a vehicle to your success. They aid in pioneering your learning journey. This individual believed in me and gave me a chance to become a better me.

I would like to thank Florida A&M University, the FDA and my pharmacy colleagues for making my rotation an experience to remember. I never imagined that I would have participated in such a life changing and fulfilling rotation. Life is filled with unexpected opportunities and when they present, we must take advantage. The purpose and mission of the FDA provides a wide spectrum of learning opportunities. I am forever grateful that my journey at the FDA was purposeful and a great learning experience. The experience solidified my love for pharmacy and my passion for utilizing the knowledge and expertise gained to create a more health-conscious nation.
The USPHS: History, Student and Career Opportunities, and Integration of S.T.E.A.M. Principals
Submitted by LCDR Patrick Harper and LCDR Christopher LaFleur

Recently, LCDR Patrick Harper and LCDR Christopher LaFleur – both stationed in Chicago – teamed up with the Leave No Veteran Behind organization and its S.T.E.A.M. programs to educate Chicago-area students on the USPHS and how high school academics connect with PHS careers. Leave No Veteran Behind (LNVB) seeks to build better communities through employment training, transitional jobs, and veteran education debt relief scholarship. Its S.T.E.A.M. programs consist of Project Innovation and Green Corps: high school based programs focused on educational and vocational opportunities in the fields of Science, Technology, Engineering, Arts, and Math. At Chicago’s Lindblom Math & Science Academy, LNVB conducts Project Innovation, where staff and Veterans with S.T.E.A.M. backgrounds work with high school students in an extracurricular setting to lead hands-on S.T.E.A.M.-related projects and offer education on possible S.T.E.A.M. careers.

At the invitation of LNVB, LCDRs Harper and LaFleur presented to students on the history of the PHS and educated them on the numerous career opportunities that exist within the Corps. The presenters specifically highlighted the variety of ways that S.T.E.A.M. principals serve as the foundation for the numerous roles PHS officers hold. Students expressed great interest in the branch of service previously unknown to them and were particularly excited by the numerous ways in which the Corp serves the underserved, a background that many of the students shared. This led to a robust question and answer session that made the day very enjoyable for all in attendance.

LCDR Harper and LCDR LaFleur are alumni of St. Louis College of Pharmacy, where they both serve as a University Point of Contact (UPOC) today. LCDR Harper is a Public Health Analyst for the Bureau of Health Workforce in HRSA’s Chicago Regional Office. LCDR LaFleur is the Assistant Health System Administrator of the BOP’s Metropolitan Correctional Center in Chicago.

United Nations visit in New York City
Submitted by Arjun Chauhan and Thanh Truong Pharm. D Candidates 2019

On Friday October 6, 2017, students from Temple University School of Pharmacy (TUSP) were given the opportunity to visit the United Nations headquarters in New York City. This trip was incorporated into the Public Health course given at TUSP by Dr. Nicole Sifontis, and allows pharmacy students an opportunity to merge together pharmacy and healthcare with the rest of the world and its events.

During our years in pharmacy school, we learn a myriad of clinical information that we can use to help treat our patients, but we do not always know how to apply our newfound skills on an international, or even national scale. Today, it is rare when public health topics do not make the headline news. For example, natural disasters, civil wars, or nations that are in a perpetual state of health crises, unfortunately seem to be more and more common.

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United Nations visit in New York City
Submitted by Arjun Chauhan and Thanh Truong Pharm. D Candidates 2019

Through participation in TUSP’s Public Health, we have been able to learn more about healthcare beyond the local communities where we treat patients in our regular practices, but to also experience the challenges of treating international patients and their further reaching global needs. Our student cohort has focused on the United Nation’s Sustainable Development Goals, which is a set of 17 global goals which focus on a broad range of sustainable development issues. Actually visiting the UN gave us the chance to see not just where, but also know how the UN functions in their quest to create a better world.

The goals of the UN consist of 3 main facets: human rights, peace and security, and development for the world’s population. Through our tour of the UN, we explored the four main chambers and learned the significance of each. The major General Assembly Hall is the largest and it is where the 193 member states congregate to discuss world issues. The Security Council, which consists of 15 members, 10 of which rotate each year to ensure every voice is heard. The only part of the UN we were unable to see was the “International Court of Justice” because it is in the Netherlands.

Spanning the entire corridor across the entrance to the General Assembly Hall are the 30 Basic Human Rights; the UN believes each person is entitled to receive these basic and fundamental needs. The simplicity of the display is extremely fitting as these are the rights all humans should be endowed, no matter their status or place in society, and should be guaranteed to everyone. Although these rights are not legally binding, the principles have been employed in various ways as a citation for those who fight for the rights of people worldwide. With 370 different translations, the UN’s Basic Human Rights is the most translated document in the world. We hope that it can be used a basis for all governments to follow when deciding on their own laws.

After visiting the United Nations headquarters, we experienced first-hand how much work and cooperation is required to deliver quality healthcare to the entire world population. The UN certainly proves to be an extraordinary institution that aims to bring unity to all nations and people; aiming to provide each person with the dignity they deserve regardless of race, color, gender, orientation or any other categorization that could be construed as a barrier to unity. As pharmacy students, this trip allowed us to see how the UN works towards the achievement of these Sustainable Development Goals, to assure health and security across the member states. We were also able to see the impact that our country has on others when it comes to dedication to the basic human rights and the goals of the UN. After returning from the trip and reflecting on the impact it had on us, we are confident that this unique experience will allow us to better our serve own patients in a more meaningful and impactful way.

Advanced Pharmacy Practice Experience at the Food and Drug Administration
Submitted by Ms. Irenée Ibrahim

In May 2017, I completed a four week rotation at the Food and Drug Administration (FDA). The nontraditional roles of pharmacists have always intrigued me, so I was very excited to be granted this opportunity. Prior to pharmacy school, and even throughout, I knew that the FDA regulated foods, cosmetics, and drugs in the U.S. market, but that was about the extent of it. Being at the FDA opened my eyes to all of the details and inner workings that occur in the agency. My rotation was filled with many different learning opportunities and experiences that I would not have been exposed to at a traditional rotation site.

During the month, I worked under Colleen O’Malley, my preceptor in the Center for Drug Evaluation and Research’s (CDER), Office of Compliance, Office of Unapproved Drugs and Labeling Compliance (OUDLC). The first thing that I quickly came to realize was how many different branches and offices there were at the FDA. OUDLC regulates the unapproved drug market and takes enforcement action against drug companies who do not comply with federal drug laws and regulations, and therefore pose a public health concern. Enforcement actions by OUDLC include: setting expectations of voluntary compliance by firms with violations, holding regulatory meetings with firms to give notice of non-compliance, sending out warning letters, seizure of drugs that are in violation, and initiating injunctions against firms to stop the manufacturing and distribution of unapproved drugs.

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Advanced Pharmacy Practice Experience at the Food and Drug Administration
Submitted by Ms. Irencee Ibrahim

Not only did I learn about the work done by OUDLC, but I was also able to learn about what some of the other offices at the FDA do by attending various student lectures given by staff in different departments within FDA. I was also able to present at the student lecture held at OUDLC for fellow pharmacy students rotating through FDA. This helped to reinforce the concepts that I learned during my rotation. Through the student lectures, I also had the opportunity to visit the headquarters of the American Society of Health-System Pharmacists (ASHP) and the Stabler Leadbeater Apothecary Museum. At ASHP, I became more informed about ASHP-accredited residencies and the matching program. The Stabler Leadbeater Apothecary Museum was also a wonderful experience because I was able to tour one of the oldest businesses in Alexandria, Virginia. This rotation exposed me to many things that I would not have had the opportunity to experience otherwise.

I was fortunate enough to attend two different Advisory Committee Meetings. These are meetings in which the FDA brings in a panel of experts from outside the agency to discuss a topic at hand (usually controversial) in order for the FDA to gain more perspective and make the best decision regarding the topic matter. Not only does the agency allow the experts to give their opinions, but they also open up the forum to the public and permit an open public hearing in which they acknowledge the opinions of consumers. The first one I attended was a Pharmacy Compounding Advisory Committee Meeting, in which they discussed a specific formulation and whether that formulation should be on the “difficult to compound” list. The second was an Oncologic Drugs Advisory Committee Meeting. This was particularly interesting because they were discussing the possible approval of Neratinib for the extended adjuvant treatment of HER2-positive early stage breast cancer, based on its risk-benefit ratio. I got a chance to listen to the perspectives of Puma Biotechnology, the innovator of this drug. I also listened to many surviving breast cancer patients who spoke about their experiences using the drug. In both meetings, I felt honored being in the room because I felt as if I was watching history in the making.

In addition to all of these learning opportunities, I was assigned an overarching project regarding the Drug Efficacy Study Implementation (DESI) program. Prior to my rotation, I was unaware of this program, but I was able to understand what the program was and the FDA’s role in it through the project. In 1938, Congress passed the Food, Drug, and Cosmetic Act (the Act) which required that drugs be proven safe prior to marketing. In 1962, the Kefauver-Harris Amendment required that drugs be proven effective as well as safe prior to marketing. Since the drugs approved between 1938 and 1962 had only been assessed for safety, the FDA began the DESI program. The role of DESI is to assess the efficacy of drugs approved between 1938 to 1962. To this day, there continues to be some open DESI proceedings where a final determination of effectiveness has not been made. As long as the DESI proceeding remains open, that specific drug is allowed to stay on the market until its proceeding closes and the drug is declared ineffective. The agency intends to close all of the open DESI proceedings in the near future. I was able to assist with this initiative and it was a very satisfying experience because I know that it will bring the public one step closer to a safer drug market.

Working with the FDA for four weeks was an invaluable experience. I would strongly recommend it to any pharmacy student. There are so many different opportunities for pharmacists at the agency, and it was wonderful to be able to see some nontraditional pharmacists in action. This rotation also helped expand my professional network by giving me the chance to meet many different pharmacists and inquire about their career paths. In doing so, I was able to understand how vast and versatile the profession is. I am thankful for this experience, and it has truly inspired me to become a better pharmacist!

Ambulatory Care Practice Experience at Lawton Indian Hospital
Submitted by: Cathy Dunton, PharmD Candidate and Preceptor LCDR Jessica Steinert PharmD

The drive west took 14 hours, and the scenery changed gradually from tall trees and urban structures to more idyllic farmlands. Each moment reminded me of how far I was away from home and how unique this rotation will be. I have been interested in completing a rotation at an Indian Health Service (IHS) site since it was introduced to me at my first pharmacy school interview. When given the chance to select an IHS site as one of my rotations, I jumped at the opportunity. My five-week APPE rotation at Lawton Indian Hospital (LIH) ambulatory care clinics provided me with the opportunity to learn and practice providing direct patient care under the guidance of
my preceptor, LCDR Jessica Steinert, PharmD. Under her guidance, I also learned a great deal about the U.S. Public Health Service (USPHS) and how uniquely IHS serves its target population.

Lawton, Oklahoma is about one and a half hours southwest of Oklahoma City. LIH is located on federal land and serves a diverse population of Native American tribes. The outpatient pharmacy dispenses an average of 1,100-1,800 prescriptions per day, serving both the immediate community in the outpatient pharmacy and mail order prescriptions for patients who live far away. The pharmacy is serviced by many pharmacists and technicians, some of whom are Commissioned Corps officers. The pharmacy also has 4 pharmacist-run clinics and participates in many hospital-wide initiatives. In the tobacco cessation clinic, I practiced motivational interviewing and active listening as I helped patients with coping strategies and medications to encourage them to quit smoking. In the anticoagulation clinic, patients came in for weekly, biweekly, or monthly visits to help monitor their INR, possible side effects, and lifestyle modifications. I was able to help manage their warfarin doses and provide education on a myriad of factors that may affect warfarin effectiveness and INR levels.

In 2015, LCDR Steinert established the Hepatitis C Clinic as part of Oklahoma’s Hepatitis C CURE Project, for whom she is a CURE unit coordinator. This project allows her to network with other federal IHS Hepatitis C clinics within Oklahoma and to established a platform for standardized cure and care, as well as to share reporting for outcomes. Prior to 2015, there was just one Hepatitis C clinic in federal Oklahoma IHS sites, and today, this project has expanded to provide Hepatitis C treatment across Oklahoma. In 2017, LCDR Steinert received a National IHS Director’s Award for successfully establishing the Hepatitis C clinic at LIH. To this day, this clinic has had a 100% cure rate for all compliant patients.

Pharmacist-run clinics are still growing at LIH. In 2016, LT Ikjae Chin, a staff pharmacist, established the Adult Asthma Clinic to which providers can refer patients for better asthma control. The asthma clinic helps provide counseling and education for inhaler use. Partnering with the respiratory therapists, the clinic also sees all patients with newly diagnosed asthma with a Pulmonary Function Test (PFT) referral to control symptoms.

Outside of the clinics, I was invited to attend and participate in initiatives as part of a multi-disciplinary team in the hospital. I attended bimonthly antimicrobial stewardship meetings where primary care providers, pharmacists, and hospital administrators discussed judicious antibiotic prescribing practices and other ways LIH can further incorporate CDC recommendations into its antimicrobial stewardship practices. At the meetings, I also presented some outpatient clinic strategies that have shown evidence of reducing unnecessary antibiotic prescribing. The other major initiative that I participated in was combatting the opioid crisis. The local Heroin Opioid Pain Efforts (HOPE) committee mirrors the national-level IHS HOPE committee and holds meetings with a multi-disciplinary team of administrators, clinicians, pharmacists, and behavioral health and nursing staff. They discussed and implemented strategies for reducing opioid overprescribing and preventing opioid abuse and overdose. As part of an effort to start a naloxone clinic in the pharmacy, I helped perform chart reviews to examine pain medication prescribing practices. It was my first experience seeing opioid overuse, and it expanded my overall understanding of the complexity of the opioid crisis.

Beyond my time in the pharmacy, I took full advantage of all that Oklahoma has to offer. My weekends were comprised of attending local events and outdoor activities with the pharmacy staff. In the short few weeks in Lawton, I attended my first rodeo when it came to town, and a couple weeks later, I attended the annual American Indian Exposition 45 minutes away in Anadarko. My favorite time here was spent in the outdoors. Just 20 minutes west of the hospital is the Wichita Mountains Wildlife Refuge, where I hiked and kayaked with LCDR Steinert and other pharmacy staff. From the summit of Mount Scott in the refuge, I took in the view of the beautiful prairie terrain beyond a smattering of towns and windmills. The unexpected natural beauty of the place took my breath away.

I am thrilled to have ventured out of my comfort zone to experience this unique ambulatory care rotation. I encourage anyone who wants to explore the breadth of a career in pharmacy to complete a rotation at an IHS site. The skills learned, the sights seen, and the experiences felt here at LIH will shape me as I advance my education and career. I am grateful for the opportunity to gain insight into this aspect of pharmacy and public health, and I encourage anyone to get out and seek their own adventures at any of the IHS sites for their rotations.
Recent University of Pittsburgh School of Pharmacy graduate, Megan Dunlop, PharmD, was presented with the United States Public Health Service Excellence in Public Health Pharmacy Award by CDR Nicole Zelenak on April 28, 2017 during the School’s Graduation Dinner and Hooding Ceremony prior to Commencement. This prestigious award was established in 2003 and bestowed upon student pharmacists committed to public health.

Megan’s dedication to public health is evident through her actions during her time in pharmacy school. Recognizing a need in the community, Megan worked with the Allegheny Health Department to initiate a program to maintain a standing naloxone order in Pittsburgh. Through her passion and hard work, she was able to inform a large number of pharmacies of this program. When presented with the challenge of some pharmacies not being receptive to stocking naloxone, Megan set out to determine why there may be reluctance by creating and implementing an interview guide when speaking with pharmacists and pharmacy students. After completing her research project, entitled Barriers to Dispensing Naloxone in Community Pharmacies, Megan presented a poster on the topic at the 2017 Pennsylvania Pharmacists Association Mid-Year Conference.

Following her commitment to impacting public health through addressing the opioid epidemic, Megan also ensured that her fellow pharmacy students were well informed on the use of naloxone in the opioid epidemic by hosting counseling sessions and bringing in outside speakers to address this important topic.

Megan’s passion and hard work truly speak to a dedication to public health, which she brings to her current position post-graduation as a Community Pharmacy Practice resident with Duquesne University and Mainline Pharmacy. She plans to continue following her passion of combating the opioid epidemic in the community pharmacy setting. Megan hopes to include community service and public health in her future career.
## Useful Info and Resource Links

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<td>301-443-1603</td>
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### Upcoming Meetings

- **December 3-7, 2018** American Society of Health-System Pharmacist Midyear Clinical Meeting (Orlando, FL)  
- **March 16-19, 2018** American Pharmacists Association Annual Meeting (Nashville, TN)  
- **February 16-18, 2018** American College of Clinical Pharmacy Updates in Therapeutics® (Jacksonville, FL)  
- **April 23-26, 2018** Academy of Managed Care Pharmacy (AMCP) Specialty Pharmacy Annual Meeting and Expo (Boston, MA)  
- **May 3-5, 2018** ACCP/ASHP Oncology Pharmacy Preparatory Review and Recertification Course (San Diego, CA)  
- **June 4-7, 2018** Commissioned Officers Association (COA) USPHS Scientific and Training Symposium (Chattanooga, TN)
United States Public Health Service
Protecting, Promoting, and Advancing the health and safety of our Nation.

**CORE VALUES**

**Leadership**
Provides vision and purpose in public health through inspiration, dedication, and loyalty.

**Service**
Demonstrates a commitment to public health through compassionate actions and stewardship of time, resources, and talents.

**Integrity**
Exemplifies uncompromising ethical conduct and maintains the highest standards or responsibility and accountability.

**Excellence**
Exhibits superior performance and continues improvement in knowledge and expertise.

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**Did you know?**
The UPOC Newsletter is potentially read by the 1,276 subscribers to the PHS-pharmacists listserv and over 767 subscribers on the pharmacy student listserv. In total, there are over 2,000 readers of the UPOC newsletter. BUT… it’s up to you to distribute. Please take the time to distribute the UPOC Newsletter to your Universities or take a colored copy for your Career Fair Recruitment table.

*Thank you from the UPOC Newsletter Workgroup!*

Editor-in-chief & UPOC Newsletter Workgroup Lead
LCDR Shannon Saltclah, Pharm.D., BC-ADM, NCPS

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### UPOC Newsletter Workgroup

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We want your submission of articles and pictures! Please email [LCDR Shannon Saltclah](mailto:shannon.saltclah@phs.gov) and she will forward them to the appropriate section leads!