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# Pharmacy

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# Mark Your Calendar

## October Calendar

### October

American Pharmacists Month

### October 4, 2008

NDSU Homecoming

### October 11, 2008

NCPA 110th Annual Convention and Trade Exposition, Tampa FL

### Oct. 10-12, 2008

NASPA Fall Meeting  
Tampa, FL

## November Calendar

### Nov. 16—17, 2008

NASPA Fall Symposium/PMG Annual Meeting  
Tucson, AZ

## December Calendar

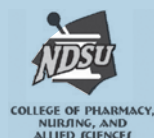
### December 7-11, 2008

ASHP Midyear Clinical Meeting  
Orlando, FL

## January Calendar

### January 20, 2009

ND Pharmacy Legislative Day & Ice Cream Social  
ND State Capitol, Bismarck ND



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*Lance Mohl, R. Ph.*  
NDPhA President

# Earl Didn't Slip Out of the Chair

It was with much anxiety that the day was rapidly approaching, August 16th. Fearing the unknown, I reluctantly headed to Fargo to finalize a learning experience that surely was designed to inflict pain.

Let me digress for a moment. Recently it was decided by CMS that UNLIKE many other vaccines, Zostavax would be payable by Medicare Part D. Great for the patient, everyone is thinking, except for the fact that most vaccines are given in a doctor's office and those entities cannot be Medicare Part D providers....hmmm. What to do?

There are several scenarios that are acceptable. The patient may still receive the vaccine at the doctor's office, pay cash, and send a paper claim to the insurance company for reimbursement (just as one would if receiving healthcare from a non-participating provider). Patients do not like this option, because they have to wait for reimbursement from their insurance company and there is an out of pocket expense. Another provision allowed is to utilize the IN-Network Distribution option from Medicare; basically the Pharmacy provides the vaccine to the doctor's office and pays the doctor's office to administer. The Pharmacy then collects the co-pay from the patient. Patients like this option for convenience and less out of pocket expense. Most everyone knows of the special handling requirements for Zostavax, and to make a long story, shorter, let's say that giving the vaccine to a patient to present to the doctor's office is not an option. The Pharmacy would have to transport the vaccine under appropriate (freezing) conditions, or store its vaccine at the doctor's office (where it would be monitored of course). This works OK, but requires a lot of oversight (not too efficient). Apparently Medicare wants us to give this vaccination in the Pharmacy.

Giving Zostavax in the Pharmacy requires an immunization program which requires training Pharmacists to administer injections. So I asked around our two pharmacies to see how many Pharmacists would be interested, I wasn't expecting a very enthusiastic response for good reasons. We had an extraordinary number of Pharmacists participate in the Diabetes



***Course Instructor Dr. Mike Kelsch demonstrates proper administration technique to participants with willing volunteer Earl Abrahamson.***

Management Program, and that was just getting into full swing. Secondly, it is summer; each weekend when one does not work is precious reserved. The answers I received assured me that we had no fear of going over budget for staff education this year. So I elected myself to take the program. I'm glad that I did.

The immunization program presented by NDSU meets all the requirements set by the Board of Pharmacy and much more. It involves a home study portion that is accredited for continued education and a live session that deals with the real time aspects of providing this care to our patients. The home study portion is easily completed in several days. The live session started with an overview of the North Dakota Immunization Information System, a statewide database of immunization information maintained in an effort to increase immunization rates and decrease vaccine-preventable disease in the state.

In the next part of the live session Dave DeBuhr, R.Ph. presented "Immunizations in a Retail Setting", a step by step approach in providing this valuable service by the healthcare professionals that patients see foremost and

*Continued on page 8*



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# Diabetes Disease State Management Update

It is nearing the end of August as I write this update. I realize that by the time this is published, much of this will (hopefully) be outdated as patient enrollments, patient visits, and provider utilization increase almost daily! It is a testament to your work and dedication to this program that it is off to a great start.

We have enrolled just over 300 patients in the program, covering the entire state. Seventy different pharmacies have been chosen by patients as providers. We have 10 locations with over 10 patients enrolled in their services. As of the time of this article, over 100 patient visits have occurred.

In September, we will be making presentations at the Dakota Diabetes Coalition Summit meeting and at the ND American College of Physicians annual meeting to increase awareness amongst other health professionals about the diabetes DSM program. Overall, health professionals have been open to the program. We have had some resistance by some, but that is to be expected any time something new occurs.

We have had many providers ask us what they can do to help promote the program. While NDPERS does not want us to directly call members, we can promote the service throughout our practice locations. Post the sign that was sent with your provider. You can contact Frontier Pharmacy for additional copies. Hang your training certificate in a prominent location. Mention your services to your diabetic patients. Offer the program to cash paying customers as well as NDPERS members. Use bag stuffers, etc. Please share successful marketing strategies with Frontier Pharmacy or post them on the provider blog on the [www.aboutthepatient.net](http://www.aboutthepatient.net) website!

The clinical coordinator, Frontier Pharmacy, has received valuable questions and feedback from providers. We encourage feedback, questions, and suggestions for program improvement. As with any new program, there will be some bumps in the beginning but they will smooth out as changes are made and everyone becomes more comfortable and familiar with the program.

This is an exciting time for everyone. The care you provide will make an impact on these patient's lives. Please contact the clinical coordinator at 1-877-364-3932 or email [jsteig@frontierpharmacyservices.com](mailto:jsteig@frontierpharmacyservices.com) with any questions. Remember, it's all about the patient!



# NDPhA Committee Assignments:

President Lance Mohl is requesting recommendations for committees for the 2008-2009 year. If you know of someone interested in serving on a committee please Email, fax or mail to the NDPhA office.

Committee Recommendations: All final committees will be appointed by President Mohl. District recommendations will be followed wherever possible. Positions with \*\* require representatives from each District. All committees are three year terms with the exception of the Nominating Committee which is a one year term.

## Committee Recommendations:

Nominations Committee\*\* \_\_\_\_\_

Nominations Committee Alt.\*\* \_\_\_\_\_

Resolutions Committee: \_\_\_\_\_

Professional and Public Affairs \_\_\_\_\_

Pharmacy Economics Advisory \_\_\_\_\_

Government Affairs Committee \_\_\_\_\_

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## *Earl Didn't Slip Out of the Chair*

*From page 5*

most frequently. Dave developed this program over several years and commented, "There is no reason for all other Pharmacies to reinvent the wheel when it comes to setting up an immunization program". Dave's program has been highly successful, and comprehensive. Thanks for sharing your knowledge with your fellow professionals.

The final portion of the live session involving administering an injection was presented by Michael Kelsch, Pharm. D, BCPS, from the NDSU School of Pharmacy. This is the portion of the program that had caused high anxiety. After a thorough demonstration\*\* of proper technique and convincing us that we were needlessly worrying about hitting a bone with those long needles, Dr. Kelsch had us administering comfortably in just a short period of time. One of the most important points of the demonstration, as Dr. Kelsch alluded to, was making the patient feel at ease and confident of the service they were receiving. We were required to give two subcutaneous injects and two intramuscular injections to our partner, and of course allow our partner to do the same. All this anxiety was for naught (as I looked away and gritted my teeth), no pain received or inflicted (I hope). My partner later commented that this was the first time he has given a shot using smaller than a 16 gauge needle (probably first time the recipient didn't have a hide and stand on four legs also).

After a final take home exam, you are ready for the final steps in implementing your program by completing the application process with the Board of Pharmacy.

In closing, programs like this are not likely to evolve without the close involvement and cooperation of the Board of Pharmacy, the NDSU College of Pharmacy and Allied Sciences, and the North Dakota Pharmacists Association. The Board of Pharmacy ensures that all applicable rules and regulations for the program are addressed for public safety. The college, not only provides the initial education and funding, but also continued education to assure competency and also to introduce any changes or innovations in immunizations. And the Association provides the networking, (additional funding if required), and of course willing Pharmacists to do the job. Should anyone suggest to me that there is no benefit to the public by professional organizations having a working relationship with educational facilities and licensing boards, well, I would tell them that they are just plain wrong!

\*\* Almost forgot to tell you, Earl was Dr. Kelsch's "guinea pig" (volunteer) for the demonstration. Just before he receives the shot he tells us that the last time he got a shot, he fainted and literally slipped out of the dentist's chair. Good thing we were using normal saline.



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# Continuing Education for Pharmacists

Volume XXVI, No. 7

## Autism and Its Treatment: A Primer for Pharmacists

Thomas A. Gossel, R.Ph., Ph.D., Professor Emeritus, Ohio Northern University, Ada, Ohio and  
J. Richard Wuest, R.Ph., PharmD, Professor Emeritus, University of Cincinnati, Cincinnati, Ohio

**Goal.** The goal of this lesson is to explain autism with focus on its pathogenesis, clinical characteristics and confirmation, and treatment.

**Objectives.** At the conclusion of this lesson, successful participants should be able to:

1. recognize historical events concerning autism, and differentiate each component of the autism spectrum disorders from one another;
2. select important principles that characterize autism and the principles that govern its clinical confirmation and management; and
3. identify specific nonpharmacologic and pharmacologic measures that are reported to modify signs and symptoms of autism.

Autism (autistic disorder) is a complex, chronic and serious neurodevelopmental disorder that affects normal functioning of the brain, impacting development in the areas of social interaction and communication skills. The most common of the pervasive developmental disorders, autism affects an estimated one in 150 births in the United States. With the number growing at a startling rate of 10 to 17 percent per year, its prevalence could reach four million Americans within a decade. Occurring in all racial, ethnic and socioeconomic groups, autism is four times more likely to occur in males than in females. Additional information on autism can be found in the online resources listed in Table 1.



Gossel



Wuest

### Background

In 1943, child psychiatrist Leo Kanner of the Johns Hopkins Hospital published the first description of "autistic disturbances of affective contact." Kanner thus introduced the term *infantile autism*, or *autism* into the English language, which defined three symptom patterns: (1) abnormal development of social reciprocity; (2) failure to use language for communication; and (3) desire for sameness, as seen in repetitive rituals or intense circumscribed interests – symptoms that were later termed *Kanner's triad*.

About this same time, Austrian pediatrician Hans Asperger, based on his study of 400 children, described a milder form of the disorder that became known as *Asperger's Disorder* (*Asperger Syndrome*).

Autism is listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision (DSM-IV-TR), the primary diagnostic reference for mental health professionals in the United States. It is one of the five pervasive developmental disorders (PDDs), more commonly referred to as autism spectrum disorders (ASDs). Each disorder is characterized by varying degrees of impairment in social interactions, communication skills and restricted, repetitive and stereotyped patterns of behavior. (Table 2) It is not uncommon for more than one of these disorders to coexist in the same family.

**Table 1**  
**Representative sources for information on autism**

The American Academy of Pediatrics	<a href="http://www.aap.org">www.aap.org</a>
The Autism Society of America	<a href="http://www.autism-society.org">www.autism-society.org</a>
Autism Speaks, Inc.	<a href="http://www.autismspeaks.org">www.autismspeaks.org</a>
First Signs, Inc.	<a href="http://www.firstsigns.org">www.firstsigns.org</a>
The Organization for Autism Research	<a href="http://www.researchautism.org">www.researchautism.org</a>
National Library of Medicine and the National Institutes of Health	<a href="http://www.nlm.nih.gov/medlineplus/print/autism.html">www.nlm.nih.gov/medlineplus/print/autism.html</a>
National Institute of Mental Health	<a href="http://www.nimh.nih.gov">www.nimh.nih.gov</a>
National Institute of Child Health and Human Development	<a href="http://www.nichd.nih.gov">www.nichd.nih.gov</a>

**Table 2**  
**Major characteristics of pervasive developmental disorders**

Disorder	Age at onset (months)	Major characteristics
AD	<36	social and communication skills impairment; stereotyped, repetitive/restrictive behavior and interests
PDD-NOS	variable	symptoms not meeting other diagnoses; frequently a milder form of autism; also known as atypical autism
Asperger's disorder	>36	impaired social interactions and restricted interests; delay in motor skills; preservation of early language skills; limited conversational abilities
CDD	>24	normal early development followed by deterioration in social skills, language, behavior, bowel/bladder control and play
Rett syndrome	5-30	progressive developmental disorder with normal early infancy, followed by loss of fine and gross motor skills, language skills, interests, and social interactions; appearance of characteristic hand-wringing movement and muscle-wasting

*AD = autistic disorder; PDD-NOS = pervasive developmental disorder-not otherwise specified; CDD = childhood disintegrative disorder*

*Adapted from Stachnik JM, Nunn-Thompson C. Ann Pharmacother. 2007;41;626-634*

## Pathogenesis

Although there is no known single cause for autism, it is generally accepted that it follows some abnormality in brain structure or function. Brain scans reveal differences in the shape and structure of the brain in children with autism compared to those without.

Research is ongoing in investigating possible links between heredity, genetics and medical pathology. There appears to be a pattern of autism or related neurological disabilities in many families.

Medical researchers have identified a variation in a gene that may increase the risk for developing autism, especially when the variant is inherited from mothers rather than fathers. The gene, CNTNAP2, encodes a protein that facilitates communication between brain cells through chemical signals and appears to play a role in brain cell development. Inheriting the gene variant does not imply that a child will inevitably develop autism; rather, it means that a

child may be more vulnerable to developing the disease.

Other research suggests that a cluster of unstable genes may interfere with normal brain development, resulting in autism. Pregnancy or delivery problems and environmental factors (e.g., viral infections, metabolic imbalances and exposure to environmental chemicals during pregnancy) are also being studied.

**Is there a causative role for vaccines?** Many studies over the years have looked at the possibility that vaccines are a cause of autism. Autistic characteristics have been described in some children within a few weeks of receiving a vaccine. Until 1999, vaccines intended for infants to protect them against diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b (Hib), and hepatitis B contained thimerosal (a mercury-based preservative). Today, with exception of some influenza vaccines, none of the preparations used in the United States to protect preschool-

aged children against 12 infectious diseases contain thimerosal. The MMR (measles, mumps, rubella) vaccine, varicella (chickenpox), inactivated polio, and pneumococcal conjugate vaccines do not and never did contain thimerosal.

The U.S. Institute of Medicine (IOM) conducted a thorough review on the issue of identifying a possible link between thimerosal and autism. The IOM report, released in May 2004, stated that there was no link. At this time, there is no conclusive scientific evidence that any component of a vaccine or combination of vaccines causes autism.

## Characteristics

Characteristics (i.e., signs/symptoms) of autism may be evident as early as four months of age. In a few cases, after developing normally, a child regresses into autism. Clinically, neurological abnormalities usually dominate the symptomatology. At the same time, it is emphatically true that intelligence diversity is a major aspect of autism. It has been reported that while approximately three-fourths of patients with autism may be mentally retarded, the IQs of persons with autism may range from severe impairment to intellectually gifted.

Impaired social interaction is the hallmark feature of autism. Table 3 lists common characteristics.

Parents are usually the first to notice symptoms of autism. Early in infancy, a baby with autism may be unresponsive to people or focus intently on one item to the exclusion of others for long periods of time. A child with autism may appear to develop normally for a period, only to withdraw and become indifferent to social interaction.

They may fail to respond to their name and often avoid eye contact with other people. They have difficulty interpreting what others are feeling because they don't understand social cues, such as tone of voice or facial expressions, and they don't watch other people's faces for clues about appropri-



ate behavior. They lack empathy toward others.

Many children with autism engage in repetitive movements such as rocking their head or torso and twirling their hair between fingers, or in self-abusive behavior such as biting or head-banging. They also tend to start vocalizing later than children without autism. Some speak in a high-pitched, or flat, robot-like voice, or in “sing-song” fashion (regular or monotonous rising and falling intonation) about a narrow range of favorite topics.

Many children with autism have an increased threshold to pain, but are abnormally sensitive to sound, touch, or other sensory stimulation. These reactions may contribute to behavioral symptoms such as resistance to being cuddled or hugged.

Children with autism appear to be at higher risk for certain comorbid (concomitant but unrelated) conditions, including fragile X syndrome (the most common inherited form of mental retardation) and tuberous sclerosis (a rare, genetic disorder that causes benign tumor growth in the brain and other vital organs), as well as epileptic seizures, Tourette syndrome (characterized by presence of multiple physical [motor] tics and at least one vocal [phonic] tic), learning disabilities, and attention deficit disorder. For reasons that remain unclear, about one-third of children with autism develop epilepsy by the time they reach adulthood. While persons with schizophrenia may show autistic-like behavior, symptoms usually do not appear until their late teens or early adulthood. Most persons with schizophrenia also experience hallucinations and delusions, neither of which are associated with autism.

Autism symptoms often improve with treatment and with age. Some autistic children can lead normal or near-normal lives as they grow older. Children whose language skills regress early in life, usually before three years of age, appear to be at risk of developing

epilepsy or seizure-like brain activity. Some children with autism may become depressed or experience behavioral problems during adolescence.

Persons with autism score consistently low on instruments that measure life skills. The life outcomes of autistic adults range from complete dependence on others to (rarely) successful employment. People with autism typically die early, with death most often coming from seizures, nervous system dysfunction, drowning or suffocation (at a rate exceeding three times the general population). As mentioned earlier, epilepsy occurs in at least one-third of persons with autism. The death rate due to epilepsy is approximately 24 times higher than that of epileptic patients without autism.

### Confirmation of Autism

There is no medical test for autism. Physicians rely on a core group of behaviors to diagnose autism:

- difficulty in making friends with peers;
- inability to initiate or sustain conversation with others;
- impairment or absence of imaginative and social interaction;
- unusual, stereotyped or repetitive use of language;
- patterns of interest that are abnormal in intensity or focus;
- preoccupation with a particular object or subject; and
- rigid adherence to established routines or rituals.

While some screening instruments rely solely on parental (or caregiver's) observations, others rely on a combination of notes from both parent and physician. Since autism is a complex disorder, a comprehensive evaluation requires a multidisciplinary team including a neurologist, psychiatrist, psychologist, speech therapist and other professionals who have experience in diagnosing children with ASDs. Team members will conduct a thorough neurological assessment and in-depth cognitive and language testing.

Autism can often be detected as

**Table 3**  
**Common characteristics of persons with autism**

- A child or adult with autism might:
- not play “pretend” games
  - not look at objects when another person points at them
  - not have an interest in others
  - avoid eye contact
  - want to be alone
  - have trouble understanding other people's feelings or talking about their own feelings
  - prefer not to be held or cuddled
  - appear to be unaware when other people talk to them but respond to other sounds
  - be very interested in people, but not know how to relate to them
  - repeat or echo words or phrases
  - have trouble expressing their needs using words or motions
  - repeat actions over and over
  - have trouble adapting to a changing routine
  - have unusual reactions to the way things smell, taste, look, feel or sound
  - lose skills they once mastered

Adapted from [www.cdc.gov/ncbddd/autism/actearly/autism.html](http://www.cdc.gov/ncbddd/autism/actearly/autism.html)

early as 18 months. Increases in the number of autism cases in the United States may be the result of improved diagnosis and changes in diagnostic criteria.

**Differential Diagnosis.** Children with some symptoms suggestive of autism, but neither qualitatively nor quantitatively sufficient to permit a diagnosis of classical autism, may be diagnosed with pervasive developmental disorder-not otherwise specified (PDD-NOS) (Table 2). Children with autistic behaviors whose language skills are well developed may be diagnosed with Asperger's disorder. Children who develop normally, and then suddenly deteriorate between three and 10 years of age and show marked autistic behaviors, may be diagnosed with childhood disintegrative disorder (CDD). Girls with autistic symptoms may be suffering from Rett syndrome, a gender-linked genetic disorder characterized by social withdrawal,

regressed language skills and hand wringing.

## Treatment

Although treatment has improved greatly over the past several decades, there is neither a cure for autism nor single approach to therapy. The primary goals are to minimize the core features and associated deficits, maximize functional independence and quality of life, and alleviate family distress. Options may include behavioral and communication measures, drug therapies and complementary approaches.

**Behavioral and Communication Measures.** Numerous programs target the range of behavioral, social and language difficulties characteristic of autism. Some focus on reducing problem behaviors and teaching new skills. Others focus on teaching children how to communicate more effectively with other people or how to act appropriately in social situations.

**Drug Therapies.** At present, there is no medication that directly improves the core signs of autism. However, some can help control individual symptoms. Agents most commonly employed in autism include antidepressants (especially SSRIs), used in 20 to 25 percent of patients; neuroleptics (especially second-generation antipsychotics), 10 to 15 percent; stimulants, 10 to 15 percent; alpha agonists, 10 percent; and anticonvulsants, 5 to 10 percent.

**Risperidone.** The FDA approved risperidone (Risperdal) for the symptomatic treatment of irritability in autistic children and adolescents. The targeted behaviors under the general heading of irritability include aggression, deliberate self-injury, temper tantrums and quickly changing moods. No restrictions on prescribing or use in autism have been put into place to-date.

Risperidone's effectiveness in the symptomatic treatment of irritability associated with pediatric autistic disorders was established

in two eight-week placebo-controlled trials in 156 patients aged five to 16 years of age. Outcomes demonstrated that children on risperidone achieved significantly improved scores for specific behavioral symptoms of autism compared to children on placebo. The most common side effects included drowsiness, constipation, fatigue and weight gain.

While efficacy has been demonstrated, concern remains about the misuse potential of risperidone and other antipsychotic drugs as a form of long-term chemical sedation, particularly with the most intellectually disabled children who may be the most likely to experience adverse drug effects. The overwhelming view, however, is that if antipsychotic drugs are used appropriately, they can have a positive role in the management of aggression associated with autism.

**Complementary Approaches.** In the absence of specific medical interventions for autism, parents and some healthcare professionals may choose complementary (i.e., alternative) therapies, such as art or music therapy; dietary restrictions including the elimination of gluten, sugar, chocolate, preservatives and food coloring; vitamin and mineral supplements; herbal remedies; or sensory integration, which focuses on reducing a child's hypersensitivity to touch or sound. Almost one-third of autistic children regularly receive a complementary therapy. Various surveys indicate that only 36 to 62 percent of caregivers who treated their autistic children with complementary therapies had informed the child's primary care physician.

Parents and caregivers should be encouraged to seek additional information when they encounter claims such as:

- treatments based on overly simplified scientific theories, and those supported primarily by case reports or anecdotal data rather than carefully designed studies;
- therapies claimed to be effective for multiple different, unrelated conditions or symptoms;

- claims that children will respond dramatically and some will be cured; and
- treatments that are said to have no potential or reported adverse effects.

**Early Treatment.** Individuals with autism won't outgrow it, but they can learn to function within the confines of the disorder, especially if treatment begins early. Early intervention is defined as treatment provided to children from birth to age three years. Research has clearly shown that early treatment, which consists of intensive, individualized behavioral interventions, can have a dramatic impact on reducing the symptoms of autism. Sadly, it is estimated that only 50 percent of autistic children are diagnosed before kindergarten.

## Summary and Conclusions

Autism is a lifelong neurobiologic disorder that adversely affects quality of life. Early diagnosis of autism is often elusive. Its imprint on afflicted young people is so unique that the course of the disorder is difficult to predict in individual patients. In view of anticipated patterns of earlier identification and more proactive treatment of autism in years to come, the burden of autism on the health care system will continue to increase.

The content of this lesson was developed by the Ohio Pharmacists Foundation, UPN: 129-000-08-007-H01-P. Participants should not seek credit for duplicate content.

# Continuing Education Quiz

## Autism and Its Treatment: A Primer for Pharmacists

1. In the U.S., autism affects an estimated one in:  
a. 150 births. c. 15,000 births.  
b. 1500 births. d. 150,000 births.
2. The term autism has been defined as all of the following symptom patterns EXCEPT:  
a. abnormal development of social reciprocity.  
b. failure to use language for communication.  
c. desire for sameness.  
d. inability to perform mathematical tasks.
3. According to the Table listing Major characteristics of pervasive developmental disorders, autistic disorder has an onset of:  
a. <12 months of age. c. <36 months of age.  
b. <24 months of age. d. <48 months of age.
4. The U.S. Institute of Medicine has stated that:  
a. there is a link between thimerosal and autism.  
b. there is no link between thimerosal and autism.
5. It has been reported that approximately three-fourths of patients with autism may be:  
a. intellectually gifted.  
b. mentally retarded.
6. By the time they reach adulthood, about one-third of children with autism develop:  
a. schizophrenia. c. epilepsy.  
b. hallucinations. d. delusions.
7. All of the following are included in the core group of behaviors physicians use to diagnose autism EXCEPT:  
a. difficulty feeding and dressing oneself.  
b. inability to sustain conversation with others.  
c. preoccupation with a particular object.  
d. rigid adherence to established routines.
8. Girls with some autistic symptoms who also exhibit social withdrawal, regressed language skills, and hand wringing are most likely suffering from:  
a. Asperger's disorder.  
b. childhood disintegrative disorder.  
c. pervasive developmental disorder not otherwise specified.  
d. Rett syndrome.
9. The most common therapeutic agents employed to treat autism are the:  
a. neuroleptics. c. stimulants.  
b. anticonvulsants. d. antidepressants.
10. Common characteristics of persons with autism include all of the following EXCEPT:  
a. avoiding eye contact.  
b. begging to be held or cuddled.  
c. having trouble adapting to a changing routine.  
d. repeating actions over and over.

## Autism and Its Treatment: A Primer for Pharmacists

October 2008 ACPE #047-999-08-007-H01-P

The Ohio Pharmacists Foundation Inc and NDSU College of Pharmacy are approved by ACPE as providers of continuing pharmaceutical education. To receive 1 1/2 hours (0.15 CEUs) of continuing education credit, complete the following and mail with \$10.00 to:

Continuing Pharmacy Education Office  
Pharmacy Practice  
NDSU Dept 2660  
PO Box 5060  
Fargo ND 58108-5060

*Note: Answer sheet may be copied as needed but original answers are required on each.*

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**Evaluation Must Be Completed To Obtain Credit**

How much time did this lesson require? \_\_\_\_\_

Today's Date \_\_\_\_\_

**EXPIRATION DATE: 7-15-11**

Learning objectives on first page were addressed.

**1 Disagree - 5 Agree**

Objective 1	1	2	3	4	5
Objective 2	1	2	3	4	5
Objective 3	1	2	3	4	5

Material was well organized and clear. 1 2 3 4 5

Content sufficiently covered the topic. 1 2 3 4 5

Material was non-commercial in nature. 1 2 3 4 5

### Answer Sheet:

- |            |             |
|------------|-------------|
| 1. a b c d | 6. a b c d  |
| 2. a b c d | 7. a b c d  |
| 3. a b c d | 8. a b c d  |
| 4. a b     | 9. a b c d  |
| 5. a b     | 10. a b c d |



# ***NORTH DAKOTA PHARMACY ASSOCIATION IMMUNIZATION UPDATE***

## ***AUTHORITY TO IMMUNIZE***

In 2007, the North Dakota Department of Health (NDDoH) and North Dakota Pharmacy Association began collaborating to increase the number of pharmacists providing immunizations in North Dakota. Dr. Terry Dwelle, state health officer, began signing authorizations to immunize on behalf of pharmacies in need of physician standing orders. The immunization authorization allows pharmacists to provide immunizations to eligible adults patients 18 and older. Immunizations included in the protocol include influenza; hepatitis A and B; human papillomavirus; measles, mumps and rubella; meningococcal conjugate; pneumococcal polysaccharide; tetanus; diphtheria, and pertussis; varicella; and shingles vaccines. A requirement of the authorization is that pharmacies enter the immunizations given under Dr. Dwelle's standing orders into the North Dakota Immunization Information System (NDIIS), the statewide immunization registry. As of Sept. 12, 2008, Dr. Dwelle has signed 10 authorizations to give immunizations for pharmacies in North Dakota. The NDDoH would like to encourage other pharmacists in need of standing orders to sign up for this program.

## ***NORTH DAKOTA IMMUNIZATION INFORMATION SYSTEM (NDIIS)***

All pharmacists providing immunizations in the state of North Dakota are encouraged to enter doses into the NDIIS. The NDIIS is a confidential, population-based, computerized information system that attempts to collect vaccination data about all North Dakotans. The NDIIS is an important tool to increase and sustain high vaccination coverage by consolidating vaccination records from multiple providers and providing official vaccination forms and vaccination coverage assessments. The NDIIS is used by a variety of immunization providers throughout the state, including private and public health providers, long-term care facilities, and schools. According to NDIIS data and the census, immunization information for 59 percent of adults 19 and older in North Dakota is in the NDIIS. The NDIIS will benefit pharmacists by providing reliable immunization histories about patients, so patients don't receive unnecessary immunizations. Currently, 17 pharmacies use the NDIIS to look-up and enter immunizations. Please contact the North Dakota Department of Health Immunization Program at 701.328.2378 or toll-free at 800.472.2180 to request access to the NDIIS.

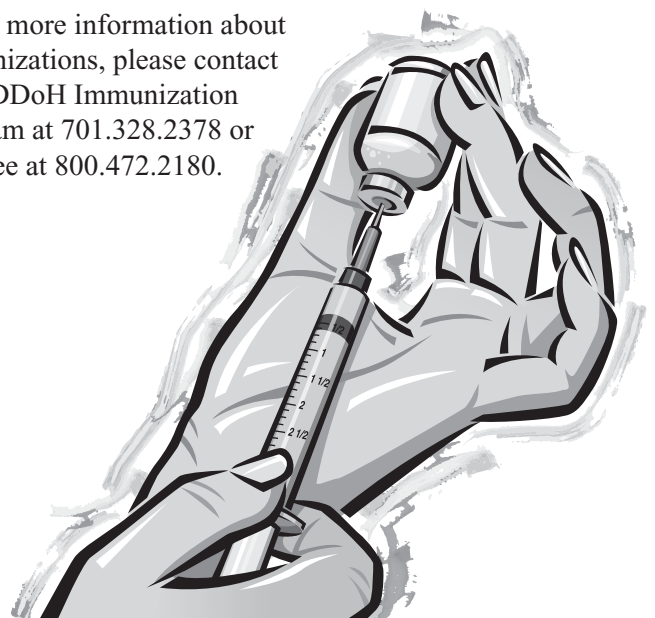
## ***ADULT IMMUNIZATION RECOMMENDATIONS***

Vaccines are no longer just for kids. In fact, there are many new vaccines recommended for adults. Human papillomavirus (HPV) vaccine is recommended for adult women 26 and younger. Shingles vaccine is recommended for all adults 60 and older. A single dose of tetanus, diphtheria and pertussis (Tdap) vaccine is recommended for all adults 64 and younger. Pneumococcal vaccine is recommended for all adults 65 and older and some younger adults who have certain high-risk medical conditions. Influenza vaccine is recommended for all adults 50 and older and some younger adults who have certain high-risk medical conditions, are pregnant, or are in contact with others who are at high-risk from complications due to influenza. Additional vaccines may be recommended for adults for travel, type of employment or certain high-risk medical conditions. For more information about adult immunization recommendations, visit: [www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm](http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm).

## ***IMMUNIZATION RATES***

In North Dakota, adult immunization rates for influenza and pneumococcal vaccines are above the national average. According to the 2007 Behavioral Risk Factor Surveillance System (BRFSS), 72.4 percent of adults 65 and older received a dose of influenza vaccine in the past year, and 70.5 percent of adults 65 and older received a dose of pneumococcal vaccine ever. Both rates are above the national average. Rates for newer vaccines such as shingles and Tdap vaccines are still unknown.

For more information about immunizations, please contact the NDDoH Immunization Program at 701.328.2378 or toll-free at 800.472.2180.



**Immunization Protocol  
Authority to Immunize  
Authority to Initiate Immunization  
Standing Prescription Order to Administer Immunizations**

\_\_\_\_\_, ND License #\_\_\_\_\_, acting as an authorized pharmacist on behalf of the undersigned physician, according to and in compliance with the North Dakota State Pharmacy Practice Act, may administer the medications listed below to patients ages 18 and older on the premises of:

Pharmacy Name: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Pharmacy City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

or elsewhere upon notification of sponsoring physician for a time period equal to two years from the date this document is signed.

NDPHA Immunization program 11/18/2001  
[Put the Date of your training program here]

To protect people from preventable infectious diseases that cause needless death and disease, the above pharmacist may administer the following immunizations to eligible adult patients, ages 18 and older, according to indications and contraindications recommended in current guidelines from the Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) and other competent authorities:

Influenza Vaccine, IM or IN  
Hepatitis A Vaccine, IM  
Hepatitis B Vaccine, IM  
Human papillomavirus (HPV-4) Vaccine, IM  
Measles, mumps rubella (MMR) Vaccine, SC  
Meningococcal conjugate (MCV-4) Vaccine, IM  
Pneumococcal polysaccharide (PPV-23) Vaccine, IM or SC  
Tetanus, diphtheria, pertussis (Td/Tdap) Vaccine, IM  
Varicella (chickenpox) Vaccine, SC  
Varicella zoster (shingles) Vaccine, SC

All IM injectable vaccines will be given in the deltoid muscle. All SC injections will be given in the fatty tissue over the triceps muscle. IN influenza vaccine will be given by intranasal route.

Other vaccines may be added or deleted from this list by supplementary instruction from the undersigned.

In the course of treating adverse events following immunization, the pharmacist is authorized to administer epinephrine (in the form of an Epi-Pen at 0.3mg per dose) and diphenhydramine (at a dose of 1mg/kg; maximum 50-100 mg per dose) by appropriate routes as necessary. The pharmacist will maintain current certification in CPR.

In the course of immunization, the pharmacy will maintain perpetual records of all the immunizations administered. Before immunization, all vaccine candidates will be questioned regarding previous adverse events after immunization, food and drug allergies, current health, immunosuppression, recent receipt of blood or anti-body products, pregnancy, and underlying diseases. All vaccine candidates will be informed of the specific benefits and risks of the vaccine being offered. All vaccine recipients will be observed for a suitable period of time after the immunization for adverse events.

All vaccine recipients will be given a written immunization record. The immunization will be reported to their primary care provider by fax or mail within 48 if pursuant to an order. The immunization will also be reported to the North Dakota Immunization Information System (NDIIS) within 14 days of administration per 61-04-11-06(1)(b).

The pharmacist will not endeavor to disrupt existing patient-physician relationships. The pharmacist will refer patients needing medical consultation to a physician. The pharmacist will make special efforts to identify susceptible people who have not previously been offered immunizations.

The pharmacist shall submit evidence of adequate liability insurance (a claim limit of \$1 million and an aggregate limit of \$3 million) upon signature of this agreement.

The authorization will be valid two years from the date indicated below, unless revoked in writing.

Pharmacist Name: \_\_\_\_\_

Pharmacist Signature: \_\_\_\_\_

Pharmacy License #: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Name: Terry Dwelle, MD

Physician Signature: \_\_\_\_\_

Address: 600 East Boulevard Ave. Dept. 301

City: Bismarck State: ND Zip: 58505

Medical License #: 4112

Date: \_\_\_\_\_

Reminder: Submit evidence of adequate liability insurance.



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# Pharmacy Time Capsules 2008

By Dennis B. Worthen Lloyd Scholar  
Lloyd Library and Museum, Cincinnati, OH

## 1983—Twenty-five years ago:

- Sodium cellulose phosphate, former orphan drug, cleared for use in painful stone formation in patients with absorptive hypercalciuria.
- Accutane (isotretinoin) approved as an anti-acne agent.

## 1958—Fifty years ago

- Pharmacist salaries in NY were reported to be \$3.50/hour while in California they were \$4.00 hourly.

## 1933—Seventy-five year ago

- Average weekly salary for a pharmacist (48 Hour week) was \$33.08.

## 1908—One hundred years ago

- University of Mississippi initiates classes in its new college of pharmacy

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## Topics for Technicians

# Convention 2008 President's Report

*By Brittany Muchow - NAPT President*

### Executive Board Meetings

The NAPT Executive Board met five times throughout the 2007-2008 term to discuss various topics. The following is a brief summary of the topics the Board focused on in these scheduled meetings and throughout the year.

### NAPT Fall Conference

The 2007 Fall Conference was held at the Marquis Plaza Suites in Williston, North Dakota on September 28, 29. The event was a big success with approximately 60 Technicians and Pharmacists in attendance. Continuing education topics presented at the conference included Addictive Behaviors/OTC Drug Abuse, Accelerate into Excellence, Community-acquired MRSA, HIPAA and Drug Diversion, Spirituality in the Hospice/Healthcare Setting and Pediatric ALS. I would like to once again extend a special "Thank You" to the conference planning committee on a job well done. The 2008 Fall Conference is scheduled to be held in Fargo, North Dakota on September 26, 27. We look forward to another interesting and successful conference!

### Traveling Meeting

This spring the Executive Board of NAPT conducted open forum meetings. We have traveled to 9 different cities this year. Our focus was to provide the Pharmacy Technicians of North Dakota the opportunity to share with the Board any issues that would enhance our profession as well as provide them with 1.5 hours of Law CE. The overall information shared will assist the NAPT Executive Board with short and long term goal setting.

In summary, it was a very busy and exciting year for the NAPT Executive Board and it was a pleasure for me to serve as President. I would like to thank my fellow board members for their participation and dedication to the Pharmacy profession. Jodi Hart-Vice-President/President Elect, Melissa Heley-Treasurer, Nicole Gerjets-Secretary, Diane Halvorson-Parliamentarian, Angela Buchanan and Eileen Darkow-Members at Large, Danika Braaten-Outgoing President and Barb Lacher-NDSCS Representative and ND CE Provider. I look forward to continuing my involvement with NAPT, NDPhA and all of the other organizations that I have worked with this past year.

---

## Creation of NAPT Listservs

In an effort to help keep members informed and facilitate communication within academies, NDPhA has created a listserv for NAPT members

Please take advantage of these communication tools. If you are interested in subscribing to the listserv follow the instructions below.

1. To subscribe, simply send a message to [imailsrv@nodakpharmacy.net](mailto:imailsrv@nodakpharmacy.net) with the following text in the message body (Be sure to include quotations around your name)  
**subscribe NAPT "first name last name"**

You will receive a confirmatory message that you **MUST** reply to prior to being added.

2. You may post messages to the your group by sending emails to:  
**NAPT@nodakpharmacy.net**

3. To unsubscribe at anytime, send a message to [imailsrv@nodakpharmacy.net](mailto:imailsrv@nodakpharmacy.net) with the following text in the message body:  
**unsubscribe NAPT**

It's that simple! Contact Lorri at the NDPhA Office (701) 258-4968 or email [lgiddings@nodakpharmacy.net](mailto:lgiddings@nodakpharmacy.net) if you have trouble getting added to the listserv.



# Topics for Technicians

## NAPT Updates

*By Jodi Hart - NAPT President*

Hello everyone! I hope you were able to enjoy some time off during the past few summer months. The time sure seems to be shorter and shorter every year!

While I was able to enjoy a few days off here and there this summer, I also had the opportunity to attend the 2008 RxPO in Las Vegas August 18 and 19. This event is the national convention sponsored by NPTA (National Pharmacy Technician Association). The two day convention was held at the Golden Nugget Hotel and provided a total of thirteen continuing education hours. Some of the topics covered included proper handling of hazardous drugs, the impact of CFC to HFA inhalers, USP 797 revisions, an update on Medicare Part D, drug diversion, becoming eco-friendly in the workplace, kidney disease, quality assurance, communicating with patients, medical professionals and co-workers, medication errors, the foundation of PTCB certification, and a few other topics as well.

The keynote sessions were intertwined for both days. The first day focused on the tragic story of a family that lost their two year old daughter due to a preventable medication error caused by a pharmacy technician in their home state of Ohio, which does not require any sort of education, registration, etc. of pharmacy technicians. As a result of their daughter's passing, the family has

helped to create a bill known as "Emily's Law" which would require pharmacy technicians to pass certification tests before being allowed to dispense medications. They have been working on both a state and federal level to mandate training and regulation of pharmacy technicians. The second day provided an update on current issues with pharmacy technician standards and regulations. It was a rather historical event because the session saw representatives from PTCB, ASHP, NABP, ICPT, ACPE, and NPTA. The session was set up as a moderated panel discussion with questions submitted directly by attendees. It is also worth noting that the ASHP representative mentioned North Dakota, and how we have been able to implement the telepharmacy concept because we hold such high standards for technician education!

Overall, it was a very interesting convention and I am glad I was able to attend. I would encourage everyone to take the opportunity sometime to attend a national convention. It's very interesting to learn how other technicians practice around the country and it also gave me a great sense of pride to be from one of the only states that requires technicians to be both educated and registered.

I look forward to meeting some of you at the Fall Conference in September! I will have an update on Fall Conference in the next issue of the Nodak. Have a great fall!

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Phone: 701-234-5606

# NDPhA Community Pharmacy Academy

The Community Pharmacy Academy (CPA) is ready to work towards its mission of advocating and promoting the practice of community pharmacy. An Interim Board has been established. Special thanks to Steve Boehning, Dan Churchill, and Jayme Steig for their willingness to serve in the initial development of the CPA.

The current status of North Dakota's pharmacy ownership law presents the CPA with an exciting and challenging beginning as an academy. At a recent IBL hearing, many groups lined up to provide testimony both for and against the law. As always, this issue will be at the forefront of the upcoming election and legislative session. The CPA wants to represent and present the opinions of all community pharmacists, from owners to managers to staff pharmacists to technicians. We can only do this if we hear from you! Please join our CPA listserv to provide us with an efficient mode of communication. Please contact any of our interim board members and let your opinions be known. This is an opportunity for you to stand up and be heard.

Remember that October is National Pharmacy Month. The CPA will work to provide pharmacies with information regarding flu vaccinations and increasing public awareness. Flu vaccination clinics are excellent ways to provide a public service and increase patient contact. Dr. Dwelle from the ND Health Department is graciously willing to help pharmacies having difficulty getting standing orders for vaccinations signed. Please contact us if you would like more information on how to provide this valuable service.

Instructions on how to sign up for the CPA listserv are below:

## ***Creation of CPA Listserv***

In an effort to help keep members informed and facilitate communication NDPhA has created a listserv for the Community Practice Academy. Please take advantage of this communication tool. If you are interested in subscribing to the listserv follow the instructions below.

1. To subscribe, simply send a message to [imailsrv@nodakpharmacy.net](mailto:imailsrv@nodakpharmacy.net) with the following text in the message body (be sure to include the quotation marks around your name)

**subscribe CPA "first name last name"**

You will receive a confirmatory message that you MUST reply to prior to being added.

2. You may post messages to the group by sending emails to:

**[CPA@nodakpharmacy.net](mailto:CPA@nodakpharmacy.net)**

3. To unsubscribe at anytime, send a message to [imailsrv@nodakpharmacy.net](mailto:imailsrv@nodakpharmacy.net) with the following text in the message body:

**unsubscribe CPA**

It's that simple! Contact Lorri at the NDPhA Office (701) 258-4968 or email [lgiddings@nodakpharmacy.net](mailto:lgiddings@nodakpharmacy.net) if you have trouble getting added to the listserv.

**SIGN-UP  
TODAY!**

**SIGN-UP  
TODAY!**

**SIGN-UP  
TODAY!**

**SIGN-UP  
TODAY!**

**SIGN-UP  
TODAY!**

**SIGN-UP**

## **Creation of NDSHP Listserv**

In an effort to help keep members informed and facilitate communication within academies, NDPhA has created a listserv for NDSHP members

Please take advantage of these communication tools. If you are interested in subscribing to the listserv follow the instructions below.

1. To subscribe, simply send a message to [imailsrv@nodakpharmacy.net](mailto:imailsrv@nodakpharmacy.net) with the following text in the message body (Be sure to include quotations around your name)  
**subscribe ndshp "first name last name"**

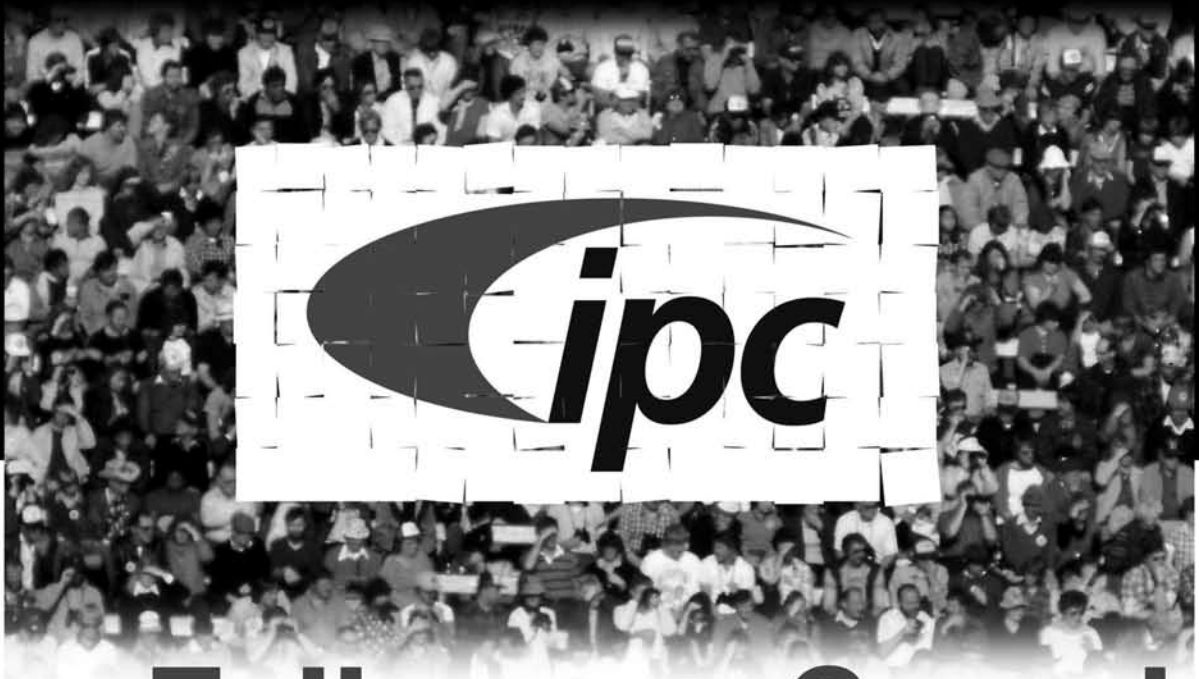
You will receive a confirmatory message that you **MUST** reply to prior to being added.

2. You may post messages to the your group by sending emails to:  
**ndshp@nodakpharmacy.net**
3. To unsubscribe at anytime, send a message to [imailsrv@nodakpharmacy.net](mailto:imailsrv@nodakpharmacy.net) with the following text in the message body:  
**unsubscribe ndshp**

It's that simple! Contact Lorri at the NDPhA Office (701) 258-4968  
or email [lgiddings@nodakpharmacy.net](mailto:lgiddings@nodakpharmacy.net)  
if you have trouble getting added to the listserv.



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*Celebrate Your Month.*



## *American Pharmacists Month*

### *October 2008*

October is American Pharmacists Month; a time to celebrate your profession, recognize your pharmacy staff, and reach out to your patients. It is never too early to start thinking of ways to celebrate your month. PPA has compiled some creative ways for you and your colleagues to celebrate American Pharmacists Month; no matter what your practice setting. So use the ideas

below, build on them, or come up with your own unique ideas and enjoy!

#### **In the Community Pharmacy Setting**

- ◆ Use a special answering message promoting American Pharmacists Month when you answer your phone, "Thank you for calling. We are celebrating American Pharmacists Month. How can I help you?"
- ◆ Conduct an Immunization Day, hold a flu clinic, blood pressure clinic or osteoporosis screening. Create a patient care center in your pharmacy.
- ◆ Hold a week long event of brown bag medication reviews in your pharmacy.
- ◆ Decorate\* your pharmacy for the month of October with banners and posters highlighting American Pharmacists Month.
- ◆ Hold an educational session with snacks at a convenient time, call it "Education & Cookies" and invite the public.
- ◆ Hold an "open house" at your pharmacy and hand out goody bags with an informational brochure\*\* inside.
- ◆ Give an OTC tour to your patients on how to select the best OTC products for their individual condition.
- ◆ Invite local students to visit your pharmacy for a class trip and give them a tour of the pharmacy.

#### **Hospitals, Institutions, Managed Care & Long Term Care Settings**

- ◆ Place information in your facility's newsletter about American Pharmacists Month.
- ◆ Decorate\* the hospital or institution lobby with posters or displays. Create a lunch tray tent card explaining the goals of the pharmacy and services you offer.
- ◆ Hold an "open house" for all employees to visit the pharmacy.
- ◆ Host a visit for your senator or representative and provide him/her with a view of the role of the pharmacist.

#### **Student Pharmacists/Colleges of Pharmacy**

- ◆ Create a plan and be prepared to help your employer or rotation site hold activities and events for the month of October.
- ◆ Create a banner and ask your school to display the banner to promote American Pharmacists Month.
- ◆ Hold a t-shirt fundraiser at your school in honor of American Pharmacists Month.
- ◆ Talk to high school students about pharmacy careers.
- ◆ Write an article for your college newspaper & encourage your fellow student pharmacists to get involved in their state association.



**Thank you to the Pennsylvania Pharmacists Association (PPA) for allowing us to use these creative ideas to celebrate American Pharmacists Month**

# *American Pharmacists Month*

## *October 2008*

### **Go out into the Community**

- ◆ Senior Citizen Centers are always looking for new, exciting educational events. Set up a brown bag medication review event at a local Senior Citizen Center.
- ◆ Hold a healthcare event in your community or get involved in your local health fair.
- ◆ Present information on pharmacy to people in the community. Promote the event in advance and invite the public. Presentations available upon request.\*\*\* See below.
- ◆ Speak with the local school nurse on educating high school teachers about pharmacy. Ask the guidance counselor if you can set up a presentation on careers in pharmacy\*\*\* for career day.
- ◆ Contact the media in your area, write a news release and talk with the media about American Pharmacists Month.

### **Make sure to Recognize & Honor your Pharmacy Staff during American Pharmacists Month!**

October is the perfect time for managers and supervisors to show their appreciation for the great work the pharmacy staff does throughout the year.

### **Resources**

\*APhA has a webpage full of decorations and gifts available to you for American Pharmacists Month.

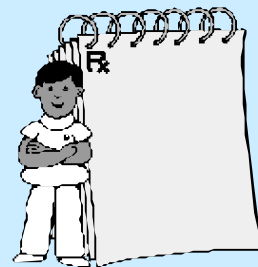
Visit <http://aphanet.source4.com/b2c/Sites/APHANet/index.asp> for more information.

\*\*PPA has a brochure for distribution available on the PPA website on the current issues page

\*\*\*PPA has the following presentations available to its members with topics including:

- ◆ **Asthma**
- ◆ **Diabetes**
- ◆ **Careers in Pharmacy**
- ◆ **Medication Use (provided by APhA)**

Presentations are available to members only upon request. If you would like to request a presentation, call the PPA office at 717-234-6151 or email us at [ppa@papharmacists.com](mailto:ppa@papharmacists.com).



*Please send PPA information on what you are doing this year for American Pharmacists Month. Send us an email or fax telling us your plans for American Pharmacists Month in advance and send us information on something you did for American Pharmacists Month after it is over. Make sure to include names of those who participated and photos, if available. This is a celebration of pharmacists and pharmacy.*

***Spread the word that pharmacists are the medication experts!***



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# NDSU

## College of Pharmacy, Nursing, and Allied Sciences



*Charles Peterson, Dean*  
*NDSU College of Pharmacy*

### A Message from the Dean

## Student and Faculty Awards Presented at Ceremony

The following are a list of individuals who the College has recently hired for faculty and staff positions. Please join me in welcoming these individuals to our College. cdp

Dr. Christian Albano accepted a faculty position within the College as Assistant Professor of Pharmacy Practice. Dr. Albano's duties will include teaching pathophysiology and public health topics in the pharmacy professional curriculum and working with the North Dakota Institute for Pharmaceutical Care in assessing the economic outcomes of innovative practices in pharmaceutical care in North Dakota. Dr. Albano received his BS in Kinesiology in 1994 from the University of Illinois at Chicago, and his MS in Education, Ph.D. in Pharmaceutical Sciences, and MBA in Business Administration from North Dakota State University in 2000, 2005, and 2007, respectively. His work experience includes being a research and teaching assistant in the Department of Pharmacology, Physiology & Therapeutics at the University of North Dakota and research assistant in the Department of Pharmaceutical Sciences at NDSU. He was a member of the Institutional Review Board (IRB) at Innovis Health, and a Medical Writer for PRACS Institute in Fargo. After serving one year in a temporary faculty appointment at NDSU, Dr. Albano joined the faculty in a full-time appointment on July 1, 2008.

Dr. Daniel Friesner accepted a faculty position within the College as Assistant Professor of Pharmacy Practice. Dr. Friesner's duties will include teaching business/economic topics and pharmacy management in the pharmacy professional curriculum, and working with the North Dakota Institute for Pharmaceutical Care in assessing the economic outcomes of innovative practices in pharmaceutical care in North Dakota. Dr. Friesner received his BA in 1996 from Gustavus Adolphus College, and his Ph.D. in Economics from Washington State University in 2000. Dr.

Friesner's work experience includes being Associate Professor and Graue Chair of Economics in the School of Business at Gonzaga University from 2006 to present, Assistant Professor in the Department of Economics at Weber State University from 2002 to 2003, and Assistant Professor in the Department of Economics and Finance at the University of Southern Indiana from 2000 to 2002. Dr. Friesner's research interests include health economics and health services financial assessments. Dr. Friesner began his faculty duties at NDSU on July 1, 2008.

Dr. Anne Korenke accepted a faculty position within the College as Assistant Professor of Pharmacy Practice. Dr.

Korenke's duties will include developing an active clinical practice as a ambulatory care specialist at the Family Health Care Center in Fargo, precepting pharmacy students in IPPE and APPE rotations in the experiential program, and teaching pathophysiology, and pharmacotherapy in the pharmacy professional curriculum. Dr. Korenke received her Pharm.D. degree from the University of Wyoming in Laramie in 2007 and she completed a postdoctoral PGY1 Pharmacy Practice Residency Program at the University of Montana Community Medical Center in Missoula, Montana in 2008. Dr. Korenke research interests and experiences have been in the area of osteoporosis screening. Dr. Korenke began her duties at NDSU on July 7, 2008.

Dr. Cynthia Naughton accepted a new position within the College as Associate Dean for Academic Affairs and Assessment. Dr. Naughton's duties will include providing leadership, direction, and administrative oversight for all matters related to academic affairs and assessment within the College and ensuring compliance with all accreditation standards related to academic affairs and assessment matters. Dr. Naughton has been a full-time clinical faculty member in the department of pharmacy practice at NDSU since 2000. Dr. Naughton earned her BS in pharmacy, MS in pharmacy, and Pharm.D. degrees from North Dakota State University in 1978, 1986, and 1995, respectively. She is a board certified pharmacotherapy specialist (BCPS) with extensive clinical practice experience in a variety of health care settings including academia, large hospital, small hospital, clinic, and retail settings.

Dr. Naughton has both didactic and clinical teaching experiences. Dr. Naughton has served on the pharmacy program curriculum committee since 2002, and has been chair since 2005. As chair of the curriculum committee, Dr. Naughton has provided valuable leadership in helping the College transform its pharmacy program curriculum to meet the new 2007 ACPE accreditation standards including working with faculty to define and incorporate a comprehensive curriculum re-evaluation, ability-based outcomes, introductory practice experiences, curriculum mapping, and faculty training. Dr. Naughton has also served on the College academic affairs committee, assessment committee, strategic planning coordination committee, admissions committee, and department chair evaluation committee. Her honors and awards include being recipient of the 2004 and 2006 College's preceptor of the year award

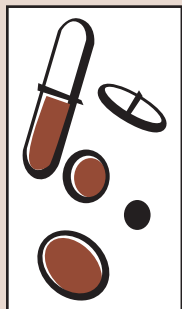
(pharmacy program), the 2001 ASHP's Best Practice in Health System Pharmacy Management Award, and the 1998 North Dakota Health System Pharmacist of the Year Award. Dr. Naughton will begin her Associate Dean duties on July 1, 2008.

Sara Tanke accepted a staff position within the College as Director of Advancement. Sara's duties will include coordination of all alumni relations events and College friend-raising efforts, coordination of the College's Annual Scholarship Recognition Program, facilitation of annual giving programs, National Advisory Board meetings, and

Alumni Newsletters. Sara's work experience includes being Alumni Program Director for the NDSU Alumni Association since 2003. Sara received her BA in Business Administration from North Dakota State University in 2001. Sara began her duties in our College on January 22, 2008.

Julie Roberts accepted a staff position as administrative secretary for College Advancement. Her duties began in our College on March 10, 2008.

Becky Heinsen accepted a staff position as administrative secretary for Academic Affairs and Assessment. Her duties began in our College on June 2, 2008.



## Pharmacists Need to Be Managers

*Staff pharmacists, supervisors and pharmacy owners will benefit by improving their management skills. Leadership and management are two sides of the same coin. The cost of employee turnover is equal to two times their annual salary. By enhancing your employee management technique, you can help to reduce that turnover. Acquiring good management skills also improves your ability to practice pharmacy in a safe and satisfying manner.*

Most pharmacists are too young to have watched the Ed Sullivan show. The show featured a variety of acts ranging from ventriloquists with talking fists to The Beatles. I was always spellbound by the jugglers and plate spinners. These shows gave me my first exposure to multitasking and resource management. The demands placed on you as a pharmacist are not unlike those experienced by the jugglers and plate spinners. You must multitask, manage resources and look good to the public. Your responsibilities go further in that you must keep your knowledge honed, ensure the safety of your patients and manage one of the most demanding resources; pharmacy ancillary personnel. Now is the time to learn those things that pharmacy school seems to inadequately address.

Walk into any library or major bookseller and you will find hundreds of opinions about managing people. None are perfect, but some are better than others. I recommend all pharmacists read a book entitled *Zapp! The Lightning of Empowerment* by William C. Byham. The concepts presented in this book may be considered an essential foundation for understanding managing people. Another useful text is *The Truth About Managing People* by Stephen P. Robbins.

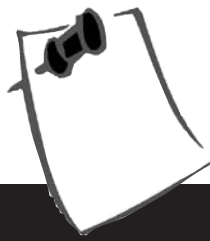
In the broadest strokes, good management involves treating those around you with dignity and respect, and setting a good example. All management training is based on these two precepts. The T.E.A.M.© Newsletters provide this information in a quick, short, easy to grasp format. You can also find numerous sources of management information on the internet. If they reinforce treating people with dignity and respect and setting a good example, they might be considered useful references.

Some management challenges occur as a result of a common misconception that people can be trained to perform in a manner that is contrary to their personality. No amount of training will turn someone into a people person if it would go against their basic personality. Another common mistake we all make is assuming a person will perform a task according to the directions they were given when we fail to follow those procedures ourselves. Employees will tend to mimic your behavior, so setting the right example is important. Learning about issues such as these is important to your success. As a pharmacist, you must obtain the proper skills to ensure the people you work with will become part of your team. When that occurs, you will be able to spend more time taking care of your patients.

*Dave Heckman, R.Ph. is owner of Community Pharmacy Services and provides advice to pharmacists regarding employee management, pharmacist image and stress reduction. Information regarding Community Pharmacy Services can be found at [www.rxcps.com](http://www.rxcps.com).*



# Classifieds



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Please call Kelly at 701-799-3354 or e-mail at

ndrph@hotmail.com.

## PHARMACIST WANTED

### Gateway Pharmacy, Bismarck.

Progressive Pharmacy seeks energetic Pharmacist. Pharmacy is automated, provides screenings, and immunizations.

Contact: Mark Aurit, RPh Gateway Pharmacy North, 3101 N 11th St Ste#2, Bismarck, ND 58503 Ph: 701-224-9521 or 800-433-6718

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### Walls Medicine Center, Grand Forks.

Contact Dennis Johnson, RPh, Wall's Medicine Center Inc., 708 S Washington Street, Grand Forks, ND 58201 or call (701) 746-0497.

### ND Pharmacy, Williston

Full-time Pharmacist wanted for progressive pharmacy.

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Call Bob at 1-800-767-3632 or mail resume to:

ND Pharmacy, 446 18th St W #2, Dickinson, ND 58601

## PHARMACY TECHNICIAN WANTED

### Northport Drug, Fargo.

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Course Instructor Dr. Mike Kelsch jokes with Participant Earl Abrahamson about the intramuscular injection he is about to receive.



Course participant Dawn Pruitt waits patiently as Earl Abrahamson organizes his materials needed to administer an injection.

# Thank You

*to Merck Pharmaceuticals for their unrestricted educational grant to offer this program for a minimal fee to participating pharmacists.*



Course participant Howard Anderson getting ready to demonstrate his technique on partner Lance Mohl as course instructor Dr. Michael Kelsch observes his skills.



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