



## Message from the Chair – June 2010

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To All My SICP Colleagues:

As I bid farewell to the chairmanship of the Executive Committee of the **Section of Inpatient Care Practitioners**, I would like to *challenge our section members to stay connected and engaged in ASHP*. This organization has very hardworking dedicated professional staff members who give their all to guide and support us in the delivery of the best pharmaceutical care possible for our patients.

No matter what our practice setting, ASHP has a resource to assist each of us in our pharmacotherapy endeavors. Have you checked out ALL of the resource centers available on the website? My gosh, what a list! There is very practical information under each topic as well as links to additional information. There are numerous copies of pertinent articles, guidelines, sample policies, just about any kind of resource or information you could ever imagine. So, my next challenge to all of you is: *to utilize these resources that ASHP has created and made available for you*. After all, it's a part of your membership so use it! Check out the following resource centers and find something today that you can use to improve your practice.

- Anticoagulation
- Compounding
- Contrast Media
- Drug Shortages
- Evidence-Based Practice
- Investigational Drug Services
- Patient Assistance Program
- Patient Safety
- Public Relations
- Quality Improvement Initiative
- Risk Eval & Mitigation Strategies
- Small and Rural Hospital

Is there something missing on the list or within the resource center? Is there information that you could use that you don't see? Then let ASHP know so they can post additional information there. Or better yet, submit examples of your own forms or policies or data to share with other practitioners. If you have an excellent medication safety protocol, why not share it on the Patient Safety resource center? If you have a current job description for a pharmacy director in a small and rural hospital, why not post it on the small and rural hospital group listserve so others can benefit?

Have you found a good review article about contrast media that would help everyone? If it is useful to you, it would probably be useful to someone else. So, my third challenge is that: you share your own useful tools and resources with your colleagues through the resource centers.

An alternative way to share with your colleagues is through the various listserves. Our section has three: Inpatient Care Practitioners, Investigational Drug Service, and Small and Rural Hospital. And other sections have them as well. It is easy to pick, choose or refuse your listserve or discussion board preferences on the website. This brings me to my fourth challenge: to share and network with your colleagues through the listservs or the discussion boards.

Now to the cause that is closest to my heart, small and rural hospital practice, I want to offer a special challenge. ASHP has taken a very serious approach over the last few years to address the concerns of small and rural practitioners...by establishing an advisory group within our section, establishing the aforementioned resource center, devoting an entire day of programming specific for small and rural hospitals during the Midyear Clinical Meeting, serving as a major sponsor for the National Rural Health Association's *Medication Use in Rural America* conference. It appears, to me, we are beginning to see more and more small and rural practitioners stepping up to participate in ASHP activities and taking leadership roles in the advisory group and other organizational structures...and feeling empowered to ask for additional resources or consideration in policy recommendations. I believe we are experiencing an awakening of the small and rural constituency that is the direct result of ASHP opening the door to our group. So my final challenge is for all small and rural hospital pharmacists become empowered to ask ASHP leadership for what they need, advocate on behalf of patients' access to pharmacists in rural America. And after asking and advocating, engage, participate and attend. **Ask** for resources specific for your practice settings, **ask** for collaboration opportunities, **attend and participate** in the rural health programming and networking sessions at the Midyear Clinical Meetings, **engage** in robust dialogue on ASHP's listserves and discussion boards, and **get engaged** in House of Delegate caucus activities. Let's take advantage of these myriad of opportunities to help our patients in the delivery of health care in the largest part of our country: the rural and frontier areas. Remember, over fifty percent of the hospitals in the United States have one hundred beds or less!

Finally, as the pharmacy director of a critical access hospital (25 beds), I have found ASHP to be an invaluable resource for me for many years. When I have had questions and concerns while I've been practicing, by myself, in the middle of the mountains of North Carolina, ASHP has been my resource for critical, timely and reliable information. I would read each issue of AJHP and know the latest guidelines for practice. I would then strive to make my department live up to the standards... the Best Practices... established by ASHP. If I had a question, I would call an ASHP staff person and get an engaged and concerned response that helped to make me feel like I was not alone. I had the support of a strong, professional association that wanted to help me. And I want each and every Section of Inpatient Care Practitioner member to feel the same way. Thank you, ASHP, for helping me and all practicing health-system pharmacists!

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