

APhA November 3 Meeting Minutes (General Meeting 4)

- 1) Recent Events
 - a) Operation Immunization
 - b) Jester Health Screening
 - c) Career day
- 2) Historian announcement
 - a) Check [the UT-APhA-ASP Facebook page](#) for reminders and updates
 - b) Send in pictures to Athena or Brendon (even cell-phone pictures) for points (1 point for 10 photos)
- 3) Nuclear Pharmacy (new committee)
 - a) Opportunity for students interested in nuclear careers
 - i) Interview prep
 - ii) Rotation information
 - iii) Training opportunities
 - iv) Tour
- 4) Operation Diabetes
 - a) American Diabetes Walk on Saturday, November 5 at Tech Ridge Center (Parmer & I-35)
 - i) Walk with our group to show support
 - ii) Sign up to present the diabetes poster (no one has volunteered so far)
- 5) Heartburn Awareness Committee
 - a) Last tailgate event – November 19th (before Kansas State game, time TBA)
 - b) Sign up on emailed sign-in sheet if you are available
- 6) SAGES (Senior Awareness: Guiding Education and Awareness)
 - a) Second meeting: November 15th at 1:30 (room TBD)
 - i) Making a new poster
- 7) Food at meetings
 - a) Not enough money for food at meetings (about \$1/meeting)
 - b) Vote: pay extra \$10 for higher-quality food at meetings OR keep serving pizza at meetings
 - i) Close vote. Decision: continue to serve pizza, no extra fee.
 - c) Fundraising (\$500 for future food)
 - i) This Saturday, November 5, from 8:30 to 11:00
 - ii) Need 20 members
 - iii) Hand out fan giveaways
 - iv) Double points (equivalent to the points you would get for being an officer)
- 8) Patient Counseling Winners
 - a) Athena Brand, Sumon Sen, Hellen Nguyen, Barbara Lucke, Pearl Rajan, Morgan McCormick, Blessy Thomas, Anne Nguyen, Justine Wang, Ning Lao
- 9) Calendar slide
- 10) Members of the semester: Katherine Kelly, Brendon Hogan, Justine Wang, Philip Dollin
 - a) All got padfolios
- 11) Risk Awareness

- a) Hazing: don't do it.
 - i) Consent is not a defense to hazing
 - ii) Hazing is a criminal offense
 - b) Drugs at UT
 - i) Happens on campus
 - ii) Look for aberrant behaviors – intervention is possible
 - iii) Alcohol overdose: critical medical situation, contact emergency services (911)
 - iv) Alcohol is not allowed at APhA events
 - v) Underage drinking prohibited by state laws
 - c) Sexual Assault
 - i) Sexual assault: conducting a sexual act directed at a non-consenting person
 - ii) Alcohol cannot be used to get consent
 - d) Sexual Harassment
 - i) Harassment can occur anywhere
 - e) Fire safety
 - i) Call for help, stay calm
 - f) Crime Prevention
 - i) Use blue light boxes and the buddy system.
 - ii) Sure Walk can escort you home late at night
 - iii) Contact UTPD for engraving
 - g) Behavioral concerns advice line – if your friends are acting strange, call 512-232-5050.
 - h) Report weapons and other hazards (slipper floors, etc)
 - i) Student travel – follow the rules for Registered Student Organization for APhA travel
 - i) Need to do travel paperwork
 - j) Behavior at Organizational Events
 - i) Choose appropriate events for organization's values
 - ii) Theme parties: make sure they're appropriate
 - iii) Conduct
 - (1) Don't harass or discriminate against another student or University employee
 - (2) Don't damage university property
 - (3) Don't misidentify yourself to the police
 - k) Summary: This information is IMPORTANT. Use University resources if you have concerns or questions (see the slides Athena sent out).
- 12) Speaker: Dr. Stuart Wirebaugh (Director of Pharmacy at St. David's Health Care System)
- a) Topic for today: Careers in military pharmacy.
 - b) Dr. Wirebaugh served in the Air Force (entered in 1989). For the most current information, talk to health care recruiters for the Air Force (find on Google).
 - c) Dr. Wirebaugh's history
 - i) After a fellowship that gave him several career options, Dr. Wirebaugh considered the Air Force
 - (1) As a medical professional, you are a commissioned officer in the Air Force – a slightly different path than normal enlistment.

- (2) Dr. Wirebaugh chose the Air Force because it gave him an opportunity to teach.
- (3) Service requires
 - (a) A “clean record” – thorough review
 - (b) Approval and assignment from the Air Force’s chief pharmacist
 - (i) Thanks to his fellowship and training, Dr. Wirebaugh got assigned to Wilford Hall (a medical facility), where he helped introduce clinical pharmacy.
- (4) Dr. Wirebaugh joined the reserves for the last six months of his fellowship, got commissioned, then began active duty (on the day Saddam Hussein invaded Kuwait)
 - (a) Dr. Wirebaugh switched places with a senior officer and was on the first flight to Desert Storm.
 - (b) Dr. Wirebaugh was in charge of the post-operative surgical area in Iraq.
- (5) When he returned to the US, he worked in Wilford Hall. He did clinical rounds and developed the Air Force/Army residency program.
- (6) Dr. Wirebaugh was a teacher, served on an IRB, and also conducted research (the AfCAP study – primary prevention using lovastatin). Health clinics to recruit study participants involved pharmacy.
- (7) Overall, Dr. Wirebaugh made his own path – without a clear directive from supervisors, he defined his own role and set templates for pharmacy in the Air Force
 - (a) Worked long hours
 - (b) Created programs that still exist in the Air Force
 - (c) Participated in varied deployments and duties
- (8) Typical day: (1) on rounds in the morning (2) in anticoagulant clinic in afternoon.
- (9) Dr. Wirebaugh left the military to spend more time with family. Declined promotion to Major. Now “indefinite” – can be called back in certain situations.
- d) Air Force medicine is “close to socialized medicine” – supplying pharmacy services to active and retired Air Force members. Three to four Air Force medical centers considered hospitals in the US. (Lots of outpatient clinics).
 - (1) Pharmaceuticals committee and considered what drugs would meet client needs.
 - (a) Ex: Anti-sedating anti-histamines, sunscreens for security guards
 - (b) Dr. Wirebaugh got lots of studies published from Air Force clinics.
- e) Advantages, disadvantages, and observations of military pharmacy
 - i) Advantages
 - (1) Armed services offer lots of scholarships.
 - (2) His talk focused on the Air Force, but military offers many different opportunities.
 - (3) Lots of opportunities for leadership – all Dr. Wirebaugh has known is leadership; military leadership development is a great resume builder.
 - (4) Average term in the military is three years – one license lets you go lots of places.
 - (5) Every base has a golf course
 - (6) Pay is on a scale, determined by Congress
 - (a) Housing allowance, food allowance, and favorable tax rate boost pay

- ii) Downsides of military work
 - (1) Government bureaucracy
 - (a) Dr. Wirebaugh had to switch his uniforms back and forth due to regulatory changes
 - (b) “Customer service” is not up to civilian customer service standards.
 - (c) Dr. Wirebaugh had to cut drug spending while funds were allocated to things like “remodeling”
 - (2) You get a new commander at each assignment – might have different approach.
- iii) Observations of Civilian vs Military life
 - (1) Punctuality is much more important in the military
 - (2) Seniority/rank is very important in the military
- f) Networking is important – Dr. Wirebaugh has career options based on his networking in the military and elsewhere in the profession.