

MSCP program at DKICP graduates six; Tripler renews contract

Six clinical psychologists have earned their Masters in Clinical Psychopharmacology (MSCP) through the Daniel K. Inouye College of Pharmacy (DKICP).

The graduates are Matthew Todd Bell, HaNa Kim, Quyen Nguyen, Amy Park, Lavina Sanders and Paul White.

Typically offered by schools of psychology, DKICP is only college of pharmacy to offer the degree, which gives clinical psychologists in the military as well as in Guam and in two states the authority to write prescriptions. But prescriptive authority is only one of the advantages of earning the degree, according to Ed Fisher, associate dean of Academic Affairs and director of the MSCP program.

"The power of the degree is that it gives clinical psychologists a background in drugs so that when they talk to the patient's primary care physician, they can make recommendations without actually prescribing," said Fisher, who helped start the program in 2010 with a three-year contract with Tripler Army Medical Center on O'ahu. The contract was just renewed for one year with an option for another year.

The degree provides postdoctoral training so that clinical psychologists are prepared to safely and effectively use psychotropic medication as one component of their clinical practice, Fisher said.

Many students are part of the active military and may be deployed during program enrollment, so every effort is made to enable these students to complete their MSCP training according to their military or employment timelines, said MSCP Program Coordinator Judi Steinman. One graduate who recently received prescribing credentials from the Department of Defense was Major Matthew Todd Bell (see corresponding story).

"There were a lot of hurdles that he had to go through," Steinman said. "We are very proud of his perseverance."

Another graduate whose education was disrupted due to a deployment was Amy Park, from Olympia Washington, who graduated in August. She completed her degree despite being deployed after December 2012 to help children in Connecticut when 20 children and six adults were killed in Sandy Hook.



Dr. Ed Fisher tapes video chats with MSCP students from his office on DKICP campus at UH Hilo.

"She is a child psychologist and was part of a special unit that helps children deal with trauma," said Steinman, who has a PhD in psychobiology and teaches some of the classes along with Danita (Henley) Narciso, Class of 2011 DKICP PharmD graduate.

"I love the flexibility and the opportunity to work with students that have their doctorate in clinical psychology," said Narciso, who lives on Kauai and teaches asthma/COPD, antibiotics, and SOAP noting. "They provide a perspective to the material that we offer that is new and interesting to me."

The curriculum also includes courses taught by two part-time instructors who are nurses: Alice Davis, coordinator of UH Hilo's Doctorate in Nursing Program (DNP) and Allen Novak, a nurse practitioner who practices in Hilo.

Much of the coursework, which requires six semesters to complete, is offered via distance education through lectures posted on the Internet and meetings between instructors and students are recorded and provided to students for review. But because of feedback from the students, all instructors each travel to O'ahu several times a year to conduct workshops directly with the students.

"We have modified the program a lot since the beginning because it became clear pretty early that we need to have face time with the students," Steinman said. "We have crafted live workshops, live video chats as well as an orientation, and are trying to integrate more live sessions. The feedback now has been very positive."

Looking towards the future, Fisher said he hopes to create a certificate program that would give opportunities to learn about drugs to more professionals who might not have time to go through an entire master's degree program.

"The goal is to provide more in-depth knowledge about these types of drugs to people who work with them the most," Fisher said.

My perspective on obtaining prescriptive authority



M. Todd Bell, Psy.D.
Clinical Health
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Fort Benning, GA
MSCP, 2012

Just over a year ago, I completed the Masters of Science in Clinical Psychopharmacology program (MSCP) at the University Of Hawaii Hilo College Of Pharmacy.

When I began this two year program, I had no idea how rigorous or comprehensive the training would be, but looking back now, I realize it was, without exception, the most strenuous (and mentally exhausting) professional training in which I have participated. It's possible that this fact might simply be a serial position (recency) effect and, with time, my pharmacology training at UH will blend into a hazy blur along with the rest of my educational experiences – leaving me with that vague sense of fatigue and numbness so familiar to many healthcare professionals. However at present, I still find myself frequently referring back to the lessons, lectures, and notes from the program and feel that material has been both relevant and extremely useful in my daily practice.

The manner in which the psychopharmacology training from the MSCP at UH Hilo has been valuable to me as a clinician is familiar to other Clinical Psychologists who have undergone similar training. It has deepened my understanding of my patients by having a greater appreciation for their biological functioning, which has led to a more 'balanced' biopsychosocial perspective. Obviously, the training significantly increased my knowledge of psychotropic medications, but it also provided enough broad focus in general pharmacology to afford me a degree of competence and comfort in discussing medication as well as to feel confident in incorporating pharmacological treatment strategies into a patient's comprehensive plan of care. What was not so obvious to me at the time I participated in the MSCP was that

I would go on to feel a greater sense of companionship with other healthcare professionals as we share cases and collaborate more frequently. This new sense of familiarity is contrasted with the 'silo' effect of more traditional mental health services which I had been accustomed to and is mostly isolated from the rest of a patient's healthcare. One potential adverse effect for this shift in professional identity and role has to do with the fact that prescribing psychologists are still rare enough that other professionals – both within the sphere of mental health and beyond – often do not have a frame of reference for interacting and communicating with them. For example, I often have to ask my Psychiatrist, Psychologist, and Social Worker colleagues about how a patient's lab or imaging results are affecting our treatment plan while also reminding my primary care colleagues why I am concerned about the anti-hypertensive or pain medication they are prescribing our patient. However in spite of these occasional frustrations, having a foundation of knowledge in psychopharmacology has enriched my collaboration with other healthcare providers and provided a greater sense of satisfaction in treating patients.

Perhaps because prescriptive authority for psychologists is still uncommon, the path to obtaining such authority remains somewhat burdensome. Similar to licensure as a Clinical Psychologist, successfully completing academic requirements is only a waypoint toward the final destination. I discovered that in order to actually utilize my pharmacology training from the MSCP, I would have to overcome several additional (administrative) challenges, the first of which was the Psychopharmacology Exam for Psychologists (PEP). This exam was a beast of a test and all professionals who have taken similar examinations can empathize with the pressure of confronting such a steep obstacle. Owing to many weeks of study time and a generous amount of tutoring from the MSCP staff, I passed the PEP and could begin to submit credentials for prescribing at my local healthcare facility. The Department of Defense is one of a few institutions which recognize the benefits of prescribing psychologists; as such, each Service has developed their own policies governing the credentialing of these prescribers. In the case of the Army, the policy letter governing prescribing psychologists has created a woeful amount of additional requirements and bureaucratic steps to ensure that the credentialing process will be a long one. In my case, assembling the correct paperwork,

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submitting a prescribing list to the local Pharmacy & Therapeutics committee (twice), submitting paperwork to the credentialing committee, explaining what a prescribing psychologist is and does (a multitude of times), and applying for a DEA number (twice) took about six months.

What I anticipated while going through this process was that I would experience long delays, foot-dragging, and unnecessary complications due to professional biases, guild issues, and just plain prejudice that have often been associated with the prescribing psychologist debate. Instead, what I discovered was fair and professional consideration at nearly every step of the credentialing process. Where there was (frequent) delay, it was almost always due to the convoluted language of Army policy or the lack of familiarity due to the relative rarity of prescribing privileges associated with psychologists.

As for practice following credentialing, I have discovered increased kinship and camaraderie with other healthcare providers. I enjoy sharing cases with other professionals and have been excited at the prospect of having additional tools to incorporate into my practice. I have found that I have not altered my usual scope of practice much in that I still provide assessment and psychotherapy for patients rather than seeing patients 'only' for medication. In particular I've found the collaboration with Nurse Practitioners and the consultation with fellow Psychologists very rewarding. I have also been fortunate to have access to colleagues in Psychiatry to consult with and refer to should the need arise.

Looking back on my education in the MSCP, I am completely satisfied with the quality of training and feel that it really did prepare me for prescribing medication in a safe and effective manner.

Diversity Symposium brings together group with varied backgrounds



Dr. David Sing, executive director of Na Pua No`eau Center for gifted and talented Native Hawaiian children, spoke at the Diversity Symposium on the DKICP campus

The first Diversity Symposium at the Daniel K. Inouye College of Pharmacy (DKICP) attracted 55 attendees of all ages, race and genders to hear about and discuss issues of equality and discrimination on May 17.

The 8-hour session included topics surrounding a wide range of challenges faced in a university setting as well as in the community, particularly with regard to health care. Dana Koomoa-Lange, assistant professor in the Department of Pharmaceutical Sciences, coordinated the symposium with the community in mind.

"It was important to have speakers from inside the university as well as from the community because one of the goals was to get everyone to know each other a little better, and to build more community partnerships that will benefit our pharmacy students," said Dr. Koomoa-Lange, who has worked with several Native Hawaiian programs in pharmacy and on campus.

She said she was really happy several PharmD and pre-pharm students took the time to come even though the semester was over and many students had left town. Participants also included many faculty, administrators, post-docs and graduate students. Supporters from the community who attended included Nancy Huang, District Pharmacy Supervisor from Walgreens, whose diversity initiative funded the event along with DKICP and the University of Hawai`i at Hilo Diversity Committee.

DKICP Dean John Pezzuto welcomed the group to the modular pharmacy classroom on campus. "When I moved to Hawai`i, I discovered for the first time in my life I have joined a minority group, and everyone in this room can say that," he said. "But even though things are a little different here, I have found they are not that different from my experiences at Illinois or Purdue or any other place in the country. Irrespective of where you are, certain tenets of human dignity and respect apply."