

AACTion News & Announcements

Volume 26, Number 1 American Academy of Clinical Toxicology

Message from the President:

Karen Simone, PharmD, DABAT, FAACT

The future ain't what it used to be*

The AACT founders established a clinical toxicology academy in the late 1960s to put clinicians and scientists together to advance clinical care, education and research. At that time, this required onsite, in-person education, mailings and groundbreaking ideas. Mr. Yuk, activated charcoal, and practice based on clinical judgement predominated in the early years. Since then, electronic communication, web-learning, and evidence-based practice have intervened, and our world has changed. The once-large gathering of clinicians and scientists from the United States and Canada evolved into a larger collaboration with a globalized community of toxicologists

from Europe, Asia-Pacific, and other regions.

We have deep depth*

The Academy is fortunate to include very experienced members who provide emailed Toxicology Awareness - Question of the Day (Michael Greenberg, MD, MPH, FAACT) and Current Awareness in Clinical Toxicology (Allister Vale, MD, FAACT), support our scientific journal Clinical Toxicology (Martin Caravati, MD, MPH, FAACT), shepherd our grant programs (Ken McMartin, PhD, FAACT) and encourage supporting contributions (Alan Woolf, MD, MPH, FAACT). Members at the midpoint of their careers are working with newer members, and

contribute through the planning of the North American Congress of Clinical Toxicology (Bill Banner, MD, PhD, FAACT, John Devlin, MD, Ziad Kazzi, MD, FAACT, Mark Kostic, MD, FAACT,

Rob Palmer, PhD, DABAT, FAACT, Brandon Wills, DO, FAACT), provision of continuing education (Na-

dia Awad, PharmD, Kirk Cumpston, DO, FAACT and Renee Petzel, PharmD), development of scientific reviews and guidelines (Sophie Gosselin, MD, FAACT), advancement of communications and technology (Jeanna Marraffa, PharmD, DABAT, FAACT), organization of monthly webinars (Shawn Varney, MD), recording of ToxNow podcasts (Matt Zuckerman, MD) and development and maintenance of Twitter posts (Bryan Hayes, PharmD,

DABAT, FAACT). For those in recognized Fellowship programs still completing their training in clinical toxicology, the AACT offers complimentary membership and access to the journal, as well as discounts on NACCT, research awards and mentorship.

It gets late early out there*

With only six months left in my presidency, I am hoping to complete some collaborative projects and to ensure that toxicology education is available in many venues throughout the year. Educational opportunities are now available onsite, in your workplace through the web, through a podcast on

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AACT ion

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Meet the Editors

Welcome to the new Editors of AACTion, Sara Lookabill and Susan Smolinske. Find out a little bit about them in the descriptions below. Please contact them by email at any time with suggestions, news items, section updates, and anything else you'd like to see in the newsletter. They welcome your feedback.

Sara K. Lookabill, PharmD

Clinical Toxicology Fellow at Carolinas Poison Center and Adjunct Instructor at University of North Carolina Eshelman School of Pharmacy

I'm a farm kid born and raised near Scottsbluff, NE.

- Obtained Doctorate of Pharmacy from the University of Wyoming School of Pharmacy in Laramie, Wyoming
- Completed PGY1 Pharmacy Practice Residency at Detroit Receiving Hospital in Detroit, Michigan
- Completed a PGY2 Emergency Medicine Residency at CaroMont Regional Medical Center in Gastonia, North Carolina
- Currently the Senior Fellow in Clinical Toxicology at Carolinas Poison Center scheduled to graduate from the 2-year fellowship on July 31, 2016 email: sara.lookabill@carolinashealthcare.org



Susan C. Smolinske, PharmD, DABAT, FAACT

Director, New Mexico Poison and Drug Information Center I'm a former editor of Poisindex and currently writing algorithms for WebPoisonControl®, and am a Senior Editor for *ToxED*. I live on Wild Horse Mesa and enjoy taking pictures of the wild "feral" horses and beautiful scenery in New Mexico.

- Obtained Bachelor's in Pharmacy from University of Florida, Gainesville, Florida
- Obtained Doctorate of Pharmacy from Idaho State University email: SSmolinske@salud.unm.edu

PRESIDENT'S MESSAGE CONTINUED

your ride home from work and even in your home. Our new logo and website will be up and running soon, our continuing education opportunities will include NACCT in real time and after-the-fact, webinars and podcasts, and young developing toxicologists will have opportunities and mentors. I hope to see you at the business meeting in Boston next September, where I will pass the gavel to incoming President Rob Palmer, who will be happy to hear your ideas about our new future.

On a more personal note - what comes next?

I will be spending more time working German Shepherd Dogs in Schutzhund protection sport, improving the manual shift operation of my Harley and my turbo-charged Mini Cooper-S and hoping I survive the next 5 years of barn cats in my ventilation system and porcupines challenging my dogs. As far as I can tell, quills beat teeth every time – and the outcome is financially beneficial for the veterinarians, but not so much for me. Lessons learned after joint infection and duct invasion: free barn cats are very expensive and porcupines are slow but deadly.

* thanks and credit to Yogi Berra

EAPCCT Congress of 2016

Alexander Campbell BSc (Hons) Dip. Med. Tox. FEAPCCT

The EAPCCT Congress of 2016, our 36th, takes place in Madrid, the capital city of Spain. We have a fantastic scientific programme put together by Ana Ferrer-Dufol and the EAPCCT's scientific and meetings committee with a pre-congress day (24th May) devoted to "Toxicity mediated by metabolic pathway: from pathophysiology to management", and then in the main Congress sessions on Household Product Safety, Aerotoxic Syndrome, E-cigarettes, Toxic Aspects of Ammunition, Risk Communication, Current Challenges of Opioids, Cannabis and Cannabinoids, and Advances in Critical Care of Poisoned Patients: Imaging and Treatment. There will be the annual discussion session on the best published papers, pro-con debates, poster sessions and short poster presentation sessions. For the first time we will be trialling electronic poster technology as well. We will also have some interesting plenary speakers – including Guy Weinberg who will talk about the fundamentals of lipid rescue in the management of acute poisonings. This will be followed by a presentation from Sophie Gosselin

outlining the recommendations on lipid emulsion therapy as drawn up by the AACT / EAPCCT joint working group – it is great we can include the work from this group whose collaborative work coordinated by Sophie and our own Lotte Høgberg that has been so inspiring. And if that wasn't enough the Louis Roche lecture, an endowed lecture held annually at the EAPCCT Congress, will be presented by none other than Bob Hoffman!

Famous for its history, for magnificent buildings, fantastic cuisine, and for the friendliness of its people, Madrid will be a magnificent place for the Congress. Give yourself a few days to explore before or after the meetings. The Congress is being held at a hotel situated a few metro stops for the centre with excellent connections to the airport. It also goes without saying there will be the legendary EAPCCT hospitality offered to all our delegates. Details are available on the EAPCCT website (www.eapcct. org). Book now and we'll see you in Madrid!

Important Dates to Remember!

Date (s)	Event
April 11, 2016	AACT/ABAT Journal Club Webinar
April 11, 2016	NACCT 2016 Registration Opens
May 24-27, 2016	EAPCCT <i>Meeting, Madrid</i>
June 20, 2016	ABAT <i>Fast-track Applications</i> Due
August 5, 2016	NACCT Early Bird Discount Ends
September 12-16, 2016	NACCT Meeting in Boston
November 17-20	APAMT <i>Meeting in Singapore</i>
October 11-15, 2017	NACCT Meeting in Vancouver

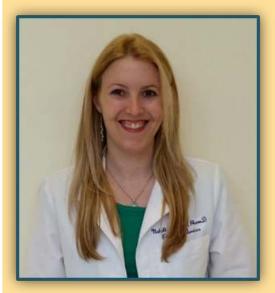
Upcoming Continuing Education Events

AACT will be offering continuing education webinars that will occur on the 2nd Tuesday every other month at 1:00pm Eastern. Stay tuned for more details!



2016 New Members

Sara Lookabill, PharmD



Natalija Farrell, PharmD, BCPS, DABAT

Natalija was born and raised in Ocean Township, New Jersey. She earned a Bachelor of Science in Toxicology and Pharmacy Studies before earning her Doctorate of Pharmacy from Northeastern University. She completed an American Society of Health-System Pharmacy PGY1 Pharmacy Practice Residency and PGY2 Emergency Medicine Residency at Boston Medical Center before completing a 1-year Clinical Toxicology Fellowship at the Georgia Poison Center. She is currently working as the Clinical Pharmacy Specialist in Emergency Medicine at Rhode Island Hospital. In her free time she enjoys obstacle races, running, surfing, and spending time with her rambunctious black pug, Winston.

Amber R. Johnson, PharmD, DABAT

Amber was born and raised in Payson, Utah. Before and while attending pharmacy school she worked as a Senior Technologist in the clinical toxicology division of ARUP Laboratories. She obtained her Doctorate of Pharmacy from the University of Utah. After graduation, she completed a 2-year Clinical Toxicology Fellowship at the Utah Poison Control Center. She is currently the Training and Staff Development Coordinator at the Utah Poison Control Center where she also works as a Specialist in Poison Information. She enjoys spending time with her 12-year old son, Mason. She also played soccer in college and continues to play indoor soccer when possible.





Sam Lee, PharmD, DABAT

Sam was born in Taiwan and grew up in Minnesota. She received her Doctorate of Pharmacy from the University of Minnesota College of Pharmacy. She completed an American Society of Health-System Pharmacy PGY1 Pharmacy Practice Residency at Hennepin County Medical Center in Minneapolis, Minnesota. She then completed a 2-year Clinical Toxicology Fellowship at the Maryland Poison Center and is currently working as a Specialist in Poison Information at the Minnesota Poison Control System. She enjoys spending time with her dog, Miles, and two cats, Tuna and Wasabi. She also enjoys rock climbing and competing in triathlons.

Justin C. Lewis, PharmD, DABAT

Justin was born and raised in Modesto, California and completed his undergraduate degree in biochemistry at California State University at Fullerton. He then went on to complete his Doctorate of Pharmacy at the University of California San Francisco School of Pharmacy. He became interested in toxicology during his advanced pharmacy practice elective rotation and became a Specialist in Poison Information after graduation. He is currently the Interim Clinical Managing Director at the California Poison Control System - Sacramento Division. When not engaged in his work, he enjoys restoring Volkswagens and is currently working on a 1955 Sunroof Sedan and a 1958 Karmann Ghia Convertible. He also enjoys snowboarding which he has been able to again enjoy given the increase in snowfall this season.





Sara Miller, PharmD, DABAT

Sara was born and raised in Oklahoma. She received her Doctorate of Pharmacy from Southwestern Oklahoma State University College of Pharmacy. She then started a two year fellowship with Georgia Poison Center and Grady Health System. During that time, she received an American Society of Health-System Pharmacy PGY1 Pharmacy Practice Residency certificate and completed her Clinical Toxicology Fellowship. She currently works as an Emergency Medicine Pharmacist at Grady Memorial Hospital. In addition to reading and gaming, she enjoys craft breweries, short walks to the tattoo parlor, discussing the luxuries of excessive horsepower, and collecting hazardous materials and objects for her ever-growing toxicology collection.

Congratulations to New AACT Fellows

Karen Simone, PharmD, DABAT, FAACT

AACT proudly congratulates new Fellows of the Academy. These individuals listed below have been of significant benefit to the Academy, and advanced the field of clinical toxicology. Plaques were awarded at NACCT 2015 in San Francisco.

Alfred Aleguas, PharmD, DABAT Bruce Anderson, PharmD, DABAT Diane Calello, MD Alexander Campbell, BSc(Hons), Dip. Med.Tox. FEAPCCT J. Ward Donovan, MD Michael Hodgman, MD Michele Kanter, PharmD, DABAT Thomas Kearney, PharmD, DABAT Wendy Klein-Schwartz, PharmD, MPH Alex Manini, MD Mark Mycyk, MD Steven Pike, MD Susan Smolinske, PharmD, DABAT Dawn Sollee, PharmD, DABAT Daniel Sudakin, MD, MPH Richard Thomas, PharmD, DABAT **Brandon Wills, DO**

For those of you active in the Academy, now is the time to begin the application for consideration of becoming a Fellow of the AACT. If you have any questions about the process or if you have the qualifications for Fellowship Status, please contact Christine Stork, PharmD, DABAT, FAACT at storkc@upstate.edu. Applications are being accepted until 6/1/16. For those of you that are new to

the Academy or want to become more involved, please send an email to admin@clintox.org. For those new to the Academy or those wanting to be more active: Make sure you have clicked the box about wanting to be more active in the Academy. If you would like some other ideas, please contact Christine at storkc@upstate.edu.

AACT Board Meeting

The next AACT Board of Trustees meeting is in Chicago on April 20-21st. If you have any agenda items, please submit them to Jeanna Marraffa, PharmD, DABAT, FAACT (marraffj@upstate.edu).

Question of the Day: Editor's Favorite

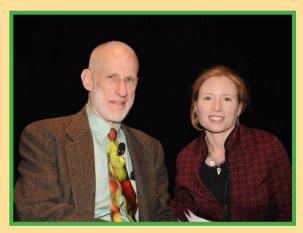
Did you know that the question of the day is fully archived?

During the past 7 decades, at least 12 documented occurrences of diethylene glycol (DEG) contamination of medications have resulted in at least 450 deaths. Renal injury and neurological problems are the hallmark of severe poisoning with this substance. What is the presumed mechanism of injury causing the renal and neurological effects associated with DEG poisoning?

According to the cited reference: "DEG is metabolized into 2 primary metabolites, 2- hydroxyethoxyacetic acid (2-HEAA) and diglycolic acid (DGA). Much of its toxicity is attributed to

2-HEAA. However one study suggested that the intracellular uptake of the other metabolite, DGA, is the cause of toxicity, particularly in the kidneys. A recent report on human samples from the Panama DEG mass poisoning has further implicated these 2 metabolites with the detection of 2-HEAA and DGA in the sera and DGA in the urine of cases. This was consistent with prior animal data. Interestingly, DGA and HEAA were significantly present in CSF samples of cases and not controls, which may be linked to the symptoms and signs of neurotoxicity. The exact mechanism of neurotoxicity, however, remains unknown." (Imam Y et al. Neurological manifestations of recreational fatal and near-fata; diethylene glycol poisonings. Medicine 2014 93(10): 1-8)

Images from the 2015 North American Congress of Clinical Toxicology, San Francisco, CA



AACT President Karen Simone with Career Achievement Award Winner Lewis Goldfrank



AACT Distinguished Service Award Winner Carol Angle

NACCT 2015 IMAGES CONTINUED



NACCT Keynote Speaker Sandra de Castro Buffington



Donna Seger presents AACT Fellowship to European President Alex Campbell



Long time AACT member and founder of acetaminophen toxicity treatment Barry Rumack



Medical Toxicologists Mike Hodgman, John Benitez and Mike Holland



ABAT President Kristin Engebretsen presents ABAT Diplomate Certificate to Sheila Goertemoeller



Clinical Toxicologists Mark Winter and Cynthia Morris-Kukoski



A fun time was had by all aboard the Hornblower dinner cruise! Left to right: Christine Stork, MaryAnn Howland, Rana Biary, Maria Mercurio-Zappala, Lauren Schwartz, Jean Louie, Eduardo Torres and in front: Jeanna Marraffa

Jan Meulenbelt Remembered

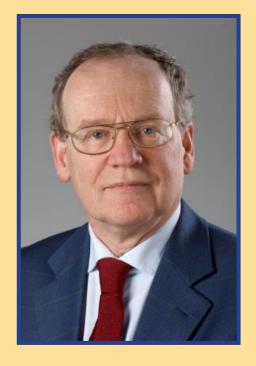
Irma de Vries, MD, ERT, FAACT, FEAPCCT

It is with great sadness that I inform you that on Tuesday, December 8, 2015 Jan Meulenbelt, head of the Dutch Poisons Information Centre, passed away at the age of 64. The death of Jan is a great loss, in the first place for his family, friends and colleagues, but also for science and society.

After having completed his training as a specialist in internal medicine in 1986, he started working at the Dutch Poisons Information Center, at that time part of the National Institute for Public Health and the Environment. At the same time he started working at the Intensive Care of the University Medical Center Utrecht. He became certified as intensivist and toxicologist. In 1989, he became head of the

Poisons Center. Since 2007, Jan was Professor of Clinical Toxicology at the Institute for Risk Assessment Sciences (IRAS) of the University Utrecht.

During his entire career he was devoted to providing the best possible care to critical care patients. Under



his inspiring guidance, the Poisons Centre developed into a large and very well- known center, with a continuously growing research department and strong connections in the public health sector.

Many of us know him best because of his very active participation in the EAPCCT. He has been the General Secretary, President, and Chair of the Scientific Committee of the EAPCCT. One of his main priorities was always in bringing people and organizations together and he played an important role in building and cherishing good relations with the AACT in particular. He has been the deputy editor of Clinical Toxicology for a very long period. In 2006, in Prague, his huge contribution to the field of clinical toxicology

was recognised by giving him the honour to present the Louis Roche lecture.

We will remember his enthusiasm, his energy, and his never ending zest for work, but also his friendly company and the so enjoyable times at the congresses and dinners.

Tribute to Jan

When I think of Jan, I think of his ready smile and his laugh.

I worked closely with Jan for four years during our terms as President of our respective organizations. Our goal was to increase collaboration and identify projects that the two organizations (AACT and EAPCCT) could move forward. We agreed to chat at least 3 times a month. During the course of our interaction, I learned so much from Jan. He was always political and assessed the response of each person/group to any proposal. He was the consummate collaborator. He felt a great responsibility in undertaking the challenges of the EAPCCT. He was so proud of his children and their accomplishments.

I also came to appreciate him and his idiosyncrasies. If he was lost, he put his head down and walked faster. He said Donna with a long "O". He didn't just say "yes" he said "yes, of course." We went to an event at one of the meetings in the U.S. and I asked for directions. Following a long discussion he asked me if I understood the directions. When I said I didn't, he said with a sigh "that's what I thought". How much I will miss him!

~ Donna Seger, MD, FAACT

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The following is a tribute from his North American colleagues:

He was a kind and gentle soul who I was proud to call a friend and colleague. I will miss him at every future EAPCCT meeting.

~ Mike Greenberg, MD, MPH, FAACT

~~

A beautiful crisp sunny early September day, on a boat outing arranged by the W.H.O., enjoying the spectacular views off the shore of Stockholm - that is when I first met my dear and gentle friend Jan Meulenbelt. For 25 years since that first conversation Jan and I have been friends and colleagues, worked on each other's editorial projects (his as an Associate Editor of Clinical Toxicology, me as an Editor of Critical Care Toxicology), held executive offices at closely related professional societies at the same time (Jan EAPCCT, me AACT), and have shared the honor of the Louis Roche Award, of which all of the recipients constitute a closely knit fraternity.

Jan possessed several distinct personas and excelled in each. He was a productive writer and contributor to the medical toxicology literature. His lectures were highly evidence-based and fact filled – this was Jan the academician. For much of his career he ran a major ICU in the Netherlands – Jan the respected physician. His many contributions to the EAPCCT, including being past President and his role solidifying the strong bond between that society and the AACT, one that has matured and strengthened over time – Jan the public figure and a face of European clinical toxicology. But for those of us who know him well, we knew more of his kind and gentle soul, and his love and devotion to his family – importantly, Jan the human being.

In these days where there is a pervasive undertone of mistrust, violence, and bigotry in the world, the Earth would do far better if there were more Jan Meulenbelts, not one less.

~ Jeff Brent, MD, FAACT

~

For me Jan was the gentleman's gentleman; an astute academic clinician toxicologist, a scholar, and a friend. His contributions to the EAPCCT and to the AACT were noteworthy and appreciated. They were all delivered respectfully and with an "overdose" of humility. Good-bye, dear friend.

~ Milt Tenenbein, MD, FAACT

Jan was a kind, quietly brilliant, and compassionate man. He and I worked very closely as associate editors for the journal, Clinical Toxicology, for years and were such good friends. He had a sharp intellect and a thoughtful approach whenever I would seek out his counsel and opinion about scientific, journal, or AACT matters. We'd share views on many topics and he'd always hesitate before giving me his viewpoint, as if the wheels were turning inside as he considered my query. Then he'd set the mark by giving me THE reasoned and diplomatic response that shaped my thinking. His contributions to our field have been enormous. I will miss him greatly.

~ Alan Woolf, MD, MPH, FAACT



I had the pleasure of meeting Jan in 1991 and was immediately taken by his warm smile and firm handshake. I was blessed with his friendship until his unfortunate passing. Jan was the consummate clinical scientist who shared his innovations in patient care with us through his robust and authoritative publications and presentations at international toxicology meetings. His findings were supported by strong science and clinical acumen. As the successor to the preeminent Professor van Heijst, he continued that excellence and directed one of the most acclaimed clinical toxicology centers in Europe. He will be missed as a dear friend and colleague.

~ Ed Krenzelok, PharmD, DABAT, FAACT



Jan Meulenbelt

Shaping Up Your Academic Curriculum Vitael Ten Tips

Alan Woolf, MD, MPH, FAACT

I have learned a lot and gained valuable experience in reviewing the curriculum vitae of other faculty since I've been a member of our teaching hospital's academic appointments & promotion committee. However, I have noticed that some of my more junior colleagues continue to make the same inadvertent but preventable errors when submitting their portfolios for review. That's disappointing. Many AACT members are in academics; some may have a pretty casual approach to reviewing regularly their own CV, and bad habits can come back to bite you! So I thought it might be worthwhile to offer up 10 tips when preparing your CV for promotion.

CAVEAT: the following tips are only my own generic suggestions based on my own observations. When in doubt, always follow your academic institution's specific instructions!

1. Don't Include Personal Information

You do not need to include your social security number, home address, or birth date in your curriculum vitae. If you are sending your CV to a prospective employer, keep in mind that it may pass through many hands. You may not want others to have access to this level of personal information. Don't include your hobbies, religion, marital status, family information, or other personal details in your academic CV.

2. Proofread Carefully

Your writing in a CV will reflect your personal qualities, such as level of organization, intellectual abilities, and attention to detail. Often the CV is your prospective employer's first impression of you. So proofread your CV carefully and have family members or close friends proofread it and offer you suggestions. Don't include misspellings, awkward sentences, or errors in syntax or subject-verb agreement in narrative portions (or anywhere in your CV). Don't vary the style, fonts, or formats of activities or citations in your bibliography – you must review your bibliographic citations and be consistent in the formatting and style of your entries.

3. Give All Details of an Activity; Include Dates

List all your entries chronologically (often oldest comes first, but this may vary by your institution's convention).

Be sure to fully describe as completely as you can all of your academic and scholarly activities. Don't leave the dates of service off your academic positions, hospital-related positions, professional organization service activities, or community positions or activities. Be careful to explain and write out all acronyms and abbreviations. Remember that faculty who are reviewing your CV at another university do not necessarily know what "CCI" stands for, even though you know that it means the 'committee on clinical investigation'.

4. Explain Yourself

There are now a variety of types of activities that often are included in a CV, including work published in Internet peer-reviewed portals, posts in blogs or in electronic media, publications from large multicenter groups of people on task forces or working committees, grants covering multicentered initiatives with acronyms, work on national guidance or white papers, etc. Give enough description and detail about an entry such that your audience knows the scope and purpose of the activity and your role in it.

5. Don't Lump Together All Publications

Number your bibliography, from oldest to most recent within each section (again, check your own institution's convention). Take the time and effort to separate out your bibliographic entries into the proper categories (e.g. 'original research', 'reviews', 'other educational materials', etc.). Don't lump all of your published work into a single "Manuscripts In Refereed Journals" category in your bibliography. Make sure all of your entries are consistently formatted, including publication year, volume, and inclusive pages.

6. Get Those Letters & Case Reports Out of "Original Research"

Case reports and letters to the editor reflect clinical experiences and are not considered by promotions committees to hold the same scholarly weight as original research papers. So don't include letters, replies, case reports or case series or other solicited reviews, book chapters, or nonpeer refereed articles in the "Original Research" section of your bibliography.

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7. Only Include Selected Unpublished Abstracts

A promotions committee does not expect to see a long list of scientific abstracts in a CV. Once the work described in an abstract has been published, ordinarily only the publication itself is cited. The corresponding abstract should be deleted from the CV. So don't include scientific abstracts of work that has subsequently been published as a manuscript. Abstract entries in a CV include only those that never resulted in a publication or those recent studies presented at scientific forums that have not yet been submitted for publication.

8. Don't Include Submitted Publications

A CV should reflect only your scholarly work that has resulted in publication or widespread dissemination on the Internet. Don't include submitted manuscripts in your bibliography. Only include published articles or those already accepted for publication and now in press.

9. Consult Your Boss

Schedule an appointment to discuss your faculty status and prospects for academic promotion with your division

director or department chair periodically, or at least annually. Show them your CV and ask for suggestions on how to improve it. Take their advice to heart!

10. Update Your CV

I've seen this time and time again (and have occasionally been gulty myself). Junior faculty will ignore their CV for years and then come up for promotion without the proper formatting or listing of all their activities in the lapsed interval. This is a grievous error in academic medicine. Do not ignore your CV; it is much more difficult to reconstruct your activities and the lectures you have given some years after the fact. You'll forget the details of what you have done academically. So update your CV at least quarterly with recent lectures (audience numbers, date, place, lecture title, and evaluation rating, if known), new positions, new mentoring activities, new committee appointments, etc. Don't fall behind in your CV maintenance, and it will pay you well-earned dividends in the future!

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DEFACTMENT OF EMERGENCY MEDICINE

The University of Texas Health Science Center at San Antonio School of Medicine, Department of Emergency Medicine is seeking a Part-Time Assistant Medical Director for the South Texas Poison Center. If you or someone you know is interested, please visit: http://emergencymedicine.uthscsa.edu/faculty_positions.asp

If you have a job posting or opportunity that you would like featured in AACTion (at no cost to AACT members), please contact admin@clintox.org