



## Welcome to the American Board of Applied Toxicology's 2018 Spring Newsletter

Your source for the latest  
ABAT news and member updates

### Tribute to Kristin Engbretsen, PharmD, DABAT, FAACT







## In Memoriam

Kristin Engebretsen, PharmD, DABAT, FAACT (June 19, 1970-April 6, 2018)

It is with great sadness that we announce the passing of our colleague and friend, Kristin Engebretsen. Kristin graduated from the University of Minnesota College of Pharmacy in 1996 and then completed her toxicology residency at Regions Hospital in St. Paul, Minnesota. For the last 18 years, Kristin positively impacted patient care, medical education, and research as a Clinical Toxicologist at Regions Hospital. In 2017, the Regions Hospital Emergency Medicine Program honored Kristin with the Carson Harris Toxicology Award and established a new annual award, the Kristin Engebretsen Non-Physician Educator Award, for her outstanding contributions to teaching and research.

Kristin's contributions to the toxicology community were many. She was an active member of the American Board of Applied Toxicology (ABAT), serving on multiple committees (Education Committee, Scientific Affairs Committee, Credentialing Committee) and the ABAT Board of Directors (2010-2014). She served as ABAT president (2014-2016) and completed her service as Past President on the ABAT Board at the North American Congress of Clinical Toxicology (NACCT) meeting in Vancouver last fall. Kristin was a decision editor for the Journal of Medical Toxicology, a Fellow of AACT, and the first non-physician member of the American College of Medical Toxicology (ACMT).

Kristin's passions were teaching and research. As an adjunct professor for the University of Minnesota College of Pharmacy, she developed a physical assessment course that she taught for many years. Her toxicology rotation at Regions Hospital was sought after by pharmacy students and medicine residents alike. She enjoyed research and was often present in the lab, titrating drips and blinding medications while mentoring the fellows with their animal studies. Her original contributions to the literature on high dose insulin therapy are numerous and notable. Kristin's passion and energy for toxicology will live on through her research and the fellows, residents and students she mentored; guiding them with her abundant enthusiasm and knowledge, helping to form many toxicologists among us.

Kristin was an amazing wife to Dave and mother to Alex and Nick. She loved spending time with her family as well as attending her sons' sporting events and robotics competitions. She had a passion for traveling, good wine, cooking, gardening and shopping for exquisite clothes and shoes. Her contagious bright smile, unlimited energy and passion for toxicology will be greatly missed but never forgotten.

A celebration of life service was held Sunday, April 15<sup>th</sup>. More information can be found through the links below:

<https://www.everhere.com/us/obituary-cannon-falls-kristin-engebretsen-7218776>

<https://www.lundbergfuneral.com/notices/DrKristin-Engebretsen>

*Much thanks to Howard McKinney, Jr. and Stacey Bangh for contributing the photos and tribute for our dear friend Kristin. Additionally, there has been an outpouring of tributes shared on Twitter by friends and colleagues.*

## **New ABAT Members**

### ***Jessica Rivera, PharmD, DABAT***



Dr. Jessica Rivera was born and raised in sunny south Florida. She earned her Doctorate of Pharmacy from the University of Florida (go Gators) and from there went on to complete a PGY-1 Pharmacy Residency at Lakeland Regional Medical Center in Lakeland, FL followed by a Clinical Toxicology Fellowship at the FL/USVI Poison Information Center in Jacksonville, FL. It was there she met my fiancé, Jarrod, who was completing his PGY-1 Pharmacy Residency, but who soon moved back to his hometown of Birmingham, AL upon completion. After her fellowship, she began working as an Emergency Medicine pharmacist at Methodist University Hospital in Memphis, TN. She spent about 2 years there (eating tons of BBQ) before going on to earn an Emergency Medicine position at UAB Hospital. She loves her ED and tox family there and is beyond honored to be a new member of the American Board of Applied Toxicology! She loves all things food, tox, and dachshund.

### ***Gina Stassinis, PharmD, DABAT***



Dr. Gina Stassinis is a clinical emergency medicine pharmacist at UC San Francisco Medical Center. She completed her PGY-1 hospital pharmacy residency at Swedish Covenant Hospital in Chicago, Illinois. Subsequently she completed a two-year fellowship in Clinical Toxicology at Maryland Poison Center, University of Maryland School of Pharmacy. She then moved back to California to be closer to family and to work for UCSF. Her practice interests include emergency medicine and toxicology. She is passionate about teaching and research. In her free time, she enjoys photography and film editing.

## ***Alexandra King, PharmD, DABAT***



Dr. Alexandra 'Ally' King was born and raised in Buffalo, NY, where she completed pharmacy school at D'Youville College School of Pharmacy. During her 4th year APPEs Ally was introduced to the world of Clinical Toxicology via Rachel Gorodetsky's Toxicology rotation. After completion of her PGY1 residency, at Florida Hospital Orlando, Ally pursued the Clinical Toxicology Fellowship through The Georgia Poison Center (graduating class of 2017). Currently, Ally is working as a Clinical Pharmacist, specializing in Emergency Medicine and Toxicology at Vidant Medical Center, in Greenville, NC. She is building relationships with the physician based Toxicology Consult service at her hospital, and with the Carolinas Poison Center. Ally also hopes to become more involved with AACT and ABAT leadership roles. In her free time, Ally enjoys spending time with her fiancé (Adam) and two fur children - Tebow (Beagle) and Kaley (German Shepherd); exploring new parks / hiking-trails; boating (in warmer weather, of course); traveling; trying new restaurants; and cheering on the Buffalo Bills!!

## ***Kaitlyn Brown, PharmD, DABAT***



Dr. Kaitlyn 'Kait' Brown was born and raised in Utica, New York. She obtained her Doctorate of Pharmacy from Wilkes University in Wilkes-Barre, Pennsylvania. Following graduation, she completed a 2-year Clinical & Applied Toxicology fellowship at the Utah Poison Control Center. She continues to work at the Utah Poison Control Center as a Specialist in Poison Information. In her free time, she enjoys mountain biking, skiing, and travelling.

## **Important Upcoming Dates**

*June 5:* ABAT Webinar

*July 1:* ABAT credentialing renewal deadline

*October 25-29:* NACCT in Chicago, with an ABAT Symposium by Allison Muller, PharmD, DABAT on "From Toxicologist to Entrepreneur: the Basics for Starting a Consulting Business"

*November 6:* ABAT Webinar

# ABAT Member Practice Survey

## Background Information

The ABAT Member Practice Survey is part of a continuing process by the American Board of Applied Toxicology to exercise its responsibilities regarding identifying, qualifying, testing, certifying and recertifying non-physicians in the specialty area of clinical toxicology.

The Board has, for some years, had growing concerns about the long-term viability of ABAT as it relates to membership. During the initial years of ABAT, there was a plentiful supply of candidates. From 1987 to 1996, 59 candidates became ABAT diplomates compared to 34 and 43 over the following two decades. In 1987 and subsequent years, ABAT offered a unique recognition for those serving in a clinical role in U.S. poison centers. Over the last 30 years, circumstances have changed.

With rare exception, all ABAT diplomates have at some stage of their career been associated with or employed by a poison center. It is usually during this time of their careers that ABAT certification becomes a professional goal. The number of poison centers in the U.S. has continued to decline over the past 30 years and with it, the opportunities for employment for ABAT diplomates. At the same time, a few poison centers and a hospital toxicology service have been successful in developing and maintaining clinical toxicology fellowship programs. These programs have been the primary source of ABAT candidates in the last several years. They have been very successful and almost all candidates have passed the exam on their first attempt.

In the early days of ABAT, the AAPCC used ABAT certification as a qualification for all non-physician managing directors. AAPCC regional poison center certification standards for clinical supervision have changed and can now be fulfilled exclusively by a medical toxicologist. A recent survey of poison center directors showed that approximately 50% of the directors in 2013 intended to retire by 2023. Their replacements will not necessarily be an ABAT diplomate.

The diplomates who passed the exam during the first decade of ABAT (1987-1996) account for 44% of the total of all DABAT's to date (136) (see charts below). This first decade group is rapidly approaching retirement age and many will become either inactive or request AACT emeritus status. This group has already been reduced by 37% (22/59) over the past 30 years. During the next ten years, this number will almost certainly drop by an additional 80-95% with a loss of 30-36 active diplomates. As the DABAT's of the following two decades age, there will be a loss of an additional 8-10 active diplomates based on the average loss of diplomates seen over the past 30 years. (Of the 136 diplomates since 1987, 26 are in inactive status, 9 are emeritus and 5 are deceased.) The average number of new diplomates each year for the last 30 years has been 4.5 (range: 0-11). The projected decreases in the next ten years will either be barely matched by the number of new diplomates each year at the current rate or membership will drop slightly. Unless the number of qualified applicants grows significantly in the future, membership will remain stagnant or decrease.

As a consequence of these projections, the ABAT Board began an in-depth study of its credentialing criteria to determine if the candidate pool could be increased by attracting additional qualified candidates who had an interest in clinical toxicology (and appropriate training and experience) outside of poison centers. The study produced several important findings:

- The original ABAT eligibility criteria were intended to identify the most experienced clinical toxicologists available at the time to validate an untested exam. There was no intent that the criteria be used in perpetuity once the exam had been validated.
- In comparison with other similar board exams offered by the Board of Pharmacy Specialties, the American Board of Veterinary Toxicology, the American Board of Medical Toxicology and the American

Board of Toxicology, there were no comparable criteria for a large majority of the ABAT credentialing criteria.

- The eligibility criteria for other boards were relatively simple to apply and consisted primarily either of completion of an approved training program and/or time spent actively involved in the specific practice area.
- The Board had no definition for “clinical toxicology” nor a list of basic skills and knowledge required to practice it. Board certification offered by health professional boards such as ABAT is a process by which a professional demonstrates a mastery of basic knowledge and skills through written, practical, or simulator-based testing. However, ABAT had never defined what basic level of knowledge and skills it was testing. In order to do this, there needed to be a “job description” for a clinical toxicologist describing what they minimally needed to know and do. In the same way that every question in any type of exam should relate to a specific course objective or skill, the ABAT eligibility criteria and the exam questions should be linked to a specific skill or area of knowledge identified for a competent clinical toxicologist.

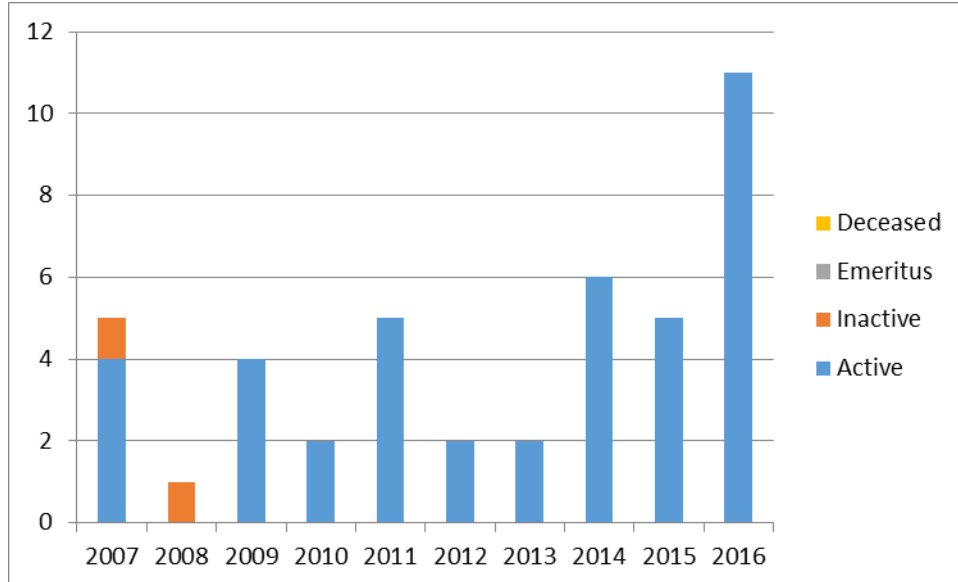
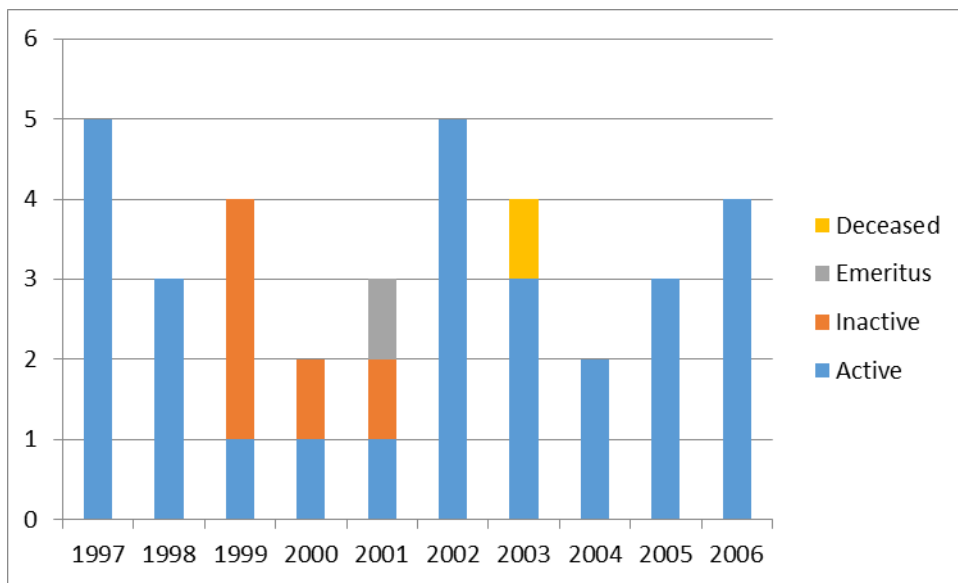
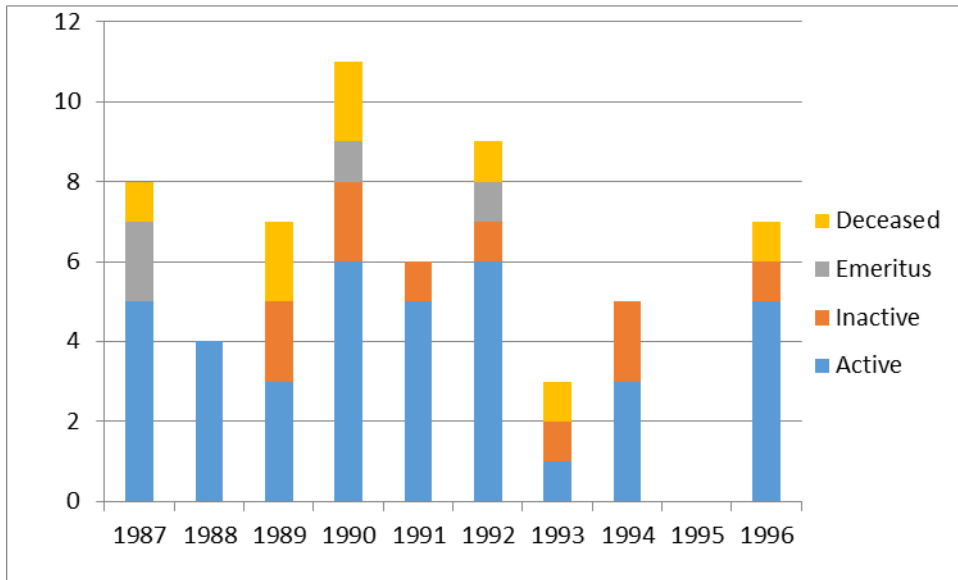
With these findings in mind, the ABAT Board then approved a process involving approximately 10% of current ABAT diplomates with a very wide range of experiences to develop a definition of “clinical toxicology” and basic core competencies (see table below). Using a modified Delphi process, the group developed a definition of clinical toxicology and nine core competencies that were categorized into five functional areas.

<b>Stakeholder Group</b>	<b>Task Force Member</b>
ED Pharmacist	Patrick Aaronson
CSPI	Paul Starr
Poison Center Manager	Lee Cantrell
Clinical Toxicology Fellowship Program	Dawn Sollee
Critical Care Pharmacist	Maria Rudis
Toxicology Laboratory	John Fisher
PhD Toxicology Program	Mark Winter
International Clinical Toxicology	Ed Krenzelok
Medical Toxicology	Sean Nordt
Public Health	Teresa Dodd-Butera
Recent Toxicology Fellowship Graduate	Natalija Farrell
Poison Center Director	Ruddy Rose
ED NP	Kristen Rose
ED PA	Jessica McTighe

The Board is now asking that each diplomate complete a survey to better evaluate the definition of clinical toxicology and the core competencies developed by the task force. The Board is especially interested in seeing how diplomates have evolved over time and how the identified core competencies fit into each diplomates current practice. We are currently working with the AACT office to make the survey available online via Survey Monkey. As soon as that is ready, we will send out a link to the survey. Thank you for your participation.



## Current ABAT Diplomate Status by 10 year Periods



## Fellow of the American Academy of Clinical Toxicology

The AACT Board of Trustees wishes to recognize Academy members whose contributions are important to the Academy and to the field of clinical toxicology. Consequently, the Board has created the designation of Fellow of the American Academy of Clinical Toxicology (FAACT) to honor those members whose contributions have been of significant benefit to the Academy, and advanced the field of clinical toxicology. Applications for FAACT status are reviewed by the AACT Fellowship Committee.

Fellow designation criteria require a minimum of four years of professional involvement in clinical toxicology, as well as four years of AACT membership. Current Fellowship criteria allow the years enrolled in a toxicology fellowship training program to count toward the required four years of AACT membership (if the fellowship enrollee is a member of AACT), as well as years in toxicology practice. Additionally, service to AACT-related activities at NACCT meetings, and service to the journal Clinical Toxicology are considered as AACT core services.

Any questions, contact the current Chair, Jennifer Lowry [jlowry@cmh.edu](mailto:jlowry@cmh.edu)

Applications are due by June 1, 2018

<http://www.clintox.org/members/awardsachievements-career-development/fellows>

Sincerely,



**Bryan D. Hayes, PharmD, DABAT, FAACT, FASHP**

Attending Pharmacist, EM & Toxicology, Massachusetts General Hospital

Assistant Professor of EM, Harvard Medical School

President-Elect, ABAT