

Jesse Brown VA Medical Center is a tertiary care facility classified as a Clinical Referral Level II Facility. It is a teaching hospital, providing a full range of patient care services, with state-of-the-art technology as well as education and research. Comprehensive health care is provided through primary and tertiary care in the areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry and geriatrics. The Jesse Brown VA Medical Center has active affiliations with the Northwestern University Feinberg School of Medicine and the University of Illinois at Chicago College of Medicine and Pharmacy. Over 900 University residents, interns, and students are trained each year.

Clinical pharmacy services at Jesse Brown VA Medical Center are provided by pharmacists employed by the VA and the University of Illinois College of Pharmacy. Decentralized clinical pharmacists provide pharmaceutical care to the inpatient population. Ambulatory care involvement includes pharmacy-managed clinics, as well as participation in interdisciplinary primary care clinics with physicians, nurses and dietitians. Clinical faculty are widely recognized for practice, teaching and research excellence. Jesse Brown VA Medical Center is a major site for clinical practice training for University of Illinois College of Pharmacy Pharm.D. candidates.

The Jesse Brown VA Medical Center PGY-1 Pharmacy Residency Program targets core areas of pharmacy practice, with emphasis on ambulatory care; an integrated inpatient/outpatient team approach to patient care is fostered. The program accommodates for individual experience and specific areas of interest. The resident is exposed to quality assurance and medication use evaluation activities, and participates in formulary management through the Pharmacy and Therapeutics Committee. The resident participates in training Pharm.D. candidates. Each resident conducts a research project and presents the results at the Great Lakes Residency Conference.

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Jesse Brown VA Medical Center

Post Graduate Year One (PGY-1) Pharmacy Residency Program



**Jesse Brown VA Medical Center
820 South Damen
Chicago, IL 60612
Located in the Chicago Medical District**

**Lakeside CBOC
211 East Ontario
Chicago, IL 60611
Located near the Magnificent Mile**

www.chicago.va.gov

PGY-1 Pharmacy Residency:

The goal of this program is to assist the resident in his or her professional development. Through experience in various practice settings, the resident matures into a well-rounded clinical practitioner.

Description:

Residency Type:	PGY-1
Duration:	12 months
Number of Positions:	6
Application Deadline:	December 29
Starting Date:	July 1
Estimated Stipend:	\$45,158
Interview Required:	On-Site
Interview Notification:	February 15
Benefits include:	13 vacation 13 sick days 10 holidays
ASHP Code:	185513

Requirements for consideration of application include:

- Pharm.D. degree from ACPE accredited Pharmacy School
- Eligibility for licensure
- U.S. citizenship
- Letter of intent
- Three letters of recommendation primarily from clinical clerkship preceptors or faculty– using the standardized form in PhORCAS
- College transcripts (official)
- On-site interview

Professional Experience:

Required

- Ambulatory Care (Experience in ambulatory care is concentrated and longitudinal and includes the following clinics: general medicine, smoking cessation, and anticoagulation)
- Internal Medicine
- Specialty Medicine (Infectious Disease - including HIV clinics, Intensive Care Unit, Anticoagulation-Inpatient Service, Emergency Department, Home Infusion, or Psychiatry)
- Practice Management, Formulary Management, and Drug Information
- Staffing Practice: Rotation and longitudinal every fourth weekend

Electives (Three Months)

- Psychiatry (inpatient or outpatient)
- Anticoagulation-Inpatient Service
- Emergency Department
- Home Infusion
- Intensive Care Unit
- Infectious Disease
- Practice Management
- Pharmacoeconomics
- Discharge Transitions of Care
- Ambulatory Care Clinics:
 - Gastroenterology-Liver
 - Genitourinary
 - Renal-Hemodialysis
 - Pulmonary
 - Geriatrics
 - Women's Health Clinic
 - Home Based Primary Care
 - Pain
 - Heart Failure

Research Project:

The resident will work on a research project. The project must be approved by the director of the residency program. Upon completion of the residency, the resident will submit a written copy of the project, suitable for publication, to the program director.

Preceptor for Pharmacy Students:

The resident will gain experience in educating and serving as a preceptor for the University of Illinois Pharm.D. candidates.

Teaching Certificate:

The resident will have the opportunity to receive a teaching certificate from JBVAMC in collaboration with the University of Illinois, College of Pharmacy.

The following must be received by **Dec. 29** to complete the application via *PhORCAS*:

- Current Curriculum Vitae
- Official college transcripts
- Three letters of recommendation from clinical faculty, preceptors, or employers
- Letter of intent

Please visit our website for more information:

https://www.chicago.va.gov/careers/Jesse_Brown_VA_Medical_Center_Pharmacy_Residency_Program.asp

Information may be subject to change

Learning Experiences Descriptions

Ambulatory Care

The required ambulatory care experience will be in the General Medicine, Anticoagulation, and Smoking cessation clinics. The elective ambulatory care experiences are Renal-Hemodialysis, Pain, Genitourinary, Gastroenterology, Geriatrics, Women's health, Home-based Primary Care, Chronic Heart Failure, Pain, Diabetes and Pulmonary clinics. Experience will be at least three months and longitudinal in the General Medicine clinic, as well as Anticoagulation and/or Smoking Cessation clinics. The resident will experience activities unique to the ambulatory care patient setting. The resident will become a proficient practitioner with an appreciation for the management of ambulatory care patients.

- ◆ **General Medicine Clinic (GMC)** – pharmacists provide interim care for a variety of disease states, most commonly, diabetes, hypertension, heart failure, gout, benign prostatic hypertrophy, oral anticoagulation, and hyperlipidemia. Basic physical assessments are performed during clinic appointments when needed. Medication reconciliation is performed and any identified medication related problems are resolved. The resident will be required to evaluate drug therapy through direct patient interaction, with subjective and objective findings relevant to drug therapy; develop, document, and act on therapeutic plans taking into consideration efficacy, cost, formulary status, and VA guidelines; and provide drug information to patients and respond to requests from providers as indicated.
- ◆ **Anticoagulation Clinic** – pharmacists provide care to patients receiving oral anticoagulation. Pharmacist is responsible for evaluating and monitoring anticoagulant therapy in clinic and/or by telephone. Medication reconciliation is performed and any identified medication related problems are resolved.
- ◆ **Smoking Cessation Clinic** – a pharmacist managed smoking cessation program offers individualized patient management. Behavioral techniques and drug therapy are utilized as appropriate.
- ◆ **Women's Health Clinic** - currently consists of one attending physician, nurse practitioner, psychiatrist, psychologist, registered nurse, and a pharmacist. The female veteran population in WH encompasses approximately on initiation of female specific medications (e.g. oral contraceptives or hormone replacement therapy. In addition, Pharmacy Residents will have the opportunity to choose female specific topics for discussion, provide an in-service to the WH staff, and gain experience with formulary management issues pertaining to the female veteran population. 10% of the overall veteran population at JBVAMC. The pharmacist currently serves as a primary care consultant; assisting with management of issues such as: anticoagulation, hypertension, hyperlipidemia, and diabetes. The pharmacist provider also serves as a patient educator which includes assistance with medication management as well counseling patients).
- ◆ **Geriatrics Clinic** - is a primary care clinic for veterans over age 65 with multiple medical problems, often including dementia. This multidisciplinary clinic consists of geriatric fellows, geriatric attendings, social work, a geriatric nurse practitioner, and a clinical pharmacist. The resident will be required to demonstrate the ability to interview and counsel geriatric patients with varying degrees of cognitive function; demonstrate an understanding of aging as it relates to pharmacokinetics and pharmacodynamics; demonstrate an understanding of dementia and other related psychiatric disorders, evaluate drug therapy through direct patient involvement, with subjective and objective findings relevant to drug therapy; communicate findings with the geriatric team; develop, document, and act on therapeutic plans taking into consideration efficacy, cost, formulary status, and VA guidelines; and provide drug information to patients and respond to requests from providers as indicated.

- ◆ **Gastroenterology Clinic** - is a responsible for caring for patients with gastrointestinal illness such as Hepatitis C, GERD, PUD, IBD among others. This multidisciplinary clinic consists of GI fellows, GI attending's, GI nurses, and a clinical pharmacist. The resident shall demonstrate the ability to interview and counsel patients with hepatitis C; demonstrate an understanding Hepatitis C as it relates to pharmacotherapeutic options and controversies; demonstrate an understanding of management of side effects and supportive management of Hepatitis C; evaluate drug therapy through direct patient involvement, with subjective and objective findings relevant to drug therapy; develop, document, and act on therapeutic plans taking into consideration efficacy, cost, formulary status, and VA guidelines; provide drug information to patients and respond to requests from providers as indicated.
- ◆ **Renal/Hemodialysis Clinic** is in operation Mondays through Saturdays. The resident will report to a preceptor each Tuesday and/or Friday. The rotation duration is 4-8 wks. During this rotation a resident will participate in assigned topic discussions and in interdisciplinary team meetings every Tuesday. Resident is expected to be able to see at least 5-6 pts/week, perform medications and lab review and provide appropriate therapeutic recommendations for a treatment of disease specific to this patient population such as iron-deficiency anemia and secondary hyperparathyroidism as well as other medical conditions not limited to hypercalcemia, hyperphosphatemia, cardiac failure.
- ◆ **Genitourinary Clinic (Urology)**– pharmacist provides care to patients referred from urology service. This includes the titration of alpha blocker therapy for the management of BPH, evaluation of tamsulosin patients, and a review of drug therapy in all patients referred. In the Erectile Dysfunction clinic – pharmacist conducts a medication history for patients suffering from erectile dysfunction. Following a physician evaluation, pharmacist titrates and follows patients receiving therapy.
- ◆ **Pain Clinic** - is an interdisciplinary specialty clinic consisting of pain attendings, pain fellows, anesthesia residents, two nurses, an osteopathic physician, and a clinical pharmacist. Clinic is open Mondays through Thursdays from 8:30 am to 4:30 pm. Initial consults are open to primary care, women's health, geriatrics, neurology, and rheumatology. Services offered include interventions (e.g. various epidural steroid injections, trigger point injections, nerve blocks, spinal cord stimulator trial and implants), medication management, and appropriate referral to neurology/neurosurgery, physical therapy, or psychiatry for biofeedback or cognitive behavioral therapy. The pharmacist will see patients for medication management and assess for improvement of both pain and function. The pharmacist also serves as a drug information resource for the team, assisting with medication recommendations, opioid conversions, titrations, medication reconciliation, and patient counseling. The resident will participate in these activities and shall demonstrate an understanding of various types of pain, pharmacotherapeutic options, and controversies; demonstrate an understanding of the management of side effects related to therapy; demonstrate the ability to interview and counsel pain patients; evaluate drug therapy and impact on pain and functioning, with subjective and objective findings relevant to drug therapy; assess compliance; develop, document, and implement therapeutic plans considering efficacy, cost, formulary status, and VA guidelines; communicate findings with the pain team; and provide drug information to patients and respond to requests from providers as indicated.
- ◆ **Pulmonary Clinic** - The pharmacist provides inhaler teaching and smoking cessation counseling. Education regarding medications, adverse events, and monitoring is performed during clinic visit. The pharmacist also serves as a drug information resource for the team. The resident is responsible for the above listed activities.

- ◆ **Chronic Heart Failure (CHF Pharmacy or Cardio-HF-Pharmacy) Clinic** - pharmacist provides care to patients referred from the NP or MD as part of the CHF clinic. The pharmacist is responsible for CHF medication review, education, monitoring and optimization as well as disease state and self-care education. As clinically indicated, the pharmacist monitors and adjusts medications in the treatment of conditions for CHF risk factor modification (ie. atrial fibrillation, diabetes, hyperlipidemia, and hypertension). Physical assessments, medication reconciliation, and laboratory monitoring (when needed) are performed at every appointment. The clinic is currently open the 2nd and 4th Mondays of each month from 8 am to noon. Phone and lab monitoring/follow-up may be required outside of clinic time as indicated. The rotation may also include quality assurance data collection. The rotation may also include quality assurance data collection.
- ◆ **Home Based Primary Care (HBPC) Clinic** - is an interdisciplinary service provided to patients who are unable to come to the hospital routinely for appointments. The HBPC team consists of nurses, physicians, social workers, clinical pharmacists, psychologists, dieticians and kinesiotherapists. Currently 168 patients are enrolled in HBPC, with patients divided into two care teams. The teams meet every Thursday to discuss patients, who are reviewed within 30 days of admission to HBPC and every 90 days thereafter. In addition to routine medication reviews, pharmacists coordinate anticoagulant monitoring and provide patient-specific pharmacy services as needed. The resident will be required to assess patients and develop appropriate pharmacy care plans for each weekly meeting (typically 5-8 patients per meeting). The resident is expected to discuss recommendations with the HBPC team and to arrange appropriate follow-up. Typical areas for pharmacy involvement include chronic disease states (diabetes, hypertension, hyperlipidemia), vitamin/electrolyte supplementation, pain management and evaluation of dementia medications. Following team meetings, the resident will write progress notes summarizing pharmacy recommendations and relevant information from the meeting.

Internal Medicine - Rounding

Internal Medicine is a required one month learning experience at Jesse Brown Veterans Administration Medical Center (JBVAMC). JBVAMC is a two hundred bed hospital with multiple general medicine units, an intensive care unit, and a continuous living center. There are eight general medicine teams, one medical intensive care team, multiple surgical teams, and one continuous living center team. Each medical team consists of an attending physician, one senior medical resident, two medical interns, and medical students. Other disciplines on the medical team include the clinical pharmacy specialist, pharmacy resident, pharmacy student, and social worker.

During the rounding component, the resident will round with a medical team and is responsible for identifying and resolving medication related issues for all patients assigned to the team during the learning experience. The resident will provide and document therapeutic drug monitoring services for patients on anticoagulation, vancomycin, aminoglycoside, digoxin, and any additional medication therapy that require follow-up recommendations. The resident is responsible for providing and documenting education to patients who are discharged with anticoagulation therapy and all changes in medication therapy. All documentation must be completed on the day service is rendered. Each resident is responsible for all aspects of the patient's medication therapy while on service, presenting one team in-service, and additional pharmacy related training as appropriate.

Internal Medicine - Staffing

Internal Medicine is a required one month learning experience at Jesse Brown Veterans Administration Medical Center (JBVAMC). JBVAMC is a two hundred bed hospital with multiple general medicine units, an intensive care unit, and a continuous living center. There are eight general medicine teams, one medical intensive care team, multiple surgical teams, and one continuous living center team. Each medical team consists of an attending physician, one senior medical resident, two medical interns, and medical students. Other disciplines on the medical team include the clinical pharmacy specialist, pharmacy resident, pharmacy student, and social worker. The two-month internal medicine rotation is composed of a staffing component and a medical team rounding component.

During the staffing component, residents are responsible for inpatient electronic order assessment, verification, and distribution. Orders are reviewed for allergies, drug interactions, incompatibilities, duplication, and appropriateness of drug selection. Medication histories are evaluated on all admissions and documented in a pharmacy admission note. The resident is responsible for providing detailed drug information upon request, presenting one journal club, and one pharmacy in-service. By rotation end, each resident is assigned to a general medicine floor.

Infectious Disease

The section of Infectious Disease (ID) provides clinical services to veterans in three major areas: inpatient primary care ward service, inpatient ID consultation service, and the ambulatory care ID clinic. During the rotation the resident will have an opportunity to be actively involved in providing pharmaceutical care to selected patients followed by the ID consult service or the ID clinic as assigned by the preceptor. Patients on the ID consult service are those whose medical or surgical teams have requested advise on the treatment of a variety of infectious disease issues. This advice includes diagnosis and management of HIV, or HIV related illnesses and opportunistic infections; or assistance with diagnosis and treatment decisions for patients with nosocomial, community acquired infections, or sexually transmitted diseases. Approximately ninety percent of our patients in the ID clinic are HIV -1 infected and the remaining patients are those with tuberculosis, osteomyelitis, and various sexually transmitted diseases.

Psychiatry (Inpatient)

The resident will be a member of a multidisciplinary inpatient psychiatry team. During this rotation, he/she will become familiar with a variety of mental illnesses and the medications used to treat them. With this experience the resident will be afforded the opportunity to actively participate in the healthcare of patients with mental illness.

Psychiatry (Outpatient)

The resident will be a member of a multidisciplinary outpatient psychiatry team. During this rotation, he/she will become familiar with a variety of mental illnesses and the medications used to treat them. With this experience the resident will be afforded the opportunity to actively participate in the healthcare of patients with mental illness.

Inpatient Anticoagulation

The inpatient anticoagulation service consists of pharmacists who specialize in anticoagulation, particularly in the inpatient setting. This service provides anticoagulation monitoring for all patients in the hospital and works closely with the physicians, nurses, and patients in order to ensure appropriate therapy and compliance with hospital policies regarding safe anticoagulation.

Practice Management

The primary goal of the administrative experience is for residents to gain a thorough understanding of the department's philosophy of comprehensive pharmaceutical care and to develop problem solving abilities. The resident will gain an understanding of the systematic approach that Jesse Brown VAMC pharmacy service utilizes to continually strive to identify and resolve current practice problems in hopes to enhance our ability to provide comprehensive services.

Drug Policy Development and Projects

The drug use policy development rotation is longitudinal. The primary goal for this rotation is for the resident to gain problem solving, drug information retrieval, evaluation and communication skills through project participation. The resident will also gain a better understanding of performance and quality improvement. and will provide all pharmacy related services for the patients and staff.

Intensive Care Unit

The resident will be a member of a multidisciplinary Intensive Care Unit (ICU) team and also participate in clinical and administrative duties involved with the Operating Room (OR) and ICU. During this rotation, he/she will become familiar with a variety of acute and chronic disease states and the medications used to manage them; become familiar with patient safety measures in the OR and the role of a pharmacist in this setting. With this experience this resident will be afforded the opportunity to work closely with the medicine, anesthesiology and surgical services and actively participate in the healthcare of patients in the ICU and in the OR.

Good communication skills, interpersonal skills, and the ability to multitask are vital for success during this learning experience. The resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

Emergency Medicine

The resident will be a member of a multidisciplinary Emergency Department team. The resident will be exposed to and become familiar with a wide variety of emergency medicine topics. Along with participating in the care of emergency department patients, the resident will also develop an appreciation for the role of the emergency department pharmacist in promoting safe and effective medication use in the ED.

Home Infusion - Infectious Disease

The Home Infusion/Infectious Diseases rotation is designed to give the resident involvement in the provision of pharmaceutical care for patients enrolled in the Home Infusion Program. The Home Infusion Program at our institution provides intravenous infusions in the home setting for veterans after hospital discharge. The majority of patients enrolled in the Home Infusion program receive intravenous antimicrobial agents; however our program also offers total parenteral nutrition and hydration. The resident will have direct involvement with other members of the interdisciplinary team (physicians, home based primary care nurses, social workers, etc.) responsible for the care of these patients. In the inpatient setting, the resident will be involved in the coordination of intravenous therapy in the home setting. Upon hospital discharge, the resident will follow these Home Infusion patients through drug monitoring, follow-up phone calls, and appointments in clinic. In both the inpatient and outpatient setting, the plan of care for the patient will be documented in our electronic medical record (CPRS.)

During this rotation, the resident will also be involved in the pharmacokinetic monitoring of inpatients receiving vancomycin and aminoglycosides. Throughout the rotation, the resident will be provided the opportunity to increase his/her understanding of the special diagnostic and pharmacological needs of those patients enrolled in the Home Infusion Program. The resident is responsible for all aspects of their assigned patients' home infusion therapy while on service, presenting one case presentation, presenting one in-service to the Infectious Diseases Consult Service, and additional pharmacy related training as appropriate. The resident is responsible for preparing ahead of time for all topic discussions (primarily Infectious Diseases related) which will take place during the rotation.

Discharge Transitions of Care

The discharge pharmacy elective rotation involves a rare and unique experience working as part of the discharge pharmacy service. Residents will have the opportunity to hone their skills in medication reconciliation and patient counseling during transitions in care. The rotation will heavily involve navigation of the electronic medical records to compare medication lists, evaluation of clinical appropriateness of medication orders while providing access to providers for recommendations to optimize therapy and address medication related safety concerns for patients at discharge (contraindications/interactions, omission of therapy, etc). Also, residents will be able to expand their communication skills as discharge pharmacists constantly challenged by interactions with medical/surgical residents, nursing personnel, pharmacy staff, and of course, patients. This opportunity draws on various skills and requires the resident to work effectively in a fast-paced environment that is rewarding as well as enriching.