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## THE MANY ROLES OF A VA PHARMACIST

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Did you know that the Veterans Affairs (VA) is the second largest agency in the federal government? VA operates one of the largest health-care systems in the United States. VA has 157 hospitals and more than 860 community-based clinics. More than 50 million outpatient visits are made through VA hospitals and clinics, and VA fills more than 100 million prescriptions per year. The roles of a VA pharmacist are as varied as our settings, from traditional pharmacist roles to pharmacists involved in direct patient care as a physician extender or helping establish treatment guidelines or promoting patient safety.

When I began my career as a pharmacist at VA San Francisco over 35 years ago, I could not imagine that today I would still be working in the same institution. The opportunities that VA offers a pharmacist are enormous. What attracted me to the position was the environment – VA San Francisco was a teaching institution affiliated with a major university health science campus, UCSF. In fact, more than half of U.S. physicians and nurses have received some or all of their training through VA. VA currently has 100 ASHP-accredited pharmacy residency programs. VA facilities help train students from 107 medical schools, 55 dental schools and more than 1,200 other health-care schools.

In 1970 as a new graduate, I was part of a team of pharmacists who established a pilot program of clinical pharmacy services on a surgical unit (including patient monitoring, rounding, drug information, and unit dose and IV additives services). The opportunity to educate patients has always provided me with a great deal of satisfaction – helping patients learn to take their medications. In time, our services expanded to other acute care settings with the nurses wanting to work on units with these pharmacist services.

When I started at VA San Francisco, UCSF pharmacy residents rotated to our site. In 1971, the Pharmacy Service became a clerkship site for the UCSF Pharmacy School, offering not only acute care experiences but a hands-on elective in IV additives and a drug induced disease didactic elective. In 1980, VA San Francisco established its own

pharmacy residency program, providing pharmacists the opportunity to work with pharmacy residents for their entire residency year.

In the late 1980's, we established an affiliation with the University of Pacific School of Pharmacy. It was great to see the sharing of knowledge and experiences between students from 2 pharmacy schools. I have cherished that in all of my positions, having worked with and mentored pharmacy students and pharmacy residents, as well as being a member of a medical or surgical team. These experiences – I refer to them as “in vivo” learning – have kept my gray cells stimulated and provided many fond memories. I have learned a great deal from the students and residents and continue to share what they have taught me.

Over the years, my role has evolved from my first position as a staff pharmacist, then clinical pharmacist, clinical pharmacy manager, residency program director and finally, in my current position of quality improvement and medication safety. What has remained constant is my desire to care for patients, expand the roles of pharmacists and promote patient safety and public health.

At VA San Francisco, pharmacists have the opportunity to participate in interdisciplinary teams at all levels. As a result, I have served as a member and chair of various committees, including the Pharmacy Service Quality Improvement Committee and the medical center's Patient and Family Education Committee. I am currently a member of the VA San Francisco Peer Review Committee and the UCSF Committee on Human Research IRB, representing both the VA and the UCSF School of Pharmacy.

My areas of interest have focused on adult internal medicine, anticoagulation, pain management, and medication safety. I have had the opportunity to work on several projects that resulted in new services, development of an antimicrobial monitoring service, cost avoidance associated with pharmacists' recommendations, justification of a pharmacist in an oncology clinic, and development of an Enoxaparin monitoring service. My current research interests are in depth analysis of actual and close-call medication errors with the goal of improving medication systems and preventing errors.

Looking back on my experiences, I guess it's not hard to see why my professional life still brings me to the VA and why, after 35 years, my career here is still so rewarding.

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