

Lexington Veterans Affairs Health Care System

Pharmacy Residency (PGY1) Psychiatric Pharmacy Residency (PGY2) Ambulatory Care Pharmacy Residency (PGY2)

The mission of the Department of Veterans Affairs is “to care of him who shall have borne the battle and for his widow and his orphan.”

The Vision of the Department of Veterans Affairs is to provide Veterans the world-class benefits and services they have earned—and to do so by adhering to the highest standards of compassion, commitment, excellence, professionalism, integrity, accountability, and stewardship.

PGY1 Residency Director

Matthew T. Lane, Pharm.D., BCPS

Associate Chief, Clinical Operations, PGY1 Pharmacy Residency Program Director
Lexington VA Health Care System
1101 Veterans Drive (CD-119)
Lexington, KY 40502
Phone: (859) 233-4511 ext. 4544
Fax: (859) 281-4851
Email: matthew.lane@med.va.gov

PGY2 Residency Directors

Courtney Eatmon, Pharm.D., BCPP

PGY2 Psychiatric Pharmacy Residency Program Director
Lexington VA Health Care System
1101 Veterans Drive (CD-119)
Lexington, KY 40502
Phone: (859) 233-4511, ext. 3172
Email: courtney.eatmon@va.gov

Rebekah Sipes, Pharm.D., BCACP

PGY2 Ambulatory Care Pharmacy Residency Program Director
Veterans Affairs Health Care System
1101 Veterans Drive (CD-119)
Lexington, KY 40502-2236
Phone: (859) 233-4511, ext. 4426
Email: rebekah.sipes@va.gov

About Us

The Lexington Veterans Affairs Health Care System is a fully accredited, two-division, tertiary care medical center with an operating complement of 199 hospital beds. Acute medical, neurological, surgical and inpatient psychiatric services are provided at the Bowling Campus, located adjacent to the University of Kentucky Medical Center. Other available services include: emergency care, medical-surgical units, acute psychiatry, ICU, progressive care unit, Cardiac Cath Lab, ambulatory surgery, OR/PACU, hemodialysis, medicine specialty clinics, surgery specialty clinics, and outpatient specialty care.



The Soursley Campus, located five miles from Bowling Campus, offers inpatient Post-Traumatic Stress Disorder (PTSD) and substance abuse treatment, nursing home care, hospice and respite services, home based primary care, prosthetics and orthotics, geriatrics, optometry, mental health as well as primary care and women's health. Plans are in development for construction of a new inpatient psychiatric unit at the Leestown Road campus including separate areas for geriatric and female veterans.

The veteran population in Lexington's primary service area is estimated at more than 92,000. The Lexington VA Health Care System is part of the VA MidSouth Healthcare Network, which consists of five VA medical centers in Kentucky and Tennessee with outpatient clinics in those states as well as Arkansas, Mississippi, Virginia, and Indiana.

Currently, the Lexington VA Health Care System operates outpatient clinics in Somerset, Hazard, Morehead and Berea, Kentucky, to provide primary care services to veterans in southern Kentucky and northern Tennessee. The Lexington VA Medical Center is adjacent to the University of Kentucky Chandler Medical Center and is affiliated with the University of Kentucky College of Pharmacy.

Lexington is located in central Kentucky in the heart of the Bluegrass and is considered the Horse Capital of the World. The area is famous for its beautiful horse farms, racing, bourbon and pastureland. Lexington has a variety of cultural activities and sporting events including college sports and minor league baseball. The U.S. Census estimated the Lexington-Fayette County population to be ~310,000.

Pharmacy Services

The pharmacy service provides 24-hour coverage seven days a week. Patient care is provided by a staff of more than 70 pharmacists, residents, and technicians practicing in the outpatient, inpatient, and ambulatory care settings.

Inpatient Service

The Inpatient Pharmacy Section provides comprehensive pharmaceutical services for all inpatients at both the Bowling and Soursley campuses through the central pharmacy. Services provided include unit-dose preparation, cart-fill preparation and delivery, intravenous admixture preparation, chemotherapeutic agent preparation, Omnicell refilling and order processing. Clinical services including pharmacokinetic monitoring, medication reconciliation and team rounding are provided.

Ambulatory Care

The Outpatient Pharmacy Sections provide comprehensive pharmaceutical services for clinic patients, which include management of patients in the Primary Care, Anticoagulation, Home Based Primary Care (HBPC), Mental Health, Hepatitis C, Cardiology, Hematology/Oncology, Pain Management and Neurology clinics. Clinical pharmacists in Primary Care provide chronic disease state management with emphasis in diabetes, hyperlipidemia, and hypertension. Pharmacist-managed group clinics provide patient education and monitoring for chronic diseases.

Education and Training

Members of the pharmacy staff precept residents and University of Kentucky clinical pharmacy interns.

Affiliation

The Lexington VAMC is affiliated with The University of Kentucky College of Pharmacy and the UK Chandler Medical Center.

PGY1 Pharmacy Practice Residency

The PGY1 pharmacy practice residency program is a one-year, full-time residency program accredited by ASHP currently with 3 positions available. The PYG1 pharmacy residency program builds on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Clinical, operational, and educational aspects of pharmacy practice are emphasized during this training experience. Residents will complete rotations including ambulatory care, internal medicine, geriatrics, primary care, and anticoagulation. Other opportunities may be available based on resident interest. Residents will complete and present a primary research project. They will also participate in the UK College of Pharmacy teaching certificate program, which incorporates didactic lecturing, small group/lab facilitation and precepting Doctor of Pharmacy students on clerkship rotations. Longitudinal experiences are integrated into the program, including pharmacist coordinated clinics, (e.g., mental health, hepatitis c and pharmacotherapy clinics), formulary management and administration.

Required Rotations

Orientation/Hospital Introduction (6 weeks)

This experience will orient the resident to the hospital and pharmacy service. The resident will become familiarized with both the inpatient and outpatient pharmacy services provided by the staff. These activities include learning the computer system (CPRS/Vista) and how to enter notes; process/check prescriptions; controlled substance inventory management; intravenous admixture preparation; ACLS certification; medication reconciliation; counseling patients; and aspects of formulary management.

Primary Care (6 weeks) - Core

Residents will be involved with managing patient health needs based upon provider referrals or through patient identification from the almanac list. Disease states normally encountered include hypertension, diabetes, and hyperlipidemia. These patients are either managed through a variety of settings including outpatient Pharmacotherapy clinic appointments, telephone follow-up, and group clinics. Residents evaluate drug regimens for efficacy, adherence, and adverse effects, make appropriate adjustments to the medication regimen, and order necessary laboratory tests. Teaching opportunities include precepting pharmacy students and providing education to patients, caregivers, and staff.

Acute Care/Internal Medicine (6 weeks) - Core

The pharmacy resident on the medicine rotation plays an active role in managing patients admitted to the medicine service. The patient care team consists of an attending physician, medical residents, interns, students, and pharmacy resident. The pharmacy resident provides the team with drug information and patient-specific medication recommendations with the goal of improving patient outcomes. Other activities include participating in daily rounds, monitoring patient medication therapy, reporting adverse drug reactions, pharmacokinetic monitoring and performing medication reconciliations. Teaching

opportunities include giving in-services to health care staff and precepting pharmacy students. The resident will also be responsible for completing admission and discharge medication reconciliations on patients.

Geriatrics (6 weeks) – Core

Community Living Center and Home Based Primary Care

The Geriatrics rotation involves managing patients through a variety of settings. This includes conducting Drug Regimen Reviews (DRR) for nursing home (Community Living Center) patients and Home Based Primary Care. Drug regimen reviews are completed every 30 days for each patient, with recommendations sent to the practitioner. The Home Based Primary Care (HBPC) is service provided to veterans that facilitates their care at home rather than in a nursing home environment. The pharmacist is responsible for reviewing every patient enrolled in HBPC every 90 days and providing recommendations to the providers as necessary. The geriatric pharmacists provide comprehensive patient reviews as well as provide targeted management for specific therapies such as anticoagulation therapy and pain management. They also serve as a primary resource for drug information for both CLC staff as well as for the four HBPC locations.

Anticoagulation Clinic (4 weeks)

The Anticoagulation Clinic manages patients prescribed warfarin, long-term enoxaparin, and direct oral anticoagulants (DOAC). Management includes patient and family education, warfarin dose titration, lab monitoring to ensure appropriate DOAC dosing, and peri-procedure anticoagulation management. The clinic uses a point of care device for monitoring warfarin, and face to face counseling. Patients may also have labs drawn for warfarin and the DOACs at the Soursley or Bowling Campuses or any of the Community Based Outpatient Clinics, and are contacted with results by telephone or letter. The clinic is responsible for management of ~1100 patients on warfarin and ~400 on a DOAC.

Pharmacoeconomics/Formulary Management (4 weeks)

This experience introduces the resident to managed care principles involved with managing a health system pharmacy formulary by utilizing formulary management and pharmacoeconomic principles. The resident will gain an overall understanding of the VA hospital pharmacy service and the various clinical services provided. Familiarity and an understanding of the VA Formulary System and the role of National, VISN, and Local P&T committees will be developed. Skills developed will include medical literature searches to provide drug information, develop drug protocols, and for special project presentations. Understanding the process of performing a medication use evaluation (MUE) to evaluate drug use, provider prescribing patterns, and/or patient drug utilization to determine appropriateness of drug therapy will be gained. Additional skill obtained will include principles involved in the electronic formulary management process using medication use evaluation, case management, treatment guidelines/criteria for use, cost containment initiatives, non-formulary process, and understand the importance of utilizing formulary management and pharmacoeconomics principles in formulary decision making.

Mental Health Pharmacotherapy Clinic Longitudinal (12 weeks - 1 day/week)

The mental health pharmacotherapy clinic is designed to help monitor and adjust medication therapies for veterans with mental health disorders. VA psychiatrists refer patients requiring mental health drug therapy adjustment to this pharmacist run clinic. A variety of patient conditions are managed through this clinic, including depression, anxiety, schizophrenia, bipolar disorder, PTSD, and others.

Elective Rotations

Acute Care/ICU (4 weeks)

The 6 South ICU provides care to medical, surgical, and cardiac intensive care patients. The population includes patients that have undergone procedures including but not limited to cardiac catheterization, thoracic, colorectal, and vascular surgeries, and patients with acute conditions such as sepsis, septic and cardiogenic shock, respiratory failure and decompensated heart failure. The pharmacy resident on service is expected to attend interdisciplinary rounds 6 days a week, provide pharmacotherapy services to patients with critical illnesses, participate as an integral member of the Code 500 team and assist with post-surgical care. The resident on service is also expected to assist in precepting any pharmacy students on rotation to provide optimal patient care.

Inpatient Mental Health (4 weeks)

During this psychiatric rotation, residents are active members of a multidisciplinary team consisting of psychiatrists, psychologists, social workers, nurses, and students. Residents are integral in implementation of drug therapy, drug monitoring, providing drug information to the staff, and educating the patients. The psychiatry rotation is designed to allow the resident to provide evidence-based, patient-centered medication therapy management with the psychiatry team. The resident is exposed to inpatient mental health patients with diagnoses including depression, anxiety and PTSD, schizophrenia and other psychotic disorders, bipolar disorder, sleep disorders, and substance abuse. The resident will participate in patient care rounds with the inpatient team in psychiatry Monday through Friday and perform medication reconciliation on patients admitted and discharged from the psychiatry unit. The resident will also gain experience in precepting fourth year pharmacy students.

Outpatient Mental Health (4 weeks)

During this experience, the resident is involved in providing direct patient care to veterans seen in the mental health pharmacotherapy clinic. Additional experiences include providing responses to electronic drug information requests, participating in psychotropic drug safety initiatives, and attending interdisciplinary care coordination and Behavioral Health Interdisciplinary Program (BHIP) meetings. The resident will participate in disease state discussions, patient-centered discussions, and journal clubs scheduled throughout the month.

Hematology/Oncology (4 weeks)

The hematology/oncology rotational experience includes a wide range of patient care and educational activities. Residents will assist in the management of cancer patients and their

chemotherapy in the outpatient oncology treatment center and through oral chemotherapy clinic. They will also assist in the care of cancer patients who have been admitted to the acute care environment, either as a complication of their disease process or as a consequence of their treatment. The resident will interact with patients and their family, medical staff and providers in developing treatment plans and assist in toxicity management in these patients. A working knowledge of accepted treatment guidelines and supportive care issues are emphasized throughout the rotation.

Residential Treatment (MHRRTTP) (4 weeks)

This psychiatric rotation is designed to allow the resident to provide evidence-based, patient-centered psychiatric medication therapy management in a residential care unit. The resident will attend daily interdisciplinary care team meetings, meet with veterans to perform initial medication reconciliation interviews, work closely with prescribers to manage medication therapy during residential stay, lead educational group sessions, and provide discharge day counseling. The resident will be exposed to adult psychiatric conditions with emphasis on Posttraumatic Stress Disorder (PTSD) and Substance Use Disorder (SUD). Journal club, disease state and patient-centered discussions occur throughout the experience. Residents will also have the opportunity to attend non-pharmacy groups along with veterans when appropriate in order to gain a greater understanding of the recovery process.

Pain Management (4 weeks)

This experience includes a wide range of patient care and educational activities. Residents will assist in the management of pain pharmacotherapy regimens and provide recommendations regarding appropriate changes as it relates to dose titrations/reductions as well as overall changes to regimens. The resident will interact with patients and their family, medical staff and providers in developing treatment plans and assist in monitoring these patients. A working knowledge of accepted treatment guidelines and supportive care issues are emphasized throughout the rotation.

Cardiology/Heart Failure (4 weeks)

Residents will be involved with managing patient health needs based upon provider referrals in an outpatient setting. These patients are either managed through clinic appointments or telephone follow-up. Residents evaluate drug regimens for efficacy, adherence, and adverse effects, make appropriate adjustments to the medication regimen, and order necessary laboratory tests. Teaching opportunities include precepting pharmacy students and providing education to patients, caregivers, and staff.

Off-Site Electives

These opportunities are coordinated with the University of Kentucky Medical Center and may be subject to availability of clinical preceptors. Residents will be required to have Kentucky licensure and current ACLS provider certification for these rotations. Residents may also repeat VA experiences as an elective as time and schedules permit.

Longitudinal Experiences

Drug Information- Required

This longitudinal rotation will be in conjunction with the resident's primary care rotations. Residents will evaluate drug information questions submitted by the primary care providers via electronic consult. By utilizing primary literature, clinical guidelines and professional judgment, the resident will develop a response to the question, including recommendations on plan of treatment and appropriate follow-up. The resident will discuss drug information responses with the assigned primary care clinical pharmacist, and recommendations will be provided to the consulting primary care provider for review.

Management/Administration-Required

These monthly meetings will be led by the Chief of Pharmacy and/or Associate Chief of Pharmacy and will discuss topics related to pharmacy ethics, personnel issues, finance, pharmacy management, VA specific topics, formularies, and organizational structures and committees.

Staffing Responsibility- Required

The PGY1 pharmacy resident is responsible for staffing on rotating weekends (generally every third weekend). Their responsibility is to staff the outpatient pharmacy on Saturday and to provide pharmacokinetic monitoring, anticoagulation monitoring, and medication reconciliation reviews on Sunday. Other possible responsibilities include providing patient education and drug information, along with reviewing formulary drug consults for inpatients and patients being discharged. Additionally, residents will staff from 4:30-8:30 one evening per week in the inpatient pharmacy in order to become proficient in the acute care pharmacy area.

Outpatient Neurology Clinic - Elective

The resident will attend neurology pharmacotherapy clinic one half day weekly. The neurology rotation is designed to allow the resident to provide evidence-based, patient-centered medication therapy management in a pharmacist-managed clinic. The resident is exposed to ambulatory adult neurological conditions with emphasis on stroke, Parkinson's disease, epilepsy, and dementia. Patient-care responsibilities will include the following: monitoring and adjusting drug therapy regimens; medication reconciliation; and providing drug information and therapeutic recommendations to the neurology service. Disease state and patient-centered discussions occur throughout the experience.

Successful Completion of PGY1 Pharmacy Residency Requires

- Completion of at least 2000 hours of residency training.
- Satisfactory completion of at least 80% of the objectives in "Achieved" status with no goals and objectives listed as "needs improvement" at the end of the year.
- Satisfactory completion of all core rotations and minimum of two elective experiences. If a rotation is not satisfactorily completed, appropriate remedial work must be completed as determined by the preceptors and program director.

- Completion of all evaluations (summative self, learning experience, preceptor and residency)
- Completion of a residency project with a manuscript submitted to the residency program director and for publication if desired. The residency project will also be presented formally in an appropriate setting.
- Poster presentation at regional or national meeting (i.e., KSHP or ASHP Midyear)
- Research presentation at Great Lakes Residency Conference
- Closure of your residency project with the IRB and VA R&D committee and completion of your research audit (if applicable)
- Completion of all assignments, presentations and projects requested by the preceptors and residency program director.
- Complete an MUE and drug monograph.
- Presentations will include at least 1 case presentation, 1 journal club and other in-services as assigned
- Compliance with institutional and departmental policies.
- Completion of all P&T activities (agenda, minutes and special projects as assigned)
- Completion of a pharmacy newsletter.
- Completion of teaching certificate program.
- Completed resident Notebook/Portfolio must be turned in to the residency program director
- Receive clearance (includes turning in lab coats, keys, pagers, etc) as appropriate
 - Examples of reasons for certification to be withheld:
 - Failure to achieve the above requirements
 - Revocation of pharmacy license
 - Dismissal from the residency program

PGY2 Psychiatric Pharmacy Residency

The PGY2 Psychiatric Pharmacy Residency at the Lexington VA Health Care System is a one-year specialty residency designed to develop a clinical specialist with expertise in mental health. The residency program includes training in a variety of psychiatric, neurologic, and multidisciplinary settings at both the Lexington VA and Eastern State Hospital. In addition to direct patient care, the resident will also participate in administrative and clinical development projects, as well as conduct a research project. Teaching opportunities include lecturing and facilitating teaching labs at the UK College of Pharmacy, as well as precepting pharmacy students and PGY1 pharmacy residents. By completing this comprehensive training program, the resident will be equipped with excellent leadership and clinical skills and prepared to practice as a proficient, well-rounded clinical pharmacy specialist in a psychiatric setting.

Required Rotations

Orientation

Preceptor: Matt Lane, Pharm. D., BCPS

Orientation is a four-week learning experience designed to introduce the resident to the Lexington VA Pharmacy. During this rotation, the PGY2 psychiatric pharmacy resident will be trained in the various aspects of both the outpatient and inpatient pharmacy. Training in the outpatient pharmacy will include general dispensing functions and patient counseling/order verification. Training in the inpatient pharmacy will be incorporated based on opportunities for dual appointment and will include inpatient order entry, IV preparation, and verification of technician filling. The resident will also gain experience in procurement/special order medication and formulary management. During this time, the resident will learn the computer systems integral to the VA system (CPRS, VISTA) and have the opportunity to become BLS and ACLS certified. He/she will be exposed to various administrators and staff in multiple areas of the facility to understand how to function within the VAMC as a whole. By the end of the orientation period, the resident will also be expected to complete a customized residency plan, finalize the rotation schedule, and decide on a research project.

Outpatient Mental Health

Preceptor: Courtney Eatmon, Pharm. D., BCPP

This experience is split into two six-week periods which occur once at the beginning of the residency year and once at the end of the residency year. During this experience, the resident is involved in providing direct patient care to veterans seen in the mental health pharmacotherapy clinic. Additional experiences include providing responses to electronic drug information requests, participating in psychotropic drug safety initiatives, and attending interdisciplinary care coordination and Behavioral Health Interdisciplinary Program (BHIP) meetings. The goal of repeating this experience at the end of the residency year is for the resident to gain experience working independently to evaluate and adjust pharmacotherapy regimens for Veterans seen in mental health pharmacotherapy clinic.

Inpatient Mental Health

Preceptor: Anna Lockwood, Pharm. D., BCPP

This experience is split into two six-week periods which occur once at the beginning of the residency year and once at the end of the residency year. During this experience, the resident is involved in performing initial patient medication reconciliation interviews, rounding with the psychiatry team, participating in daily interdisciplinary team meetings, leading medication education groups, and providing patients with discharge counseling. The resident will also have the opportunity to shadow other licensed mental health providers (MD, PA, APRN) as they are consulted to provide mental health services to patients in other areas of the facility. The goal of repeating this experience at the end of the residency year is for the resident to gain experience functioning independently while providing all clinical pharmacy services necessary to both inpatient psychiatry teams.

Residential Treatment (MHR RTP)

Preceptor: Mary Eberly, Pharm. D., BCPP

During this four-week experience, the resident is expected to provide evidence-based, patient-centered psychiatric medication therapy management in a residential care unit. The resident will attend daily interdisciplinary care team meetings, meet with veterans to perform initial medication reconciliation interviews, work closely with prescribers to manage medication therapy during residential stay, lead educational group sessions, and provide discharge day counseling. The resident will be exposed to adult psychiatric conditions with emphasis on Posttraumatic Stress Disorder (PTSD) and Substance Use Disorder (SUD). Journal club, disease state and patient-centered discussions occur throughout the experience. Residents will also have the opportunity to attend non-pharmacy groups along with veterans when appropriate in order to gain a greater understanding of the recovery process.

Inpatient Neurology

Preceptor: Melody Ryan, Pharm. D., MPH, BCPS, CGP

During this four-week experience, the resident performs initial medication reconciliation interviews, rounds with the inpatient neurology team, provides patients with discharge counseling, and serves as the drug-information resource for the neurology service.

Common conditions encountered include stroke, seizure, dementia, and movement disorders such as Parkinson's disease.

Practice Management

Preceptor: Courtney Eatmon, Pharm. D., BCPP

This year-long required longitudinal experience serves as a way to document and evaluate the many projects that PGY-2 Psychiatric Residents contribute to throughout the course of the residency year. This may include Medication Use Evaluations (MUEs), involvement in the development or improvement of current MH services, involvement in the education of health care providers, among other activities.

Longitudinal Mental Health Clinic

Preceptor: Courtney Eatmon, Pharm. D., BCPP

This year-long required longitudinal experience in mental health pharmacotherapy clinic serves to allow residents the opportunity to follow-up with existing patients over the course of the year. In this way, residents are able to observe the results of their clinical decisions and gain an increased grasp on the complexities of medication management in the mental health field.

Longitudinal Outpatient Neurology Clinic

Preceptor: Melody Ryan, Pharm. D., MPH, BCPS, CGP

This twelve-week required longitudinal experience allows the resident to gain exposure and experience to the pharmacotherapeutic management of common neurologic conditions seen in the VA population. These conditions include epilepsy, dementia, and movement disorders. One of the goals of this longitudinal experience is for the resident to have the opportunity to manage patients at more than one visit over the course of the experience, allowing the resident to see the outcome of their clinical recommendations.

Teaching and Education

Preceptor: Courtney Eatmon, Pharm. D., BCPP

This year-long longitudinal experience allows the resident the opportunity to gain experience in refining their teaching skills on a variety of levels. Residents will have the opportunity to precept students as well as residents while on various rotations. Additionally, they will design and deliver didactic lectures and case-based learning to a range of healthcare students and providers.

Research

Preceptor: Variable

Each resident is required to complete a project during their residency year. They will work with a research committee to aid in the selection and development of their project. Additionally, they will be provided with a general timeline which will help to guide the progress of the project. Throughout the year, the resident will be provided with dedicated time to focus on data collection, analysis, and manuscript development.

Staffing Requirement

This longitudinal required staffing rotation involves staffing one 4-hour shift per week in the inpatient pharmacy where responsibilities include processing inpatient and outpatient orders, preparing IV medications, checking medications to be sent to the floors, and providing discharge counseling when needed. Additionally, the resident will staff every fourth weekend, assuming the role of an inpatient clinical pharmacist where responsibilities include conducting admission interviews, processing discharge medications, providing discharge counseling, and performing pharmacokinetic and anticoagulant monitoring

Elective Experiences

Chronic Inpatient Psychiatry

Preceptor: Betsy McCollum, Pharm. D.

This six-week elective experience is an off-site rotation at Eastern State Hospital, located approximately 5 miles from the Lexington VA. This facility contains six acute care units with a total of 239 beds and provides services to patients with a wide variety of mental health diagnoses. Compared to the inpatient psychiatry unit at the Lexington VA, this experience provides residents increased exposure to treating women (especially those of child-bearing age), patients with psychotic disorders, and patients with intellectual disabilities.

Geriatrics

Preceptors: Patrick Higginbotham, Pharm. D., Tara Downs, Pharm. D, BCGP, BCACP

During this four-week required experience, the resident engages with a multidisciplinary team including physicians, nurse practitioners, social workers, nutritionists, and recreation therapists to provide patient-centered care to our Veterans. Residents round with the hospice/palliative care team, attend care planning meetings with patients, families, and team members, provide psychotropic drug regimen reviews and serve as the psychotropic drug expert for the interdisciplinary team.

Pain Management

Preceptor: Lindsay B. Wells, Pharm. D. BCPS

During this twelve-week longitudinal elective experience, the resident will be exposed to chronic pain management services provided to adult Veterans at the Lexington VAMC. The resident will gain knowledge and understanding through preceptor discussion, assigned readings, projects, and participation in the Opioid Safety Initiative Committee and the Pain Committee. The resident will provide efficient, effective, evidence-based, patient-centered treatment for Veterans requiring chronic pain medications for treatment of specified disease states.

Academic Detailing

Preceptor: Justin Butler, Pharm. D.

This is a four-week elective experience. The purpose of Academic Detailing is to provide educational outreach to staff based on National and VISN initiatives. This rotation will involve reviewing and learning evidence based medicine, developing and/or promoting educational pieces that include key messages, providing Academic Detailing outreach visits to VA staff, identifying and resolving barriers, and socializing new Academic Detailing campaigns.

Successful Completion of PGY2 Psychiatric Pharmacy Residency Requires

- “Achieved” status of 100% of patient care objectives and at least “satisfactory progress” status of at least 80% of non-patient care objectives. No objectives may be listed with “needs improvement” at the end of the residency year
- Completion of required core experiences and minimum of two elective experiences
- Completion of University of Kentucky College of Pharmacy Teaching and Learning Certificate program*
- Completion of residency project with a manuscript submitted to the residency program director and for publication, if desired
- Formal presentation of residency project in an appropriate setting (ASHP MCM, CPNP National Meeting)
- Completion of all assignments, presentations, and projects as assigned by preceptors and residency program director
- Completion of medication use evaluation (MUE) or pharmacy service utilization (PSUE)
- Contribution to the development of a new mental health service or enhancement of an existing pharmacy service
- Compliance with institutional and departmental policies
- Weekend and weeknight inpatient and outpatient staffing as scheduled

*Unless a teaching certificate earned during PGY1 residency

PGY2 Ambulatory Care Pharmacy Residency

The PGY2 Ambulatory Care Residency at the Lexington VA Health Care System is a one-year specialty residency designed to develop a clinical specialist with expertise in ambulatory care. The residency program includes training in a variety of pharmacist-managed and multidisciplinary clinic settings at the Lexington VA Health Care System, with elective opportunities at the University of Kentucky HealthCare. The resident will also participate in administrative and clinical development projects, as well as conduct a research project. Teaching opportunities include lecturing and facilitating teaching labs at the UK College of Pharmacy, as well as precepting pharmacy students. By completing this comprehensive training program, the resident will be equipped with excellent leadership and clinical skills and prepared to practice as a proficient, well-rounded clinical pharmacy specialist in an ambulatory care setting.

Required Core Patient Care Experiences

Primary Care (PACT) Pharmacotherapy Clinic Concentrated Experience

Preceptors: Jamie Knight, Pharm.D., BCPS, Carrie Isaacs, Pharm.D., CDE, Rachel Simpkins, Pharm.D.

This concentrated rotation is a required, four-week learning experience which typically occurs at the beginning of the residency year and may be repeated toward the end of the year. Clinical pharmacists are integrated into the interdisciplinary, extensive primary care/PACT service. Each clinical pharmacy specialist is assigned to work with several PACT teams to provide evidence-based, patient-centered treatment for chronic illnesses, with emphasis on diabetes, hyperlipidemia, and hypertension. The pharmacists work under an advanced scope of practice to offer medication management through scheduled clinic appointments, telephone follow-ups, as well as electronic consult responses. The clinical pharmacists are also involved in various educational group clinics and shared medical appointments.

Anticoagulation Clinic

Preceptor: Sandra Senft, Pharm.D., PT, MPA

The Anticoagulation Clinic manages patients prescribed warfarin, long-term enoxaparin, or a direct oral anticoagulant (DOAC). Management includes patient and family education, warfarin dose titration, lab monitoring to ensure appropriate DOAC dosing, and peri-procedure anticoagulation management. The clinic uses a point of care device for monitoring warfarin, and face to face counseling. Patients may also have labs drawn for warfarin and the DOACs at the Soursley or Bowling Campus or any of the Community Based Outpatient Clinics, and are contacted with results by telephone or letter. The clinic is responsible for management of ~1100 patients on warfarin and ~400 on a DOAC.

Geriatrics Primary Care (GeriPACT) Clinic

Preceptor: Tara Downs, Pharm.D., BCACP, Brent Simpkins, Pharm.D., BCACP

This learning experience is designed to give the resident an understanding of disease states and the associated treatment encountered in the geriatric patient. This rotation will stress the application of therapeutics in the care of the elderly patient and require the

resident to develop the skills in proper drug therapy selection, patient monitoring, deprescribing and patient/staff education. Successful completion of this rotation will require development of intellectual independence, initiative, and appropriate interactive skills with other health care professionals.

Formulary Management/Clinical Pharmacoeconomics

Preceptor: John (TJ) Emmons, Pharm.D.

The formulary consult service uses the principles of formulary management to determine the appropriateness of drug therapy and provide the patient with the best therapeutic and cost-effective drug therapy. The consult service also assists with drug information questions and implementation of VA therapeutic guidelines. Dr. Emmons manages the formulary consult service and is also a member of the VA Patient Safety, Clearing House, Medical Records, and Medication Aggregate committees.

Required Longitudinal Experiences

Primary Care (PACT) Pharmacotherapy Clinic Longitudinal Experience

Preceptors: Jamie Knight, Pharm.D., BCPS, Carrie Isaacs, Pharm.D., CDE, Rachel Simpkins, Pharm.D.

This rotation is a required, longitudinal learning experience which typically starts toward the beginning of the residency year following completion of the concentrated Primary Care Pharmacotherapy Clinic rotation. The longitudinal experience allows the resident to practice in a one half-day continuity clinic throughout the year, building upon skills acquired during the concentrated rotation. The resident will manage patients from initial consult to discharge (ideally, if goals met). He/she will answer pharmacotherapy consults as assigned and work with PACT team(s) to recruit patients from the PC Almanac outlier lists to build a patient panel. The resident will be responsible for determining appropriate follow-up (clinic vs. telephone appointment), as well as managing the clinic operation and workload. He/she will serve as mentor to PGY1 residents and possibly PY4 pharmacy students enrolled in primary care learning experiences through direct precepting, facilitation of topic discussions, and formative and summative feedback as opportunities allow.

Specialty Clinics

Preceptor: Rebekah Sipes, Pharm.D., BCACP

The goal of this learning experience is to give the resident the opportunity to develop skills in providing pharmaceutical care to ambulatory patients, and to acquire an understanding of the pharmacist's role in outpatient specialty clinics. The resident will interact with a variety of health care practitioners including attending physicians, fellows, and nurses. In Endocrinology/Diabetes Clinic, the resident will be exposed to a variety of complex cases, such as type 2 diabetes patients with insulin resistance, as well as patients with type 1 diabetes requiring insulin pumps. In Cardiology Clinic, the resident will spend time in general cardiology clinic and electrophysiology clinic. In Hepatitis C Clinic, the resident will gain understanding of medications used to treat the condition and the complex monitoring required. The resident will develop skills in obtaining medication histories, assessing the appropriateness of medication regimens, developing therapeutic plans, patient counseling and monitoring, and providing appropriate drug information to both patients and other health

care professionals. The resident will also participate in renal/epoetin alfa dosing and monitoring. The resident will attend the various clinics as specified by the resident schedule.

Neurology Clinic

Preceptor: Melody Ryan, Pharm.D., MPH, BCPS, CGP

The neurology ambulatory care experience is designed to allow the PGY2 ambulatory care pharmacy resident to provide evidence-based, patient-centered medication therapy management in a pharmacist-managed clinic. The resident is exposed to ambulatory adult neurological conditions with emphasis on stroke, Parkinson's disease, epilepsy, and dementia. This is a longitudinal experience, occurring once weekly at neurology pharmacotherapy clinic on Wednesday afternoons. The resident will participate in disease state discussions, patient-centered discussions, and journal clubs scheduled throughout the rotation.

Women's Health

Preceptor: Sally Armstrong, Pharm.D., BCACP

The Lexington VA Health Care System has a dedicated team in Women's Health. Clinical pharmacy specialists assist providers in pregnancy category D and X medication that are refilled through the pharmacy to evaluate their use before dispensing to the veteran. The Women's Health Experience is a required PGY2 ambulatory care rotation that provides the resident exposure to women's health issues and pregnancy classifications of drugs. This exposure is a e-consult-based drug information service. The pharmacy resident will develop skills in establishing collaborative professional relationships and partnerships with patients, conducting necessary literature research, providing patient education, and communicating appropriate drug information to both patients and health care personnel. By completion of this rotation, the resident should be able to provide evidence-based, patient-centered treatment in regard to medications used during pregnancy.

Elective Patient Care Experiences

Mental Health Clinic

Preceptor: Courtney Eatmon, Pharm.D., BCPP

The mental health pharmacotherapy clinic is designed to help monitor and adjust medication therapies for veterans with mental health disorders. VA psychiatrists refer patients requiring mental health drug therapy adjustment to this pharmacist-run clinic. A variety of patient conditions are managed through this clinic, including depression, anxiety, schizophrenia, bipolar disorder, PTSD, and others.

Primary Care-Mental Health Integration Clinic

Preceptor: Courtney Eatmon, Pharm.D., BCPP

The Primary Care-Mental Health Integration program is designed to address patients' mental health concerns within the setting of primary care. This rotation is designed to give the resident an understanding of mental health disease states that can be managed by an extension of the primary care team. This rotation will stress the application of therapeutics in the care of patients with mental illness and require the resident to develop skills in proper drug therapy selection, patient monitoring and patient/staff education. Throughout the rotation, the resident will have the opportunity to work with primary care providers, mental

health providers, social workers, and therapists. Successful completion of this rotation will require development of intellectual independence, initiative, and appropriate interactive skills with other health care professionals.

Hematology/Oncology Clinic

Preceptor: Jenna Houranieh, Pharm.D., BCOP

The hematology/oncology rotational experience includes a wide range of patient care and educational activities. Residents will assist in the management of cancer patients and their chemotherapy in the outpatient oncology treatment center and through oral chemotherapy clinic. They will also assist in the care of cancer patients who have been admitted to the acute care environment, either as a complication of their disease process or as a consequence of their treatment. The resident will interact with patients and their family, medical staff and providers in developing treatment plans and assist in toxicity management in these patients. A working knowledge of accepted treatment guidelines and supportive care issues are emphasized throughout the rotation.

Academic Detailing

Preceptor: Justin Butler, Pharm.D., BCPP

The academic detailing pharmacist conducts outreach visits with VA staff and follows up with the staff member(s) after the outreach visit and to address or resolve (if possible) any barriers discovered/uncovered during the visit. The resident will participate in these outreach visits also be expected to socialize Academic Detailing campaigns at team meetings, staff meetings and meetings with leadership as well as develop and/or edit provider and patient level educational materials as needed.

Antimicrobial Stewardship

Preceptor: Kelly Davis, Pharm.D., BCPS

The purpose of this elective Antimicrobial Stewardship experience is to provide the resident with an opportunity to promote judicious use of antimicrobials in both the inpatient and outpatient settings in order to improve patient outcomes, reduce microbial resistance, and decrease the spread of infections caused by multidrug-resistant organisms. Throughout the rotation, the resident will perform facility antimicrobial stewardship duties, ensuring optimal antimicrobial selection, dose, route of administration, and duration of treatment for various infectious disease states. Successful completion of this rotation will require the resident to display initiative, autonomy, and effective communication strategies with other healthcare professionals.

Geriatrics/Home Based Primary Care

Preceptors: Lisa Strunk, Pharm.D., BCPS, Jami Bailey, Pharm.D., BCPS, Tara Downs, Pharm.D., BCACP

Home Based Primary Care (HBPC) is a multidisciplinary primary care team designed to see homebound patients in their homes. The Lexington VA HBPC team consists of Social Workers, Dietician, ARNPs, RNs, LPN, Physical Therapist, Pharmacist, Psychologist, and Program Support Assistants, and is overseen by a Program Director and a Medical Director. Many VA Medical Centers have an HBPC team and, although the disciplines represented may vary, the goals remain the same: to help patients remain in their homes by maximizing function, minimizing hospitalizations, and maintaining quality of life. The resident will be responsible for providing comprehensive medication reviews as well as provide targeted

management for specific therapies such as anticoagulation therapy and pain management for the HBPC patients. This experience provides the opportunity to evaluate the patient's medication regimen and make pharmacotherapy recommendations in a multi-disciplinary team setting with a potential for visiting the patient in his or her home where he/she is more comfortable.

Pain Management

Preceptor: Lindsay B. Wells, Pharm.D., BCPS

This rotation is a longitudinal learning experience in which the resident will be exposed to chronic pain management services provided to adult Veterans at the Lexington VA Health Care System. The resident will gain knowledge and understanding through preceptor discussion, assigned readings, projects, and participation in the Opioid Safety Initiative Committee and the Pain Committee. The resident will provide efficient, effective, evidence-based, patient-centered treatment for Veterans requiring chronic pain medications for treatment of specified disease states.

UK Healthcare Clinics and Other Specialty Clinics

A variety of clinic experiences are available at the VA, University of Kentucky, or University of Louisville (HIV Clinic) based on the resident's interest.

Other Required Learning Experiences

Orientation

Orientation is a 4-week learning experience required for new residents only (not for prior PGY1 resident that early committed to PGY2). During this rotation, the PGY2 ambulatory care resident will primarily be trained in the various aspects of the Outpatient Pharmacy, including general dispensing functions and patient counseling/order verification, as well as in medication reconciliation. Training in the Inpatient Pharmacy may also be incorporated based on opportunities for dual appointment. The resident will also gain experience in procurement/special order medications, emergency preparedness, and formulary management. During this time, the resident will learn the computer systems integral to the VA system (CPRS, VISTA) and have the opportunity to become ACLS certified. He/she will be exposed to various administrators and staff in multiple areas of the facility to understand how to function within the VA as a whole. By the end of the orientation period, the resident will also be expected to complete a customized residency plan, finalize the rotation schedule, and decide on a research project.

Staffing Experience

Preceptor: Brittany Dominick, Pharm.D.

This longitudinal required staffing experience involves staffing one 4-hour shift per week in the inpatient pharmacy where responsibilities include processing inpatient and outpatient orders, preparing IV medications, checking medications to be sent to the floors, and providing discharge counseling when needed. Additionally, the resident will staff one weekend every month in the outpatient pharmacy as well as in the medication reconciliation department where responsibilities include conducting admission interviews, processing

discharge medications, providing discharge counseling, and managing the use of anticoagulants.

Research Experience

Preceptor: varies (research mentor)

The residency project is a longitudinal learning experience for the PGY2 Ambulatory Care Pharmacy resident. The resident is required to complete a major research project. The project may be in the form of original research or evaluation of some aspect of pharmacy operations or patient care services. It is expected that the resident go through the process of project approval by the VA Institutional Review Board and Research and Development Committee or the Information Security Office. The finished project should be of publishable quality. The resident is expected to participate in the VA resident research series to hone his/her research skills.

Administrative Experience

Preceptor: Jamie Knight, Pharm.D., BCPS or Rebekah Sipes, Pharm.D., BCACP

The goal of this longitudinal experience is to allow the resident to acquire an understanding of various administrative duties involved in managing an ambulatory pharmacy service, as well as have the opportunity to develop leadership skills. The resident will gain knowledge and understanding through preceptor discussion, assigned readings, projects, and participation in pharmacy committees.

Teaching/Presentations

Preceptor: Jamie Knight, Pharm.D., BCPS or Rebekah Sipes, Pharm.D., BCACP

During this longitudinal experience, the resident will be involved in various activities to promote the development and refinement of teaching skills and scholarly activity. The resident will have the opportunity to participate in the University of Kentucky (UK) College of Pharmacy Scholarship of Teaching and Learning Certificate Program. She/he will also help precept clerkship students, lead small-group discussions, present didactic and case-based learning experiences at the UK College of Pharmacy, and provide in-services for health care providers.

Requirements for Successful Completion of PGY2 Ambulatory Care Pharmacy Residency

- Completion of at least 2000 hours of residency training
- “Achieved” status of 100% of patient care objectives and at least “satisfactory progress” status of at least 80% of non-patient care objectives (no objectives may be listed with “needs improvement” at the end of the residency year)
- Completion of required core experiences and minimum of two elective experiences
- Completion of University of Kentucky College of Pharmacy Teaching and Learning Certificate program (if not completed as PGY1 resident)
- Completion of residency project with manuscript submitted to the residency program director and for publication if desired
- Formal presentation of residency project in an appropriate setting (ASHP MCM, other regional/national meeting)

- Completion of medication use evaluation (MUE) or pharmacy service utilization evaluation (PSUE) applicable to ambulatory care
- Contribution to the development of a new ambulatory pharmacy service or enhancement of an existing pharmacy service
- Completion of all assignments, presentations, and projects as assigned by preceptors and residency program director
- Completion of all evaluations (summative, learning experience, preceptor and residency) in a timely manner
- Weekend and weeknight inpatient and outpatient staffing as scheduled
- Compliance with institutional and departmental policies
- Completion of resident folder with pertinent documents saved electronically
- Receive clearance (includes turning in lab coats, keys, pagers, etc.) as appropriate
- Examples of reasons for certification to be withheld:
 - Failure to achieve the above requirements
 - Revocation of pharmacy license
 - Dismissal from the residency program

Program Preceptors

Matthew Lane, Pharm.D., BCPS

Dr. Lane received his BS in pharmacy from the University of Kansas and his Pharm.D. from the University of Kentucky. Subsequently he completed a pharmacy practice and critical care residency at the University of Kentucky. His clinical practice areas are surgery, infectious disease, and critical care. He is the clinical coordinator of pharmacy service and assistant professor at the University of Kentucky College of Pharmacy. Dr. Lane is also the PGY1 Pharmacy Residency program director.

Courtney Eatmon, Pharm.D., BCPP

Dr. Eatmon received her Pharm.D. from the University of Kentucky College of Pharmacy. She completed a Psychiatric Pharmacy Residency at the Lexington VAMC. Dr. Eatmon is board certified in psychiatric pharmacotherapy and provides clinical pharmacy services in the outpatient psychiatric clinics. She serves as the PGY2 psychiatric pharmacy program director. Dr. Eatmon also serves as assistant professor at the University of Kentucky College of Pharmacy.

Rebekah (Bekah) Sipes, Pharm.D., BCACP

Dr. Sipes received her Pharm.D. from the University of Kentucky. She completed PGY1 and PGY2 ambulatory care training at the Lexington VAMC. Dr. Sipes is board certified in ambulatory care pharmacotherapy. She is a Clinical Pharmacy Specialist providing MTM services in the Hepatitis C clinic and with Cardiology clinic. Dr. Sipes is the PGY2 Ambulatory Care Program director.

Jamie Knight, Pharm.D., BCPS

Dr. Knight received her Pharm.D. from the University of Kentucky. She completed a pharmacy practice residency here at the Lexington VAMC. Dr. Knight is board certified in pharmacotherapy. She is a Clinical Pharmacy Specialist for the Primary Care Clinic. Her clinical practice focuses on chronic disease state management with emphasis on diabetes, hyperlipidemia, and hypertension. Dr. Knight started the PGY2 ambulatory care residency program in 2009, and now serves as the residency program coordinator.

Melody Ryan, Pharm.D., MPH, BCPS, CGP

Dr. Ryan received both her BS and Pharm.D. degrees from the University of Kentucky. She completed a pharmacy practice residency at Duke University Medical Center and a two year fellowship in Neuroscience at the University of Kentucky. Dr. Ryan is a certified geriatric pharmacotherapist and is board certified in pharmacotherapy. Dr. Ryan also completed a Master's in Public Health. Dr. Ryan coordinates pharmaceutical care for the Neurology Service. Dr. Ryan is professor with tenure at the University of Kentucky College of Pharmacy.

Sandra L. Senft, Pharm.D., PT, MPA

Dr. Senft received her PharmD – MPA in the dual degree program at UK COP, and completed her PGY1 residency at the Lexington VAMC. She is a Clinical Pharmacy

Specialist in the Anticoagulation Clinic and coordinates medication therapy management for the Clinic.

Lindsay B. Wells, Pharm.D., BCPS

Dr. Wells received her B.S. and Pharm.D. from the University of Mississippi School of Pharmacy. She completed a PGY1 residency at the G.V. (Sonny) Montgomery VA Medical Center and PGY2 pain management/palliative care residency at the Central Arkansas Veterans Healthcare system. Dr. Blaise is a clinical specialist in primary care specializing in pain management.

Medication Reconciliation Pharmacists

Dr. Karen Boyle received her Pharm.D. from the Virginia Commonwealth. Dr. Rachael Mathews received her Pharm.D. from the University of Kentucky. Dr. Rodney Haddix received his Pharm.D. from the University of Kentucky. Dr. Lindsey Dodds received her Pharm.D. from the University of Kentucky. Dr. Brittany Dominick received her Pharm.D. from the University of Kentucky.

Patrick Higginbotham, Pharm.D., BCPS

Dr. Higginbotham earned his Pharm.D. from the University of Kentucky College of Pharmacy. He completed a PGY1 Residency at the Lexington VAMC. He is a clinical specialist in geriatrics.

Lisa Strunk, Pharm.D., BCPS, CGP

Dr. Strunk received her Pharm.D. from the University of Kentucky. She completed a pharmacy practice residency at the Lexington VAMC and is now a Clinical Pharmacy Specialist working with patients enrolled in VA's Home-Based Primary Care (HBPC) program. She is board certified in pharmacotherapy.

Jami Bailey, Pharm.D., BCPS

Dr. Bailey received her Pharm.D. from the University of Maryland, Baltimore in 2005. She completed a pharmacy practice residency here at the Lexington VAMC. Dr. Bailey is board certified in pharmacotherapy and provides clinical pharmacy services in our Home Based Primary Care Program.

Tara Downs, PharmD, BCACP, CGP

Dr. Downs received her Pharm.D. from the University of Kentucky. She completed a PGY1 residency at the TVHS VA Medical Center, and her PGY2 ambulatory care residency at the Lexington VAMC. She is a clinical specialist in PC geriatric clinic and home based primary care.

Kelly Davis, Pharm.D., BCPS, BCCCP

Dr. Davis received her Pharm.D. from the University of Southern Nevada College of Pharmacy. She completed a PGY1 and a PGY2 specialty residency in internal medicine at the University of Kentucky Medical Center. She also earned B.S. degree in Biology with a minor in English from Fairfield University in Fairfield, Connecticut and a Master of Science in Teaching. She was a science teacher for middle/high school aged children for 6 years prior to pursuing pharmacy training. She now practices as a clinical specialist in antimicrobial stewardship.

Rachel Hanners, Pharm.D.

Dr. Rachel Hanners received her Pharm.D. from East Tennessee State University and completed a PGY1 residency at the James H. Quillen VA Medical Center. She is a clinical pharmacy specialist in acute care/critical care and provides clinical services to the ICU and internal medicine teams.

Natalie Walker, Pharm.D.

Dr. Walker received her Pharm.D. from the University of Kentucky College of pharmacy and completed a PGY1 residency at the Lexington VA Medical Center. She is a clinical pharmacy specialist in acute care/critical care and provides clinical services to the ICU and internal medicine teams.

Anna Lockwood, Pharm.D., BCPP

Dr. Lockwood received her Pharm.D. from the University of Tennessee, Memphis. She completed a pharmacy practice residency and a psychiatry specialty residency here at the Lexington VAMC. Dr. Lockwood is board certified in psychiatric pharmacotherapy and is a Clinical Pharmacy Specialist in inpatient psychiatry. She provides anticoagulation monitoring and medication reconciliation for patients admitted and discharged from the psychiatric unit.

Mary (Mimi) Eberly, Pharm.D., BCPP

Dr. Eberly received her Pharm.D. from The Ohio State University, and completed PGY1 and PYG2 Mental Health training at the Lexington VA Medical Center. She is a Clinical Pharmacy Specialist in the residential PTSD and substance abuse rehabilitation unit.

TJ Emmons, Pharm.D.

Dr. Emmons received his Pharm.D. from the Samford University McWhorter School of Pharmacy. He completed a pharmacy practice residency at the Lexington VAMC. Dr. Emmons serves as the program manager for formulary management.

Jenna Houranieh, Pharm.D., BCOP

Dr. Houranieh received her Pharm.D. from the Massachusetts College of Pharmacy. She completed her PGY1 and PYG2 oncology residencies at the Southern Arizona VA Healthcare System. Dr. Houranieh practices as a clinical specialist in oncology.

Bridger Bright, Pharm.D.

Dr. Bright received her Pharm.D. from the University of Kentucky College of Pharmacy. She completed a community pharmacy residency with the University of Kentucky College of Pharmacy and Kroger. She practices as a clinical specialist in primary care.

Carrie Isaacs, Pharm.D., CDE

Dr. Isaacs received her Pharm.D. from the University of Kentucky College of Pharmacy and completed a pharmacy practice residency at the William S. Middleton VA Medical Center. Dr. Isaacs is a certified diabetes educator and a licensed diabetes educator. She practices as a clinical specialist in primary care.

Sally Armstrong, Pharm.D., BCACP

Dr. Armstrong graduated from Lipscomb University College of Pharmacy in Nashville, TN. She completed a pharmacy residency with ambulatory care focus at the Veterans Affairs Phoenix Healthcare System. She practices as a clinical specialist in heart failure and primary care.

Justin Butler, Pharm. D., BCPP

Dr. Butler graduated from Purdue University College of Pharmacy in West Lafayette, IN. He completed a PGY1 residency and PGY2 Psychiatric Pharmacy Residency at the Lexington VAMC. Prior to entering pharmacy school, Dr. Butler served in the United States Marine Corp for four years. He serves as an academic detailing pharmacist at the Lexington VAMC.

Rachel Simpkins, Pharm.D., BCACP

Dr. Simpkins received her Pharm.D. from the University of Kentucky College of Pharmacy. She completed a PGY1 Residency and a PGY2 Ambulatory Care Pharmacy Residency at the Lexington VAMC. She practices as a clinical specialist in primary care.

Brent Simpkins, Pharm.D., BCACP

Dr. Brent Simpkins received his Pharm.D. from the University of Kentucky College of Pharmacy. He completed a PGY1 Residency at St. Claire Regional Medical Center in Morehead, KY and a PGY2 Ambulatory Care Pharmacy Residency at the Richard L. Roudebush VA Medical Center in Indianapolis. He practices as a clinical specialist in the geriatrics primary care clinic.

Residency Program Information

Duration: 12 months

Number of PGY1 positions: 3

Number of PGY2 positions: 2

Starting Date: TBD

Estimated Stipend: \$41,533 (PGY1)

\$44,944 (PGY2)

PHORCAS Application Deadline: December 31st

Application Requirements: Pharmacy license or eligibility for licensure

Doctor of Pharmacy or equivalent experience

Completion of ASHP Accredited PGY1 Residency (for PGY2 programs)

United States Citizenship

Curriculum Vitae

Three (3) letters of recommendation

Official college transcripts

Letter of intent

VA application

<http://www.va.gov/vaforms/medical/pdf/vha-10-2850-fill.pdf>

Benefits:

Health Insurance

BLS/ACLS certification

Thirteen (13) vacation days; four (4) hours earned per pay period

Eleven (11) federal holidays

Thirteen (13) sick days; four (4) hours earned per pay period

Administrated leave for professional meetings

ASHP Midyear Meeting (Early December)

Great Lakes Residency Conference (Mid-Late April)

CPNP Annual Conference (PGY2 Psychiatric Resident, Mid-Late April)

Free Photocopying

Medical Media support including printing of research posters

Unlimited access to journals and other reference materials

Pharmacy Residency Policies

Residency Entry & Licensure Criteria

Licensure

For the PGY1 Pharmacy Residency, the resident must be licensed or be eligible for licensure in any state. It is strongly encouraged for residents to obtain pharmacist licensure prior to the beginning of the residency program as this is vital to the orientation experience. If the resident is not a licensed pharmacist prior to the beginning of the residency program, he/she should obtain licensure as soon as possible. Failure to obtain professional pharmacist licensure within 90 days of the start date of the residency can result in a pharmacy resident being placed on probation, dismissed, or voluntarily withdrawn from the residency program (see Pharmacy Resident Dismissal Procedure/Termination of Residency).

For PGY2 Residency Programs, the resident must provide proof of professional pharmacist licensure from Kentucky, only if he/she chooses to participate in learning experiences offered at the University of Kentucky.

For all residents, failure to maintain professional pharmacist licensure during the residency program can result in a pharmacy resident being placed on probation, dismissed, or voluntarily withdrawn from the residency program (see Pharmacy Resident Dismissal Procedure/Termination of Residency).

Proof of Licensure: Required upon entry into the residency program. If pharmacist licensure is not available, pharmacy intern license is sufficient in the interim for PGY1 residents but must be currently valid from the state in which it was issued for the duration of time in which the resident is not licensed; however, all pharmacist activities will require direct supervision until proof of pharmacist licensure is provided. A copy of your pharmacy license must be provided to the pharmacy office to be placed in your employee file.

Completion of PGY1 Residency

For all PGY2 residency programs, the resident must provide proof of completing a PGY1 ASHP accredited or accreditation pending residency with a certificate of completion prior to starting PGY2 program. The PGY2 residency program director should also contact the resident's PGY1 program director for confirmation. Failure to obtain a certificate of completion from a PGY1 ASHP accredited or accreditation pending residency program may result in a pharmacy resident being placed on probation, dismissed, or voluntarily withdrawn from the residency program.

Attitude

The resident is expected to demonstrate professional responsibility, dedication, motivation, and maturity with regard to all activities and responsibilities associated with the residency for its entirety. The resident shall demonstrate the ability to work and interact with all staff and patients of the Lexington VAMC in a productive and harmonious manner. Appropriate attire, personal hygiene and conduct are expected at all times. The resident will adhere to all regulations governing the operations of the Department of Veterans Affairs Medical Center without exception.

Attendance/Leave

Prompt arrival and attendance is required at all clinics, conferences, meetings, rounds and other scheduled activities during each and every rotation throughout the term of the residency. Unexcused absences and or tardiness will not be tolerated and can be a basis for failure of the rotation involved. It is the responsibility of the resident to contact the immediate preceptor or the residency program director as soon as is practical to report unavoidable absences or tardiness.

Annual Leave (AL, vacation) is earned at the rate of 4 hours every two weeks. Annual leave can be used for rest, relaxation, and recreation as well as time off for personal business (e.g., licensure examinations, job interview) and emergency purposes (e.g., auto repair). It may be used only after it has been earned. Advanced leave is not permitted. Leave must be requested in advance, preferably 2 weeks, and approved before being taken. Residents cannot be on annual leave on the last day of the residency. Since residents cannot miss more than 10 days in any one month rotational experience (due to annual, sick, or authorized leave), those planning vacations greater than 1 week may need to schedule the vacation across two rotations. Request for annual leave is carried out by completing a leave request in VISTA, after approval by the immediate preceptor of the rotational area you are assigned, as well as the residency program director. As a courtesy, it is the resident's responsibility to directly notify the immediate preceptor of their rotational area prior to taking approved leave. All leave requests are subject to the approval of residency program director and will be acted on in light of the resident's ability to complete the program's required rotational experiences as well as the overall completion of the residency requirements. Annual leave should be used prior to the end of the residency unless the resident is planning to transfer leave to a VA job position after completion of the residency.

Sick Leave (SL) is earned at the rate of 4 hours every two weeks. Sick leave can be used for illness and injury as well as medical, dental, optical, and other medically-related appointments or procedures. Sick leave must be reported as soon as you determine you will not be able to come to work and preferably at or prior to the beginning of your scheduled tour of duty, but in any event, not later than 2 hours thereafter. It is the resident's responsibility to directly notify the immediate preceptor of their rotational area and the residency program director of the absence. Upon returning to work, a leave request must be entered in VISTA. The resident must call in sick for each consecutive day of illness. If you require sick leave for more than 3 consecutive work days, you must furnish medical certification by a physician attesting to the need for sick leave during the period of absence. Residents cannot miss more than 10 days in any 1 month rotational experience (due to annual, sick, or authorized leave) and need to plan accordingly. Sick leave may also be used for family care, adoption-related purposes, or bereavement for a family member. If your request for sick leave exceeds the amount of earned sick leave hours, annual leave will be used. "Leave without pay" (LWOP) is only granted at administrative discretion by the Chief of Pharmacy Service.

Authorized Absence (AA, leave with pay) is granted when you are conducting VA related activities at a location other than the Medical Center. Professional meetings and training seminars are two examples that require authorized absence. Authorized absences must be

requested in advance, preferably 2 weeks, by completing a computerized SF-71 request and the manual Form 10-2105 - Request for Temporary Travel Authority. A justification (including city and state of the training) for the AA should be noted in the remarks section of the SF-71. Both forms are submitted to the residency program director to be initialed and sent to the Chief of Pharmacy Service for approval. Leave request must also be entered in VISTA.

Court Leave during your residency program is discouraged due to the high demands of the program within a limited training period. Residents are encouraged to request deferment of jury duty requests; however, should you wish to participate, you must notify the program director as early as possible.

Extended Leave may be taken on a case-by-case basis for valid reasons during the residency program. Examples of valid reasons may include family member illness or death, resident or wife giving birth, residency illness, natural disasters, or other unforeseen events that impact a resident's capacity or ability to participate in the residency program. Residents must use all earned annual leave (AL) before the use of leave without pay (LWOP) is considered. The Office of Academic Affiliations (OAA) must be notified to inform them the specific date that pay would be withheld (LWOP) so that funding can be adjusted. OAA would also need to be informed of the date the resident resumes the residency so that funding can also be resumed.

Grievances Procedure

I. Policy

It is the intention of the Lexington VA Medical Center to deal fairly with PharmD residents in training at the VA Medical Center or affiliated health care settings. In the normal course of working together on a day-to-day basis, problems in connection with the working relationship can be expected to arise. In most cases, the problem can and should be resolved at the first level of supervision. However, when a mutually satisfactory solution cannot be worked out at the first level, the resident should be given an opportunity to appeal the decision without fear of prejudice.

The procedure outlined herein is designed to provide a method of dealing with resident grievances in a prompt and equitable manner without placing an unreasonable burden on the Medical Center's resources and personnel. The proceedings are informal in nature. Procedural due process in this context does not require many of the features of the formal judicial proceedings employed by courts-of-law, such as public hearing, representation by counsel, cross-examination of witnesses, and adherence to rules of evidence. Thus, emphasis is placed on a method of getting at the facts, assuring that these are reported accurately to the proper authority, and providing a decision which is fair to all concerned.

II. Procedure

A. Initial

1. The aggrieved resident shall state any personal complaint to the residency program director.
2. The director may request that the complaint be stated in writing; the resident shall be obligated to comply with the request.
3. The director shall report the complaint to the service chief.
4. Every effort shall be made by the director to deal with the complaint on its merits without undue delay. However, the program director shall be allowed up to three (3) working days (Saturdays, Sundays, and holidays excluded) to resolve the matter satisfactorily. The decision of the program director shall be termed an answer for the aggrieved house officer.
5. The residency program director's answer shall be in writing.
6. A copy of the answer shall be forwarded to the service chief.

B. Appeal

1. If the aggrieved resident is not satisfied with the answer of the residency program director or if the answer is not received from the director within the time allowance stated above, the resident may appeal directly to the service chief.
2. The appeal shall be made within three (3) working days (Saturdays, Sundays, and holidays excluded) after expiration of the director's time allowance as stated in above.
3. The service chief may request that the appeal be stated in writing; the resident shall be obligated to comply with the request.

4. The decision of the service chief shall be given in writing to the resident within five (5) working days (Saturdays, Sundays, and holidays excluded) after receipt of the appeal.
5. Copies of the appeal and the decision shall be forwarded to the appropriate associate director, as well as to the residency program director.

Resident Dismissal Procedure/Termination of Residency

A resident may be placed on probation or dismissed from the program should there be evidence of transgressions. Transgressions may include but are not limited to the following:

- 1) Failure to receive pharmacy license 90 days following residency start date
- 2) Unprofessional or unethical behavior
- 3) Insubordination
- 4) Unsatisfactory attendance
- 5) AWOL Absence
- 6) More than one unsatisfactory evaluation documenting continued failure to meet goals and objectives which may include the following:
 - a. Failure to perform resident responsibilities at an acceptable level (i.e. pt care activities, readings, presentations, and other activities as specified by their preceptor(s))
 - b. Failure to complete activities on time and at the level expected of a resident following documentation
- 7) Theft of government or personal property
- 8) Mental impairment caused by substance abuse

Responsibilities:

If a resident is placed on probation, the residency director along with the other preceptors will document transgressions leading to probation in writing and along with the resident formulate an individual plan for performance improvement. If the resident does not show satisfactory improvement, he/she may be dismissed. This action will be taken with the concurrence of the Chief of Pharmacy, Residency Director and Residency committee.

Procedures:

1. After the first transgression the preceptor will provide residency director with a written evaluation documenting the transgression. Written documentation may include but is not limited to rotation and quarterly evaluations. The resident will meet with the residency director and his/her mentor to formulate a plan to improve performance. The first transgression will not result in probation.
2. Upon receipt of a second documented transgression, the resident may be placed on probation or additional measure will be taken to correct problems.
3. Any documentation of future transgressions, the resident may be dismissed. Actions will have the concurrence of the Chief of Pharmacy Services, the Residency Director, and the residency committee.

Resident Voluntary Withdrawal Procedure

A resident may voluntarily withdraw from the residency program for extenuating circumstances or if he/she feels they can no longer meet the requirements set forth to complete residency requirements.

Responsibilities:

If a resident elects to voluntarily withdraw from the residency program, he or she must notify the chief of Pharmacy, residency program director, and residency committee in writing at least 14 days prior to his/her leaving the position. The written documentation should include reason for withdrawal and the resident's intended last day.