



United States
Department of Veterans Affairs
VA Palo Alto Health Care System
3801 Miranda Avenue • Palo Alto, CA • 94304



Refer Reply To: 119

Dear Residency Candidate:

Thank you for your interest in the Pharmacy Practice Residency at the VA Palo Alto Health Care System. Our program participates in the ASHP matching service and follows the rules associated with that process. Applicants must be U.S. citizens or should be eligible for citizenship prior to March 1, 2005.

Candidates wishing to apply to our program are required to submit the following:

1. A "letter of intent" stating why you are pursuing a residency position in our program. This should be a maximum of 1 typed page.
2. A current curriculum vitae.
3. A US Government form OF-612 "Optional Application for Federal Appointment" and form OF-306 "Declaration for Federal Employment". *Please send the original of each form you fill out plus one copy.* These forms are available at <http://www.opm.gov/forms/html/of.htm>.
4. A current official University/College Pharmacy School transcript.
5. Three letters of recommendation. These should be from individuals capable of commenting on your professional capabilities, including: academic ability, communication skills, behavioral attributes (leadership, initiative, dependability, ability to handle multiple tasks, etc.), clinical problem solving skills, an assessment of potential capability to perform research, and any other attributes which will assist us in assessing your ability to flourish and succeed in our program. All comments and information will be held in strictest confidence.

The deadline for submitting a complete application packet is Friday, January 7, 2005.

Upon our receipt of the items requested above, we will contact you to schedule an interview date. Our interviews tentatively will begin the week of February 7th.

Please address all correspondence to: Noelle K. Hasson, Pharm.D., Residency Program Director, Pharmacy Service (119), Veterans Affairs Palo Alto Health Care System, 3801 Miranda Ave, Palo Alto, CA 94304. If you have any questions, please contact me at noelle.hasson@med.va.gov or (650) 493-5000 x63601.

Again, thank you for your interest in our program and best of luck in obtaining the residency best suited for your professional interests and goals. We look forward to meeting with you personally and discussing our program further with you.

Sincerely,

Noelle K. Hasson

Noelle K. Hasson, Pharm.D.
Residency Program Director

Residency in Pharmacy Practice

SETTING

The VA Palo Alto Health Care System is a 903 bed hospital and satellite outpatient clinic complex located in the greater San Francisco Bay Area of California. This major tertiary referral center consists of three medical center divisions and six satellite outpatient clinics. The Palo Alto Division, located in the foothills of the Coast Range Mountains, is comprised of ambulatory care clinics, and medicine, surgery, acute psychiatry, spinal cord injury, geriatric care, hospice, and blind rehabilitation inpatient beds. The Menlo Park Division, located seven miles away from Palo Alto, serves primarily chronic psychiatric, nursing home, respite, and domiciliary patients. The Livermore Division, located 40 miles east of Palo Alto, cares primarily for subacute medicine and nursing home patients. Satellite clinics are located in San Jose, Monterey, Stockton, Modesto, Sonora, and Capitola. The Health Care System is affiliated with Stanford University School of Medicine and University of the Pacific (UOP) School of Pharmacy.

PHARMACY SERVICES

The Pharmacy Service provides 24-hour coverage seven days a week. Patient care is provided by a staff of more than 100 pharmacists, residents, students, and technicians practicing in the inpatient and ambulatory care setting. The pharmacy also provides a Pharmacoeconomics Center, Drug Information Service, and staff to participate on an array of local, regional, and national committees.

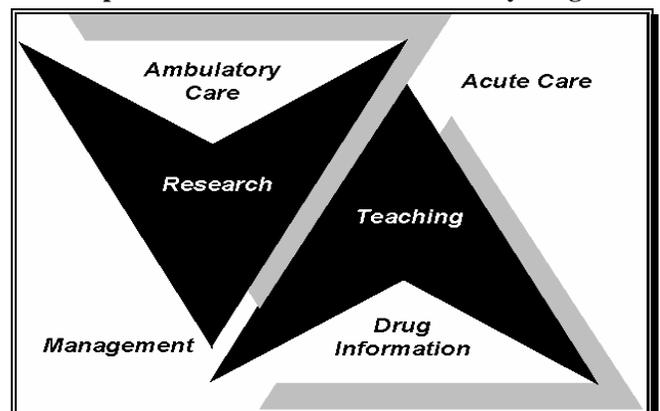
Inpatient Service. The decentralized inpatient pharmacy staff provides pharmaceutical care to veterans using a systematic process designed to ensure patients are educated and drug therapy is monitored. Care plans are developed based on individual patient needs and used in conjunction with computer-generated databases to monitor for drug indication, appropriateness, and achievement of therapeutic outcomes. New orders are evaluated in the context of this information with attention to drug

dosing, drug interactions, adverse effects and drug allergies. Pharmacists' recommendations are communicated on patient care rounds or directly to the medical, surgical, psychiatric, or extended care teams, and documented in electronic progress notes. The pharmacy also provides "code blue" coverage and staff to monitor total parenteral nutrition patients. Drug distribution is accomplished through centralized unit dose and IV admixture services. By utilizing automation and the technical support staff efficiently in the dispensing functions of the pharmacy, the system provides an opportunity for pharmacists to provide pharmaceutical care to their patients.

Ambulatory Care. The Outpatient Pharmacy Sections provide comprehensive pharmaceutical services for clinic patients, which include primary care management of patients in the General Medicine, Anticoagulation, Diabetes, Lipid, and Telephone Care Clinics. Pharmacists also participate in the Home Based Primary Care (HBPC) program.

Education and Training. Members of the pharmacy staff precept residents and UOP clinical clerkship students. The weekly Residency Seminar Series, Journal Club, clerkship student therapeutics and case conferences add to the educational development of the pharmacy staff, residents and students.

Components of the VAPAHCS Residency Program



STATEMENT OF PURPOSE

Upon completion of this residency, the pharmacist will be competent and confident in the provision of direct patient care in a wide spectrum of patient care environments. They will be effective, integral team members as well as efficient at independently solving problems. They will demonstrate excellent communication skills and be leaders in the education of patients and health care providers on medication-related topics.

RESIDENCY ACTIVITIES

The residency is a one-year postgraduate program that provides training and experience in Pharmacy Practice and Education. Patient care responsibilities are foremost; residents also receive instruction and experience in management, managed care, and research. A research project is required and a focus on economics, epidemiology, outcomes analysis, or health-care policy is suggested, but not mandatory.

Required Rotations

Ambulatory Care (7 weeks)

Pharmacy residents are given primary care responsibilities in managing patient health care needs in the following clinics: Anticoagulation, Lipid, General Medicine, Diabetes, and Home Based Primary Care. Residents evaluate drug regimens for efficacy, adherence, and adverse effects, make appropriate adjustments in the medication regimen, and order necessary laboratory tests. Teaching opportunities include precepting pharmacy students and providing education to patients, caregivers, and staff.

Internal Medicine (7 weeks)

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, pharmacy resident, medical residents, interns, and students. The pharmacy resident provides this team with drug information and patient-specific medication recommendations with the goal of improving patient outcomes. Other activities include participating in daily MIICU and work rounds, monitoring patient medication therapy, reporting adverse drug reactions, pharmacokinetic monitoring, discharge counseling and performing patient admission interviews. Teaching opportunities include giving inservices to health care staff, precepting pharmacy students, and providing discharge medication counseling.

Drug Information (7 weeks)

On this service, the resident is responsible for answering health-system drug information requests, writing and editing drug monographs, developing drug use criteria, conducting medication use evaluations, and participating in journal club and medical center health care policy. The resident also participates in the health care system's adverse drug reaction reporting program and provides pharmaceutical information and economic analyses for the Pharmacy and Therapeutics Committee.

Geriatrics (7 weeks)

Residents round with interdisciplinary teams on the Subacute Care Unit and Home Based Primary Care Program. Residents are required to perform monthly medication reviews and optimize medication regimens in elderly patients. In addition, residents evaluate medication adherence and educate geriatric patients during daily rounds with the medical team and during discharge counseling.

Critical Care (7 weeks)

Residents participate as an active member of an interdisciplinary intensive care team consisting of medicine, surgery and anesthesia physicians, an ICU pharmacist, and a clinical dietician. The patient population consists of both surgical (cardiovascular, general, vascular, neurologic) and medical (cardiology and pulmonary) patients. Residents recommend drug regimens for efficacy, evaluate adverse effects, dosing, and laboratory tests and provide drug information to the team and nursing staff. Learning is focused on hemodynamic monitoring, infectious diseases, fluid and electrolyte balance, acid-base disorders, total parenteral nutrition, and ICU pharmacoeconomics.

Managing Pharmaceutical Care: Projects and Conference (year long)

Residents, preceptors, and guest lecturers discuss on a weekly basis various aspects of the changing health care and pharmaceutical care delivery environment. Topics include: pharmaceutical care, clinical pathways, disease management, journal-manuscript process, biostatistics in outcome measurements, quality of life assessment tools, prescriber profiling, and pharmacoconomics. Residents also explore the pharmacist's role in the development of health care policy by serving as an active member of a health care committee throughout the entire year. Committees include: Regional Pharmacy Benefits Management (PBM) Committee, Local P&T Committee, Regional Clinical Pharmacy Specialists Workgroup, Patient Education Committee, Regional Pharmacoconomics Workgroup, and the Medication Safety Committee.

Service (one weekend day every 3-4 weeks)

The primary responsibility of the resident is to provide patient education to all patients being discharged from the hospital. The resident will also gain familiarity with inpatient drug distribution activities at our facility.

Elective Rotations (choice of 2-3)

Psychiatry

Residents are active members of a multidisciplinary team consisting of psychiatrists, psychologists, social workers, nurses, and students. Residents are integral in the implementation of clozapine therapy, drug monitoring, providing drug information to the staff, and educating the patients.

Ambulatory Care

Additional experience in the ambulatory care clinic setting is provided on this rotation. Residents are able to choose from a variety of settings, including our CHF clinic, Hepatitis C clinic and Livermore Division General Medicine and Anticoagulation clinics.

Pharmacoconomics

Residents work in conjunction with the Pharmaco-economic Center to develop and implement strategies to provide a cost-effective pharmacy benefit for our patients and analyze outcomes of these strategies.

Research (up to 4 weeks)

Residents may spend a block of time devoted to their residency project. Residents learn integral elements to complete their mandatory research project, which depending on their specific needs may include: research design, writing protocols, biostatistics, epidemiology, economics, pharmacokinetic modeling, drug analysis, and computer-based support of outcomes research.

Off-Site Elective

Examples of previous off-site learning experiences include pharmaceutical companies, managed care organizations, cardiology, pediatrics, oncology, and bone-marrow transplant.

Benefits

ACLS Certification
Vacation - 13 days / year
Sick leave - 13 days / year
Health Insurance
Paid educational leave
All federal holidays
Lab Coats

Current Residency Class 2004-2005

Ling Kao, PharmD (USC)
Shirin Khorashadi, PharmD (UCSF)
Kari Kobayashi, PharmD (USC)
Scott Mathews, PharmD (UOP)
Patti Togioka, PharmD (UCSF)
Hiep Tran, PharmD (Creighton)
Adriana Verdura, PharmD (Northeastern U)

RESIDENCY PRECEPTORS

Clinical staff serve as preceptors in their areas of expertise. The following are our current faculty.

Ambulatory Care

Ann Byler, Pharm.D.

Dr. Byler received her Pharmacy degree from UC San Francisco in 1991 and completed the VA Palo Alto Residency Program in 1992. She has worked as a Clinical Pharmacy Specialist in our ambulatory care clinics since July 1992.

Julie Lee Pharm.D.

Dr. Lee received her Pharmacy Degree from UC San Francisco in 2003 and completed the VA Palo Alto Residency Program in 2004. She has been an ambulatory care Clinical Pharmacy Specialist since July 2004.

Kristin To, Pharm.D.

Dr. To received her Pharmacy degree from UC San Francisco in 1994 and completed the Pharmacy Practice Residency at UC Davis in 1995 and a Primary Care Residency at VA San Francisco in 1996. She has worked as a Clinical Pharmacy Specialist in our ambulatory care clinics since May 1997.

Fred Yee, B.S., R.Ph.

Mr. Yee received his Pharmacy degree from the University of the Pacific in 1981 and completed the VA Palo Alto Residency Program in 1982. He has been an ambulatory care Clinical Pharmacy Specialist since 1984.

Critical Care

Jeff Hansen, B.S., R.Ph., BCPS

Mr. Hansen received his Pharmacy degree from Oregon State University in 1978 and is board certified in pharmacotherapy. He has worked as a Critical Care specialist since May 1981.

Bonnie Marty, B.S., R.Ph., BCPS

Ms. Marty received her Pharmacy degree from the University of Wisconsin, Madison in 1980 and is board certified in pharmacotherapy. She has worked as a Critical Care specialist since 1984. She is also an ACLS instructor for the VAPAHCS.

Janell Kobayashi, Pharm.D.

Dr. Lee received her Pharmacy Degree from UC San Francisco in 2001 and completed the VA Palo Alto Residency Program in 2002. She has worked as a Clinical Pharmacy Specialist on our Medicine and Critical Care Service since XXX.

Drug Information

Jean Dodge Cole, Pharm.D.

Dr. Cole received her Pharmacy degree from UC San Francisco in 1999 and completed the UC San Francisco/Genentech, Inc. Specialty Residency in Drug Information and Medical Communications in 2000. She has worked as our Drug Information Coordinator since May 2001.

Geriatrics

Eunice Tam, Pharm.D.

Dr. Tam received her Pharmacy degree from UCSF in 2001 and completed a Pharmacy Practice Residency at UCSF in 2002. She

has worked as a Clinical Pharmacy Specialist on our Subacute and Hospice wards since August 2002.

Medicine

Mylinh Ho, Pharm.D., BCPS

Dr. Ho received her Pharmacy degree from the University of the Pacific in 1999 and completed the VA Palo Alto Residency program in 2000. She joined the VA Palo Alto Pharmacy Service in 2000 and works as Clinical Specialist in Internal Medicine.

Joanne Luong, Pharm.D., BCPS

Dr. Luong received her Pharmacy degree from University of Missouri-Kansas City in 1996 and completed a Pharmacy Practice Residency at Baylor University Medical Center in 1997. She has been a Clinical Pharmacy Specialist with our Medicine Service since July 2001.

Robert Chang, Pharm.D.

Dr. Chang received his Pharmacy Degree from UC San Francisco in 2003 and completed the VA Palo Alto Residency Program in 2004. He has worked as a Clinical Pharmacy Specialist on our Medicine Service since July 2004.

Pharmacoeconomics

Terri Hahn, B.S., R.Ph.

Ms. Hahn received her Pharmacy degree from Auburn University in 1994. She began her VA career at the Tucson facility in 1997 as an inpatient medicine clinical specialist, then transferred to the Palo Alto VA in January 2000. She has worked as a pharmacoeconomic specialist since September 2000.

RESEARCH

A major focus of our program is to enhance the ability of the resident to apply scientific research methods to complete an evaluative project. Projects are selected by the resident and are conducted under the guidance of research preceptors. Past residents' research projects have resulted in many valuable contributions to the pharmaceutical and medical literature. The following is a sampling of our residents' publications during 1999-2004. Residents' names are in bold.

1. **Gee MT**, Hasson NK, Hahn T, Ryono RA. Outcomes of a tablet splitting program in patients taking HMG-CoA Reductase Inhibitors. *J Managed Care Pharm* 2002;8(6):353-9.
2. **Faltermier AM**, Hasson NK, Cox D, Lum BL. The impact of a telephone care pharmacy program on health care resource utilization. *JMCP* 2000;6(3):217-21.
3. **Puentes E**, Puzantian T, Lum BL. Prediction of valproate serum concentrations in adult psychiatric patients using bayesian model estimations with NPEM2 population pharmacokinetic parameters. *Ther Drug Mon* 1999;21:351-4.
4. **Gong C**, Hasson NK, Lum BL. Impact of a diabetes disease management clinic on the total glycosylated hemoglobin of patients with type 2 diabetes mellitus. *JMCP* 1999;5(6):511-5.
5. Mole L, **Ockrim K**, Holodniy M. Decreased medical expenditures for care of HIV-seropositive patients: The impact of highly active antiretroviral therapy at a US Veterans Affairs Medical Center. *Pharmacoecon* 1999;16(3):307-15.
6. **Nguyen DP**, Hasson NK. Perioperative management of patients on long-term warfarin therapy. *Hosp Pharm* 1999;34(1):103-7.
7. **Dalere GM**, Coleman RW, Lum BL. A graphic nomogram for warfarin dosage adjustment. *Pharmacother* 1999;19(4):461-7.