



Edward Hines, Jr. VA Hospital

PGY1 Pharmacy Residency

Frequently Asked Questions & Program Information

We Embrace Our Veterans' Healthcare Needs, One Veteran at a Time

Edward Hines, Jr. VA Hospital, located just minutes from downtown Chicago, provides care to approximately 54,000 veterans. The residency program develops the resident into a versatile practitioner able to excel in pharmacy practice, pharmacotherapy education, and administrative practice through active participation in a variety of settings. Experiences available to residents include:

- **Ambulatory Care**
 - Community Based Outpatient Clinics (CBOCs) – Aurora, Elgin, Joliet, Kankakee, La Salle, and Oak Lawn
 - Hines VA campus
- **Anticoagulation**
 - Home Based Primary Care
 - Inpatient Management
 - Outpatient Clinic
- **Critical Care**
 - Medical Intensive Care
 - Surgical Intensive Care
- **Drug Information**
- **Geriatrics**
 - Community Living Center (Long Term Care)
 - Home Based Primary Care
 - Hospice
- **Group Medication Teaching**
 - Diabetes
 - Smoking Cessation
- **Hospital Practice**
- **Infectious Diseases**
- **Internal Medicine**
- **Longitudinal Training**
 - Amiodarone Monitoring
 - Home Based Primary Care Anticoagulation
 - Pharmacy Practice Management
- **Mental Health (Psychiatry)**
- **Nutrition Support**
- **Other**
 - Pharmacy Residency Recruitment
 - Pharmacy Student Co-precepting
 - Seasonal Influenza Immunization
- **Pharmacy Practice Management**
- **Pharmacy Project Management**
- **Specialty Clinics**
 - Endocrine
 - Geriatrics
 - Pain Management
 - Women's Health
- **Transitions of Care**

Residents precept pharmacy students from the University of Illinois at Chicago, Midwestern University Chicago, Southern Illinois University at Edwardsville, Chicago State University, and Creighton University Colleges of Pharmacy. They participate in journal clubs, patient case presentations, perform formal presentations, and provide in-service education to staff. Administrative practice includes experiences with management personnel. Completion of a research project is required and publication is encouraged.

Edward Hines, Jr. VA Hospital Pharmacy Residency Program

For information please contact:

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Hines, Illinois 60141

Edward Hines, Jr. VA Hospital PGY1 Pharmacy Residency

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Where is Edward Hines, Jr. VA Hospital located?

Edward Hines, Jr. VA Hospital is located just outside the western city limits of Chicago and is less than a half-hour drive from downtown using the Eisenhower Expressway. The campus is also accessible by public transportation. Hines VA is located next to Loyola University Medical Center in Maywood, Illinois, and has many affiliated practitioners.

For more information on where Hines is located and travel information please go to our website: www.hines.va.gov

What is the purpose statement for the pharmacy residency?

To prepare pharmacist clinicians for patient care positions, adjunct faculty positions, or for postgraduate year two (PGY2) pharmacy residency training in their preferred area.

Is the Edward Hines, Jr. VA Hospital PGY1 Pharmacy Residency Program ASHP accredited?

Yes.

How many residents are recruited?

For the class of 2014 we were able to recruit for nine positions; however, we currently are recruiting for seven residents for the class of 2015.

How many applicants typically apply each year?

We received approximately 90 applications last year.

What are the pharmacy residency applicant requirements?

- U.S. Citizenship
- Doctor of Pharmacy degree from an ACPE Accredited College of Pharmacy or equivalent experience
- Eligible for licensure to practice pharmacy in one of the states or territories of the United States or the District of Columbia within three months from the date of the resident's appointment
- Equal Opportunity Employer

How does an interested residency candidate apply for the Edward Hines, Jr. VA Hospital PGY1 Pharmacy Residency Program?

Submit the required application materials through the Pharmacy Online Residency Centralized Application Service (PhORCAS) on or before Friday, January 10, 2014. The PhORCAS website is available at <http://www.ashp.org/phorcas> or <https://portal.phorcas.org/>.

Also, please check our website for a link(s) to the supplemental material(s) that are required as part of our residency application, which can then be uploaded into PhORCAS. Our residency website is available at http://www.hines.va.gov/about/pharm_residency.asp.

Does the Edward Hines, Jr. VA Hospital PGY1 Pharmacy Residency interview the interested candidate?

Yes. Qualified candidates will be contacted for an on-site interview.

The interview is a half day event. The residency candidate will meet the residency program director and coordinator, chief of pharmacy, program preceptors and current PGY1 pharmacy residents. During the pharmacy and medical center tour, the candidate will be introduced to other pharmacy and health care professionals. The residency program director and/or coordinator provide the candidate with the philosophy, goals and objectives of the Hines PGY1 Pharmacy Residency. The candidate will have the opportunity to ask questions about the program. During the on-site interview candidates can anticipate being asked questions that will assess their verbal skills and determine their thoughts and views on such areas as personal mastery, interpersonal effectiveness, technical skills, customer service, flexibility and adaptability, and organizational stewardship.

Does the Edward Hines, Jr. VA Hospital PGY1 Pharmacy Residency Program participate in the "Match"?

Yes, the Edward Hines, Jr. VA Pharmacy Residency Program has always participated in the "Match". Since 2007, pharmacy residency programs have been offered to applicants through the ASHP Resident Matching Program (the "Match").

How do residency applicants register for the Match?

- You must register for the Match using the online registration system, which can be accessed using the link provided on this page. You should register only once. After registering, you can update the information you submitted by selecting the option to *Login to Update My Profile* from the drop-down menu for applicants at the top of the screen.
- **Fee:** You must pay a fee of \$125 US to register for the Match. The registration fee is **non-refundable** (even if you subsequently decide to withdraw from the Match) and is not transferrable to future Matches or other applicants; it applies ONLY to the current Match year for the applicant who registers when the fee is paid.
- **Timing:** It is recommended that applicants register for the Match by **January 10, 2014**, although registrations can be accepted after that date if necessary. Some programs require applicants to register for the Match before submitting their applications; therefore, applicants are encouraged to register **as soon as possible**.

[Register for the Match](#)

How is the residency candidate notified if they "Match" with the Edward Hines, Jr. VA Hospital PGY1 Pharmacy Residency Program?

Results of the "Match" are released by the National Matching Services, Inc. to the applicant and program director on March 21, 2014.

The Edward Hines, Jr. VA Hospital Residency Program Director will contact the matched applicant following the "Match". The matched applicant will receive a letter of confirmation to sign and return to the residency program director.

What is the starting date and length of the residency program?

The residency program starts prior to July 1st (VA pay period 13, last portion of June). It is one year in length like all other pharmacy residencies.

Is the starting date flexible?

Unfortunately, a flexible starting date is not feasible because of funding constraints, an aggressive orientation schedule, and certain residency requirements such as presenting a completed research project at the Great Lakes Residency Conference in the spring.

What is the salary offered for residents?

As of July 2010, the annual salary is \$45,036.00 per year.

What benefits are offered?

- A variety of insurance options are available (e.g. medical)
- 10 paid holidays, 13 vacation days, and 13 sick days
- Laboratory coats
- Each resident has a computer, desk, file space, pager, and phone
- The residents share a large office area
- Approved absence for the Illinois Council of Health-System Pharmacists (ICHP) Annual Fall Meeting, ASHP Midyear Meeting, and the Great Lakes Pharmacy Resident Conference
- Medical Library with electronic journal access
- Free parking
- United States Post Office on grounds

What happens if the resident is not licensed within six months from the date of their appointment?

S/he will receive communication that separation action may be initiated if licensure is not secured within six months from the date of appointment.

What are the required rotations?

Required rotations include: Ambulatory Care, Anticoagulation, Geriatrics (Long Term Care or Home Based Primary Care), Hospital Practice, Internal Medicine, Transitions of Care, and longitudinal experiences in Clinical, Pharmacy, and Project Management. The clinical practice longitudinal training is experienced within the Inpatient Anticoagulation Management Service approximately one weekend a month all year long. In addition, you will be assigned a panel of amiodarone and HBPC anticoagulation patients to monitor all year long. The Pharmacy Management longitudinal training occurs once weekly in the morning (before the resident's daily rotation begins) throughout the course of the year.

What elective rotations are available to choose from? What elective rotations are offered?

The electives currently available include Advanced Ambulatory Care, Advanced Internal Medicine, Clinical Management, Critical Care (ICU/SICU), Drug Information, Hospice, Infectious Diseases, Medical Oncology, Mental Health (Psychiatry), Nutrition Support, National/VISN/Facility Pharmacy Benefits Management, and Specialty Clinics including but not limited to Endocrinology, Geriatrics, Infectious Diseases, Lipid, Pain, Women's Health.

How many elective rotations can I take?

Two (2) elective rotations

How long are the rotations?

Both elective and required rotations are six weeks long.

Will all rotations be experienced at the Edward Hines, Jr. VA Hospital campus?

All clinical rotations except for the Ambulatory Care learning experience will be on the Hines campus. The Hines VA campus and the six Community Based Outpatient Clinics (CBOCs) all provide primary care to our veteran patients. Residents may be assigned to the Hines location or one of the following six CBOCs (Aurora, Elgin, Joliet, Kankakee, La Salle, and Oak Lawn) depending on the availability of the preceptors and the resident's desire for precepting pharmacy students.

Can rotations be experienced at an outside facility for learning experiences not offered at the Hines VA Hospital (e.g., pediatrics and transplantation, etc.)?

Rotations are to be completed within the Department of Veterans Affairs. Elective rotations are flexible within the facility but there are no rotations offered outside of the Department of Veterans Affairs.

What are the required longitudinal experiences?

Residents have weekly meetings with the Residency Director and Chief of Pharmacy Service to develop their management skills.

Residents will practice pharmaceutical care within Inpatient Anticoagulation Management Service approximately one to two weekends a month. In addition, residents will be assigned a panel of amiodarone and HBPC anticoagulation patients to monitor for efficacy and safety.

What are some of the required residency activities?

During the year a resident will learn to think critically about published literature and become adept at presenting this information in a variety of formats. One ACPE accredited continuing education seminar providing updates on new or controversial pharmacotherapeutic topics will be presented to the pharmacy staff. In addition, residents will be required to complete a medication use evaluation (MUE), write a new or revise an existing policy memorandum, and provide feedback for the National PBM drug monographs. Residents are also asked to write at least one article for the Pharmacy Service's Newsletter. Furthermore, the residency research project will require presentation at the Great Lakes Pharmacy Resident Conference using Microsoft® Office PowerPoint® software. The resident will also be asked to submit a written manuscript, in format appropriate for publication, detailing project goals, methods and results of their research. Several past residents have had their research posters accepted by international meetings and had their articles published in peer-reviewed medical journals.

In addition, journal club and patient case discussion will be conducted by each resident in discussion format with the pharmacy staff. Likewise, residents will also participate in adverse drug event (ADE) reporting. The resident will prepare and dispense medications following the existing standards of practice and our organization's policies and procedures during the Hospital Practice rotation. Additionally, residents are required to attend the following meetings: Pharmacy and Therapeutics Committee, Root Cause Analysis (RCA)/Medication Error Sub-committee, Monthly Pharmacy Service. Lastly, residents have the opportunity to attend various other VISN and/or Facility meetings associated with their rotation.

Do the residents precept pharmacy students?

Yes. Residents will have several opportunities to interact with pharmacy students from the University of Illinois College of Pharmacy, Midwestern University Chicago College of Pharmacy, Chicago State University College of Pharmacy, Southern Illinois University at Edwardsville, or Creighton University during most of the rotations.

Does the residency have a drug distribution (staffing) component?

Yes. Part of a well-rounded quality pharmacy residency program includes some element of drug distribution (staffing) in order to fully appreciate the complete process of drug delivery to patients. A six-week Hospital Practice experience within the inpatient and outpatient pharmacies is required of the pharmacy residents.

Is BCLS/ACLS training mandatory? Is there an “on-call” program? Is there “code-blue” responsibility?

BLS training is mandatory and ACLS training is optional; however, there is no “on-call” program or “code blue” responsibility.

What patient record system is used at the Hines VA Hospital?

All patient records are electronic and in computerized format. This allows more efficient and effective treatment of patients as well as simplified data collection for residency projects. Drug information resources are widely available on the network. The Department of Veterans Affairs is recognized as one of the most progressive agencies in health care with regard to integrating technology into practice.

What are some of the pharmacy resident research projects that have been done in the past?

The pharmacy resident research projects are mostly retrospective. Listed below are the titles from recent projects.

Residency Class of 2012 - 2013

- Evaluating the impact of the home based primary care service admission on a geriatric patients drug burden index – *E. Jaidka*
- Evaluating the impact of geriatric service admission on a geriatric residents drug burden index – *S. Matias*
- Glucose variability and length of hospital stay – *S. Pace*
- Change in Hba1c with dipeptidyl peptidase-4 (DPP4) inhibitors in a veteran population – *G. Patel*
- Evaluation of the need for a unique fasting blood glucose goal in the non-ICU hospital setting – *J. Raschke*
- Evaluating weight changes associated with initiating insulin glargine or insulin neutral protamine hagedorn (NPH) in type 2 diabetic patients in the VA setting – *W. Seggerman*
- Comparison of sulfonylurea continuation versus discontinuation after addition of prandial insulin in type 2 diabetes – *M. Shah*
- Evaluation of the risk factors associated with severe clostridium difficile – *J. Tuazon*

Residency Class of 2011 - 2012

- Outcomes of extended-infusion piperacillin-tazobactam for the treatment of gram negative infections in a VA population – *N. Burge*
- Evaluation of the change in Hba1c in type 2 diabetes mellitus patients when switching from insulin/vial to insulin pen at Edward Hines, Jr. VA Hospital – *R. Cyriac*
- The effectiveness of Edward Hines, Jr. VA Hospital low molecular weight heparin protocol for initial dalteparin doses in obese patients – *J. Greenberg*
- Effects of azithromycin in non-bacterial exacerbations of chronic obstructive pulmonary disease (COPD) – *D. Nakhleh*
- Time in therapeutic range before and after patient self-testing of international normalized ratio – *A. Au*

- Evaluating the impact of a geriatric service on the anticholinergic risk scale score in long-term care patients at the Edward Hines, Jr. VA Hospital – *T. Chiampas*
- Comparing change in HgbA1c of patients in pharmacist managed telehealth clinic versus in-person clinic – *K. Patel*

Residency Class of 2010 - 2011

- Impact of an Interdisciplinary Hospice Team in Reducing Use of Non-Palliative Medications – *N. Kablack*
- Evaluation of Adherence to Suggested Laboratory Monitoring Parameters in Veterans Treated with Atypical Antipsychotics in Mental Health and Non-Mental Health Settings – *J. McMahon*
- Impact on Proton Pump Inhibitor Use Post-Template Implementation in the Veteran Population – *A. Patel*
- Evaluating the Protection Against Hospital GI Bleed with Acid Suppressive Therapy in Non-Critically Ill Patients with Coagulopathy – *E. Sourounis*
- The Effect of Diabetes Medication Regimen Intensification After Hospitalization - *K. Stamer*
- Azithromycin versus Moxifloxacin for Acute Bacterial Exacerbations of Chronic Obstructive Pulmonary Disease - *M. Swihart*
- The Effectiveness of the Edward Hines, Jr. VA Hospital VTE and ACS Heparin Nomograms After the Heparin Potency Change – *S. Szulc*

Residency Class of 2009 - 2010

- Evaluation of Appropriateness/Inappropriateness of Medication Prescribing Using the STOPP/START Criteria in Home Based Primary Care Veterans – *M. Brahmbhatt*
- Efficacy of the Endotool® Glucose Management System in the ICU Setting – *S. Hasan*
- Characteristics Associated with Accuracy of Non-VA Medication Documentation in the Medical Record in a Home Based Primary Care (HBPC) Population – *J. Hseih*
- Outcomes of Ceftriaxone Use in Methicillin Susceptible Staphylococcus Aureus (MSSA) Bloodstream Infections – *E. McKissic*
- Re-Hospitalization Rates of Veterans Who Are Treated with Azithromycin and Have Both Varying Chronic Obstructive Pulmonary Disease (COPD) Exacerbation Severity and Risk for Multiple Drug Resistant Organisms – *L. Narbutas*
- Implementation of a Clinical Pharmacist Managed Amiodarone Monitoring Clinic – *M. Rafinski*
- Outcomes of the Implementation of a Renal Pharmacist Service in an Outpatient Dialysis Unit of a Veterans Hospital – *A. Tardi*

Residency Class of 2008 - 2009

- Evaluation of an Educational In-Service on Appropriate Use of Pharmacologic Venous Thromboembolism Prophylaxis – *L. Babjak*
- Clinical Pharmacist Impact on Lowering Hemoglobin A1c in Diabetic Patients Compared to Those Receiving Standard Care – *K. Bacigalupo*
- A Retrospective Analysis of the Effects of a Pharmacist Managed Inpatient Anticoagulation Service at a VA Hospital – *K. Dincher*

- Evaluation of Blood Pressure in Hypertensive Patients Following Formulary Conversion in Angiotensin Receptor Blocker – *T. Kurup*
- The Impact of Glucose Control in Non-Intensive Care Hospitalized Patients – *L. Labbe*
- Outcomes of a Pharmacist-Based Monitoring Program on Warfarin Therapy in Home Based Primary Care Veterans – *J. Selvage*
- Retrospective Comparison of Adherence to Statins Between Patients with Schizophrenia and Patients Without Mental Illness – *M. Zasadzki*

How does the Hines VA Hospital medical staff perceive the pharmacists? Copied below are quotes from medical staff.

“The clinical pharmacist plays a vital role in assisting the medical team with selection, dosing and minimizing interactions of medications. They are highly knowledgeable and informative and are always willing to share their insight with supplemental literature. As an ICU attending, I consider the clinical pharmacist to be an indispensable member of the critical care team. I cannot imagine rounding in the ICU without a pharmacist.”

Charles G. Alex, M.D., Staff Physician, VA Hines, Professor of Medicine, Medical Director, Lung and Heart-Lung Transplant Programs, Division of Pulmonary and Critical Care Medicine Loyola University Medical Center

“You must remember that from my earliest days as a medical student at the University of Illinois I worked closely with clinical pharmacists and pharmacy students. They have always been integral members of the clinical team contributing their unique expertise to the care plan and sometimes to the diagnostic approach to the patients. I believe that the quality of care measurably improves when clinical pharmacist can round with the staff and attending patient care staffings. I have sorely missed their help when I have worked in hospitals or in facilities that did not have them readily available. I believe that their active participation in the Community Living Center, Geriatric Primary Care Clinics, the Geriatric and Evaluation Program and Home Based Primary Care is absolutely essential to ensure best practices. My only regret here is that we don’t have more of them!”

Jack M. Bulmash, M.D., ACOS Geriatrics & Extended Care, VA Hines

“I think the clinical pharmacists are an essential part of the treatment team at Hines. I rely on them to help me provide the best possible care for the patient. Often, I get paged by the pharmacist to discuss a medication order, dosing, and medication interactions. This ensures that the most appropriate and safest medication is prescribed!”

Nimisha Collins, M.D., Staff Physician, Mental Health Service Line, VA Hines

“I think the consensus is that the pharmacists are looked upon as being an asset to us in how we deliver care to the Veterans. I think their presence creates both a system of checks-and-balances as well as an added resource of information which can only improve the quality of care we provide. We are better providers of care because of the pharmacists.”

Bruce Guay, M.D., Associate Chief, Medicine Service Line, VA Hines

“The pharmacists are a valuable and essential member of our inpatient/outpatient teams. Always available for questions and serve as a vital resource in optimizing patient care.”

Brian Hertz, M.D., FACP, Staff Physician, VA Hines, Assistant Professor, Internal Medicine, Loyola University Chicago

"I think the pharmacy residency program is a great asset for Hines VA. The residents are dedicated to their work. The clinical pharmacy section helps improve patient care and the pharmacists give recommendations in both the inpatient and outpatient settings. They have helped me solve a lot of clinical problems."

Reginald Labossiere, M.D., CNSP, Staff Physician, Geriatrics & Extended Care, VA Hines

"The clinical pharmacists are of great assistance in the clinical care of both inpatients and outpatients. Hines VA Hospital was one of the first hospitals in the country to have clinical pharmacy as an integral part of patient care."

David J. Leehey, M.D., Professor of Medicine, Loyola, Staff Physician, VA Hines

"It would be impossible for us to function currently without the assistance of our Pharm D personnel. I have always been a strong advocate for Pharm D's because I recognize that they have different training and skills which complement my own. The HIV population has grown and the medications now are so complex with all the drug interactions, that we rely on the Pharm D to assist us in the evaluation of the patients. Due to the presence of our long term Pharm D, Ray Byrne, we have essentially obliterated aminoglycoside and vancomycin induced renal failure, have initiated and SUSTAINED a home infusion program that is the envy of the VISN and saves the hospital millions of dollars every year. I can think of no other group of ancillary personnel that we have come to rely on more. For the Infectious Disease section, we LOVE the Pharm D's."

J.R.Lentino, M.D., Chief, ID Section, VA Hines

"I think the overall perception of the clinical pharmacists here at Hines is overwhelmingly positive. They serve as a great resource for us in the clinic and on the wards, they are particularly valuable in terms of co-managing our chronic pain and chronic illness patients in the General Medicine Clinic (the diabetics, the hypertensive patients, the dyslipidemic patients, etc.). Anticoagulation Clinic runs unbelievably smoothly here at Hines, and now the inpatient pharmacy anticoagulation team helps us tremendously on dosing our warfarin patients that are admitted. I think the only issues that ever come up that would be remotely adversarial between the physicians and the clinical pharmacists is over non-formulary medication approvals when there isn't great communication between clinical pharmacist and provider, but this is usually a two way street and influenced by the impersonable CPRS non-formulary request process at times. In general, if I EVER have a difficult non-formulary issue at Hines inpatient or outpatient, I have found that having a face to face conversation/consultation resolves the matter just about every time without any animosity whatsoever."

Scott Pawlikowski, M.D., Emergency Department Medical Director, VA Hines

"The Clinical Pharmacist is a critical part of our treatment team. They are part of our clinical assessment in our Intake Center and assist in looking at trends in our prescribing pattern. We are fortunate to have integrated valuable Clinical Pharmacists into our Service Line."

Bruce Roberts, M.D., Chief, Mental Health Service Line, VA Hines

"They are perceived as a valuable asset both on the general medical wards and in the outpatient clinics."

Brian Schmitt, M.D., MPH, Manager, Medicine Service Line, VA Hines

"The Clinical Pharmacists are a necessary and essential component of the SICU Multidisciplinary Team. The clinical pharmacists attend rounds in the SICU team promoting safety, education, and up to date drug therapy. They are involved in every patient in a meaningful way throughout the day helping to solve problems. In addition, the clinical pharmacists help to provide up to date solutions to recurrent system problems thereby helping to improve the quality of care for current as well as future patients."

Geoffrey Silver, M.D., Director, Surgical Intensive Care, VA Hines

"I have a great deal of respect for the clinical pharmacists with whom I have worked within this institution. Their knowledge base complements my own and the collaborative effort between the clinical pharmacist and physician permits the delivery of high quality medical care while ensuring this is done in the safest and most effective manner possible. Our clinical pharmacists are an integral component/asset in an evolving multi-disciplinary model for patient care. In addition, thank you for allowing both Sue Kim and Frank Svete to continue their excellent work in the Pain Clinic. Both have engaged in outstanding efforts on behalf of our veteran patients here at Hines and their consistent high level of performance and dedication is worthy of praise and recognition."

Robert B. Whitelock, M.D., Staff Physician, Medicine Service Line, VA Hines

Who are former residents who have graduated from your residency program and where are they practicing pharmacy?

Class of 2000 – 2001

Daniel J. Yee, Pharm.D.

Alchemy Managing Editor, Gold Standard / Elsevier, Florida

Class of 2001 – 2002

Palak Suresh Shah Desai, Pharm.D.

Pharmacist
Artist and Owner, Palak Desai Photography

Class of 2002 - 2003

Ursula C. Patel, Pharm.D., BCPS

Clinical Pharmacy Specialist, Infectious Diseases, Edward Hines, Jr. VA Hospital, Hines, IL

Shital Desai, Pharm.D., BCPS

Anticoagulation Clinical Pharmacist, Memorial Hermann Hospital, Houston, TX

Class of 2003 - 2004

Paul M. Drahos, Pharm.D.

Clinical Manager – Inpatient Pharmacy, Sherman Hospital, Elgin, IL

Class of 2004 - 2005

Danielle Alsip, Pharm.D.

Clinical Pharmacy Specialist, Ambulatory Care, Edward Hines, Jr. VA Hospital, Hines, IL

Dipa Patel, Pharm.D.

Clinical Pharmacist, Glenbrook Hospital NorthShore University HealthSystem, Glenview, IL

Stacy Thomas Scaria, Pharm.D.

Clinical Staff Pharmacist, Elmhurst Memorial Hospital, Elmhurst, IL

Class of 2005 – 2006

Justin M. Schmidt, Pharm.D., BCPS

Internal Medicine Clinical Pharmacy Specialist / Associate Professor, Hines VA Hospital, Hines, IL and Midwestern University Chicago College of Pharmacy, Downers Grove, IL

Jeffrey T. Wiczorkiewicz, Pharm.D., BCPS

Internal Medicine Clinical Pharmacy Specialist / Assistant Professor, Hines VA Hospital, Hines VA and Midwestern University Chicago College of Pharmacy, Downers Grove, IL

Class of 2006 - 2007

Aisha Hussain, Pharm.D.

Clinical Pharmacy Specialist, Kaiser Permanente, Falls Church, VA

Annette C. Kossifologos, Pharm.D.	Clinical Pharmacy Specialist, Geriatrics - Home Based Primary Care, Edward Hines, Jr. VA Hospital, Hines, IL
Andrea Marie Mendyk, Pharm.D., BCPS	Clinical Pharmacy Specialist, Ambulatory Care, Edward Hines, Jr. VA Hospital, Hines, IL
Julie Snyder, Pharm.D.	Clinical Pharmacist / Emergency Medicine Specialist, Antelope Valley Hospital, Lancaster, CA

Class of 2007 - 2008

Faten Abdelfattah, Pharm.D.	Pharmacist Former Acute Anticoagulation Clinical Pharmacist, Hines VA Hospital (recently relocated to Texas)
Kathryn Kuhn Braddy, Pharm.D.	Mental Health Clinical Pharmacist, Baltimore VA, Baltimore, MD
Cynthia Dorsch Bakker, Pharm.D.	Emergency Medicine Clinical Pharmacist, Provena Saint Joseph Medical Center, Joliet, IL
T. Christopher Little, Pharm.D.	Clinical Coordinator, Pharmacy Services, Norton Audubon Hospital, Louisville, KY
Jacqueline Pham, Pharm.D.	Medical Science Liaison, Nephrology, Questcor Pharmaceuticals, CA

Class of 2008 - 2009

Lauren V. Babjak, Pharm.D.	Acute Care Clinical Pharmacist, La Grange Memorial Hospital, La Grange, IL
Kevin Bacigalupo, Pharm.D.	Clinical Pharmacy Specialist, Geriatrics - Community Living Center, Edward Hines, Jr. VA Hospital, Hines, IL
Kathryn L. Dincher, Pharm.D.	Internal Medicine Pharmacist, Mercy Hospital and Medical Center, Chicago, IL
Tripti Kurup, Pharm.D.	Clinical Pharmacy Specialist, Geriatrics - Home Based Primary Care, Edward Hines, Jr. VA Hospital, Hines, IL
Laura N. Labbe, Pharm.D.	Clinical Pharmacy Specialist, Ambulatory Care, Edward Hines, Jr. VA Hospital, Hines, IL
Jennifer T. Selvage, Pharm.D.	Clinical Pharmacy Specialist, Geriatrics - Home Based Primary Care, Edward Hines, Jr. VA Hospital, Hines, IL
Magdalena Zasadzki, Pharm.D.	Clinical Pharmacy Specialist, SXC Pharmacy Benefits Management, Lisle, IL

Class of 2009 - 2010

Millie C. Brahmbhatt, Pharm.D.	Clinical Pharmacy Specialist, Geriatrics – Home Based Primary Care, Edward Hines, Jr. VA Hospital, Hines, IL
Shehrbano (Shano) Hasan, Pharm.D.	Staff / Clinical Pharmacist, Aurora Health Care – Two Rivers, Two Rivers, WI

Jannet Yung-Jing Hseih, Pharm.D.	Staff / Clinical Pharmacist, Etobicoke General Hospital, William Osler Health System, Etobicoke, Ontario Canada
Erin L. McKissic, Pharm.D.	Clinical Pharmacist, Anticoagulation Clinic, Good Shepherd Hospital, Barrington, IL
Laura A. Narbutas, Pharm.D.	Clinical Pharmacist, Anticoagulation/Staffing, Northwestern Memorial Hospital, Chicago, IL
Michelle R. Rafinski Solano, Pharm.D.	Clinical Medicine Pharmacist, Northwestern Memorial Hospital, Chicago, IL
Anthony M. Tardi, Pharm.D.	Ambulatory Care Clinical Pharmacist, Jesse Brown VA Medical Center, Chicago, IL

Class of 2010 - 2011

Nancy A. Kablack, Pharm.D.	Clinical Pharmacist, Anticoagulation Management Center, West Penn Allegheny Health System, Pittsburg, PA
Jennifer A. McMahon, Pharm.D.	Clinical Pharmacist, CVS/Caremark Specialty, Mount Prospect, IL
Anupa S. Patel, Pharm.D.	Clinical Staff Pharmacist, Mount Sinai Hospital, Chicago, IL
Evangelia G. Sourounis, Pharm.D.	Clinical Pharmacist, CVS/Caremark Specialty, Mount Prospect, IL
Kathleen A. Stamer, Pharm.D.	Clinical Staff Pharmacist, Advocate Christ Medical Center, Oak Lawn, IL
Michele M. Swihart, Pharm.D.	Clinical Specialist, Infectious Diseases, Parkview Health, Fort Wayne, IN
Sarah K. Szulc, Pharm.D.	Clinical Staff Pharmacist, Loyola University Medical Center, Maywood, IL

Class of 2011 – 2012

Adrienne Au Start, Pharm.D.	Clinical Pharmacist, VA Ann Arbor Healthcare System, Ann Arbor, MI
Nicholas Burge, Pharm.D.	Clinical Pharmacy Specialist, Renal, Edward Hines, Jr. VA Hospital, Hines, IL
Thomas D. Chiampas, Pharm.D.	Clinical Assistant Professor – Infectious Disease/HIV, University of Illinois at Chicago, College of Pharmacy, Chicago, IL
Robina Cyriac, Pharm.D.	Clinical Pharmacist, Edward Hines, Jr. VA Hospital, Hines, IL
Jayne Greenberg, Pharm.D.	Clinical Pharmacy Specialist, Anticoagulation, Edward Hines, Jr. VA Hospital, Hines, IL
Dina Nakhleh, Pharm.D.	Clinical Pharmacist, Edward Hines, Jr. VA Hospital, Hines, IL

Khyati Patel, Pharm.D.	Assistant Professor, Pharmacy Practice, College of Pharmacy, Rosalind Franklin University, Chicago, IL
<u>Class of 2012 – 2013</u>	
Esha Jaidka, Pharm.D.	Clinical Pharmacist, Edward Hines, Jr. VA Hospital, Hines, IL
Sarah Matias, Pharm.D.	Clinical Pharmacist, Aurora St. Luke's Medical Center, Milwaukee, WI
Shannon Pace, Pharm.D.	Clinical Pharmacy Specialist, Formulary Management and Clinical Outcomes, Milo C. Huempfer Community Based Outpatient Clinic, Green Bay, WI
Gopi Patel, Pharm.D.	Clinical Pharmacist, Edward Hines, Jr. VA Hospital, Hines, IL
Jeremy Raschke, Pharm.D.	Clinical Pharmacist, Raymond G. Murphy VA Medical Center, Albuquerque, NM
Wade Seggerman, Pharm.D.	Clinical Pharmacist, Edward Hines, Jr. VA Hospital, Hines, IL
Manali Shah, Pharm.D.	Postgraduate Year Two (PGY2) Health-System Pharmacy Administration Resident, Edward Hines, Jr. VA Hospital, Hines, IL
Jerry Tuazon, Pharm.D.	Clinical Pharmacist, Mercy Hospital and Medical Center, Chicago, IL

What are the names of the current residents? Can I contact them?

Listed below are the current pharmacy residents. They look forward to discussing the program with candidates from a resident's perspective. Residency candidates can email them or call them directly in their office using the contact information below:

Alexander Chew, Pharm.D.: alexander.chew@va.gov, Phone: (708) 202-8387, extension 22988

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Who can I contact if I desire more information about human resources policies?

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