
Kansas City VA Medical Center

Setting

The KCVA Medical Center currently provides services to over 43,000 of the veterans that reside in the Kansas City primary service area. The Medical Center is a tertiary care hospital that serves as a referral center for the Kansas VA Medical Centers in Leavenworth, Topeka, and Wichita as well as the Columbia, Missouri VA Medical Center. This integrated health care system is dedicated to providing quality health care to veterans of mid-America.

In addition to acute care medicine and surgery services, the Medical Center has Primary Care services for all veteran patients. The Community Based Outpatient Clinics (CBOC) housed in Overland Park & Paola, Kansas, and in Belton, Cameron, Excelsior Springs, Nevada, & Warrensburg, Missouri provide an extension of these services to veterans in rural areas. Sub-specialists or Specialty Care is also available to patients for evaluation and management of endocrine, pulmonary, gastroenterology, nephrology, cardiology, hematology/oncology, ID and geriatric disorders. Clinical Pharmacy Specialists play an integral role by enhancing care to all patients at the KCVAMC.

As a principal teaching hospital, the KCVAMC is affiliated with the University of Missouri - Kansas City School of Pharmacy and the University of Kansas School of Medicine and Pharmacy.

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, students, and technicians practicing in the inpatient and outpatient care setting.

Ambulatory Care The outpatient pharmacy staff provides pharmaceutical services for primary care and specialty care clinic patients. Pharmacists in these areas provide drug information, observations on patient response to therapy, and appropriate recommendations regarding treatment alternatives or additional interventions to maximize patient care outcomes.

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. New orders are evaluated with attention to drug dosing, drug interactions, and drug allergies. Pharmacists' recommendations are communicated on patient care rounds or directly to the medical, surgical, psychiatric, and critical care teams. Drug distribution is accomplished through centralized unit dose and IV admixture services.

Pharmacoeconomics (PE) Division The Director of PE, Applied PE Specialist, and Managed Care Pharmacy Resident provide support to the KCVA and Veterans Integrated Service Network 15 (VISN 15) P&T Committees, and National VA Pharmacy Benefits Management group. Activities include evaluating new and evolving drug therapies, predicting, tracking and trending pharmacy budget, drug utilization evaluation, analyzing adherence to performance monitors, research, and other administrative duties.

Informatics

The Pharmacy Informatics group at the KCVA works to develop and enhance technology that improves patient care and enhances work flow for both the clinical and distributive functions of the pharmacy through use of the electronic medical record (Vista/CPRS) as well as outside vendors. Through incorporation of artificial intelligence and clinical decision support practices, the group is also able to focus on developing reports that enhance the ability to provide population based patient centric care.





Residency Programs

PGY1 Pharmacy Practice

PGY1 Managed Care

PGY2 Ambulatory Care



Education and Training

Members of the pharmacy staff precept UMKC and KU Clerkship students. A teaching certificate program is available through the University of Missouri—Kansas City School of Pharmacy.

Benefits

Benefits include health and life insurance, annual leave (vacation), days off for illness/medical appointments/family care and 10 paid federal holidays. The annual stipend is \$41,098 for PGY1 programs and \$44,522 for PGY2 programs with *financial compensation for staffing* in all programs.

Eligibility

- Applicants must be a graduate of an American Council of Pharmaceutical Education accredited School of Pharmacy with a Pharm.D. degree.
- **Applicants must be U.S. citizens – a requirement to be employed by the Department of Veterans Affairs.**
- Applicants for the PGY2 program must complete a PGY1 Pharmacy Practice Residency

Application

The following items are required for application to any program:

- Letter of intent
- Curriculum vitae
- Pharmacy school transcripts
- 3 letters of recommendation

A personal interview is required of all selected candidates. All programs participate in the ASHP Matching Program.

Application materials should be submitted via PHORCAS.
Deadline for application is **January 7, 2013**.

Current Residents

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Postgraduate Year One (PGY1) Pharmacy Practice Residency

Purpose

Residents completing the Pharmacy Practice Residency Program will be competent and confident practitioners of pharmaceutical care in multiple health care environments. They will be accountable for achieving optimal drug therapy outcomes as members of the health care team. These pharmacists will exercise proficiency in communication and in educating other health care professionals, patients, and the community on drug related topics. They will acquire skills in program development, outcome-oriented research, pharmacoconomics, and other marketable areas. Residents will demonstrate professional maturity by following a personal philosophy of practice, monitoring their own performance, and exhibiting commitment to the profession.

Graduates of the PGY1 Residency will be prepared to enter acute or ambulatory care clinical practice, academia, a fellowship program, or a PGY2 residency.

Outcomes

- Manage and improve the medication-use process.
- Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams.
- Exercise leadership and practice management skills.
- Demonstrate project management skills.
- Provide medication and practice-related education/training.
- Utilize medical informatics.
- Participate in the management of medical emergencies.
- Provide drug information to health care professionals and/or the public.



This 12 month residency in Pharmacy Practice provides a good balance of both acute and ambulatory pharmacy experiences. By following patients through the continuum of care offered in a VA setting, residents are afforded the opportunity to longitudinally monitor patients' progress. In addition, the resident will gain valuable experience in our pharmacy and medical center administrative programs, including Joint Commission compliance, patient safety initiatives, and performance improvement. Projects will encompass the Kansas City VA Medical Center, Veterans Integrated Service Network 15 (VISN 15) and National VA National Pharmacy Benefits Management Group and will include, local and/or national drug utilization reviews, developing VA local drug monographs and/or criteria for use and compiling the quarterly Pharmacy Newsletter.

The resident will be afforded the opportunity to participate in many educational programs including a teaching certificate program offered through the UMKC School of Pharmacy and pharmacy CE presentations. As adjunct faculty of UMKC School of Pharmacy, the resident will gain experience in lecture preparation, didactic teaching and in the precepting of students on site.

Rotations

Structurally the residency is divided into 12 one month blocks. The rotations are arranged to combine required experiences with the residents' identified area of interest during the first half of the year to allow pursuit and expansion of skills throughout the year through elective rotations. Simultaneously, the resident is expected to prioritize and work on the ongoing, longitudinal clinical, didactic, staffing, and project activities.

In each experience, the resident works closely with the residency director and the rotation preceptor to develop goals and objectives that will assist the resident in expanding skills for current and future practice. Regular meetings with the residency director ensure that long-term goals are met.

Required Rotations:

Acute Care Selective(2 months)
Emergency Room
ID
Medical Intensive Care
Perioperative Care
Psychiatry

Ambulatory Care CDM Clinic (1.5 months)

Ambulatory Care Selective (2 months)
Anticoagulation
CV/Diabetes
Home based Primary Care
ID/HIV
Oncology
Rural Health

Electives (2 months)

Internal Medicine (1.5 months)

Orientation (1 month)

Practice Management (1 month)

Research (1 month)

Longitudinal Rotations:

Dyslipidemia Clinic
Pharmacoeconomics
Residency Project
Seizure Clinic
Staffing



Current Residents

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Completion of a residency project of the Resident's choosing is also required. Residents work with a Pharmacy staff mentor to plan, carry out and evaluate the results of these projects. The results are presented at an ASHP affiliate or ACCP Spring Meeting and at the Midwest Residents Conference.