



UNIVERSITY POINT OF CONTACT NEWSLETTER

A publication of the United States Public Health Service (USPHS) Pharmacists Professional Advisory Committee (PharmPAC) University Points of Contact (UPOC) USPHS Pharmacist Professional Advisory Committee

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Residency Spotlight: Two PGY1's, One Incredible Experience at Northern Navajo Medical Center

Submitted by LT Madison Adams and LT Sara Mantick



LT Madison Adams and LT Sara Mantick at OBC 96 Graduation in July 2017

With an 1800-mile drive behind Madison and I, we walked side by side to our first day of residency, feeling the butterflies inch higher in our throats as we wondered what lay ahead over the next year. Time began to fly through Officer Basic Course, the Indian Health Service Pharmacy Practitioner Training Program, a Pharmacist Clinician Course, inpatient and outpatient ambulatory clinic orientations. Outside of rotations we rescued a homeless puppy with the PGY2 resident on the reservation and had many dinners, brunches, and movie nights. However, one of the most impactful moments to me during residency was the time I got to spend training at the Pharmacist Clinician Course in our pharmacy-run ambulatory care clinics. In these clinics, not only was I able to form a more connected bond with my patients, I was able to practice pharmacy on a higher level and work to advance our profession as providers. In these clinics, I was able to care for the entire patient, while working alongside of doctors and nurses to ensure the most comprehensive care for my patients. While my co-resident, Maddie, has had a similar training experience to mine, her impactful moment involves stewardship and education to our service unit.

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To add to the aspects of the residency that Sara has already described, I would like to highlight a few experiences that I found beyond the structure of the program and within the walls of our facility. Some of the greatest opportunities I have encountered during the past nine months involved interprofessionalism, a value that our site upholds. I have collaborated with family medicine, internal medicine, OB/GYN physicians, surgeons, nurses, and other pharmacists on various presentations, committees, and in the creation of hospital protocols and order sets for our electronic health record (EHR) to enhance patient care. One of my biggest accomplishments was a proton pump inhibitor CME presentation to our providers during a hospital-wide grand rounds that was requested by a family medicine doctor. I was awarded great feedback from the providers following the presentation as it was very well-received, and many agreed to incorporate my message into their practice to benefit our patients. Another memorable experience was my involvement with our Antimicrobial Stewardship Committee. It is still a new and developing committee, but I have taken an active role and even volunteered to serve as the secretary to help disseminate some of the workload. I am very passionate about antimicrobial stewardship. Through my participation on this multidisciplinary committee, I was able to channel that passion into creating guideline-based order sets for our EHR, an outpatient renal dosing protocol for several antibiotics, and collaborated with providers on a patient case presentation. I was even able to share some resources with a pharmacist who was starting a committee at a different IHS site while I completed a two-week temporary duty assignment. Through this I was able to assist them with maintaining their workload in a time of need.

Collectively, the two of us have shared many unique experiences during our residency. In a few short months, we will be graduating from our program and continuing to practice as residency-trained pharmacist clinicians. All of the opportunities awarded to us during this time of intense, hands-on training will have shaped us into the IHS providers we go on to be. Though tough at times, the satisfaction of making a lasting impact on our patients, providers, and facility has been our motivation to succeed. We came into this program, made our own unique paths for ourselves, and will come out on the other side better prepared for the challenges ahead.

Editor's Note:

The UPOC newsletter team is pleased to announce the Spring 2018 issue. Our goal is to provide the highest quality and most relevant USPHS information applicable to student interests.

As Editor-In-Chief, I look forward to welcoming new ideas, showcasing informative articles relevant to your interest and to providing a well-rounded insight on what it's like to be a PHS pharmacy officer.

We thank those students and pharmacists who submitted articles and willingly shared their experiences about their rotation/or pharmacy practice site, unique service or residency experience. Your reflections and stories give our readers a glimpse of the diverse opportunity the PHS offers.

We hope you find this edition enlightening and informative. This issue features a special collection of pharmacy residency experiences from various duty stations. Students, we wish you the best of luck in school and your career endeavors!

Best wishes on your success,

LCDR Shannon Saltclah, Pharm.D., BC-ADM, NCPs



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Outreach to the Public at the 2017 Great American Smoke out

Submitted by LTJG Mouhamed Halwani & Ms. Nicole Cheung, Pharm.D. Candidate, 2018



LTJG Halwani, Health Service Officer at the FDA

The members of the Greater New York National Prevention Strategy-Prevention through Active Community Engagement (NPS-PACE) branch, LTJG Mouhamed (Moe) Halwani and Nicole Cheung, each took part in the 2017 Great American Smokeout (GASO) to spread awareness of smoking cessation. LTJG Halwani is a Health Services Officer at the Food & Drug Administration in Jamaica, and Ms. Cheung is a pharmacy student at St. John's University. GASO is an annual event promoted by the American Cancer Society every November to encourage smokers across the nation to quit.

LTJG Halwani's participation revolved around the social media and multiple faceted component of the event. The goal of the campaign was to get the various messages about GASO to be viewed by as many individuals as possible for both direct as well as indirect impact. He created "GIF images", as well as "memes" that displayed the Corps logo along with a slogan to encourage smoking cessation. The visuals were disseminated to all the stakeholders involved and were meant to be displayed across various social media platforms. Officer Halwani ran a campaign through his social media platforms, and by using the hashtag "#USPHSGASO2017" that was created for the event, he was able to obtain data on the people within his digital community who viewed the message. His campaign resulted in 296 views, 61 likes, and 10 shares across the multiple social media platforms that were utilized. More importantly, two members within his circle reached out to him personally after viewing the posts to express their interest in quitting. LTJG Halwani plans to further explore the utilization of social media to assist in delivering meaningful public health messages to a wider audience.

Ms. Cheung reached out to her university and held an educational tabling event with the student wellness educators and the Associate Director of the Wellness Education and Prevention Services. Together, they provided educational materials on smoking cessation that appealed to the targeted college students, including such topics as the financial impact of smoking or potential weight gain from tobacco use. Using the United States Public Health Services' PowerPoint that incorporates information from Rx for Change, Ms. Cheung was able to present on the health risks from using electronic nicotine delivery systems. It was a touching experience to hear from several students who struggle to convince their friends and family members to quit smoking due to peer pressure or resistance. Through this outreach event, they were provided with an abundance of information and strong support for healthier lifestyles.

The NPS emphasized the importance of community outreach on tobacco and opioid use. By connecting with the community, LTJG Halwani and Ms. Cheung were able to fulfill that mission, and encourage interested students to collaborate with Public Health Officers to "protect, promote, and advance the health and safety of our Nation."



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Residency Spotlight: LT Draude and LT Konosky PGY-1 Experience at the Federal Bureau of Prisons*Submitted by LT Trey Draude and LT Kristen Konosky*

LT Konosky and LT Draude: PGY-1 Pharmacy residents at the Federal Bureau of Prisons

LT Trey Draude and LT Kristen Konosky are the current PGY-1 Residents with the Federal Bureau of Prisons (BOP) in Butner, North Carolina. Both residents graduated with their Doctor of Pharmacy Degree in 2015; LT Draude from the University of Pittsburgh and LT Konosky from Wilkes University. Prior to their residencies, LT Konosky was already serving with the Bureau at FMC Ft. Worth in Texas and LT Draude at FCC Petersburg in Virginia.

Federal Medical Center (FMC) Butner is a national medical referral center for the BOP located in the Raleigh/Durham area of NC. Staffed by both US Public Health Service officers and civilians, the site is responsible for all healthcare needs of the inmates it houses and of those at four other prisons located adjacent to the Medical Center as part of the Federal Correctional Complex (FCC). The PGY-1 pharmacy practice residency at FMC Butner offers comprehensive training with an emphasis on clinical pharmaceutical care in a correctional setting. The residency is composed of

both core rotations and longitudinal elective rotations. The core rotations are: Ambulatory Care, Internal Medicine, Anticoagulation, Diabetes, HIV/Infectious Disease, Pain Management, Mental Health, and Oncology. The longitudinal rotations include: Administrative, Drug Information, Research, and Formulary Management.

What led you to pursue a residency with the Bureau of Prisons (BOP)?

Coming from a previous BOP facility, we were both already aware that the Bureau was unique in its clinical opportunities for pharmacists. By working within a single electronic medical record, the BOP becomes a hybrid of both community and institutional practice regardless of your site or position. The residency, however, provides a rare snap shot of all the clinics in a single year. These rotations are led by experienced pharmacists who instill all the tricks of the trade necessary to independently run our own clinic by the end of each rotation. As pharmacists and Commissioned Corps Officers, lifelong learning and excellence is something we always pursue, and the PGY-1 Residency with the BOP has been a wonderful opportunity to develop both clinically and administratively.

What can students expect and how can they prepare for the BOP residency?

As the only BOP residency, students can look forward to a well-rounded residency experience with a unique look at public health. The correctional environment provides challenges, but has many benefits. We do not deal with billing insurance companies and all our patients are accounted for and can be monitored. It is rare that patients are lost to follow-up and we have access to information like diet and adherence records that many outpatient environments cannot provide. Students can prepare by reaching out to us or our residency coordinator and asking any questions they may have. Although we are ASHP accredited, we do not participate in the match and will typically interview and select a candidate prior to the match.

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Residency Spotlight: A Pharmacy Resident Increasing Access to Care in Women's Healthcare

Submitted By LCDR Thalia Vega, PharmD, BCACP

Contributor: LT Hilary Boles



Phoenix Indian Medical Center (PIMC) is increasing access to care through a new clinic that was developed by PGY1 pharmacy resident, LT Hilary Boles. This clinic is a pharmacist run clinic that gives patients access to birth control such as oral combined pills (OCPs), patches, rings, progestin only pills (POPs), Depo-Provera injection and long acting reversible contraception (LARC) counseling. In addition to contraceptive care, this pharmacist also provides sexually transmitted infection (STI) education, lab ordering, review and treatments.

LT Boles is currently finishing a unique 2 year PGY1 pharmacy residency at PIMC. During her first year at PIMC, she identified a need for increased access to women's contraception. Many times while dispensing emergency contraception to patients, they inform pharmacy that they had problems with their current or previous birth control, or would like to discuss birth control options but are having a hard time scheduling an appointment with the women's clinic or in a timeframe that benefits them. Unintended pregnancy and sexually transmitted

infections are significant public health problems in the United States. Ability to access health services has a profound effect on health outcomes. Pharmacists can play a dynamic role by bridging the gap of access to care and preventative services to help improve public health.

The objective and purpose of this clinic has been to increase services available to women at PIMC as well as to implement and describe the impact of a pharmacist run contraceptive and STI clinic. Starting in February of 2018, appointments have been scheduled with LT Boles, imbedded in the women's clinic. She provides screening and counseling for various birth control options, including obtaining blood pressure, smoking history, weight and other important medical history that can help facilitate the best options for each patient. She can prescribe and administer most forms of birth control and if a patient desires LARC, such as an IUD or implant, LT Boles provides counseling for the patient and schedules the appointment for LARC insertion for them. As an additional service she also asks all patients if they desire routine STI screening and will order standard tests and prescribe appropriate treatment as clinically indicated.

To date, a total of 70 appointments were scheduled. Of those visits, 29 visits were conducted face to face in the women's clinic and 27 were telephone visits, which is helpful for patients with transportation issues or difficulty getting to the medical center during clinic hours. In addition to contraceptive care, 30 additional interventions were made by the pharmacist. The interventions included: counseling on LARCs prior to the scheduled appointment, follow up phone calls with lab results, general medication questions and refills of other active medications for the patient. These patients have benefitted from this clinic by gaining expedited access to contraception, STI screening and having a dedicated pharmacist with specialized training and certifications to provide individualized patient care. This clinic at PIMC has provided these services.

Patients were given the opportunity to complete a satisfaction survey of the services offered and the clinic. Seventeen patients who returned surveys (30%) either strongly agreed or agreed to the following statements: "the information given to me about my health is very good", "the care I received at the Contraception Pharmacy Clinic meets my needs", and "I receive the care I want". Overall, the view of these patients was positive to a pharmacist run clinic and seven respondents wrote additional positive comments about the services provided.

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Residency Spotlight: LT Matthew Deraedt, PharmD (Alaska Native Medical Center – PGY1 Pharmacy Practice Residency – 2017-18 Resident)

Submitted by: LCDR Michelle Locke, PharmD and LT Matthew Deraedt



LT Deraedt snowmachining in the Alaska wilderness

LT Matthew Deraedt completed his undergraduate studies in Microbiology at the University of Iowa and worked as an inpatient pharmacy technician at The University of Hospitals and Clinics. He attended the University of Illinois at Chicago (UIC) for his doctorate of pharmacy studies. While at UIC, he served as the laboratory manager for UIC's Infectious Diseases Pharmacotherapy Department. He became interested in the Indian Health Service (IHS) and United States Public Health Service (USPHS) Commissioned Corps upon completion of two JrCOSTEPs at Crow/Northern Cheyenne and Winnebago hospitals. Currently, he is completing his PGY-1 residency at Alaska Native Medical Center in Anchorage, Alaska.

Required Rotations:

The ANMC residency program has a blend of both ambulatory and acute care rotations. There is also a potential to establish additional rotations within the resident's particular areas of interest. Required rotations include: internal medicine, critical care or inpatient pediatrics, pharmacy management, ambulatory diabetes or oncology, drug information, informatics/EHR, and staffing.

Elective Rotations:

Some elective rotations include: Centers for Disease Control Arctic Investigation Program (CDC), quality improvement, emergency medicine, home infusion, cardiology, psychiatry/mediset, medication safety, transitions of care, infectious diseases, and travel to remote villages and regions across the state.

In addition to rotational experiences, the resident will participate in research, project development and execution, oral and written communication, formal presentations, leadership, and practice management committees and lead pharmacy student journal club.

Teaching Opportunities:

Residents have the opportunity to precept 4th year pharmacy students on APPE rotations, lecture at the University of Alaska MedEx Physician Assistant Program, lecture at ANMC Hospital Grand Rounds, and present continuing education presentations at the Alaska Pharmacists Association annual convention.

What are some advantages and disadvantages to working in Alaska and at the Alaska Native Medical Center?

Advantages: The main advantage of working in Alaska is that it allows you to serve the entire state and act as the referral center for all the Tribal Health Organizations. This allows you to care for the most acute and complex patients, which provides abundant opportunities for learning and making each day challenging. Alaska Native Medical Center has multiple specialists that practice in both outpatient and inpatient settings. This has afforded me the opportunity to work on most disease states in both environments and to learn about the unique challenges within each environment.

Disadvantages: The major disadvantage/challenge in Alaska is access to care and the difficulty associated with travel to/from remote sites. This often limits the time spent with patients and can make adequate follow up difficult. However, with recent advances in telemedicine this gap is becoming less formidable.

What led you to pursue a career in pharmacy?

I chose pharmacy because of my interest in medicine and microbiology. During my undergraduate studies, I knew

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Residency Spotlight: LT Kaley Drosey, PharmD, PGY1 Pharmacy Resident at Tsehootsooi Medical Center*Submitted by LT Kaley Dorsey*

My name is Kaley Dorsey and I am the PGY-1 Pharmacy Resident at Tsehootsooi Medical Center in Fort Defiance, AZ. I am originally from Rutherfordton, North Carolina but attended The University of Findlay in Ohio. During pharmacy school, I joined the varsity swim team for 4 years where I was able to compete at the NCAA Division 2 level. Along with swimming, I was heavily involved on campus, including interning for campus ministries, participating in Phi Delta Chi, and volunteering throughout the community. During my time as a pharmacy student, I had the opportunity to complete an internship in the Philippines in which my eyes were opened to the potential differences a pharmacist could make. After graduating from pharmacy school in May of 2017, I started a PGY-1 Residency at Tsehootsooi Medical Center. Following my residency year, I aspire to obtain my BCPS certification and to continue to impact the lives of Native Americans

I chose to pursue the residency because I wanted to solidify my pharmaceutical knowledge through practice and intense training. I knew that if I were to complete a residency, I would be presented with an abundance of opportunities to be challenged, push myself, and learn. I ultimately want to be the best and the most qualified pharmacist that I can be and the first step on that road is to complete the residency.

The mission of the Indian Health Service (IHS) is “to raise the physical, mental, social, and spiritual health of American Indians and Alaska natives to the highest level.” I’ve developed a passion for serving underserved communities from my time in the Philippines and from volunteering in my local community. My desires to serve those in need align perfectly with the mission of the IHS. Every single day, I have the opportunity to interact and impact the lives of those who need it most. This is why I chose the Indian Health Service. I also chose the IHS because of the wide opportunities that pharmacists have within the IHS. By completing a rotation as a student within the IHS, I was able to experience and spend time in the multiple pharmacy run clinics, outpatient pharmacy, and inpatient pharmacy. The IHS has a wide range of practice settings for pharmacists to work in and the opportunities are limitless. Completing the residency within the Indian Health Service also allowed me to become a commissioned officer in the Commissioned Corps of the United States Public Health Service. I have committed to serving this country in the places that need it most. I am excited to see where my career takes me and how I am able to make a difference.

As a resident at TMC, I have been in the process of implementing a pharmacist-run medication therapy management (MTM) clinic, and I have gained lots of experiences and knowledge throughout this project. I have learned how to effectively write a clinic policy and to present it to the pharmacy and therapeutics committee for approval. I have also navigated the logistics of starting a new clinic including such challenges as finding space, pharmacists, and time in the schedule in order to have a successful clinic. As of February 2018, we opened the clinic and have started serving our patients. This has been a rewarding process throughout which I have learned valuable skills. I am excited to see where the clinic goes and how we are able to serve our population.

I am honored to be the resident at Tsehootsooi Medical Center. I have been able to serve in multiple areas including the outpatient pharmacy, inpatient pharmacy, diabetes clinic, smoking cessation clinic, anticoagulation clinic, and pediatrics clinic. I enjoy being able to pursue my passion and to serve the native population in the different areas of pharmacy. Each day, I am able to learn something new and to impact the life of another person. I thoroughly enjoy working for the Indian Health Service and can only be excited when I think

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Residency Spotlight: LT Alena Korbut, PharmD, PGY-1 Resident at Cherokee Nation W.W. Hastings Hospital*Preceptor: Linzi Allen, Pharm.D., BCPS, NCPS*

After three years of work and two COSTEP assignments, my dream of joining the United States Public Health Service (USPHS) finally came true when I was accepted to the IHS PGY-1 residency program. Although it required a tremendous amount of extra time to complete the necessary documents to become a Commissioned Corps officer, the journey to become an officer was worth it. I attended the Officer Basic Course (OBC) in Washington, D.C. and graduated as a Commissioned Corps Officer as part of the OBC 96 class. OBC presented two weeks of challenges ranging from waking up at 5 AM for workouts and staying late to complete group projects. During OBC, I learned how to proudly wear the uniform and learned the culture and

history of the Commissioned Corps. OBC also provided me with the unique opportunity to perform as part of the color guard for my graduation ceremony. Overall, OBC was an amazing experience that allowed all the new officers to network and build camaraderie through shared experiences.

I began my residency as a pharmacy intern, seeing patients in in the pharmacy-based anticoagulation and diabetes clinics under the supervision of a licensed pharmacist. After receiving my pharmacist license, I was given full autonomy to practice in the pharmacy-based clinics. Working under a collaborative practice agreement (CPA), pharmacists are given the right to prescribe, adjust, and work with patients to manage their disease. This was an exciting new role for me and great responsibility. Thankfully, being a resident, I had the support and knowledge of the whole team of pharmacists to help me succeed.

During my residency, I had invaluable experiences, including educating 30 EMS and Cherokee Marshalls on how to use Naloxone, participating in the Great American Smoke Out, and obtaining the RX for Change smoking cessation certification. My immunization license came in handy when we did community outreach and offered flu shots for the public. One of the best experiences of my residency was the opportunity to teach pharmacology to students of Northeastern State University School of Optometry. This experience made me realize how hard it is to teach and made me appreciate some of my previous pharmacy professors. In September of 2017, all the IHS residents attended the Pharmacy Practice Training Program (PPTP) and learned how to apply their skills and knowledge to serve Native Americans. PPTP participants learned about most common disease topics, practiced counseling skills, and motivational interviewing, and provided networking opportunities for all the IHS residents.

One of my most challenging rotations was an inpatient rotation that prepared me to work independently and to discuss treatment plans with physicians and other healthcare professionals. As part of my management rotation, I learned how to make an annual schedule for 18 technicians while accommodating everyone's needs, and I was a part of the Medication Safety Team which evaluated medication errors and prevented future errors. At Midyear, I had an opportunity to mentor students and to provide feedback on how to improve their posters. I am a firm believer in the importance of recruiting and gave a presentation to Lake Erie College of Osteopathic Medicine (LECOM) students about the IHS residency process and became an official University Point of Contact for LECOM.

My favorite aspect of the residency was getting to choose my project and working with everyone on the team to make sure it was successful. For my project, I worked with a new technology called Continuous

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Pharmacist Deploying to Support Access to Essential Services: An interview with LCDR Khatri

Submitted by CDR Monica Reed-Asante, LCDR Lysette Deshields, LCDR Ashlee Januszewicz and LCDR Sadhna Khatri



LCDR Khatri, SAT-3
Member

Service Access Teams (SATs) are specialized deployment teams that assess the access to resources and functional needs of individuals impacted by a disaster or public health emergency, including planning and identifying necessary resources. SATs can perform clinical care coordination, psycho-social management and reintegration assistance. In addition, SATs assist with patient assessment as well as movement and tracking. We had the pleasure of interviewing LCDR Sadhna Khatri concerning her experiences while on deployment on SAT-3.

When were you deployed? Sept 27-October 18, 2017

Where & how long? Columbia, SC for 3 weeks

What was your deployment role?

As a SAT-3 member I was deployed to support ASPR-Patient Movement-SAT Columbia, SC. I served as the Deputy Team Lead for Columbia Federal Coordinating Center.

How has this deployment differed from past deployments?

This deployment was different because it entailed lots of firsts. Supporting ASPR Patient Movement as a member of the SAT team during the hurricane Irma/Maria Response was my first time for being deployed. Overall, the SAT Columbia was responsible for coordination of health and human services for 47 evacuees, which included housing, food, and support for medical care, transportation, and discharge planning. The amount of work it took to organize and coordinate this number of evacuees was extraordinary and cannot be overstated. Our team spirit, ability to work long hours, and to establish contacts with the area medical facilities and charity organizations were remarkable and were critical to the success of this mission.

What was the most challenging part of the deployment?

It is common to face several challenges when you are starting fresh on the ground. During this mission USPHS was deployed alongside US Military. We were stationed in an anchor near the airport and US Military was in command. The US military officers who oversaw the command center knew little about USPHS and its SAT team and what our officers could offer. They were receptive of our presence but it was very clear that we must prove our value. The entire SAT team on the ground at Columbia worked extremely hard and with passion in delivering the SAT services. We were always present to receive the patients and their care givers when they arrived via aircraft at the Columbia Federal Coordinating Center (FCC) regardless of the time, day or night.

We developed simple forms with questions for patients and their accompanying care givers who flew in with their sick family members. These forms helped us quickly gather important information such as name, age, phone number and nature of the medical condition from the patients and the caregivers. SAT team members worked alongside the nurses and doctors who were present at the FCC to gather information before the patients were triaged to different area hospitals where they received care.

My most challenging moments were when a patient who was getting medical care at an area hospital died.

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An Alaskan Adventure

Submitted by Leeanne Mobayed, PharmD Candidate, West Virginia University School of Pharmacy
Preceptor: CDR Anne Marie Bott, PharmD, BCPS, BCOP, NCPS



Leeanne Mobayed taking in the beautiful views on a whale watching cruise in Seward, AK.

Four years ago, during the first week of pharmacy school, I remember learning about clinical rotations and the experiences available. When I heard Anchorage, Alaska was an option, I knew I had to go! Four years later, I cannot believe I am living this experience. I have lived most of my life in West Virginia, also known as the “Mountain State,” but I must say there is nothing that quite compares to the views and mountains of Alaska.

During my time in Anchorage, I had the opportunity to work in the oncology infusion center at the Alaska Native Medical Center (ANMC) alongside my preceptor CDR Anne Marie Bott. I reviewed oncology orders and regimens in addition to counseling patients on their home medications. I also had the unique experience of shadowing infusion technicians, nurses, oncologists, and the palliative care team. This allowed me to see the infusion center from all perspectives and to truly appreciate the pharmacist’s role in this process. While following the nurse, I was able to see how they care for each of their patients and I gained a better understanding of the communication between the nurses and the pharmacy staff. Another highlight was my time with Dr. Szemraj in the oncology clinic. I

was able to attend patient visits and help her with dosing patients’ home medications. Finally, I worked with both the nurse practitioner and the social worker on the palliative care team to review patients’ charts and to make medication recommendations. I listened to discussions with patients to see how the palliative care team discussed all aspects of the patient’s diagnosis.

Aside from the immense pharmacy knowledge I have gained through this experience, I have also learned a lot about the Alaskan Native culture. During our second week of rotation, we attended a cultural orientation where we learned about the different Alaskan villages and their customs. Acknowledging their culture and values not only builds a trusting relationship with our patients, but also improves their care. While I was rounding with the palliative care team, we were talking to a patient who went to Seattle for treatment. We asked if he would consider meeting with a dietitian while he was here, but the family quickly refused. During their time in Seattle, they had met with providers who did not understand their culture and diet. They were recommending foods that simply were not accessible to this patient. By learning and understanding the culture of the patients we are treating, we can personalize and maximize their therapy.

During my time outside the hospital, I was able to explore Alaska. We spent one weekend exploring Seward, where we went on a whale watching cruise. I saw a variety of Alaskan wildlife, including grey whales, orcas, bald eagles and seals. Then we traveled to Talkeetna, where we took a flight around Denali and landed on Ruth Glacier. I felt as if I could reach out and touch the tip of the mountain, only to realize we were still 2 miles away from the face of the mountain. We also hiked the Byron Glacier Trail and walked through an incredible ice cave.

One of my favorite experiences was attending Easter services at St. Innocent Russian Orthodox Cathedral in Anchorage. It was such a unique experience to see how the native population has integrated their cul-

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A Truly Unique Rotation Experience at the Alaska Native Medical Center

Submitted by Daniel West, PharmD Candidate at Virginia Commonwealth University School of Pharmacy

Preceptor: CDR Anne Marie Bott, PharmD, BCPS, BCOP, NCPS



**CDR Anne Marie Bott with student
Daniel West**

During the spring of my third year of pharmacy school, I was able to select my APPE rotations for my last year. Upon reviewing the options, I saw Anchorage, AK as a possible rotation site and thought it would be a unique area and patient population. I applied and heard back in the summer that I would be assigned at the Alaska Native Medical Center in Anchorage, AK on rotation with CDR Anne Marie Bott in the oncology infusion center. After a 14 hour flight, I arrived in Alaska a few days before the start of my rotation. I walked off the plane to darkness and a chilly 25 degree temperature. It took some time to get used to the limited daylight- approximately from 10:30AM to 3:30PM. I spent the first few days exploring the town of Girdwood and downhill skiing at Alyeska, a ski resort.

On Monday morning my rotation began with an employee orientation and a cultural awareness seminar. During this discussion, I learned about the different tribes throughout the state of Alaska. I was surprised to learn that there were so many unique, remote villages and many have their

own languages. I read about the town of Platinum, AK which recently reopened its school to 20 students in grades K-12. In the first few days, I learned that during the winter many of the roads in Alaska shut down and patients have to be flown in for treatment at the hospital. Many of the villages either have no medical staff or a health aid that manages a small free standing clinic. It was hard to believe there are places in the United States without roads or direct hospital access.

During my rotation at the infusion center, I counseled patients on their home medications as a part of their chemotherapy treatment. While counseling, I was able to meet amazing people, including one patient from Utqiagvik, Alaska. This patient described to me how it is completely dark in the winter in Utqiagvik and polar bears are often seen throughout town. She explained how the polar bears often cover their eyes and nose with their paws so they cannot be seen in the snow. Another interesting discussion I had with a patient was about seeing the northern lights in Fairbanks, Alaska. The patient seemed to really enjoy our conversation and showed me his pictures of the northern lights. I also attended a weekly tumor board meeting where I saw unique pathology and learned some of the challenges faced by patients in the remote areas of Alaska.

I rounded with the palliative care team where I helped with medication reconciliation and answered patient questions about medications. One visit was done via video conference due to the remote area in which the patient lived. In addition to the counseling I provided, I feel my biggest impact was made when I wrote a drug monograph for pegaspargase for a newly diagnosed acute lymphoblastic leukemia (ALL) patient who would start treatment soon after my rotation ended. During the rotation, I saw how several oncologists handled giving patients the good news that they are disease free as well as bad news that their cancer has returned or progressed. I was able to witness two different procedures including a bone marrow biopsy, which led to a leukemia diagnosis. The second procedure was the administration of intrathecal chemothera-

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Continued from page 11...A Truly Unique Rotation Experience at the Alaska Native Medical Center*Submitted by Daniel West, PharmD Candidate at Virginia Commonwealth University School of Pharmacy**Preceptor: CDR Anne Marie Bott, PharmD, BCPS, BCOP, NCPS*

py, which was done in the operating room under sterile procedure.

During free time, we set out to see as much of Alaska as possible. I went fat biking with one of the pharmacists throughout the snow covered trails of Anchorage. We saw several moose, including one I almost ran into while fat biking. We hiked to Byron Glacier and explored the amazing ice caves that lay beneath the glacier. We drove down to Seward for excellent hiking and stayed at one of the pharmacist's self-built cabin. We flew up to Fairbanks where we traveled to the North Pole to pay Santa a visit and then headed to the Chena natural hot springs. At the hot springs, we were lucky enough to catch a glimpse of the northern lights. I took photos to later share with a patient who had given me information about the lights.

Perhaps the biggest thing I learned was how much everyone here loves Alaska. When talking to someone here, whether a patient or an employee, you can tell they love being in Alaska and are enjoying all the amazing things here. It was also a great learning experience to work with the native population. We learned in school that there are certain cultures where eye contact or tone of voice make a big difference, but actually interacting with a different culture really puts this in perspective. I really enjoyed my rotation in Alaska and feel I left with a better cultural awareness, a better understanding of oncology pharmacy, and I saw what the Alaskan wilderness had to offer.



Daniel West exploring the ice caves at Byron Glacier near Girdwood, Alaska

Spring 2018

Continued from [page 4...](#)**Residency Spotlight: LT Draude and LT Konosky PGY-1 Experience at the Federal Bureau of Prisons**

Submitted by LT Trey Draude and LT Kristen Konosky

What has been your most rewarding experience as a BOP resident so far?

Throughout the Bureau, and certainly at Butner, pharmacists have a high level of clinical respect from the provider staff. Working through collaborative practice agreements in multiple clinical areas and seeing firsthand the impact a pharmacist can have on the health care team, when provided with the proper training and opportunity, has been the most rewarding experience. With that, comes the ability to serve underserved populations as a Commissioned Corps Officer that opens up unique and ever-changing career opportunities.

What are some of the unique challenges you have encountered while working at this site?

While our responsibility is to provide quality healthcare, we are correctional officers first when working for the Federal Bureau of Prisons. This means we are held to high ethical standards and are expected to treat everyone fairly and consistently. Additionally, we play an active role in reentry every day by being role models, enforcing BOP policies, and filling in correctional duties when required.

FCC Butner is a large complex with a medical center and several institutions that each have their own populations with different security and care levels, which require different clinical approaches. This provides a considerably different experience from standalone BOP institutions, which may only have one security level. As residents, we rotate through all these institutions and get a wide range of experiences.

What do you plan to do after completing your BOP residency?

The next challenge is to take what we've learned over the last year and begin our own clinical experiences throughout the Bureau. With that comes the responsibility of encouraging other pharmacists to enhance their clinical involvement and to continue learning from those who have had success.

What advice do you have for students considering a BOP residency?

My best advice is to not be afraid of working in a prison and to ask questions. There are regional recruiters who are happy to answer any questions you might have about working in a correctional environment and can help you make an informed decision about this potential career path. You can always reach out to us or our coordinator if you have specific questions about the residency. Additionally, some schools work with BOP institutions and offer APPE rotations. This can be a good way to get experience and see if a correctional environment is a good choice for you.

Continued from [page 10...](#)**An Alaskan Adventure**

Submitted by Leeanne Mobayed, PharmD Candidate, West Virginia University School of Pharmacy

Preceptor: CDR Anne Marie Bott, PharmD, BCPS, BCOP, NCPS

ture into the traditions of the Orthodox Church. While talking with a patient in the infusion center, I learned she was also Orthodox. It was so wonderful to see her face light up as she talked about the church. We talked for a long time about how the church and her faith were helping her get through her fight with cancer. The personal connections I have made with the patients at ANMC will be what I cherish forever.

Traveling has been a passion of mine since I can remember, there is so much we can learn from seeing new places and immersing ourselves in new cultures. This experience has given me that and so much more. I am so grateful for the opportunity to work with the Alaska Native population in Anchorage and I hope to carry the lessons I have learned with me throughout my future pharmacy career.

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Continued from [page 6](#)...Residency Highlight: LT Matthew Deraedt, PharmD (Alaska Native Medical Center – PGY1 Pharmacy Practice Residency – 2017-18 Resident)

Submitted by: LCDR Michelle Locke, PharmD

that I wanted a position where I could work with patients every day, but also wanted to continue to pursue my interest in applied microbiology. I feel that pharmacy allows me to pursue both passions and positively affect patients' health.

What led you to pursue a career with the USPHS Commissioned Corps and specifically the Indian Health Service (IHS)?

Initially, I became interested in the IHS because of the pharmacist run clinics. Upon further investigation, I learned about and applied for a JrCOSTEP internship. I was fortunate enough to be selected to work at the Crow/Northern Cheyenne hospital. I enjoyed learning more about the differences clinical pharmacists made in the IHS and about the essential roles USPHS Commissioned Corps officers make to the nation's public health. Immediately, I knew that I wanted to serve in the USPHS Commissioned Corps and practice pharmacy in the IHS. I am grateful for the USPHS officers who mentored and taught me during the completion of my two JrCOSTEP tours of duty.

What advice do you have for students considering a career with the USPHS Commissioned Corps?

I suggest students try to maximize their exposure to the USPHS while in school. This could take the form of speaking with a current USPHS officer, completing a JrCOSTEP, and/or completing a rotation within one of the many agencies within the PHS. I feel exposure is extremely beneficial for finding what particular area you are most interested in.

What can students expect and how can they prepare for the IHS residency selection process?

The IHS residency selection process has become more competitive year to year, but there are certain things students can do to set themselves apart. I think the biggest thing is having experience in clinical pharmacy and in the IHS. Both of these will help a student's chance, but more importantly, make them more successful in whatever area of pharmacy they choose to pursue. Lastly, the application process is extensive and requires significant time to complete. I highly suggest starting early to avoid any unexpected delays.

What were the biggest challenges during your residency?

I think some of my biggest challenges throughout residency include work-life balance and the transition from student to practicing pharmacist. My education did a fantastic job preparing me for my career, but you will soon find that practicing pharmacy requires clinical judgment calls, often not addressed in your education.

What was the most rewarding experience of being an IHS resident?

The most rewarding part of my IHS residency has been learning from other IHS pharmacists and witnessing the positive impacts they make in patient care. Being a part of the IHS has been immensely rewarding and challenging – everyday is new and exciting.

What advice do you have for upcoming pharmacy students wanting to pursue a residency with an IHS/or tribal facility?

I would suggest students do their best to take advantage of all the opportunities available to them. As a student, I found that jumping into opportunities allowed me to find areas of interest and become a more well-rounded pharmacist. All of these experiences were beneficial to my professional development and career projection.

What do you plan on doing after completing your IHS residency?

Luckily, I have been offered a position as one of ANMC's inpatient clinical pharmacists when I complete my residency.

What are some of your future professional goals?

I hope to continue to serve in the USPHS and as an IHS clinical pharmacist. I hope to obtain a master's in Public Health and my Board Certified Pharmacotherapy Specialist (BCPS) designation.

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Continued from [page 10...](#) **Pharmacist Deploying to Support Access to Essential Services:**

An interview with LCDR Khatri

Submitted by CDR Monica Reed-Asante, LCDR Lysette Deshields, LCDR Ashlee Januszewicz and LCDR Sadhna Khatri

The family members wanted to take the body of the deceased to Puerto Rico for cremation. I informed the headquarters and realized that the process to arrange for transport of the patient's remains is extensive. I was caught between the patient's family's extreme anxiety/sorrow and headquarters' diligence in working out a process to transport the body. It was challenging to convince a bereaved family and make them understand that we were trying our best to help them while these federal processes do take time.

What was a typical day like for you?

Unlike my work at FDA, there was no set schedule and that's what I expected as I knew I was there to fulfill the mission. Each day was different and brought new expectations of us, as well as different challenges. We started our day typically by visiting the FCC in the morning and checking in with the entire team with a brief team meeting. This was followed by visiting the evacuees (which included the patients and their care givers in the hospitals), and checking their needs regarding housing, food, other necessities and medications, as the majority of them were on chronic medications, which they had forgotten at home in a rush to get to a medical facility for treatment. During our hospital visits we would usually pair up with a fellow officer; on our way back to the FCC one officer would drive the car, while the other would be on the phone finding accommodations for the evacuees' family members and/or checking with the case managers at the various hospitals about patient status and figuring out what will be our next step. We were constantly on the move. We also engaged with the Red Cross and area religious organizations and established a process which helped the patient's caregivers. Engagement with local police department also helped us as they could find Spanish translators for us and this was very helpful as several evacuees did not speak English.

In the evenings, we had our big team meeting led by IRCT Patient Movement Branch Director CDR Selena Ready where all the FCC's shared their experiences, and our leadership provided us clear directions for the mission. It was indeed a very fulfilling experience.

Continued from [page 9...](#) **Residency Spotlight: LT Alena Korbut, PharmD, PGY-1 Resident at Cherokee Nation W.W. Hastings Hospital**

Preceptor: Linzi Allen, Pharm.D., BCPS, NCPS

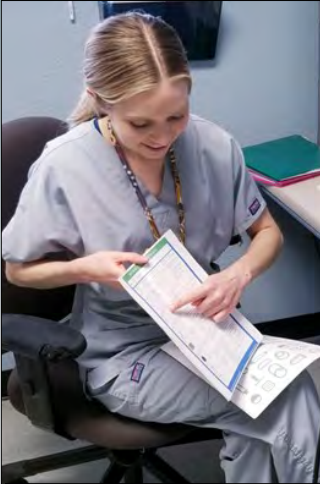
Glucose Monitors (CGMs) to help patients monitor their sugars for diabetes control. The monitors were provided to us by a grant and the pharmacy department had to determine the usefulness of the device in managing patient care. I enjoyed working with patients and providing them personalized treatment plans to achieve their goals. The results were amazing, and many patients were thankful for this experience. I was able to present my project at many conferences and became a local expert regarding CGMs.

I feel that the residency program gave me the time and resources to transition from student to pharmacist and experience to put my knowledge into clinical practice. Furthermore, it strengthened my skills and gave me the opportunity to learn different aspects of pharmacy and identify areas of interest. I would highly recommend the PGY-1 residency program to everyone.

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Continued from page 5...Residency Spotlight: A Pharmacy Resident Increasing Access to Care in Women's Healthcare

Submitted By LCDR Thalia Vega, PharmD, BCACP



LT Boles working in the Contraception and STI clinic

LT Boles has impacted the health of many patients in the first 2 months of scheduling patients in this novel pharmacist run contraceptive care and STI clinic. She has worked seamlessly with the women's clinic to coordinate care, scheduling, space use, Saturday clinic hours and expedited processing of medications. She has enhanced care with her clinical skills, resources and services to benefit the patients served at PIMC. She has shown the benefit a pharmacist can add to patient care, including increased access to services and interdisciplinary teamwork that benefits the facility and the patients served by PIMC. Telephone visits were found to accommodate the needs of almost half of the patients, which were found to be a useful tool to reduce barriers to care and may prove to be a successful clinic model. There is also the opportunity for expansion of this clinic to other patient populations, including inpatient and pediatrics which would further increase access to care.



The jointly sponsored Regulatory Pharmaceutical Fellowship's Drug Information track fellows and academic preceptor pictured at the interview booth this December 2017 at ASHP's Midyear Clinical Meeting.

(L-R) Dr. Amy Sheehan, Associate Professor of Pharmacy Practice at Purdue University College of Pharmacy; Dr. Kiersten Walters, PGY1 Drug Information Fellow with FDA, Purdue, and Eli Lilly; Dr. Sandra Bai, PGY2 Drug Information Fellow with FDA, Purdue, and Janssen Scientific Affairs, LLC; and Jacqueline Wasynczuk, PGY1 Drug Information Fellow with FDA, Purdue, and Janssen Scientific Affairs, LLC. The Regulatory Pharmaceutical Fellowship offers two-year post-doctoral training in the areas of Drug Information, Medication Safety, and Drug Advertising and Promotion. USPHS Pharmacy preceptors not pictured here include CDR Christopher Jones (Medication Safety track preceptor), CDR Irene Chan (Medication Safety track preceptor), LCDR Sam Skariah (Drug Advertising and Promotion track preceptor), and LCDR Lindsay Wagner (Program Director and Drug Information track preceptor).



The USPHS Excellence in Public Health Pharmacy Practice Award was presented to Ms. Amy Shaver on April 11, 2018 at the University at Buffalo School of Pharmacy and Pharmaceutical Sciences Award Ceremony by CDR Victoria Ferretti-Aceto. Ms. Shaver received the award for being a champion of public health by developing and organizing many wellness clinics and health fairs throughout her local community and county.

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Creighton University Schools of Pharmacy and Dentistry Visits

Submitted by LCDR Theresa Castellanos



Creighton University Dental students listen to LCDR Castellanos give a presentation on USPHS

This past fall, LCDR Theresa Castellanos visited the Creighton University campus in Omaha to increase awareness of the USPHS, share information about career opportunities, and share her story of how she came to serve as a pharmacy officer in the USPHS. LCDR Castellanos has been a UPOC for Creighton University School of Pharmacy and Health Professions for the past several years but it was only in the last year that she joined a small group of pharmacy UPOC officers that teamed up with the Dental PAC to assist with recruitment of dental officers. Consequently, she decided to meet with students and faculty from both the pharmacy and dental schools during her visit with Creighton University. On November 15, 2017, she met with the School of Pharmacy Dean,

faculty, and P4 class to provide a presentation on the USPHS, and she answered questions regarding duty stations, assignments, and pharmacy residency options. Many students were inspired to hear that she was once a pharmacy student in Washington DC but moved across the country to serve the American Indian and Alaska Native population in Alaska, where she is stationed today. A career in the USPHS could offer them endless opportunities, which intrigued many students who were uncertain about their career path.

LCDR Castellanos delivered another USPHS presentation to the Creighton University dental students at a Lunch and Learn event on November 17, 2017. The event was a great success as many students attended and expressed interest in pursuing a dental career as a PHS officer. For most, it was their first-time hearing about the USPHS, so LCDR Castellanos spent time answering their specific questions.

The on-campus site visit was truly a rewarding experience and was a unique opportunity to connect with both pharmacy and dental students alike. LCDR Castellanos intends to continue her relationship with both schools to help recruit highly qualified PHS officers and increase visibility for the USPHS.

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Useful Info and Resource Links

Agency	Contact	Telephone	Website	Email
Federal Bureau of Prisons (BOP)	CDR Mark Sellers LCDR Daniel True (7/2018)	417-863-1352 304-379-5187	https://www.bop.gov/jobs/positions/index.jsp?p=Pharmacist	msellers@bop.gov dtrue@bop.gov
Centers for Disease Control (CDC) and Prevention	LCDR Jennifer N. Lind	404-498-4339	www.cdc.gov	vox2@cdc.gov
Food and Drug Administration (FDA)	CAPT Beth Fritsch	301-796-8451	www.fda.gov	beth.fritsch@fda.hhs.gov
Health Resources & Svcs Adm. (HRSA)	LCDR Jane McLaughlin	301- 443-1603	www.hrsa.gov	JMcLaughlin@HRSA.gov
Indian Health Service (IHS)	CAPT Kevin Brooks	301-443-1820	www.ihs.gov/pharmacy	Kevin.Brooks@ihs.gov
ICE Health Services Corps (IHSC)	CAPT Jeff Haug	202-494-8081	www.ice.gov/ice-health-service-corps	jeff.e.haug@ice.dhs.gov
National Institutes of Health (NIH)	CDR Fortin Georges	301-496-9358	www.nih.gov	georgesf@cc.nih.gov
U.S. Coast Guard	CAPT Aaron P. Middlekauff	202-475-5181	http://www.uscg.mil/health/cg1122/pharmacy.asp	Aron.P.Middlekauff@uscg.mil
Centers for Medicare & Medicaid Services (CMS)	CAPT Jill Christ	240-478-8826	www.cms.gov	Jill.Christ@cms.hhs.gov
Instagram/Twitter			#usphspharmacy	
Facebook Page			www.facebook.com/USPHSPharmacists	
IHS Residency Information			http://www.ihs.gov/medicalprograms/pharmacy/resident/	
Uniform Help Desk Email			www.phsccuniform@hhs.gov	
Uniform Information			http://www.usphs.gov/aboutus/uniforms.aspx	
USPHS			http://usphs.gov	
USPHS PharmPAC Website			http://www.usphs.gov/corpslinks/pharmacy/	
USPHS Pharmacist Listservs			http://www.usphs.gov/corpslinks/pharmacy/listserv.aspx	
USPHS Student Opportunities			http://www.usphs.gov/student/	





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RADM Pamela Schweitzer
 USPHS Chief Pharmacy Officer

Did you know?

The UPOC Newsletter is potentially read by the 1,276 subscribers to the PHS-pharmacists listserv and over 767 subscribers on the pharmacy student listserv. In total, there are over 2,000 readers of the UPOC newsletter. BUT... it's up to you to distribute. Please take the time to distribute the UPOC Newsletter to your Universities or take a colored copy for your Career Fair Recruitment table.

Thank you from the UPOC Newsletter Workgroup!

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