VA PAHCS
Veterans Affairs Palo Alto Health Care System

Postgraduate Year Two (PGY2)
Psychiatric Pharmacy Residency

SETTING

The VA Palo Alto Health Care System (VAPAHCS) is a 900 bed hospital and satellite outpatient clinic complex located in the greater San Francisco Bay Area of California. This major tertiary referral center consists of three medical center divisions and eight satellite outpatient clinics. The Palo Alto Division, located in the foothills of the Coast Range Mountains, is home to a brand new 60-bed acute inpatient psychiatry unit, ambulatory care clinics, medicine, surgery, pain management, addictions, spinal cord injury/polytrauma, geriatric care and hospice. The Menlo Park Division, located seven miles away from Palo Alto, serves primarily chronic psychiatric, nursing home, respite and domiciliary patients. Satellite clinics providing Mental Health Services on site are located in San Jose, Monterey, Fremont, Livermore, Stockton, Menlo Park and Modesto. The Health Care System is affiliated with Stanford University School of Medicine, and the Pharmacy Service has affiliation agreements with the University of the Pacific (UOP), University of Southern California (USC) and Touro University College of Pharmacy.

PHARMACY SERVICES

The Pharmacy Service provides 24-hour coverage seven days a week. Patient care is provided by a staff of more than 140 pharmacists, residents (7 PGY1, 1 PGY2 Psychiatry and 1 PGY2 Administration), students and technicians practicing in the inpatient and ambulatory care setting.

Inpatient Services. The decentralized inpatient pharmacy staff provides pharmaceutical care to Veterans ensuring patients are educated and drug therapy is monitored. Care plans are developed based on individual patient needs and used in conjunction with computer-generated databases to monitor for drug indication, appropriateness, and achievement of therapeutic outcomes. New orders are evaluated in the context of this information with attention to drug dosing, drug interactions, adverse effects and drug allergies. Pharmacists' recommendations are communicated on patient care rounds or directly to the medical, surgical, psychiatric, or extended care teams, and documented in electronic progress notes. Drug distribution is accomplished through highly automated, centralized unit dose and USP 797 compliant, state of the art IV admixture services. By utilizing automation and the technician support staff efficiently in the dispensing functions of the pharmacy, the system provides an opportunity for pharmacists to provide pharmaceutical care to their patients.

Ambulatory Care Services. The Ambulatory Care Section of the Pharmacy Service includes primary care clinics and a psychiatric pharmacy clinic which provide comprehensive pharmaceutical services for clinic patients, utilizing a scope of practice with full prescriptive authority

Education and Training. Members of the pharmacy staff precept residents and clinical clerkship students. Resident inservices, journal clubs, Grand Rounds, clerkship student therapeutics and case conferences add to the educational development of the pharmacy staff, residents and students.

Mission Statement

Upon completion of this residency program, the psychiatric clinical pharmacy specialist will be able to serve confidently and effectively as the psychiatric medication expert in both outpatient and inpatient settings. Residency graduates will function as integral members of interdisciplinary teams caring for individuals with psychiatric and neurologic disorders and will assume responsibility for patient-centered medication therapy. Through a wide variety of psychiatric, information technology, research and managerial experiences, the psychiatric clinical pharmacy specialist will gain the knowledge and skills necessary to be the psychiatric medication specialist at his or her health care organization and a leader in psychiatric pharmacy.

RESIDENCY ACTIVITIES

The residency is a twelve month postgraduate year two program that provides training and experience in Psychiatric Pharmacy Practice and Education. Patient care responsibilities are foremost; residents also receive instruction and experience in management, education and research. Residents are provided with ample opportunities to teach in clinical clerkship and didactic settings.

Required Experiences

Inpatient Psychiatry (8 weeks)

Located at the Palo Alto Campus, the VA Palo Alto Health Care System (VAPAHCS) houses a 3 unit, 60 bed, acute inpatient psychiatric service for both male and female Veterans. The resident on this rotation will serve as the psychopharmacology expert to an interdisciplinary team consisting of psychiatrists, psychiatry residents, psychologists, psychology fellows, nurses, social workers and students. Morning rounds with the treatment team, reviewing medication regimens for proper dosing, dose adjustments, schedule, route of administration, drug-drug interactions, interpreting drug levels, assessing for adverse effects of medications and medication efficacy will be but a few of the resident's daily tasks. The resident will be expected to make drug recommendations regarding psychiatric and medical management. Teaching opportunities during this rotation include leading pharmacy group for the Veterans on each of the three units, serving as the primary preceptor to PGY-1 pharmacy practice residents and pharmacy students on the rotation, leading nursing in-services and providing discharge counseling. The goal for the rotation is to have the resident serve as the primary point of contact for psychiatric pharmacy services for one of the three inpatient units.

Academic Detailing (8 weeks)

The resident will be expected to provide education on medication side effect monitoring and management, optimization of drug selection for mental health disorders and practical information on how to overcome system barriers to accomplish change. Moreover, the resident will participate in administrative meetings and participate with policy development processes that influence educational programming. Activities will include: developing educational outreach detailing pieces, performing medication utilization reviews to identify areas for educational programming, participating in workgroups for developing drug use guidelines for mental health disorders, reviewing available educational tools and consensus recommendations for incorporation into detailing and in servicing educational resources, conducting Academic Detailing educational outreach visits to Mental Health Providers and reviewing cost-effectiveness information for recommendations in educational encounters.

Pain Management (8 weeks)

The resident will be responsible for designing, implementing, assessing, monitoring and documenting therapeutic pain management plans utilizing the most effective, least toxic and most economical medication treatments in order to achieve positive patient centric outcomes. The resident will function as a mid-level provider in general medicine clinic, pharmacy pain service and pain e-consult service and will adjudicate pain

non-formulary drug request consults. The resident will also be responsible for providing education to patients, caregivers and healthcare providers.

Geriatric Psychiatry (8 weeks)
The resident will gain experience in geriatric psychiatry and geriatric medicine thru exposure to a diverse population of older Veterans with diagnoses of various psychiatric and neurologic disorders. The Community Living Center (CLC) is 100 bed unit consisting of patients admitted for long-term care as well as for rehabilitation, long-term IV antibiotics, radiation/chemotherapy, palliative care/hospice and respite care. The CLC team is interdisciplinary and is composed of psychiatrists, geriatricians, palliative care providers, nurse practitioners and clinical social workers. The resident will perform medication reviews for the patients on their team, recommend medication and monitoring changes by entering a progress note and attending the weekly team meeting, answer consults and drug information questions and provide patient and provider education as needed.

Outpatient Mental Health Clinic (longitudinal)
The resident will work as a mid-level practitioner out of the Fremont Community Based Outpatient Clinic (CBOC) to provide psychiatric pharmacy services to the Fremont Mental Health (MH) population. The resident will be expected to see up to 12 patients every Thursday. This will provide the resident with an opportunity to carry a panel of patients they can follow over time. A limited scope of practice will be required to manage patients in clinic. Activities will include: ordering medications and labs, entering referrals and consults, completing encounters, entering progress notes, providing patient education and working collaboratively with an interdisciplinary team which includes psychiatrists, nurses, administrative support, social workers, psychologists and other prescribers in the clinic. This rotation will provide the resident with the opportunity to function as the primary MH provider for Veterans with MH disorders.

Pharmacy Benefits Management (longitudinal)
The resident will serve as a member of the Mental Health Task Force (preceptor: Daina Wells) and the pharamcoeconomics team (preceptor: Susan Campbell). This will provide an opportunity to function as a leader in psychiatric pharmacy and to gain experience in formulary management. Activities will include: completing DUEs and medication reviews, presenting medication-related information to leaders throughout the VISN, reviewing guidelines and current practice to ensure they align, promoting evidence-based treatment and creating policies and restrictions to enforce this, creating drug use criteria, recommending formulary changes, recommending MH medication alternatives when drug shortages or conversions arise, adjudicating non-formulary (NF) requests, ensuring compliance with regional pharmacy benefits management mental health performance measures and monitors, writing reports and collaborating with other mental health pharmacists throughout the VISN.

Research (longitudinal)
On this longitudinal rotation, the resident will be trained on the VAPAHCS specific research processes, in addition to serving as a mentor for PGY1 residents. The resident will go through the training process required of all investigators within the healthcare system, work with a project preceptor/principle investigator to develop a suitable resident project, gain appropriate committee and IRB approvals (if applicable), execute the project, analyze findings, draw appropriate conclusions based on those findings and present their project in multiple formats (e.g., platform presentation, poster presentation, manuscript of publishable quality).

Clozapine Tracking Team (CTT) (longitudinal)
Composed of an interdisciplinary team of psychiatrists, clinical nurse specialists and clinical pharmacists, the CTT is responsible for implementing the Clozapine Patient Management Protocol (CPMP) thus ensuring the safe and appropriate use of clozapine within the VA and FDA requirements and regulations; identifying and

ensuring that clozapine is offered as an option to any VA patient diagnosed with schizophrenia or schizoaffective disorder, who has tried and failed treatment with two antipsychotics; reviewing, approving/denying and completing requests for clozapine treatment; approving VA psychiatrists to prescribe clozapine; completing, collecting and transmitting all necessary forms related to the use of clozapine to the National Clozapine Coordinating Center (NCCC)**;** maintaining and using valid NCCC-assigned patient clozapine authorization numbers; completing bi-annual reviews of all clozapine patients within our health care system**;** making recommendations for management of Axis I and Axis III diagnoses; monitoring and making recommendations for the management of metabolic syndrome**;** reviewing, approving/denying requests for change in monitoring frequency**;** ensuring the proper ordering and dispensing of clozapine from inpatient and outpatient pharmacy and providing education to all staff and patients on all aspects of clozapine treatment**.**
During this longitudinal rotation, the resident will participate in all of the above mentioned activities as an active member of the CTT.

Elective Experiences

Ambulatory Care (4 weeks)

Residents will be assigned to a Patient Aligned Care Teams (PACTs) and be responsible for managing patients with diabetes, hypertension and hyperlipidemia. Residents will evaluate drug regimens for efficacy, adherence and adverse effects, make appropriate adjustments in the medication regimen and order necessary laboratory tests. Teaching opportunities include precepting pharmacy students and providing education to patients, caregivers and staff.

Internal Medicine (4 weeks)

Pharmacy residents provide the patient care team with drug information and patient-specific medication recommendations with the goal of improving patient outcomes. Other activities include participating in work and attending rounds, monitoring patient medication therapy, reporting adverse drug reactions, pharmacokinetic monitoring, order verification and performing patient counseling. Teaching opportunities include giving inservices to health care staff and precepting pharmacy students.

MH Informatics (4 weeks)

The resident will have the opportunity to learn how to write SQL code and learn how to build audit feedback tools, such as the Academic Detailing Mental Health Dashboard. The MH dashboards and reports are designed to provide actionable information to providers surrounding important mental health treatment issues. The resident will help design and validate tools that will be used nationwide to promote evidence-based treatment of mental health disorders.

Inpatient PTSD (4 weeks):

The resident will gain experience managing patients with a primary diagnosis of PTSD who require a prolonged inpatient stay. The PTSD program is located at the Menlo Park Division and is a 50 inpatient bed treatment facility. The PTSD program team is interdisciplinary and includes psychiatrists, psychologists, social workers and a nurse practitioner. Primary responsibilities of the resident for this rotation include rounding with the interdisciplinary team to design, recommend, monitor and evaluate patient-specific therapeutic regimens that incorporate the principles of evidence-based medicine.

Substance Abuse/Addictions (longitudinal)

The resident will work in an outpatient addictions pharmacotherapy clinic along with an interdisciplinary team including medical residents from Stanford University, attending psychiatrists, social workers, a nurse practitioner and psychologists. This experience is offered as a longitudinal experience as the clinic is only offered on Friday mornings. This will give the resident an opportunity to observe patients over time in order to gain an understanding about relapse prevention and the problems that arise while seeking sobriety. Activities

will include: recommending medication adjustments, providing patient education in an individual and group setting, resolving pharmacy service-related issues that arise in the clinic and providing the clinical team with medication-related information.

Management/Pharmacoeconomics (4 weeks)
The resident will participate in activities such as: evaluation of recent utilization trends and identification of targets for improvement; cost-saving initiative development and implementation; adjudication of non-formulary drug requests; didactics on pharmacoeconomics, outcomes research, provider profiling, academic detailing, and budget analysis. The resident will be required to attend pertinent meetings, present a pharmacoeconomics-based journal club, and complete an average of 2-3 pharmacoeconomic and outcome projects.

Inpatient Psychiatry (4 weeks)
The resident will have the opportunity to add an additional 4 weeks to their already required 8 week inpatient psychiatry experience if there is a particular interest in inpatient psychiatry.

Academic Detailing (4 weeks)
The resident will have the opportunity to add an additional 4 weeks to their already required 8 week academic detailing experience if there is a particular interest education and academic detailing.

Geriatric Psychiatry (4 weeks)
The resident will have the opportunity to add an additional 4 weeks to their already required 8 week geriatric psychiatry experience if there is particular interest geriatrics.

PROGRAM DESCRIPTION

Residency Type: PGY-2
Duration: 12 months
Number of Positions: 1
Application Deadline: March 29, 2013
Starting Date: July 1, 2013
Stipend: $52,709
Interview Required: On site

ELIGIBILITY REQUIREMENTS

Doctor of Pharmacy Degree
Completion of PGY-1 Pharmacy Residency
Pharmacy licensure in any state of the USA
U.S. Citizenship

APPLICATION MATERIALS

1. "Letter of intent" stating why you are pursuing a residency position in our program
2. Current curriculum vitae
3. VA Form 10-2850D "Application for Health Professions Trainees" (available at: http://www.va.gov/oaa/app-forms.asp)
4. US Government form OF-306 "Declaration for Federal Employment" (available at: http://www.va.gov/oaa/app-forms.asp)
5. Official School of Pharmacy transcript
6. Three letters of recommendation. These should be from individuals capable of commenting on your professional capabilities, including: academic ability, communication skills, behavioral attributes (leadership, initiative, dependability, ability to handle multiple tasks, etc.), clinical problem solving skills, an assessment of potential capability to perform research, and any other attributes which will assist us in assessing your ability to flourish and succeed in our program. All comments and information will be held in strictest confidence.

BENEFITS

ACLS Certification	Vacation - 13 days / year
Health & Dental Insurance	Sick leave - 13 days / year
Paid educational leave*	All federal holidays off
Free Parking	Lab Coats

*Residents are paid for their time to attend meetings. Funding to support travel and meeting registration is limited.

PGY1 RESIDENT RESEARCH PUBLICATIONS

A major focus of our program is to enhance the ability of the resident to apply scientific research methods to complete an evaluative project. Projects are selected by the resident and are conducted under the guidance of research preceptors. Past VA Palo Alto PGY1 residents' research projects have resulted in many valuable contributions to the medical literature. The following is a sampling:

1. Yiu P, Nguyen NN, Holodniy M. Clinically Significant Drug Interactions in Younger and Older Human Immunodeficiency Virus-Positive Patients Receiving Antiretroviral Therapy. Pharmacotherapy 2011;31(5):480-489.
2. Wu PC, Lang C, Hasson NK, Linder SH, Clark DJ. Opioid Use in Young Veterans. J Opioid Manag 2010 Mar-Apr;6(2):133-9.
3. Hernández B, Hasson NK, Cheung R. Hepatitis C Performance Measure on Hepatitis A and B Vaccination: Missed Opportunities? Am J Gastroenterol 2009;104(8):1961-7.
4. Mathews S, Cole J, Ryono R. Anticoagulation-related outcomes in patients receiving warfarin after starting levofloxacin or gatifloxacin. Pharmacotherapy 2006;26(10):1446-51.
5. Khorashadi S, Hasson NK, Cheung RC. Incidence of statin hepatotoxicity in patients with hepatitis C. Clin Gastroenterol Hepatol 2006;4:902-7.
6. Yee JL, Hasson NK, Schreiber DH. Drug-related emergency department visits in an elderly population. Annals of Pharmacother. 2005; 39(12): 1990-5.
7. Gee MT, Hasson NK, Hahn T, Ryono RA. Outcomes of a tablet splitting program in patients taking HMG-CoA Reductase Inhibitors. J Managed Care Pharm 2002;8(6):353-9.
8. Faltermier AM, Hasson NK, Cox D, Lum BL. The impact of a telephone care pharmacy program on health care resource utilization. JMCP 2000;6(3):217-21.
9. Puentes E, Puzantian T, Lum BL. Prediction of valproate serum concentrations in adult psychiatric patients using bayesian model estimations with NPEM2 population pharmacokinetic parameters. Ther Drug Mon 1999;21:351-4.
10. Gong C, Hasson NK, Lum BL. Impact of a diabetes disease management clinic on the total glycosylated hemoglobin of patients with type 2 diabetes mellitus. JMCP 1999;5(6):511-5.

For more information and application materials:

Daina Wells, Pharm.D., BCPS, BCPP
Academic Educator for Mental Health Initiatives, VISN 21
Clinical Pharmacy Specialist, Mental Health, VA Palo Alto HCS
PGY2 Psychiatric Pharmacy Residency Program Director, VA Palo Alto HCS
VA Palo Alto HCS, Pharmacy Service (119), 795 Willow Rd, Menlo Park, CA 94025
Daina.Wells@va.gov
OFFICE: (650) 614-9997, ext. 27115
MOBILE: (650) 444-7227
FAX: (650) 852-3444

RESIDENCY PRECEPTORS

Academic Detailing

Daina Wells, Pharm.D., BCPS, BCPP. Dr. Wells received her Pharmacy degree from Butler University in 2008. She then completed a PGY1 Pharmacy Practice Residency at the Michael E. DeBakey VA in Houston, Texas and a PGY2 Psychiatric Pharmacy Residency at Purdue University and Wishard Health Services in Indianapolis, Indiana. She worked as a Mental Health Clinical Pharmacy Specialist at the WJB Dorn VA in Columbia, SC from 2010-2011 then joined VA Palo Alto HCS as an Academic Educator in Mental Health Initiatives for VISN 21.

Clozapine Treatment Team (CTT)

Rachel Grande, Pharm.D. Dr. Rachel Grande received her Pharmacy degree from UCSF in 2007 and completed a PGY1 Residency at VAPAHCS. She joined VAPAHCS in 2008 as a Clinical Pharmacist in Inpatient Psychiatry.

Geriatric Psychiatry

Rahel Woldu, Pharm.D., BCPP Dr. Woldu received her degree from University of Colorado Health Sciences Center in 2004. She joined VAPAHCS, Menlo Park Division, in 2007 as a Clinical Pharmacist.

Inpatient Psychiatry

Rachel Grande, Pharm.D.

Inpatient PTSD

Rahel Woldu, Pharm.D., BCPP

Outpatient Psychiatry

Daina Wells, Pharm.D., BCPS, BCPP

Pain Management

Jeremiah McKelvey, Pharm.D. Dr. McKelvey received his Pharmacy degree from PBAU in 2007 then completed a PGY1 Residency at the Orlando VAMC. Since completing his residency, he has been involved in developing pain services throughout the VA, including an Opioid Pain Care Clinic and TELEPAIN services at VA ECHCS (2008-2011) and a Pain E-Consult service at VA Orlando HCS (2011-2012). He joined VAPAHCS in 2012 as a Clinical Pharmacy Specialist in Pain Management.

Pharmacy Benefits Management

Daina Wells, Pharm.D., BCPS, BCPP.

Susan Campbell, Pharm.D. Dr. Campbell received her Pharmacy degree from Rutgers University in 2002. She started at STVHCS in San Antonio, TX in 2006 as an Outpatient Pharmacist and then joined VAPAHCS in 2010. She recently accepted the position as the Pharmacoeconomic Clinical Specialist.

Substance Abuse/Addictions

Jeremiah McKelvey, Pharm.D.

MH Informatics

Amy Furman, Pharm.D. Dr. Furman received her Pharmacy degree from the University of Rhode Island in 2008. She then completed a PGY1 Residency at VANCHCS and a PGY2 in Health Outcomes at the VASNHCS. She joined VISN 21/22 Academic Detailing project in 2010 as a Clinical Pharmacist Data Manager where she designs data tools for the Mental Health Dashboard.

Management/Pharmacoeconomics

Noelle Hasson, Pharm.D. Dr. Hasson received her Pharmacy degree from UCSF in 1994 and completed the VAPAHCS Residency in 1995. She has worked as a Clinical Pharmacy Specialist at VA Palo Alto in various positions (Inpatient Medicine, Drug Information, Clinical Coordinator and Pharmacy Benefits Manager) since 1995.

Ambulatory Care

Rebecca Carle, Pharm.D., BCPS, CGP Dr. Carle received her Pharmacy degree from the University of North Carolina at Chapel Hill in 2006 and completed a PGY1 Residency with a focus in Ambulatory Care at Carolinas Medical Center in Charlotte, North Carolina in 2007. She joined VAPAHCS in 2008 as an Ambulatory Care Clinical Pharmacy Specialist.

Tracy Fang, Pharm.D. Dr. Fang received her Pharmacy degree from UCSF in 2002 and completed a Primary Care Residency at the University of Southern California in 2003. She joined VAPAHCS in 2009 as an Ambulatory Care Clinical Pharmacy Specialist in the Erythropoietin Stimulating Agent (ESA) Clinic.

Lisa B. Lee, Pharm.D., BCPS Dr. Lee received her Pharmacy degree from the University of North Carolina at Chapel Hill in 2004 and completed the Carolinas Medical Center Ambulatory Care Pharmacy Practice Residency in 2005 (Charlotte, NC). She has been the Lead Ambulatory Care Clinical Pharmacy Specialist since March 2006.

Nancy M. Shin, Pharm.D. Dr. Shin received her Pharmacy degree from UCSF in 2009 and completed the VA Palo Alto HCS Residency in 2010. She has been an Ambulatory Care Clinical Pharmacy Specialist since 2010.

Kristin To, Pharm.D. Dr. To received her Pharmacy degree from UCSF in 1994 and completed the UC Davis Pharmacy Practice Residency in 1995 and a Primary Care Residency at VA San Francisco in 1996. She has worked as an Ambulatory Care Clinical Pharmacy Specialist since May 1997.

Heidrun Utz, Pharm.D. Dr. Utz received her Pharmacy degree from UCSF in 1989 and completed the VA Palo Alto Pharmacy Residency in 1990. She has been an Ambulatory Care Clinical Pharmacy Specialist since 1992.

Winni Wang, Pharm.D., BCACP. Dr. Wang received her Pharmacy degree from The University of Arizona in 2009 and completed an Ambulatory Care Pharmacy Practice Residency at the Phoenix VA in 2010. She joined VAPAHCS in 2012 as a Clinical Pharmacy Specialist in Ambulatory Care.

Jonathan C. Wong, Pharm.D. Dr. Wong received his Pharmacy degree from the UOP in 2009 and completed the VA Palo Alto Residency in 2010. He has been an Ambulatory Care Clinical Pharmacy Specialist since July, 2010.

Fred Yee, B.S., R.Ph. Mr. Yee received his Pharmacy degree from the UOP in 1981 and completed the VA Palo Alto Residency in 1982. He has been an Ambulatory Care Clinical Pharmacy Specialist since 1984.

Internal Medicine

Patti Togioka, Pharm.D., BCPS. Dr. Togioka received her Pharmacy degree from UCSF in 2004 and completed her PGY1 Residency at VAPAHCS in 2005. She has worked as a Clinical Pharmacist on our Medicine Service since 2005.

Courtney Lang, Pharm.D., BCPS. Dr. Lang received his Pharmacy degree from the University of Georgia in 2006 and completed the Pharmacy Practice Residency at Bronson Methodist Hospital, Kalamazoo, MI in 2007. He served as a Clinical Pharmacist on our Polytrauma Rehabilitation Service from 2007-2011 and has since served on the Medicine Service.

Orientation

Randell K. Miyahara, Pharm.D. Dr. Miyahara received his Pharmacy degree from UCSF in 1985 and completed a Clinical Pharmacy Residency at USC in 1986. He joined VAPAHCS in 2005 as an Ambulatory Care Clinical Pharmacy Specialist, and has been the Clinical Coordinator since 2006.

Douglas Dat Ha, Pharm.D. Dr. Ha received his Pharmacy degree from the UOP in 1992. He has been with VAPAHCS since 1992, and is currently a Clinical Pharmacist in the IV Admixtures area.

Kyong Kang, B.S., R.Ph. Ms. Kang received her Pharmacy degree from the Massachusetts College of Pharmacy in 1983. She joined VAPAHCS in 2001 as an Inpatient Clinical Pharmacist and has been the Palo Alto Inpatient Pharmacy Manager since 2003.

Virginia Lee, Pharm.D. Dr. Lee received her Pharmacy degree from UCSF in 1982 and completed the Clinical Pharmacy Residency at VAPAHCS in 1983. She has worked as an Inpatient Clinical Pharmacist at VAPAHCS in various areas, including Outpatient Pharmacy, Medicine, Surgery, Psychiatry, Spinal Cord Injury/Traumatic Brain Injury and currently in the Inpatient Central Pharmacy.

Regina Lo, Pharm.D. Dr. Lo received her Pharmacy degree from the UOP in 1991. After graduation, she worked for Kaiser Permanente in in various positions of increasing responsibility (Outpatient Pharmacist, Lead Outpatient Pharmacist, Outpatient Pharmacy Supervisor, Outpatient Pharmacy Manager) and in 2010 joined VAPAHCS as the Palo Alto Outpatient Pharmacy Manager.

Kacy Tran, B.S., RPh, CGP. Ms. Tran received her Pharmacy degree from the University of The Sciences in Philadelphia in 1994. She was a Geriatric Clinical Pharmacist at VAPAHCS, Menlo Park Division from April, 2000, and became the Pharmacy Supervisor for the VAPAHCS Menlo Park Pharmacy in December 2011.