

eReports

Career Paths in Inpatient Care

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publications

Career Paths in Inpatient Care

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Any correspondence regarding this publication should be sent to the publisher, American Society of Health-System Pharmacists, 7272 Wisconsin Avenue, Bethesda, MD 20814, attention: Special Publishing.

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Director, Special Publishing: Jack Bruggeman

Editorial Project Manager: Ruth Bloom

Production Manager: Johnna Hershey

Cover and Page Design: David Wade

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ISBN: 978-1-58528-563-1

CONTENTS

INTRODUCTION

PERSPECTIVES FROM TWO EXPERIENCED INPATIENT CARE PRACTITIONERS

Kimberly J. Novak, PharmD, BCPS

- The Career
- A Typical Day
- The Appeals and Challenges
- How to Follow This Career Path

Chris Paxos, PharmD, BCPP, BCPS, CGP

- The Career
- A Typical Day
- The Appeals and Challenges
- How to Follow This Career Path

PERSPECTIVES FROM TWO NEW PRACTITIONERS IN INPATIENT CARE POSITIONS

Riane J. Ghamrawi, PharmD, BCPS

- A Typical Day
- Projects
- Goals
- Action Steps to Further Your Career As an Infectious Diseases Clinical Specialist

Alexander Kantorovich, PharmD, BCPS

- A Typical Day
- Projects
- Goals
- Action Steps to Further Your Career As a Clinical Specialist/Faculty Member

A PERSPECTIVE FROM AN INPATIENT CARE RESIDENT

Jacalyn Rogers, MS, PharmD, CHM, BCPS

- Why Residency?
- Program Considerations
- A Typical Day

SUMMARY

RESOURCES

INTRODUCTION

This eReport is designed to provide you with a real-life, concise introduction into the variety of roles and responsibilities of careers in various inpatient pharmacy roles. You will find two perspectives from experienced practitioners in pediatrics and psychiatry, two perspectives from new practitioners in infectious diseases and internal medicine, and a perspective from a resident with their detailed descriptions of a postgraduate years 1 and 2 (PGY1/PGY2) Pharmacy Administration program as well as references and a list of links and resources. There are several career paths one may consider in specialized areas of inpatient practice. Depending on your area of interest, there is likely an area of post-graduate training and additional certification programs that matches with those interests. Gaining specialized training and experience is beneficial to advancing in an inpatient field of choices. Although rewards and challenges are varied, a passion for the chosen career path is necessary for success.

PERSPECTIVES FROM TWO EXPERIENCED INPATIENT PRACTITIONERS

Perspective I

Kimberly J. Novak, PharmD, BCPS

The Career

As the clinical pharmacy specialist for the pediatric and adult cystic fibrosis (CF) care centers at Nationwide Children's Hospital (Columbus, Ohio), my work environment is primarily in the inpatient setting of an academic teaching institution. I also have integrated ambulatory care responsibilities due to the need to care for patients with chronic lifelong disease. As a core member of the multidisciplinary CF care team, I am responsible for drug therapy selection and management for CF patients admitted with pulmonary exacerbations or other disease complications or for lung transplant care. I also serve as the continuity member for the inpatient CF care team as I am the only team member on-service every month. Because many patient care-related needs extend beyond the inpatient setting, I am also involved with management of home intravenous (IV) antibiotic therapy, pre-transplant drug therapy evaluations, and management of maintenance drug therapy regimens, especially those involving new precision medicine therapies (e.g., ivacaftor and lumacaftor/ivacaftor).

Although many CF care centers are segregated in their patient populations (i.e., children treated at pediatric hospitals and adults treated at adult hospitals), our pediatric and adult centers are integrated, and patients are treated from birth to end-of-life within our pediatric facility. Due to many new drug therapies and treatment modalities, the average life expectancy for patients with CF is now over 40 years, with some patients living into their sixties and even seventies. With the introduction of precision medicine therapies targeting the underlying genetic bases of CF, this life expectancy will likely increase in the coming years.

My training for this role began with a PGY1 pharmacy practice residency in an academic medical center that allowed me to build a foundation of clinical skills across a wide variety of patient populations with an approximate time split of 75% spent caring for adult and 25% spent caring for pediatric populations. Many children's hospitals also offer PGY1 residencies that are also an acceptable career pathway. As a good portion of pediatric care is extrapolated from adult practice and then customized for pediatric patients based on developmental differences, I specifically sought out a mixed population PGY1 residency to further develop my evidence-based clinical practice. After my PGY1 residency, I completed a PGY2 specialty residency in pediatrics focusing my clinical efforts within the pediatric population as well as expanding my research, teaching, and precepting experience. In reflection, the residency sequence I pursued was optimal for my development as an advance practice clinician caring for patients across the entire life span (neonates, chil-