Michael Erdman, PharmD, BCPS

Michael Erdman, PharmD, BCPS is a Clinical Pharmacist in the Neuroscience ICU at UF Health Jacksonville. Mike received his Doctor of Pharmacy degree from Butler University in 2011. He completed his PGY1 pharmacy residency at IU Health and completed a PGY2 specialty residency in critical care at Methodist University Hospital.

In his current role, Mike helped his institution obtain comprehensive stroke center status, and works with the pharmacy and neurology departments to care for critically ill patients.

How did your training at Methodist prepare you for your current position?

It would probably be easier to list the things that my training at Methodist did not prepare me for in my current position. I can trace most of my clinical, writing, and precepting skills back to things I was taught or witnessed as a resident at Methodist. The pharmacists there truly practice evidence-based medicine and have a very collaborative relationship with the medical staff. I often recommend the residency program to my best students and residents since I know it will challenge them in every aspect of their practice. Conversely, I have yet to have a student/resident that trained at Methodist who did not excel in our program. I also felt that pharmacy and medical practice was very advanced at Methodist, I was able to enact many of the same practices that I trained with at Methodist after I graduated.

What makes your training at Methodist stand out?

One of the things that stood out to me the most about my training was how personalized it was. Each preceptor did an excellent job of adapting the rotation to fit my knowledge level and learning needs. Another thing that stood out to me was how integrated I was with the rest of the pharmacy department and the hospital. I was involved in discussions and decisions that affected patient care. My preceptors were great at modeling interpersonal skills and taught how to adapt evidence and guidelines into order sets and daily practice.
J. Andrew Woods, PharmD, BCPS

Andy Woods, Pharm.D., BCPS is an Associate Professor of Pharmacy with the Wingate University School of Pharmacy just outside of Charlotte, North Carolina. As part of his faculty appointment, he practices in the inpatient setting as a Clinical Team Lead for Internal Medicine at Atrium Health’s Carolinas Medical Center (a 900+ bed teaching hospital in Charlotte, NC) as well as in the outpatient setting at Cabarrus Family Medicine where he initiated and runs a pulmonary care clinic. Andy obtained his Doctor of Pharmacy degree from the University of Tennessee College of Pharmacy and subsequently completed a PGY1 residency at Methodist University Hospital (MUH). He is actively involved in the American College of Clinical Pharmacy (ACCP) and the American Association of Colleges of Pharmacy (AACP). His primary research interests are COPD and drug-induced diseases. He has presented original research in COPD at international meetings including both the American Thoracic Society (ATS) International Conference and the American College of Chest Physicians (Chest) Annual Congress. Andy is a founding member of the COPD Foundation’s PRAXIS Advisory Board and has served on multiple interdisciplinary national advisory panels for GOLD updates and respiratory medications.

How did your training at Methodist prepare you for your current position?

I can state without reservation that the training I received at Methodist was paramount in preparing me for a career in academia. MUH equipped me with the clinical training necessary to develop and lead clinical services in a variety of practice settings and the research experience required to design and conduct original clinical research. In both practice and research endeavors, I was allowed to work independently. Clinical specialists/mentors were most certainly available to offer guidance, but it was my responsibility to initiate those interactions. Because the onus of my education and professional development fell primarily on me, my ability to think critically was enhanced and my self-awareness heightened. As a result, my professional learning curve was accelerated and my confidence as a clinician grew. Furthermore, relationships established while a resident at MUH have flourished through the years and continue to propel my career forward.

What makes your training at Methodist stand out?

Methodist provides a unique practice environment where pharmacy direction of medication-related decisions is expected rather than a novelty. Pharmacists are so integral to the practice of medicine at MUH that many services will not initiate rounds until a clinical pharmacist is present. Not only do the specialists at MUH practice progressive, evidence-based medicine, they consistently contribute to it. Being afforded the opportunity to learn from clinicians who are forward-thinking in a culture that celebrates clinical research instilled in me the desire to consistently publish research at the highest possible level. Over the years, MUH has created a most impressive national network of graduates. Many of these graduates are leading the profession of pharmacy forward. This high-achieving national network underscores the leadership and dedication to professional service of the MUH residency program. Forming a bond and keeping in touch with co-residents is common to all programs; however, I find being a part of the Methodist family to be an incredibly unique bond that serves to both support and enhance my career.
Jennifer Hockings, PhD, PharmD, BCPS

Jennifer Hockings, PhD, PharmD, BCPS is a Clinical Pharmacy Specialist in Pharmacogenomics at The Cleveland Clinic in Cleveland, OH. Jennifer received her Doctor of Pharmacy degree from The University of Mississippi in 2015. She completed her PGY1 pharmacy residency at Methodist University Hospital, followed by a PGY2 specialty residency in pharmacogenomics at St. Jude Children’s Research Hospital.

In her current role, Jennifer has worked to initiate and build pharmacogenomics in her current position. She has had the unique opportunity to create new services, shape institutional policies, and maintain an active practice in pharmacogenomics.

How did your training at Methodist prepare you for your current position?

My experiences at MUH provided an excellent foundation to build upon when I continued my training at St Jude. The unparalleled training that started at Methodist has greatly helped my transition to the Cleveland Clinic as the Pharmacogenomics Clinical Specialist. This includes the emphasis on practicing evidence-based medication to provide quality care, engaging in clinical research to promote progress, and fostering a collaborative practice model in which pharmacy residents are viewed as an extension of the pharmacy preceptor rather than a trainee. While these aspects may not seem novel, it is important to note that this is the expected standard across all services thus allowing pharmacy residents early on to practice at the highest level of their license.

What makes your training at Methodist stand out?

One reason I selected MUH for my PGY1 residency was the balance of clinical and staffing experiences that was designed to insert the resident as an integrated team member in all aspects of pharmacy operations. Residents have on-call responsibilities to address a wide range of questions from physicians and nurses but are also directly involved in order verification and profile reviews to ensure safe and effective medication use. They are expected to be able to perform all essential duties of pharmacy operations included but not limited to sterile compounding and distribution. Some programs do not provide extensive staffing experience and upon residency completion these residents are unprepared to meet the key responsibilities of pharmacy. These staffing skills that I obtained while at MUH are ones that I rely upon during my weekend staffing component in my current position in which I may be responsible for order verification or serve as the pharmacist in charge of a central pharmacy that covers over 1400 inpatient beds.
Nathan A. Pinner, PharmD, BCPS

Nathan A. Pinner, PharmD, BCPS is an Assistant Clinical Professor of Pharmacy Practice with Auburn University Harrison School of Pharmacy and a visiting scholar with the University of Alabama College of Community Health Sciences Department of Family Medicine. Nathan received his Doctor of Pharmacy from the University of Tennessee College of Pharmacy in 2007. He completed a PGY-1 residency at Methodist University Hospital followed by our PGY-2 Internal Medicine specialty residency.

He practices with the family medicine inpatient service in Tuscaloosa at the DCH regional medical center. He is currently active in the American College of Clinical Pharmacy (ACCP), American Association of Colleges of Pharmacy (AACP), and the Society of Teachers of Family Medicine (STFM). His areas of interest include inpatient medicine with special interests in pulmonary pharmacotherapy and anticoagulation.

How did your training at Methodist prepare you for your current position?

I can say with great confidence that the training I received at MUH enabled me to quickly transition to academic pharmacy. I had the clinical experience to lead an inpatient pharmacy team, the research training to conduct independent original research and the mentoring and support network to manage challenging situations. I can confidently say that because of my mentors from MUH my transition to academic was much easier than the vast majority of other new faculty. The conversations I had with these mentors are cherished and have influenced me greatly. While some of these preceptors are no longer with the program, the culture at MUH has not changed. They still focus on a holistic resident development that creates graduates equipped to enter a variety of positions.

What makes your training at Methodist stand out?

During my time at MH, the clinical specialists were not just practicing high-level evidence-based medicine, but they were contributing to the progression of therapy. Being able to train with clinicians who were forward thinking and willing to test ideas taught me the importance of clinical research. Primarily, that we should not just wait for a better alternative to current treatments, but that we should endeavor to discover these alternatives and being willing to share our successes and failures with the medical communicate. Impressively, MUH has also created a national network of graduates. Creating a bond and keeping in touch with your co-residents is common to all programs, but what is truly special is meeting someone you did not know and learning they trained at MUH. This recently happened to me when serving on the Council on Therapeutics for ASHP. This national network underscores the leadership and dedication to profession service of the MUH residency program.
Michael Samarin, PharmD, BCPS, BCCCP

Michael Samarin, PharmD, BCPS, BCCCP is a Clinical Pharmacy Specialist in Critical Care at Methodist University Hospital. Michael received his Doctor of Pharmacy from the University of Tennessee College of Pharmacy in 2012. He completed a PGY-1 residency at Methodist University Hospital followed by a PGY2 Critical Care specialty residency at The Nebraska Medical Center in Omaha, NE.

Michael is actively involved in the Society of Critical Care Medicine (SCCM) and his interests include sedation, sepsis, and hemodynamics. Prior to returning to Methodist, Michael practiced in the cardiac surgery intensive care unit at Florida Hospital – Orlando.

How did your training at Methodist prepare you for your current position?

One of the primary reasons I chose MUH for my PGY1 residency and to return for my current position was the level of experience and knowledge of the clinical staff that served as preceptors. As a resident, it was invaluable being able to learn the clinical aspects of medication therapy management from experienced clinical pharmacists that all had multiple years of residency experience in addition to substantial clinical practice experience. This extensive clinical experience was combined with a highly effective research process and structured teaching program that provided inspiration daily on being the best clinical pharmacist I could be. The opportunity to learn from pharmacists who not only had established a great clinical practice experience at MUH, but also had experience in other institutions was an invaluable asset that I sought out when looking for a PGY1.

What makes your training at Methodist stand out?

One additional thing I quickly learned after I began my residency at MUH was that the education I was receiving was from the whole pharmacy staff and not just the group of clinical rotation preceptors. From the director of the pharmacy to the pharmacy technicians, there was and continues to be an all-around participation in training pharmacy residents. Coupled with the expectation from physicians that pharmacists be involved with all medication decisions, it pushed me to raise my own standards for myself as a pharmacist.
Brandi Strader, PharmD, BCPS
Brandi Strader, PharmD, BCPS is a Director of Pharmacy and the PGY-1 residency director at HSHS St. John’s Hospital in Springfield IL. Brandi received her Doctor of Pharmacy from the Southern Illinois University Edwardsville in 2009. She completed a PGY-1 residency at Methodist University Hospital with a strong interest in emergency medicine.

After residency she helped build the pharmacy emergency medicine program and practiced in the ED for 3 years before taking the clinical coordinator role for St. John’s. Since then she has taken the director of pharmacy and residency program director role. She is currently active in the American College of Clinical Pharmacy (ACCP), Illinois Council of Health System Pharmacists (ICHP) and the HealthTrust clinical board.

How did your training at Methodist prepare you for your current position?
Methodist provided me with the skills and knowledge base to be successful in any environment. My first position following residency was at a community teaching hospital, which did not have pharmacy services in the emergency department. Due to the passion for developing pharmacy services instilled in me during my PGY-1 year, I felt confident developing a business plan and speaking to my new director about expanding our pharmacy services into this area. The preceptors at Methodist had instilled in me the importance of innovative thinking, which allowed me to champion this new initiative all the way to approval. I was able to develop a new service for the hospital and also start many quality improvement projects that had not been noticed prior to pharmacy’s presence.

What makes your training at Methodist stand out?
For me, one of the greatest strengths of the program was the high quality preceptors who fostered a high level of independence. This allowed me to quickly gain confidence as a new practitioner and feel what it was like to be a heavily relied upon member of the healthcare team. The preceptors pushed me to practice at the top of my license and were easily able to adjust their style from modeling to guided independence as my comfort level increased. The example set during my PGY1 residency remains one of the reasons today that I set high professional practice standards for myself and the department that I manage.
Caitlin (Schaapveld) Davis, PharmD, BCPS
Caitlin (Schaapveld) Davis, PharmD, BCPS, is a clinical pharmacist at the University of Kansas Hospital with her main practice area in neurology and weekends in the emergency department. She is adjunct faculty at University of Kansas School of Pharmacy and teaches lectures on Stroke and Diabetic Emergencies. Caitlin received her Doctor of Pharmacy from Drake University in 2013. She completed a PGY-1 residency at Methodist University Hospital followed by our PGY-2 Emergency Medicine specialty residency.

Caitlin is actively involved in the KU residency program and assists with the development of the residency research process. Prior to joining the team at KU, she was a clinical pharmacy specialist in the Emergency Department at Stormont Vail Medical Center in Topeka, KS.

How did your training at Methodist prepare you for your current position?
The program integrates its residency into an environment where pharmacists are not only integrated in the medical team, but an expected member. Physicians will wait to start rounds until a pharmacist is present and sometimes will start calling, paging, or texting to find the pharmacist, if for some reason one is not available. The baseline welcoming environment to pharmacists and pharmacist learners makes it an exceptional place to train as a pharmacy resident. I was incredibly impressed by the way physicians constantly viewed the pharmacists as necessary providers of evidence-based care. This was present not only in patient care, but all the way up through pharmacy administration. I witnessed first-hand the high-level involvement of pharmacists at the administrative level, with pharmacists even having a seat at the highest level on the medical executive committee.

What makes your training at Methodist stand out?
Contribution to the advancement of the medical literature is deeply engrained into the work ethic of MUH pharmacists. This research culture is evident by the long list of recent publications by the pharmacists, which far exceeds publications by other departments at many larger hospitals, including physicians. These pharmacist preceptors not only offer creative research ideas to the residents for their ASHP required project, but offer additional opportunities to join extra projects. During the end of my PGY-1 year, I was staying to pursue a PGY-2 in emergency medicine and I was able to go above ASHP requirements and implement a pilot program for discharge prescription review in the emergency department. The knowledge and skills provided to me by MUH have allowed me to publish research and to be highly involved in the research process at my current job.
Ryan E. Owens, PharmD, BCPS
Ryan E. Owens, PharmD, BCPS is an Assistant Professor with Wingate University School of Pharmacy. Ryan received his Doctor of Pharmacy from Auburn University Harrison School of Pharmacy in 2014. He completed a PGY-1 residency at Methodist University Hospital followed by our PGY-2 Internal Medicine specialty residency.

He practices on the inpatient family medicine service at Pardee Hospital with the Mountain Area Health Education Center (MAHEC) family medicine residency program in Hendersonville, NC. He is currently active in the American College of Clinical Pharmacy (ACCP) and the American Association of Colleges of Pharmacy (AACP). His areas of interest include inpatient medicine with special interests in anticoagulation and heart failure pharmacotherapy, along with liver disease complications.

How did your training at Methodist prepare you for your current position?
One of the aspects I appreciated most throughout the program was the amount of independence afforded by preceptors, which allows the resident to quickly gain confidence and feel like a true member of the healthcare team early within the experience. While this may not seem novel, it is noteworthy that this is a standard across the program, regardless of the rotation area or preceptor the resident is working with. The independence and focus on bolstering resident confidence is secondary to each preceptor’s ability to transition from a direct instruction/modeling role to a facilitation role easily and quickly throughout each month. Preceptors provide feedback on a continuous basis with a goal of enhancing the resident’s current abilities and identifying any untapped potential within patient care or interprofessional interactions. This skillset is a true testament to the training and preceptor development provided by the institution, with a focus on continuous improvement.

What makes your training at Methodist stand out?
The culture within the institution also allows the resident to function at the highest level of their license. Methodist operates within an integrated pharmacy service model, and fully integrates residents into this experience as well. Residents not only provide care for the patients on their service, but may provide order verification and profile reviews for other patient floors as well, depending on the rotation. This model allows residents to ensure safe and effective medication-use to a wider patient population and builds upon operational abilities. Ultimately, residents emerge more well-rounded and able to easily transition into a variety of pharmacist roles within any institution upon graduation.