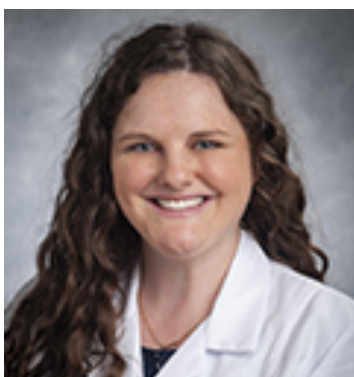


PGY2 Infectious Diseases Residency Preceptors



Jill Argotsinger, PharmD, BCIDP

Specialty: Infectious Diseases, Antimicrobial Stewardship

Title: PGY2 Infectious Diseases Residency Program Director; Clinical Pharmacy Specialist, Infectious Diseases; Advocate Lutheran General Hospital

Email: jill.argotsinger@aah.org

Education: PharmD, Butler University, 2018

Training: PGY-1, Conemaugh Memorial Medical Center, Johnstown, PA, 2018 - 2019; PGY2 Infectious Diseases, Advocate Lutheran General Hospital, Park Ridge, 2019 – 2020

Research Interests: multi-drug-resistant gram-negative infections, Pharmacokinetics/pharmacodynamics of antimicrobials, antimicrobial stewardship and resistance

Infectious Disease Learning Experience Description: The Adult Infectious Diseases rotation is an eight-week learning experience designed for residents to expand their ID knowledge and apply clinical and problem-solving skills necessary to assess, evaluate, and develop empiric pharmaceutical care plans, and provide antimicrobial stewardship recommendations for patients with suspected or documented infectious disease states to the Adult Infectious Diseases team in order to optimize a patient's antimicrobial regimen.

Antimicrobial Stewardship Learning Experience Description: The Adult Antimicrobial Stewardship rotation is a six-week learning experience designed to introduce residents to stewardship principles based on the IDSA guidelines as well as incorporate the CDC core elements in clinical practice. This learning experience involves evaluating blood culture reports, restricted medications and other stewardship-related projects based on institutional needs. The rotation cultivates leadership, time-management and communication skills as the resident is heavily involved in longitudinal stewardship projects and presentations.



Victoria Gavaghan Bomba, PharmD, BCIDP

Title: PGY2 Infectious Diseases Residency Coordinator, Advocate Lutheran General Hospital; Clinical Pharmacy Specialist, Infectious Diseases; Advocate Condell Medical Center, Advocate Sherman Hospital, Advocate Good Shepherd Hospital

Email: victoria.gavaghan@aah.org

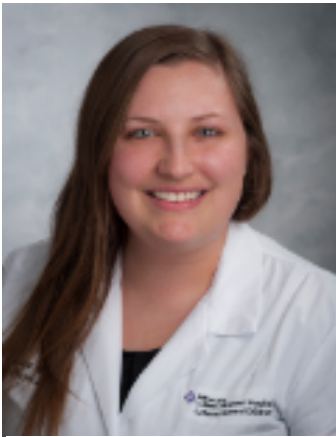
Education: PharmD, University of Illinois at Chicago, 2020

Training: PGY1, Loyola University Medical Center, Maywood, IL, 2020-21; PGY2 Infectious Diseases, Advocate Lutheran General Hospital, Park Ridge, IL, 2021-22

Practice Area: Infectious diseases, antimicrobial stewardship

Research Interests: Multi-drug resistant gram-negative infections, antimicrobial stewardship and implementation of rapid diagnostics

Infectious Disease Learning Experience Description: The Community Antimicrobial Stewardship rotation is a four-week learning experience designed to introduce residents to stewardship principles at a community hospital based on the IDSA guidelines as well as incorporate the CDC core elements in clinical practice. This learning experience involves evaluating targeted antimicrobials (e.g. restricted antimicrobials, broad-spectrum antimicrobials, etc.), blood culture reports, and other stewardship-related projects based on institutional needs.



Jessica Miller, PharmD, BCIDP

Title: Clinical Pharmacy Specialist, Infectious Diseases; Advocate Lutheran General Hospital and Advocate Children's Hospital

Email: Jessica.miller@aah.org

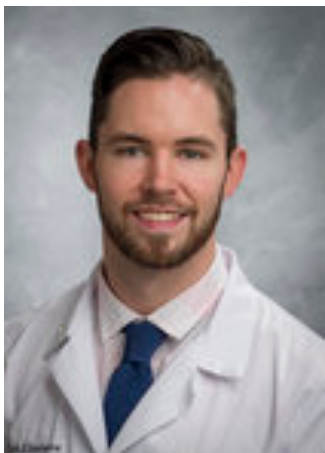
Education: PharmD, St. Louis College of Pharmacy, 2016

Training: PGY1, Advocate Lutheran General Hospital, Park Ridge, IL, 2016-2017; PGY2 Infectious Diseases, Advocate Lutheran General Hospital, Park Ridge, IL, 2017-2018

Practice Area: Infectious Diseases, Antimicrobial Stewardship

Research Interests: antimicrobial stewardship, rapid diagnostics, antimicrobial resistance, multi- drug-resistant gram-negative organisms

Stewardship and Infectious Disease Learning Experience Description: The Pediatric Handshake Stewardship and Infectious Diseases rotation is a required 6-week learning experience designed to introduce residents to antimicrobial stewardship principles based on the IDSA guidelines and CDC core elements as well as develop the resident's clinical knowledge and skills in providing optimal evidence-based pharmaceutical care to pediatric patients on the infectious diseases service. The resident will have the opportunity to become an integral member of the pediatric infectious diseases multidisciplinary team. This learning experience involves three weeks of handshake stewardship rounds and three weeks of pediatric infectious diseases consultation rounds.



Erik LaChance, PharmD, BCIDP

Title: Clinical Pharmacy Manager, Infectious Diseases IL & WI; Advocate Illinois Masonic Medical Center

Email: erik.lachance@aah.org

Education: PharmD, University of Connecticut, 2016

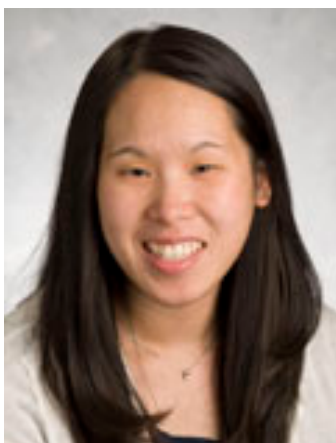
Training: PGY1, NorthShore University HealthSystem, Evanston, IL, 2016/17; PGY2 Infectious Diseases, Advocate Lutheran General Hospital, Park Ridge, IL, 2017/18

Practice Area: Infectious Diseases, Antimicrobial Stewardship

Research Interests: antimicrobial stewardship, antimicrobial resistance, rapid diagnostics, Clostridioides difficile infections

Infectious Disease Learning Experience Description: The Infectious Diseases, HIV focused learning experience is a 2–4-week elective learning experience designed to allow the resident to build upon his/her infectious diseases knowledge while focusing on human immunodeficiency virus (HIV) and its associated manifestations and complex therapy regimens. The resident will have the opportunity to participate in the care of both hospitalized and ambulatory patients so that acute as well as chronic management issues may be recognized.

Infectious Disease Leadership and Administration Learning Experience Description: The purpose of this rotation is to gain understanding and experience in the management of infectious diseases clinical and operational pharmacy services in an integrated health care system. Infectious Diseases Leadership and Administration is an elective learning experience that is primarily based out of Advocate Illinois Masonic. The resident will participate in the planning and management of infectious diseases pharmacy services. The learning experience is scheduled for two weeks but may be adjusted based on resident development needs and preferences.



Karen Caylor, PharmD, BCPS

Title: Clinical Pharmacy Specialist, Pediatric Critical Care

Email: karen.chincaylor@aah.org

Education: Pharm.D., University of Illinois at Chicago, 2007

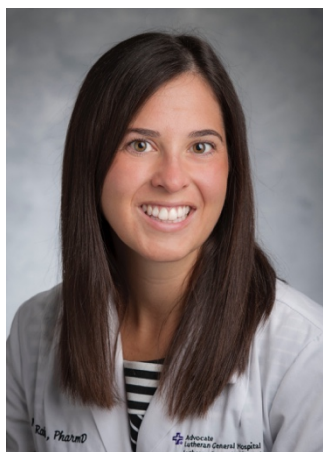
Training: PGY-1, Advocate Lutheran General Hospital, 2008; PGY-2 Pediatrics, University of Illinois at Chicago, 2009

Practice Area: Pediatric Intensive Care Unit

Research Interests: Sedation use in PICU patients, pediatric emergency training for pharmacists, and opioid and benzodiazepine withdrawal in children

Pediatric Intensive Care Learning Experience: The pediatric intensive care unit (PICU) learning experience focuses on the provision of pharmaceutical care services to the pediatric population. The PICU is a 16- bed unit that encompasses patients ranging in age from newborns to adolescents. The patient population includes traumas, post-operative cases, and general medical issues. Residents participate in daily rounds with an interdisciplinary team, of which responsibilities include: review of patient profiles, provision of drug information, development of evidence based therapeutic plans, and development of short and long-term monitoring plans. Residents also assist with pharmacokinetic monitoring, providing parenteral nutrition support, and participating in pediatric emergencies. Residents

participate in one to two topic discussions each week. Topics include but are not limited to septic shock, traumatic brain injury, seizures, diabetic ketoacidosis, pressors/neuromuscular blockers, pulmonary hypertension, continuous renal replacement therapy, and extracorporeal membranous oxygenation. Residents provide education through in-services and formal presentations to the pharmacy staff, physicians, and nurses.



Nicole Gockenbach, PharmD, BCPPS

Title: PGY-1 Residency Coordinator, Clinical Pharmacy Specialist, Pediatric Hematology-Oncology

Email: nicole.gockenbach@aah.org

Education: Pharm.D., University of Iowa, 2012

Training: PGY1, Advocate Lutheran General Hospital, 2013; PGY2 Pediatrics, OSF St. Francis Medical Center – Children's Hospital of Illinois, 2014

Practice Area: Pediatric Hematology Oncology

Research Interests: Prevention and management of chemotherapy-induced toxicities, medication education, drug level monitoring

Pediatric Hematology/Oncology Learning Experience: The learning experience allows the resident to build upon information acquired in the resident's didactic education and practice skills needed for patient care, with emphasis on demonstrating an understanding of common hematologic and oncologic diagnosis and treatment. Common diagnosis consist of, but are not limited to: leukemia, lymphoma, retinoblastoma, neuroblastoma, sarcoma, brain tumors, neutropenia, thrombocytopenia, and anemia. The resident participates in daily bedside rounds and develop patient-specific, evidence-based therapeutic plans. In addition, the resident presents 1-3 topic discussions weekly and provides education to patients/families, and through in-services or formal presentations to pharmacists, physicians, and nurses.



Kelly Kopec, PharmD

Title: Clinical Pharmacy Specialist, Pediatrics

Email: kelly.kopec@aah.org

Education: Pharm.D., University of Illinois at Chicago, 1994

Training: PGY-1, University of Illinois at Chicago, 1995

Practice Area: Neonatal Intensive Care Unit

Research Interests: Neonatal nutrition; optimization and adverse effects, neonatal infectious disease, neonatal pharmacokinetics

Neonatal Intensive Care Learning Experience: The neonatal intensive care unit (NICU) is a level III nursery with ECMO capability and an average daily census of 35 – 40 infants. The resident participates on rounds with a multidisciplinary team consisting of physicians, medical residents and fellows, nurses and pharmacists. During rounds the pharmacist is responsible for checking all medication orders for accuracy based on the patient's weight, gestational age, disease state, and lab results. The resident develops evidence based therapeutic plans and ensures that appropriate short and long-term monitoring parameters are followed. Other responsibilities include responding to drug information requests, evaluating medication usage, participating in performance improvement initiatives, responding to Code Blue situations, and development of treatment pathways, educating physicians, nurses and patients as

needed. Several topics are covered during the learning experience including developmental pharmacokinetics, osteopenia of prematurity, infectious diseases in the NICU, pain management, respiratory distress syndrome and BPD, seizures, treatment of PDA, surfactants, neonatal nutrition support, prevention of RSV, apnea of prematurity, retinopathy of prematurity, causes and prevention of IVH, ECMO, necrotizing enterocolitis, prenatal HIV exposure.



Amish Doshi, Pharm.D.

Title: Clinical Pharmacy Specialist, Surgical Intensive Care

Email: amish.doshi@aah.org

Education: Pharm.D., St. Louis College of Pharmacy, 1997

Training: PGY-1, Advocate Lutheran General Hospital, 2003

Practice Area: Surgical Intensive Care

Research Interests: Traumatic brain injury, and sedation and analgesia in critically injured patients

Surgical Intensive Care Learning Experience: The Surgical Intensive Care Unit (SICU) is a 16-bed closed unit which is comprised primarily of trauma, cardiovascular surgery, neurosurgery, orthopedic, and general surgery patients. Lutheran General Hospital serves as a site for surgical resident training. Residents choosing to rotate through the SICU would participate in multidisciplinary trauma rounds providing recommendations on medication therapy and monitoring as well as reviewing medication therapy for non-trauma patients. Opportunities to provide informal pharmacotherapy education during rounds and formal lectures during noon conference or morning report to our surgical residents may be available. Attendance at various committee meetings throughout the hospital is required.



Amina George, Pharm.D., BCCCP

Title: PGY-2 Critical Care Residency Coordinator; Clinical Pharmacy Specialist, Neurocritical Care and Operating Room

Email: amina.george@aah.org

Education: Pharm.D., University of Illinois at Chicago, 2008

Training: PGY-1, Advocate Lutheran General Hospital, 2009

Practice Area: Neurocritical Care Unit

Research Interests: Stroke, traumatic brain injury, status epilepticus

Neurocritical Care Unit Learning Experience: The Neurocritical Care Unit (NCCU) is a 18-bed ICU that specializes in the care of patients with various pathologic neurologic conditions including, but not limited to, stroke, isolated traumatic brain injury, and status epilepticus. The NCCU is managed by Neurointensivists and Advanced Practice Nurses. The learning experience is designed for pharmacy residents to identify and develop the skills, knowledge, and values necessary to practice in an intensive care setting, with an emphasis on neurologic disease state management. Residents participate in multidisciplinary bedside rounds with an attending physician, APNs, nursing staff, clinical pharmacist, respiratory therapist, and medical residents and students. This team meets daily to discuss and optimize patient care.



Jill Starykowicz, Pharm.D., BCCCP

Title: PGY-2 Critical Care Residency Program Director; Clinical Pharmacy Specialist, Cardiology/Critical Care

Email: jill.starykowicz@aah.org

Education: Pharm.D., University of Illinois at Chicago, 2006

Training: PGY-1, University of Illinois at Chicago, 2007; PGY-2 Cardiology, University of Massachusetts Medical Center, 2009

Practice Area: Cardiac/Medical Intensive Care Unit

Research Interests: Delirium in the medical intensive care and severe alcohol withdrawal

Medical/Cardiac Intensive Care Learning Experience: The MCICU and Interventional Unit consists of a 32-bed unit with 10 beds devoted to cardiology and the remaining dedicated to the medical intensive care group. The learning experience is designed for pharmacy residents to develop the skills, knowledge, and values expected by a clinical pharmacy specialist practicing in critical care medicine and tailored to the resident's previous critical care experience. Residents participate in bedside rounds with an attending physician, medical residents and interns, emergency medicine interns, palliative care physician and nurse, clinical pharmacist, respiratory therapist, clinical ethicist, and nurses. This team meets daily to discuss and optimize patient care. In addition to bedside rounds, teaching rounds occur daily to cover topic discussions and issues related to patients in the unit. Topics are presented by various attending physician who are specialists in their area of practice.



Andrew McInerney, Pharm.D., BCEMP

Title: Clinical Pharmacy Specialist, Emergency Medicine

Email: andrew.mcinerney@aah.org

Education: Pharm.D., University of Illinois at Chicago, 2021

Training: PGY-1, Advocate Christ Medical Center, 2022; PGY-2 Emergency Medicine, Advocate Christ Medical Center, 2023

Practice Area: Emergency Department

Research Interests: trauma resuscitation, neurologic emergencies

Emergency Medicine Learning Experience: The emergency department (ED) is a training site for emergency medicine residents from the University of Illinois at Chicago, internal medicine and family practice residents from Lutheran General, medical and pharmacy students. The department has 45 adult and 12 pediatric beds. There are approximately 80,000 visits per year resulting in over 30,000 inpatient admissions. During the ED learning experience, pharmacy residents will serve as a resource to physicians and nurses as drug information specialists and aid in the selection and dosage of medications prescribed in the Emergency Department. Residents will assist in the care and monitoring of critical care patients in the ED. This includes bedside participation in traumas, cardiac arrests, stroke alerts, rapid sequence intubations, etc. Other activities performed include reviewing patient charts and formulating differential diagnoses, presenting in-services to the ED staff, leading topic discussions, and completion of various projects. Due to the unpredictability of the workload and patient acuity, timing and volume



Rachel Neu, PharmD, MPharm, BCPS

Title: Assistant Professor (Pharmacy Practice), Rosalind Franklin University of Medicine and Science; Internal Medicine Pharmacy Specialist

Email: rachel.neu@aah.org

Education: PharmD, Wayne State University, 2018; MPharm, University of Strathclyde, 2008

Training: PGY-1, Ascension St. John Hospital, MI, 2018-2019; PGY-2 Internal Medicine, NorthShore University HealthSystem, IL, 2019-2020

Practice Area: Internal Medicine

Research Interests: Transition of care, cardiology, nephrology, anticoagulation

Academia Learning Experience Description: This is a four-week elective rotation for PGY-2 ID pharmacy residents at Rosalind Franklin University of Medicine and Science. It will introduce the resident to didactic teaching and other aspects of academia. The resident will further develop their skills in medical writing, literature evaluation/ statistics, and practice-based education and training. The resident will also be exposed to other facets of academia including committee work and curriculum planning.



Tricia Bubacz, PharmD, BCPS

Title: PGY-1 Residency Coordinator, Clinical Pharmacist Specialist

Email: tricia.bubacz@aah.org

Education: Pharm.D., University of Wisconsin - Madison, 2001

Practice Area: Orientation, Staffing

Staffing Learning Experience Description: PGY2 Infectious Diseases Residents will work as a staff pharmacist on Saturdays and Sundays every third weekend during this longitudinal learning experience. Residents are expected to staff 10-hour shifts that may be day, midday, or evening shifts. Clinical staffing area will be dependent on resident interest and/or department needs but will be tailored heavily in areas where infectious diseases practice may be applied such as critical care. The resident acting as the staff pharmacist is responsible for ensuring safe and effective medication use for all patients admitted to the team. Routine responsibilities include the following: medication histories, admission and discharge medication reconciliation, order and product verification, drug information and education to other healthcare professionals and patients/caregivers, and clinical reviews including but not limited to renal function adjustments, IV to PO interchange, anticoagulation and pharmacokinetic protocols, blood culture response and antimicrobial time out.