

Q & A with Melody Ryan

KEYWORDS

neurology, pharmacy, ambulatory care

In order to gain some insight as to how one might train for and develop a pharmacy practice in neurology, the MHC asked an expert, Dr. Melody Ryan from the University of Kentucky Departments of Pharmacy Practice & Science and Neurology. Her practice site is in neurology ambulatory care at the Veterans Affairs Medical Center in Lexington, Kentucky.

How long have you been practicing? Is your practice inpatient or outpatient?

I have been practicing in neurology ambulatory care for 17 years.

How did you get to where you are today? What training have you had?

I completed a pharmacy practice residency (PGY₁) at Duke University Medical Center and a one-year neuroscience fellowship at University of Kentucky. Much of what I have learned that is specific to neurology, however, has come from self-study and reading. While working, I completed a Master of Public Health with an emphasis on epidemiology.

What is the greatest impact you have had on your patients?

Helping them understand what their medicines can and cannot do for their conditions.

Describe your day-to-day activities.

On clinic days, I have 5 patient appointments/half-day clinic. I serve as their neurology provider after their diagnosis, so I take/update their medical history, perform a medication reconciliation, determine the efficacy of their therapies and any untoward effects, and, in conjunction with the patient, formulate a plan for their continued treatment.

Do you bill for the services you provide?

No, I see patients at a Veterans Affairs Medical Center.

What is your favorite part of the services you provide?

Seeing patients improve over time.

Are you involved in any research or other projects as a part of your practice? Describe a project you are currently working on.

Yes, I have been working more in the outcomes area with large databases recently. We have been examining the

generic substitution of antiepileptic medicines to determine if switching to generic agents has any undesirable outcomes.

How would you advise a pharmacist or pharmacy student who is interested in working in a setting such as yours?

Start with a PGY₁ residency to obtain a solid clinical foundation. Then decide if you are interested in caring for patients full-time. If so, look for a PGY₂ or another opportunity to obtain specific clinical training in neurology. If you have interest in an academic position, you should seek a fellowship or, perhaps, graduate school training to be able to effectively pursue federal funding.

How do you involve students or residents into your daily work in the clinic?

I always have a PGY₁ or PGY₂ resident with me in clinic. The level of knowledge and background in neurology varies widely among residents, so each one must have an individualized learning experience. We begin with skills that he/she already has mastered, for example, taking a medication history and then observing me do the interview and formulate a therapeutic plan. By the end of their longitudinal rotation, most residents are performing the interview and just reviewing their plan with me. We also do neurology-focused readings and discussions. I find this helpful to be sure we cover core content, because I can't guarantee we will always see patients with every condition during the rotation.

What are some resources that you would recommend to learn more about your specialty?

Keeping up with neurology topics via journals and literature searches. Networking with other neurology specialists via pharmacy groups such as CPNP or ACCP, which has a Central Nervous System Practice and Research Network.

How to cite this editor-reviewed article

Q & A with Melody Ryan. Ment Health Clin [Internet]. 2012;2(5):110. Available from: <http://dx.doi.org/10.9740/mhc.n126918>