

VIHA Pharmacy Practice Residency

SURVIVAL GUIDE



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WHAT IS A PHARMACY PRACTICE RESIDENCY?

A Pharmacy Practice Residency is an experience that prepares the resident for *independent* practice in an institutional setting and beyond. It is comprised of *structured* yet *hands-on* training and provides a type of learning and consolidation of skills not found in the undergraduate curriculum. As the practice of clinical pharmacy continues to evolve, a Pharmacy Practice Residency provides an exposure to cutting-edge, contemporary pharmacy practice.

The pharmacy practice residency focuses on direct patient care, pharmacy operations, project management and personal practice aspects of pharmacy practice. Canadian pharmacy residencies have their roots in hospital pharmacy practice; however, contemporary pharmacy practice residencies are delivered in diverse practice settings. Pharmacy practice residencies develop leadership skills that can be applied to any position in any practice setting.

WHAT IS THE PURPOSE OF THE RESIDENCY PROGRAM?

The purpose of a pharmacy practice residency is:

- ❖ To refine professional competence in direct patient care, through supervised practice under the guidance of model practitioners, pharmacy operational services and project management gained during study in an accredited pharmacy professional degree program.
- ❖ To refine personal practice skills.
- ❖ To develop leadership skills that can be applied in any position and in any practice setting

Educational outcomes of a pharmacy practice residency include minimally:

- ❖ To provide evidence-based direct patient care as a member of interprofessional teams
- ❖ To manage and improving the medication-use process;
- ❖ To exercise leadership
- ❖ To exhibit skill in managing one's own practice of pharmacy;
- ❖ To provide medication and practice-related education; and,
- ❖ To demonstrate project management skills

THE VIHA PHARMACY PRACTICE RESIDENCY IS “ACCREDITED” ...WHAT DOES THAT MEAN?

The VIHA Pharmacy Practice Residency is accredited by the Canadian Hospital Pharmacy Residency Board (CHPRB). The CHPRB has set out specific competencies, standards and requirements for the training of residents in accredited programs to ensure a minimum standard of training. Our residents are evaluated on a continual basis against these competencies, standards and requirements. Upon successful completions of the program, our residents are conferred the ACPR distinction.

GENERAL EXPECTATIONS

PRE-PLANNING FOR A SUCCESSFUL YEAR

SELF-ASSESSMENT OF PRIOR LEARNING

In order to ensure the success of your residency year, it is important for you to formally reflect on your level of knowledge and skills at the beginning, and minimally at midpoint and completion of your residency year. Your self-reflection will assist the Residency Coordinator and your preceptors in planning your rotations to meet your learning needs. You will be provided with a self-reflection document during your general orientation week. The outcome of your self-reflection will form the basis of your year-long learning plan which should be included in your learning portfolio.

CSHP MEMBERSHIP

All residents must be members of CSHP. In order to be eligible for CSHP residency awards at the end of the residency year, the resident must have been a member by July 1st of the previous year.

SCHEDULING

The Residency Coordinator begins planning your residency year far in advance of the first day. A schedule of activities and rotations will be laid out to maximize your learning and experiences for the year. You will be asked to submit preferences/desires for FOUR elective rotations in order of preference sometime in early spring. Based on the stated preferences, the Residency Coordinator will attempt to design a schedule and organize rotations to meet your learning needs and desires within the limits of site and/or preceptor availability. We try to maximize your time on the Island, but will grant ONE rotation external to VIHA if necessary.

There are TWO weeks in the summer spent in Vancouver completing common didactic sessions with other BC residents and ONE week doing Toxicology in Vancouver at the Drug & Poison Information Center. Accommodation for this time should be arranged early on – please confirm these arrangements with the Residency Coordinator before the residency year begins.

Please note that the rotation schedule remains subject to change throughout the year and there is a mutual requirement for flexibility. If you need time off from a rotation for personal reasons, please let the Residency Coordinator know as soon as possible.

TERMS OF ENGAGEMENT

The following are some terms of 'employment' with VIHA as a resident:

1. Your salary will be a gross of \$50,000 for the year, provided you enter into the Residency Training and Employment Agreement.
2. You are eligible for a group benefit program.

3. This is a non-unionized position.
4. You will share office space with the other residents and pharmacists.
5. You will have a laptop computer for your use during the residency year.
6. Hours of work will be 37.5 hours per week based upon 7.5 hours paid hours per day. Flexibility in allotment of work hours may be required.
7. You will have 10 days of paid vacation based on duration of the program. Please discuss vacation planning well in advance with the Residency Coordinator. You will have up to 10 days of paid sick days based on duration of the program. Proof of illness may be required.
8. Significant time away may require a scheduling of time beyond the 52 weeks to complete the requirements of the program.

WHAT CAN I EXPECT IN MY RESIDENCY YEAR?

ROTATIONS

You are required to complete certain rotations, including:

- ❖ Direct Patient Care skills
- ❖ Drug Distribution
- ❖ CIVA
- ❖ Internal Medicine
- ❖ ICU
- ❖ Emergency Medicine
- ❖ Antimicrobial Stewardship
- ❖ Academic Detailing
- ❖ Toxicology
- ❖ Medication Use Management (MUM)
- ❖ Leadership/Administration (this rotation is longitudinal throughout the year)

As mentioned earlier, you have a choice of FOUR elective rotations depending on your interest, specific learning goals and objectives, and the availability of preceptors in VIHA. The following elective rotations are available in VIHA:

- ❖ Nephrology
- ❖ Cardiology
- ❖ Pediatrics
- ❖ Perinatology
- ❖ Psychiatry
- ❖ Ambulatory Care
- ❖ Surgery

You are expected to contact the preceptor for a particular rotation one week before the start of a rotation to confirm the preliminary details of the rotation (e.g. location, special dates, pre-readings, etc). The preceptor will review the specific learning objectives for their rotation and give you an opportunity to clarify and/or add your own personal learning objectives.

EVALUATION ACTIVITIES

All formal evaluations are carried out electronically within One45.com, a web-based evaluation system. Formal mid-point and final evaluations of the residents are compulsory for all rotations. Informal feedback is encouraged and occurs on a daily basis. You are required to complete a rotation and preceptor evaluation at the end of each rotation. You are also required to complete a brief self-assessment for the specific rotation and this should be reflected in your learning portfolio.

The evaluation forms are an integral component of our residency program quality assurance. The Residency Coordinator may choose to sit in on the final evaluation for a given rotation to get a better appreciation of the progress of the resident and to prepare the resident for the upcoming rotation. The role of the Residency Coordinator in this process is to be a "constant evaluator" throughout the residency year.

The purposes of the evaluations are to:

- ❖ Help you focus on what you need to achieve
- ❖ Help to ensure continuity and consistency in teaching and training
- ❖ Maintain the minimum acceptable standards of performance

THE LEARNING PORTFOLIO

You are required to develop and maintain a learning portfolio in accordance with the accreditation standards. The learning portfolio is a "collection of evidence" that demonstrates continuous acquisition of knowledge, skills, attitudes, understanding and achievements. It is a tool that is intended to be used regularly, consistently, and reflectively to enhance and expand the resident's knowledge. VIHA residents are expected to design and maintain their own learning portfolio in an electronic web-based format (e.g. wordpress.com).

The specific purposes of the learning portfolio are to:

- ❖ Present evidence of your ongoing learning
- ❖ Allow you to identify learning needs and develop a plan to meet those needs for the whole program and each specific rotation
- ❖ Facilitate tailoring of rotations to your expressed learning needs
- ❖ Allow you to assess progress throughout the residency program and reflect on their learning
- ❖ Serve as an outcome measure of what you have accomplished thereby building personal and professional confidence, and promoting career planning

THERAPEUTIC CASE DISCUSSIONS

Therapeutic case discussions focusing in on specific therapeutic areas will be scheduled throughout the year, typically on “Academic Half-Days”. Pre-readings will be assigned to you in order to prepare for the session. The resident is expected to arrive at the session prepared to discuss the subject matter within the confines of patient cases or scenarios.

CASE PRESENTATIONS

On the third Friday of each month, the BC Pharmacy Practice Residents meet in Vancouver (1300-1600h) with the provincial Residency Coordinators for case-based presentations on a variety of pharmacotherapeutic topics. Usually four or five residents will present in one afternoon. Each presentation is a maximum of 20 minutes in duration and allows for an additional 10 minutes of questions. Each resident in the province is expected to present one case during the residency year which will be evaluated by the Residency Coordinators. If the presentation does not meet expectations, the resident is given another opportunity to present a different case.

Note that case presentations begin in October and carry on up to and including April. You are expected to inform your preceptor in advance about upcoming case presentations. Attendance at all presentations (by videoconference or in person) is expected unless prior approval has been granted by the Residency Coordinator.

ORAL CLINICAL EXAM

You are required to successfully complete a case-based oral clinical exam, which is scheduled in the second half of the residency year. Evaluators will assess the development of your clinical assessment skills and determine if there is a need for additional focused mentoring. If your first attempt is unsuccessful, a plan to address any identified deficiencies is made, and a second exam is scheduled within a reasonable time. The goal is to ensure that you are on an appropriate trajectory to meeting the standards for the provision of direct patient care, as set out by the CHPRB, by the end of the program.

Note that more details can be found in the 2010 Resident’s Guide to the Comprehensive Oral Assessment (will be provided in your General Orientation).

RESEARCH PROJECT

You are required to complete a major research project as part of the residency program. The subject of this project is often determined prior to the beginning of the residency year and must be approved by the Residency Coordinator. You will have a project preceptor(s) who is responsible for providing necessary direction in establishing realistic timelines and project objectives and assistance in carrying out the project tasks to completion. You are required to write up the project in scientific format

(according to the guidelines set out in the Canadian Journal of Hospital Pharmacy) and will be encouraged to publish the project. You will also be required to present the findings of the project to VIHA staff, the Residency Advisory Committee and at the Residency Research Day which occurs in May in Vancouver.

GRADUATION

You will receive a “Certificate of Residency” and the designation of “Accredited Canadian Pharmacy Resident” (ACPR) upon successful completion of the following:

- ❖ Compulsory and elective rotations
- ❖ All reports, evaluations, and projects assigned
- ❖ Case presentation to the provincial group
- ❖ Oral clinical exam
- ❖ Research project

WHAT ARE WE EXPECTING FROM A RESIDENT?

PROFESSIONAL CONDUCT

We expect that our residents “shall consistently demonstrate efforts to refine and advance critical thinking, scientific reasoning, problem-solving, decision-making, time management, communication, self-directed learning, and team/interprofessional skills that are the hallmarks of practice leaders and mature professionals” (CHPRB standard 3.4.1).

This means that you will be:

- ❖ Committed to learning throughout the residency year and beyond
- ❖ Accountable for your actions and assigned activities
- ❖ Responsible for patients assigned to you and their drug related outcomes
- ❖ Ever mindful of the confidentiality of all patient and organization information
- ❖ Able to manage the inevitable uncertainty and ambiguity that you will encounter during your residency year and balance competing priorities

Additional information around the expected conduct of the resident can be found in Appendix 1.B of the residency manual – BC Pharmacy Residency Program Standards document.

INTENDED EDUCATION OUTCOMES OF THE PROGRAM

The CHPRB residency standards provide the structure for your residency training and require that you know and are committed to the residency as stated in CHPRB standard 2.1.5.

“Residents – Pharmacy practice residents shall be individuals who hold to high professional ideals and who have a commitment to continued learning beyond entry-level competencies.”

The following requirements pertain to this standard. Please reflect on these requirements and for your own records, indicate in writing your commitment to these requirements.

Requirement	I commit to comply with this standard
1. The resident shall be eligible for registration as a pharmacist by a Canadian pharmacy regulatory authority.	
2. The resident shall be a member of CSHP	
3. The resident shall contribute actively and constructively to the mission (vision), goals, education, evaluation and quality improvement initiatives of the residency program and the department.	
4. The resident shall be committed to self-assessment and making active use of constructive feedback provided by preceptors, the coordinator and program director.	
5. The resident shall be responsible and accountable for acquiring all outcome competencies of an accredited pharmacy practice residency which include: <ul style="list-style-type: none"> a) Providing evidence-based direct patient care as a member of interprofessional teams b) Managing and improving the medication-use process c) Exercising leadership d) Exhibiting skill in managing one’s own practice of pharmacy e) Providing medication and practice-related education f) Demonstrating project management skills 	
6. The resident has reviewed the Residency Program competencies under Standard 3 of the CHPRB 2010 Standards.	

WHAT CAN YOU EXPECT FROM YOUR RESIDENCY COORDINATOR?

The Residency Coordinator is your best friend throughout your residency year. The coordinator plans and coordinates the residency program. They have responsibilities to the program itself and to the resident.

Responsibilities to the program include:

- ❖ Ensuring the ongoing assessment and improvement of the program
- ❖ Recruitment and selection of residents
- ❖ Participation in the BC Pharmacy Practice Residency Committee

- ❖ Reporting to the VIHA Residency Advisory Committee (RAC) with respect to the progress of residents and ongoing program improvement initiatives

Responsibilities to the resident include:

- ❖ Preparing the resident for the residency year
- ❖ Creating and maintaining the residency schedule
- ❖ Regularly meeting with the residents to provide support and advice as necessary
- ❖ Regularly reviewing rotation evaluations with the resident and preceptors
- ❖ Overseeing the progress of the resident's research project
- ❖ Facilitating achievement of the resident's goals and objectives for the program
- ❖ Ensuring the resident achieves the requirements for successful completion of the program.

WHAT CAN YOU EXPECT FROM YOUR PRECEPTOR?

- ❖ **Preparation** – The preceptor is responsible for drawing up the goals and objectives of the rotation, preparing a schedule of activities, and preparing the practice site and personnel prior to the rotation.
- ❖ **First Week** – The preceptor is responsible for orienting you to the practice site, making introductions to site personnel, reviewing the learning objectives, clarifying expectations, and assigning activities.
- ❖ **Throughout the rotation** – The preceptor is expected to mentor, coach and role model; to think out loud and share their wisdom; to provide both informal (on a daily basis) and formal feedback (compulsory mid-point and final evaluation); and to facilitate achievement of your learning objectives.

WHAT IF THINGS ARE NOT GOING WELL?

- ❖ If things are not going well, you first need to work with your preceptor to address your concerns. Be honest and forthright in communicating your concerns and be committed to adjusting the planned activities if needed.
- ❖ You will have an opportunity to meet with the Residency Coordinator on a one-to-one basis throughout the year and a mutually maintained running agenda will be used to make note of any ongoing concerns that are of a less urgent nature. More urgent issues of any nature can be raised with the Residency Coordinator at any time.
- ❖ The BC Pharmacy Residency program employs an ombudsperson to provide support to residents outside their specific programs. The ombudsperson is introduced to the BC residents during their joint summer sessions in July and provides an outline of his/her role and how to contact them. An outline of the role of the ombudsperson can be found in Appendix 1.B of the residency

manual- BC Pharmacy Practice Residency Program standards. You can contact the ombudsperson at any time for support.

- ❖ Procedures for remedial action – If you are unable to complete the requirements of a specific program or meet the stated learning objectives/competencies, a remedial plan can be drawn up to meet these deficiencies. The procedure for this is outlined in Appendix 1.B of the residency manual which is the BC Pharmacy Practice Residency Program standards. You can request a copy of the program standards if desired.

THINGS THAT WILL MAKE AN EXCELLENT RESIDENCY YEAR

INTERPROFESSIONAL & CLINICAL EXPERIENCES

Throughout your residency year, you will interact with a large number of people in a variety of settings. Your willingness to interact and engage with these people will make or break your residency year.

You will interact with a wide variety of patients with a many different types and severities of medical problems. Pledge to be fully committed to helping these patients regardless of how sick, difficult to interact with or manage, or “different” they are. The definition of “clinical” has been translated from Greek and means “at the bedside, with the patient”.

You will interact with a wide variety of health care professionals during your year including other pharmacists, pharmacy technicians/assistants, physicians, nurses, therapists, social workers, nutritionists, management and housekeeping staff. Everyone has his or her role in healthcare. Respect others’ roles and opinions and be committed to communicating and working with other health care workers for the benefit of the patient.

PERSONAL MANAGEMENT

The residency year can be stressful. The best way to manage stress is to take care of yourself personally – eat healthy, get lots of sleep and manage your time effectively. If you run into personal problems that you cannot manage effectively, don’t hesitate to seek help. Talk to your Residency Coordinator if necessary.

ATTITUDE

- ❖ A good attitude is being anxious to do better. It's having an optimistic, hopeful and cheerful outlook.
- ❖ A good attitude means using one's ability to the utmost. People might say of a certain person, "This person could be a great success if only he or she would stick with it, try a little harder, and not waste so much time".

- ❖ A good attitude is seeing each day as an opportunity to get something done, to improve yourself, to feel pride and to appreciate other people.
- ❖ A good attitude means being cooperative and helpful. It also means working together with others to solve problems.
- ❖ A good attitude is a winning one. It means that you are not willing to accept defeat.
- ❖ A good attitude is to feel that most people will like you, unless you give them good reason not to. To try to make everybody like you is just about impossible.

MOTIVATION

Be motivated to deliver your 'best performance'. This will entail:

- ❖ Being committed & responsible to patients under your care.
- ❖ Being a reliable member of the health care team.
- ❖ Not only talking about Pharmaceutical Care, but delivering this to the patients under your care to help them improve their quality of life.
- ❖ Staying up-to-date with medical and pharmaceutical literature.
- ❖ Engaging in dialogue with other health care professionals.
- ❖ Upon completion of your residency, being committed to maintaining high standards for professional practice and development.

COMMITMENT TO LIFELONG LEARNING

You are being equipped for a lifelong journey in pharmacy practice. Savor the moment, but remember that you will never reach the end of your learning!