# British Columbia Pharmacy Practice Residency Programs

## Comprehensive Oral Assessment: A Resident's Guide

Provided by the

**BC Pharmacy Practice Residency Coordinators Committee** 

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### British Columbia Pharmacy Practice Residency Programs Comprehensive Oral Assessment

This document is provided as a guide to Pharmacy Practice Residents to assist you in preparing for your comprehensive oral assessment.

Please address any questions you have with your Program Coordinator.

#### **General Information:**

The oral assessment is designed to evaluate your ability to assess a patient, systematically create a comprehensive pharmacy care plan and present your findings and recommendations to qualified examiners. The assessment focuses primarily on <u>process</u>, but relevant pathophysiologic, pharmacologic, and therapeutic knowledge will be required to successfully complete it.

#### **Relevant CHPRB Standard and Requirements:**

Standard 3.1 Provide Direct Patient Care as a Member of Interprofessional Teams

- 3.1.4. The resident shall:
  - a) establish a respectful, professional, ethical relationship with the patient
  - b) demonstrate the ability to reliably prioritize drug-related problems
  - c) demonstrate the ability to interview patients or where applicable, their caregivers, in an organized, thorough and timely manner
  - d) demonstrate the ability to reliably gather all relevant patient information from appropriate sources (e.g., the health record, other health professionals, patients, caregivers, etc)
  - e) accurately appraise the literature, analyze patient information including physical assessment data, interpret relevant diagnostic tests and apply principles of pharmacokinetics and pharmaceutics to design and document pharmacy patient care plans
  - demonstrate reliably the ability to proactively communicate healthcare issues to the prescriber and/or patient and to make recommendations to resolve those healthcare issues
  - g) demonstrate the ability to proactively monitor drug therapy outcomes and to revise care plans based upon new information
  - h) provide continuity of care
  - i) demonstrate an ability to routinely communicate care plans both verbally and in writing, using appropriate formats

#### Goals:

- 1. To provide residents with an opportunity to demonstrate competence in all aspects of the pharmaceutical care process through workup and presentation of an actual patient case.
- 2. To provide Program Coordinators with a basis for evaluation of successful fulfillment of the relevant objectives of the residency program and the CHPRB Standards.

#### Timing:

Individual residency programs will determine when during the residency program oral assessments will be administered.

#### **Assessment Format:**

The assessment has two parts.

Part 1: Data gathering, analysis, problem identification & plan

You will be assigned an active patient within your organization (unless previously instructed otherwise) and given 2 hours to independently review the patient's medical records (chart, Pharmanet, etc), gather information, interview the patient, discuss any issues with any available health care providers, conduct any research (e.g., literature search, etc) you may need in order to resolve the patient's drug-related problems and prepare your pharmacy care plan. The patient will be chosen on the basis of having a variety of conditions requiring pharmacotherapy that you are expected to be proficient in managing.

Part 2: Presentation of clinical case, pharmacy care plan and justification.

You will meet with at least one qualified examiner for approximately 45 minutes to present the case, identify all the patient's DRPs and then focus on the <a href="two">two</a> most important ones (including justification for each identified problem), discuss your pharmacy care plan (therapeutic recommendations and monitoring) and answer any questions pertinent to the case posed by the examiner(s).

Important: You will be asked to comprehensively present your assessment of the <a href="primary">primary</a> DTP and your therapeutic plan. You may be asked to present your assessment and/or plan, or some portion thereof, for your secondary DTP as time permits.

#### What to bring to the exam:

- ✓ A writing instrument
- ✓ Blank paper for notes
- ✓ A calculator
- ✓ A laptop computer and/or handheld device
- ✓ Patient monitoring form of your choice
- ✓ Notes, textbooks, or any other reference you would normally use when evaluating patients.

#### Passing the Exam:

In order to pass the exam, you will need to satisfy the examiner(s) that you have achieved a satisfactory level of competence in the components of the exam.

Upon completion of the exam the examiner(s) will evaluate your overall performance and determine either an overall pass or a fail.

In the event that you do not pass the exam, you will be given constructive feedback and two further opportunities for reassessment at appropriate times thereafter. One of the evaluators for the reassessment will be a person not involved in the prior evaluation(s).

#### Preparation:

The best preparation is continuing to work on your pharmacist work-up of drug therapy process and being disciplined so that interesting but irrelevant information when working up the case does not distract you from your purpose. Residents may wish to ask rotation preceptors to stage a mock exam for them.

#### **Evaluation:**

The evaluation form used by the examiner(s) is attached (Appendix A). If you have any questions please discuss these with your residency program coordinator.

Note that you will be expected to provide a detailed assessment of the <u>highest-priority</u> Drug-Therapy Problem (DTP) and write an appropriately structured <u>note</u> suitable for placement in the patient's health record for this problem only.

#### Pharmacist Work-up of Drug Therapy (PWDT) and your Patient Monitoring Form

Remember that the PWDT is a systematic process which is meant to serve as a guide for the pharmacist when performing their patient care function. It is not simply a form to be completed on each patient seen.

Your program coordinator and/or preceptors may provide you with a sample patient monitoring form. You may use this form <u>or any other form</u> that you find effective to support your work-up. Remember, it's not the data collection tool that you will be evaluated on, but rather on your <u>process</u> of collecting and analyzing data and synthesizing an individualized therapeutic plan.