# Canadian Hospital Pharmacy Residency Board 2010 Accreditation Standards Workshop Proceedings

## **Levels and Ranges Document August 2009**

## **Background**

The Canadian Hospital Pharmacy Residency Board held Workshops on August 11, 2007 in Regina and January 28, 2008 in Toronto in order to develop a consensus on levels and ranges of performance expectations related to the 2010 Accreditation Standards. In total, approximately 100 individuals contributed to the development of these descriptors by participating in the face-to-face workshops or by submitting written comments at one or more of the three draft stages in this document's development. Contributors included hospital pharmacy directors and managers, residency directors, representatives of pharmacy professional associations, residency coordinators, pharmacy residents, preceptors, and pharmacists practicing in Canada and the United States.

#### **Residency Program Competencies**

Small groups worked to define levels and ranges of performance expectations based on the Standards 2010 framework. This activity was based upon the Association of Faculties of Pharmacy of Canada's work in defining levels and ranges for the pharmacy baccalaureate program. The workshop groups first articulated the attributes, traits, and behaviours of a resident that, while sub-optimal, were sufficient to ensure that a resident actually met (albeit in the barest possible manner) all expectations of a residency program (i.e.: performance at the "barely passing" level). Based upon information collected from the small group sessions, for each CHPRB Standard a **Range** of activities was defined, within which fulfillment of the CHRPB requirement was expected, so that preceptors would have an indication of the variety of contexts within which the Standard could apply. For each Standard, three performance **Level** descriptors were then developed: **below expected level**, **expected level**, and **beyond expected level**, in order to assist preceptors in gauging the performance of individual residents.

Levels and Ranges are not designed to be comprehensive statements related to performance expectations (i.e.: examples of knowledge, skills and behaviours are provided for each of "below expected", "expected" and "beyond expected" levels). Rather, these Levels and Ranges are meant to provide examples and contexts that may be used to illustrate how various standards may be interpreted or applied within a clinical-educational context. Consequently, the "examples" cited within each range and level are merely illustrative, and are designed to assist preceptors, residents, and others in conceptualizing how these Standards may apply within a pharmacy practice residency context.

For the purposes of validating successful completion of a residency program, performance that falls within the "expected level" or "above expected level" descriptors is generally agreed to be a "pass" and worthy of granting a residency certificate. Performance at the "below expected level" by the end of a residency program is generally agreed to be inconsistent with awarding a residency certificate or the Accredited Canadian Pharmacy Resident (ACPR) designation.

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

The resident shall be proficient in providing evidence-based direct patient care as a member of interprofessional teams

## Range

Residents are expected to collaboratively manage simple drug related problems in patients with uncomplicated medical problems or psychosocial needs with minimal supervision from preceptors. For more complex drug related problems, or for patients with more complex medical problems or psychosocial needs, residents are expected to self-assess and identify what supports are required to assist the resident in provision of patient care. Residents work collaboratively within interprofessional teams and recognize their roles, limitations, and responsibilities.

Below Expected Level	Expected Level	Beyond Expected Level
<ul> <li>The resident is:</li> <li>is unable to gather or obtain critical information during an interview with a patient/caregiver in a timely manner</li> <li>is unable to identify/state important drug related problems</li> <li>is unable to prioritize amongst different/competing drug related problems</li> <li>demonstrates over-reliance on tertiary references</li> <li>is unable to consider different alternatives to manage drug-related problems</li> <li>is unable to select an appropriate management strategy for drug-related problems</li> <li>does not resolve drug-related problems in a timely manner</li> <li>is unable to work collaboratively as a member of an interprofessional team (unaware of his role and responsibilities within the team; unable to effectively interact and communicate with team members)</li> </ul>	<ul> <li>The resident is able to:</li> <li>consistently demonstrate a professional, patient-centered, team-oriented presence in the day-to-day performance of his/her clinical duties</li> <li>obtain critical information from all appropriate sources in a time-efficient manner (including patient or caregiver interview, or pharmacy or health records)</li> <li>pro-actively intervene with the patient, caregivers, and/or immediate care team to resolve or prevent actual or potential continuity of care issues</li> <li>accurately identify relevant drug related problems and drug related needs and is able to prioritize amongst a variety of competing/different interests</li> <li>provide timely, effective, and efficient resolution of drug related problems</li> <li>uses critical appraisal of literature to apply evidence-based medicine to a specific patient care situation</li> <li>appropriately balance use of primary, secondary, and tertiary references based on specific circumstances</li> <li>document care provided in a professional and timely way, making use of data collected from multiple sources</li> </ul>	<ul> <li>The resident:         <ul> <li>intervenes beyond the health care organization or outside the immediate care team to resolve continuity of care issues or drug related problems (e.g., liaising with team members from a transferring healthcare organization)</li> <li>consistently and in a time/resource efficient and effective manner, addresses all actual and potential drug related problems for all assigned patients and seeks additional patient care opportunities</li> </ul> </li> <li>brings unique perspectives to critical evaluation of literature</li> </ul>

## Standard 3.2 – Manage and Improve Medication Use Systems

The resident shall demonstrate a working knowledge of medication use system(s) as well as pharmacy and other care provider roles within the system, in order to manage and improve medication use for individual patients and groups of patients.

## Range

Residents are expected to understand and be able to effectively explain all aspects of the drug distribution and medication use systems in order to be able to optimize patient safety and patient care. Accordingly, residents apply their knowledge of medication management tools (such as formularies, automatic substitution policies, medical directives, etc) and therapeutic strategies (such as therapeutic drug monitoring, drug utilization review, etc.) to ensure safe and effective use of medications within the health care organization. Residents utilize reporting systems (such as adverse drug reports or medication incident reporting) as vehicles to improve the quality of medication use within the health care organization or system.

Below Expected Level	Expected Level	Beyond Expected Level
<ul> <li>The resident:</li> <li>provides inaccurate or incomplete explanations of drug distribution systems within the health care organization, thereby resulting in incorrectly written prescriptions, lack of timely availability of or access to medications, etc.</li> <li>lacks awareness or provides inaccurate descriptions of the role of pharmacists and other health care providers within the drug distribution system</li> <li>is unable to consistently assess/evaluate orders to ensure safe and effective use of medications consistent with health care organizational policies and practices</li> <li>utilizes inaccurate, inconsistent, or incomplete medication incident reporting systems</li> <li>is unable to effectively teach or explain principles and practices related to safe medication use within the health care organization</li> <li>is inconsistent or unclear in documentation</li> </ul>	<ul> <li>The resident is able to:</li> <li>clearly, concisely, and completely describe the functioning of the drug distribution system and medication prescribing processes within the health care organization to another health care professional</li> <li>assess prescriptions for accuracy, appropriateness, and adherence to health care organizational policies and practices</li> <li>consistently identify and complete medication incident reports</li> <li>explain, and educate others about health care organizational practices and policies related to preparation of sterile products (such as cytotoxic agents, parenteral nutrition, injectable medications), and narcotic and controlled drugs</li> <li>document prescriptions and prescription changes clearly and completely, consistent with health care organizational policies and practices</li> </ul>	<ul> <li>The resident:</li> <li>independently applies knowledge related to drug distribution systems and medication prescribing processes to improve efficiency and effectiveness of health care delivery within a teambased context</li> <li>is able to critically analyze medication incident reports and provide recommendations to prevent future incidents from occurring</li> <li>is able to identify system-level areas for improvement in drug distribution systems</li> <li>is able to identify gaps in current policies related to documentation of prescriptions and prescription changes, and suggest alternatives</li> <li>independently, accurately, correctly and efficiently prepares sterile products (including cytotoxic agents) after completion of a health care organization's training program</li> </ul>

#### Standard 3.3 – Exercise Leadership

The resident shall apply leadership and management skills to contribute to the goals of the program, department, organization, and profession.

## Range

Residents are expected to demonstrate abilities to manage complexity and change within large organizations, interprofessional teams, and pharmacy workgroups. Residents are expected to apply their understanding of management principles (such as human resource management, continuous quality improvement, change management, and budget management) to ensure self-efficacy and effective team-based dynamics to optimize patient care. Residents are expected to demonstrate leadership skills within the residency program, the department, the organization, and/or the profession. Residents adhere to professional and ethical standards in working through complex situations.

Below Expected Level	Expected Level	Beyond Expected Level
<ul> <li>The resident:         <ul> <li>is unable to articulate the difference between leadership and management</li> </ul> </li> <li>adopts an unprofessional or negative stance towards issues within the organizational structures responsible for delivery of pharmacist services, or the health care organization or pharmacy profession rather than providing future-oriented, constructive proposals for change management</li> <li>is unable or unwilling to promote the practice of pharmacy, the role of pharmacists, or pharmacy practice residencies to the public, students, or other healthcare professionals</li> </ul>	<ul> <li>The resident is able to:</li> <li>effectively and articulately respond to those who may oppose pharmacy-specific practices and policies</li> <li>articulate alternatives and constructive proposals for change management (but may require assistance in actually implementing those alternatives or proposals)</li> <li>advocate for pharmacy care and actively seek out opportunities to provide pharmacists' care and services in a variety of settings</li> <li>constructively work toward enhanced patient safety within a collaborative environment</li> <li>articulate a personal statement or philosophy of practice, appropriate to diverse audiences (e.g. patients, other pharmacists, other health care professionals, etc.)</li> <li>establish professional relationships with other team members</li> <li>participate actively as a member of professional associations</li> </ul>	<ul> <li>The resident is able to:</li> <li>articulate a new vision of the future of the pharmacy profession, and manage his/her practice in a way that advances the profession toward that goal</li> <li>effectively deal with complex situations by effectively applying ethical reasoning and reflective practice skills</li> <li>coordinate care for medically complex patients with complex medical problems or psycho-social needs</li> <li>freely, independently and appropriately offer opinions and recommendations for healthcare system change to audiences within and outside pharmacy</li> <li>initiate, galvanize support for, and bring to fruition initiatives with widespread effects on healthcare systems or the profession of pharmacy</li> </ul>

## Standard 3.4 – Exhibit Ability to Manage One's Own Practice of Pharmacy

The resident shall apply skill in the management of his/her own practice of pharmacy, to advance his/her own learning, to advance patient care, and to contribute to the goals of the program, department, organization, or profession.

## Range

Residents are expected to accurately self-assess and respond to practice demands and practice-related learning needs, to ensure they are able to remain current throughout their professional careers. Residents are expected to demonstrate effective time- and resource-management skills to allow them to balance multiple competing demands while achieving agreed upon objectives. Residents are expected to apply normative standards to self-evaluate their contributions to patient care and the profession. Residents work collaboratively and respectfully as part of pharmacy and interprofessional teams and adapt to changing/evolving circumstances of practice.

Below Expected Level	Expected Level	Beyond Expected Level
The resident:  is unable to articulate and document personal pharmacy practice goals and plans  is unable to subsume personal self-interest to the needs of patients, the organizational structure responsible for planning and delivery of pharmacy services, or the health care organization  consistently places his/her own self-interest and needs above others without adequate consultation or discussion to address identified issues  is unable to articulate and document personal learning goals and plans  lacks effective self-assessment and reflective practice skills or propensities	The resident is able to:  • self-evaluate, using appropriate standards, his/her contributions to the mission, vision or goals of the program, the organizational structure responsible for planning and delivery of pharmacy services, the healthcare organization, and the profession  • articulate clearly how s/he contributes to advancement of the profession and pharmacy practice  • demonstrate, in a pro-active manner, the ability to provide effective patient-centered pharmacy care and services  • develop personal learning goals and plans, along with clear outcome indicators for success  • engage in reflective practice  • effectively self-assess learning needs as a foundation for planning continuous professional development	The resident is able to:      articulate a professional development plan, with outcome indicators based upon a comprehensive self- and peer-assessment process      utilize multiple methods to evaluate success of professional development activities and plans      create tools to facilitate own and other pharmacists' self-evaluation of personal contributions to advancing patient care in diverse practice settings
	<ul> <li>demonstrate initiative and commitment to address learning needs and gaps in personal delivery of care</li> </ul>	

#### Standard 3.5 – Provide Medication and Practice-Related Education

The resident shall effectively respond to medication and practice-related questions, and educate others.

## Range

Residents are expected to effectively and efficiently identify and respond to educational needs of patients, other health care professionals, and members of the public. To do so, residents are required to demonstrate effective information gathering skills, the ability to accurately and concisely frame and state questions and problems, a clear understanding of various sources of literature (primary, secondary, tertiary), and the ability to formulate and present responses in an appropriate manner at the level of the audience. Residents are also expected to provide education to individuals and groups using effective teaching and learning strategies to optimize knowledge transfer and translation.

Below Expected Level	Expected Level	Beyond Expected Level
<ul> <li>is unable to adapt method, mode, or style of presentation based on audience needs</li> <li>over-relies upon single and/or simplistic methods, modes or styles of presentation</li> <li>is unable to refine requests for drug information to ensure accuracy and appropriateness</li> <li>consistently responds to requests for information without gathering appropriate information in a timely manner</li> <li>provides information or responses that are inaccurate, incomplete, superficial, impractical, illogical, ambiguous, or tangential</li> <li>is unable to respond to requests beyond his/her normal 'comfort zone'</li> <li>is not capable of independent or unsupervised provision of medication- and practice-related education</li> <li>demonstrates poor communication (speaking or writing) skills in English or French</li> </ul>	<ul> <li>The resident is able to:</li> <li>deliver poster or platform presentations about residency-based work to peers</li> <li>appropriately adapt method, mode, or style of presentation to audience needs</li> <li>refine requests for drug information to ensure accuracy and appropriateness</li> <li>identify and select appropriate primary, secondary, and tertiary references required for specific situations</li> <li>access, retrieve, analyze and synthesize information to respond to patients' or others' educational needs in general areas of practice</li> <li>anticipate and have an answer prepared for common follow-up questions about drug information</li> <li>develop and deliver presentations in a concise, clear, accurate and relevant manner using a variety of instructional media (e.g., Powerpoint, etc.)</li> <li>provide documentation of education provided in a manner that is clear, concise, and appropriate for the audience</li> <li>provide direct instruction, coaching, facilitation, modeling, and preceptorship to pharmacy professionals (including student pharmacists) or for other members of the interprofessional team</li> </ul>	The resident:  • is able to present at specialty rounds of in specialty areas  • is invited to act as a presenter at regional, national or international conferences  • is able to access, retrieve, analyze and synthesize information to respond to patients' or others' educational needs in specialty areas of practice  • demonstrates superior levels of knowledge and comprehension related to practice in general or specialty areas  • publishes work in peer reviewed journals

## **Standard 3.6 – Demonstrate Project Management Skills**

The resident shall use effective project management skills to undertake, conduct, and successfully complete a project related to pharmacy practice.

## Range

During the residency program, residents are expected to identify a practice-based problem or issue, generate a research proposal to address it, develop appropriate research methodologies, and demonstrate effective data gathering and analysis skills. The resident is expected to complete a written report in a format suitable for publication, and must be able to defend all elements of the project, from conception to execution to interpretation.

Below Expected Level	Expected Level	Beyond Expected Level
<ul> <li>The resident:</li> <li>demonstrates disinterest or disengagement with project</li> <li>is unduly reliant upon preceptors and others for direction</li> <li>lacks initiative and does not meet negotiated deadlines</li> <li>is unable to differentiate between opinions and facts</li> <li>is unable to develop a broad research question into focused research objectives that are feasible within the project time frame</li> </ul>	<ul> <li>The resident is able to:</li> <li>negotiate and adhere to project deadlines, goals, objectives, and expectations</li> <li>accurately identify circumstances under which independence is required and circumstances under which assistance from others must be sought</li> <li>independently identify an area of interest within which to work</li> <li>complete the project as per specifications</li> <li>defend hypotheses, methods, results, and conclusions in an informed manner</li> <li>modify work plans to meet real-world contingencies and needs</li> <li>contribute to answering a unique research question within the practice of pharmacy</li> <li>submit a written manuscript describing the project and its outcomes to a peer-reviewed journal as a second or lesser author</li> </ul>	<ul> <li>The resident:</li> <li>is able to resolve project management issues independently, with minimal supervision</li> <li>selects challenging projects outside traditional area of pharmacy</li> <li>demonstrate initiative and creativity in developing a project proposal or methodology</li> <li>engages other health professionals to collaborate effectively as part of the project</li> <li>publishes a manuscript detailing original research or project findings in a peer-reviewed journal as the first author</li> </ul>