

Island Health Pharmacy Practice Residency CLINICAL ORIENTATION ROTATION



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DURATION OF ROTATION

This rotation is three weeks in duration and incorporates a combination of didactic and hands-on training.

ROTATION DESCRIPTION

The Clinical Orientation rotation orients the pharmacy residents to the current state of clinical pharmacy practice in the institutional setting and also develops the resident's foundational clinical skills. This rotation is based at both the Royal Jubilee Hospital (RJH) and Victoria General Hospital (VGH) and takes place within the general medicine patient population. This rotation is divided into three weeks of activities. The first week includes both didactic and hands-on

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sessions that expose the residents to various skills necessary to provide pharmaceutical care. The skills learned in week one will then be applied in weeks two and three, when the resident will spend their time performing direct patient care activities. Pharmacy residents will complete full patient assessments and work as part of an interdisciplinary team. The pharmacy residents will follow patients from their admission on the ward to the time of discharge. They will perform full initial medication assessments, admission medication reconciliation, documentation of recommendations, discharge medication reconciliation and medication counseling, and will collaborate with the interdisciplinary team at rounds and afternoon huddle. The residents will be asked to present their patients using a systematic head to toe approach. At the end of week three, the residents will undergo a mock exam situation where time limits will be placed on their patient work up and presentation. The overall goal of this rotation is to develop the residents' process for patient assessments, thereby preparing them for their clinical rotations.

ROTATION GOALS AND OBJECTIVES

Goal 1: Demonstrate the necessary clinical skills to provide direct patient care as a member of the interprofessional team.

Objectives:

The resident will be able to:

1. Establish a respectful, professional, ethical relationship with the patient and/or their caregiver(s). (CPRB 3.1.4.a)
2. Gather relevant patient information through patient interview and from all appropriate sources. (CPRB 3.1.4.c.d)
3. Develop a prioritized medical problem list and describe the currently active issues that are responsible for the patient's admission or clinic visit. (CPRB 3.1.4.e)
4. Identify, justify, and prioritize a list of patient-specific drug therapy problems. (CPRB 3.1.4.b)
5. Advocate for the patient in meeting their health-related needs and their desired goals of therapy. (CPRB 3.1.2)
6. Identify, prioritize, assess, and justify a list of reasonable therapeutic alternatives and discuss pros/cons of each, considering efficacy, safety, patient factors, administration issues, and cost. (CPRB 3.1.4.e)
7. Develop, prioritize, justify, defend and implement a list of patient-specific recommendations for identified drug therapy problems. (CPRB 3.1.4.e.f)
8. Design and implement monitoring plans and/or plans for continuity of care that accommodate new or changing information. (CPRB 3.1.4.g)
9. Identify relevant physical assessment techniques that should be incorporated into these monitoring plans. (CPRB 3.1.4.g)
10. Proactively provide patient education and seamless care. (CPRB 3.1.4.h)
11. Proactively communicate healthcare issues (including medication order clarifications) and care plans verbally to the appropriate team members and/or patient, as appropriate. (CPRB 3.1.4.f.i, 3.2.4.c)
12. Proactively document healthcare issues (including medication order transcriptions/clarifications) and care plans, as appropriate (CPRB 3.1.4.e.f.i, 3.2.4.b.c)

Goal 2: Demonstrate the attitudes and behaviours that are hallmarks of a practice leader and mature professional.

Objectives:

The resident will:

1. Demonstrate responsibility for own learning, through the refinement and advancement of critical thinking, scientific reasoning, problem-solving, decision-making, time management, communication, self-directed learning, and team/interprofessional skills. (CPRB 3.4.1)

2. Demonstrate commitment to the profession, collaboration and cooperation with other healthcare workers, and an understanding of the role of the pharmacist in the interprofessional team in the improvement of medication use for patients. (CPRB 3.1.1, 3.2.2, 3.3.3)

REQUIRED ACTIVITIES

1. Discuss and utilize Island Health's drug information resources.
2. Participate in an orientation session to the patient care area, health care record and medical abbreviations.
3. Practice establishing a patient database, interviewing patients, monitoring plan creation, drug therapy problem prioritization and documentation in a workshop with transition to the clinical setting.
4. Attend a didactic session on Victoria's Island Health community pharmacy resources (Home and Community Care Quick Response Team and Home First Program) and the seamless transition to the community, including the pharmacists' role in discharge.
5. Attend an IV therapy education session.
6. Attend a live teaching session and practice utilizing the Clinical Application for Recording Information (CARI) tool.
7. Participate in a patient physical assessment workshop.
8. Prepare for and attend patient care rounds daily during the ward-based portion of the rotation.
9. Present a minimum of five patients in a structured head to toe format following the BC Pharmacy Residency Comprehensive Oral Assessment Appendix A.
10. Complete a mock exam during the last week of rotation.

PRECEPTOR CONTACT TIME

1. The preceptor will spend a minimum of one hour per day with the resident discussing patient cases and systematic approach to patient assessment, approaches to identification, prevention, and resolution of drug-related problems, development of therapeutic plans, and development of monitoring plans. This will not include time spent with the resident during patient care rounds.
2. The preceptor will spend a minimum of two hours per week with residents presenting their patients using a head to toe systematic format.

EVALUATIONS

The resident and preceptor shall complete and review together a final evaluation at the end of the rotation.

Final evaluations:

- resident's self-evaluation
- resident's evaluation of the rotation and preceptor
- preceptor's evaluation of the resident