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**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 clinical pharmacy practice in the institutional setting and also develops the resident’s basic foundational clinical skills that will be needed for subsequent direct patient care rotations. 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.

**Week One (Clinical Orientation Workshop)**

The first week includes both didactic and hands-on sessions that expose the residents to various skills necessary to provide pharmaceutical care, and prepares the residents for their direct patient care rotations.

During the first week they are introduced to finding information on Island Health’s intranet needed to provide direct patient care. The resident is introduced to resources which include drug and formulary information, policy and procedure information and intranet resources commonly utilized by ward based clinical pharmacists.

There is also an introduction to documentation, information gathering (powerchart and paperchart) and personal safety in the acute care environment (patient aggression, biohazard, isolation & contact precautions). Residents are also introduced to “working up and presenting a patient”. Residents spend two introductory days to ward-based clinical pharmacy practice during the first week.

One full day is spent participating in a physical assessment workshop. During the final day of week one residents are oriented to the allied health professionals they will work along with during their direct patient care rotations.

**Week Two and Three (Clinical Orientation Ward)**

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.

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.

**Goals & Objectives**

The first goal and list of objectives and required activities are specific to this rotation. Goals two to four and accompanying objectives are common to all direct patient care rotations and are based on the Canadian Pharmacy Residency Board (CPRB) accreditation standards.

**Rotation-Specific Goal 1:**

To become familiar with the practice environment and acquire the foundational skills used by the clinical pharmacy staff at Island Health.

**Rotation-Specific Objectives:**

1. Demonstrate an understanding of the role of a clinical pharmacist and how to effectively integrate into the inter-professional team.
2. Be able to navigate their way through the ward, through the paper chart, and through the electronic chart. Feel comfortable in information gathering and with the different resources available to them by the end of the rotation.
3. Exhibit the building of their systematic head to toe patient work up approach that they will continue to fine tune throughout the residency year.
4. Be familiar with the BPMH and CARI databases.
5. Gain a basic understanding of documentation within the paper chart, writing a medication order, and writing orders for medication monitoring.

**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. Develop and practice the following skills:
   1. Information gathering to establish a patient database,
   2. Interviewing patients,
   3. Detecting drug therapy problems (DTP)
   4. Prioritization of drug therapy problems
   5. Developing and implementing a treatment plan that resolves drug therapy problems
   6. Creating and implementing a monitoring plan and
   7. Documentation in the health record and communicating about the care plan with other care providers.
4. Introduction to the role of a ward based pharmacist and daily activities including handover, communication, clinical documentation, medication delivery system: medication order writing and processing.
5. Seamless transition to the community, including the pharmacists’ role in discharge.
6. Attend an IV therapy education session.
7. Introduction to and practice utilizing the Clinical Application for Recording Information (CARI) tool.
8. Participate in a patient physical assessment workshop.
9. Prepare for and attend patient care rounds daily during the ward-based portion of the rotation.
10. Present a minimum of five patients in a structured head to toe format following the BC Pharmacy Residency Comprehensive Oral Assessment Appendix A.
11. 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

**Physical Examination Workshop**

An accurate description of what we observe is basic to the care of the patients/clients. Pharmacists must develop proficiency for the observation of both overt & covert signs & symptoms of problems. Symptoms are either objective or subjective. Objective symptoms are objective indications of disease that can be observed by others & measured by instruments. Subjective symptoms are apparent only to the patients. Inflammation & swelling are objective symptoms since others may observe them. Subjective symptoms such as itching & pain are those felt by the patient.

**Goals and Objectives of Physical Assessment Workshop:**

Develop physical assessment skills and knowledge which can aid clinical pharmacists

in the monitoring of efficacy and toxicity of pharmacotherapy.

**Objectives:**

By the end of the 7 hour workshop, the pharmacist will be able to:

1. Define physical assessment as it fits into the delivery of pharmaceutical care.

2. Explain the “review of systems” method for physical assessment.

3. Explain why a pharmacist would require physical data on patients.

4. Perform physical assessment on healthy subjects

**Goals and Objectives For All Direct Patient Care Rotations (Goals 2-4)**

**Goal 2:**

Develop and integrate the knowledge required to provide direct patient care as a member of the inter-professional team.

**Objectives:**

The resident will be able to:

1. Relate knowledge of the pathophysiology, risk factors, etiology and clinical presentation of medical conditions, including symptoms, physical assessment, relevant diagnostics, and laboratory findings, to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations. (2018 CPRB 3.1.1.b)

2. Relate knowledge of pharmacology, pharmacokinetics, pharmaceutics, and evidence-based therapeutics to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations. (2018 CPRB 3.1.1.b, 3.1.2.a.b.c)

3. Acquire and utilize knowledge of safe medication practices to manage and improve medication use for patients. (2018 CPRB 3.2.5, 3.2.6, 3.3.2)

**Goal 3:**

Demonstrate the necessary clinical skills to provide direct patient care as a member of the inter-professional team.

**Objectives:**

The resident will be able to:

1. Place a high priority on, and be accountable for, selecting and providing care to patients who are most likely to experience drug therapy problems. (2018 CPRB 3.1.1.a, 3.1.7)

2. Establish a respectful, professional, ethical relationship with the patient and/or their caregiver(s). (2018 CPRB 3.1.4, 3.1.8.a)

3. Gather relevant patient information through patient interview and from all appropriate sources. (2018 CPRB 3.1.8.d.e)

4. Develop a prioritized medical problem list and describe the currently active issues that are responsible for the patient’s admission or clinic visit. (2018 CPRB 3.1.8.f)

5. Identify, justify, and prioritize a list of patient-specific drug therapy problems. (2018 CPRB 3.1.8.c, 3.2.4)

6. Establish and incorporate patient’s desired outcome(s) of therapy and principles of shared decision making into his/her practice. (2018 CPRB 3.1.5, 3.1.6, 3.1.8.b.f)

7. Establish care plans for individual patients that include consideration of the patient's goals and the roles of the other team members. (2018 CPRB 3.1.5, 3.1.6, 3.1.8.b.f)

8. 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. (2018 CPRB 3.1.2.b.c, 3.1.8.d.e.f)

9. Develop, prioritize, justify, defend and implement a list of patient-specific recommendations for identified drug therapy problems. (2018 CPRB 3.1.1.d, 3.1.3.c, 3.1.6,3.1.8.f.g)

10. Design and implement monitoring plans for drug therapy outcomes that accommodate new or changing information. Provide patient education related to their medication, self-management and or monitoring (2018 CPRB 3.1.8.h.i)

11. Establish and maintain effective inter- and intra-professional working relationships for collaborative care. Engage in respectful, compassionate, non-judgmental, culturally safe, tactful conversations with members of the healthcare team. Work effectively with other healthcare professionals by actively participating with other care providers in making care decisions. Provide safe and effective transfer of care responsibility during care transitions (2018 CPRB 3.1.3.a.b.e.f)

12. Recognize when care should be handed over to another team member. (2018 CPRB 3.1.3.a.b.e.f)

13. Proactively communicate care plans using written or electronic means of documentation about the care being provided, in a manner that will optimize clinical decision-making, patient safety, confidentiality and privacy. (2018 CPRB 3.1.1.d, 3.1.8.i)

14. Effectively respond to medication- and practice-related questions and educate others in a timely manner, utilizing systematic literature search, critical appraisal skills and appropriate means of communication (verbal or written, as appropriate). (2018 CPRB 3.1.2.a.b.c, 3.5.1.a.b.c.d.e)

15. Independently prioritize tasks, think critically, use scientific reasoning, problem solve and manage own time. (2018 CPRB 2.1.5.3, 3.1.1.c, 3.4.1)

**Goal 4:**

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, by exhibiting self-direction, motivation. Modify behaviour in response to feedback. Engage in professional conduct by exhibiting punctuality, communication about deadlines, accepting responsibility for recommendations and reliably following through on all assigned tasks. (2018 CPRB 2.1.5.3, 2.1.5.4, 3.1.1.c, 3.4.1)

2. Demonstrate commitment to the profession, exhibiting professional and ethical conduct. Demonstrate respect for colleagues and members of care teams and understand of role within the inter-professional team. (2018 CPRB 2.1.5.6, 3.1.3.a.b.c.d, 3.2.2, 3.3.4)