



Island Health Pharmacy Practice Residency CLINICAL ORIENTATION ROTATION

Coordinator/Preceptor:

Reginald Smith, BSc (Pharm), ACPR, PharmD
Coordinator, Pharmacy Education & Practice Residency
Ph: (250) 508 4283

Co-Preceptors:

Naa Okailey Adjintettey, BSc (Pharm), ACPR
Clinical Pharmacist, 4th Floor
Royal Jubilee Hospital
Ph: (250) 216-2478
naaokailey.adjintettey@viha.ca

Megan Matwychuk, BSc (Pharm)
Clinical Pharmacist, 4th Floor
Royal Jubilee Hospital
Ph: (250) 415-6661
Megan.matwychuk@viha.ca

Rachel Ward, BSc (Pharm), ACPR
Clinical Pharmacist, 4A/B General and Internal Medicine
Victoria General Hospital
Ph: (250) 415-2028
Rachel.Ward@viha.ca

Sean Spina, BSc(Pharm.), Pharm.D. ACPR
Clinical Coordinator
Royal Jubilee Hospital
Ph(250) 216-9203
Sean.Spina@viha.ca

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, develops the resident's basic foundational clinical skills that will be needed for subsequent direct patient care rotations, introduces residents to allied health members of the care team, and enables the resident to acquire basic physical assessment skills. This rotation takes place at both the Royal Jubilee Hospital (RJH) and Victoria General Hospital (VGH). This rotation is divided into three weeks of activities. This rotation provides the resident with their first exposure to the competencies they will develop throughout all of their direct patient care rotations as outlined in goals 2 and 3 below.

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".

One full day is scheduled for the physical assessment workshop.

Stress First Aid for Pharmacy Residents

Preceptors: Dr. Curtis Harder & Nicole Trembly (MSW, MPA) Staff Experience Consultant

The residency year can be stressful for Pharmacy Residents with many demands and deadlines to meet. During this two part session Pharmacy Residents will learn about “Stress First Aid” . See session specific learning goals and objectives on Residency Website

Orientation to Electronic Health Record, Patient Information Gathering & Electronic Documentation

Preceptor: Dr. Rich Wanbon

During this session residents will be oriented to patient information gathering using the electronic health record. Residents will also be oriented to Electronic Documentation by Pharmacists within Island Health. See activity-specific learning goals and objectives on Residency Web Site

Physical Examination Workshop

Preceptor: Dr. Rich Wanbon

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

The section below orients the Pharmacy Residents to a wide range of topics and resources used by clinical pharmacy staff within Island Health. Please see activity specific learning goals and objectives on the Pharmacy Residency web site.

Orientation to Medication Order Writing & Safety

Facilitator: Donna Nickoloff

Orientation to Alaris Guardrail Pumps Sigma IV Pumps & Drug Library

Facilitators: Anne-Marie Rongve & Catherine Conroy-Doll (zoom)

Orientation to the Island Health Intravenous Manual

Facilitator: Catherine Conroy-Doll (zoom)

Orientation to Pharmacy Informatics

Amanda Johnson & Doug Arndt

Orientation to Laboratory Medicine

Facilitators: Lab Staff & Lab Physicians (see Orientation to Laboratory Medicine Learning Goals & Objectives on Residency Web Site.

Orientation to Allied Health Practitioners

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. Allied Health Practitioners will meet with the residents and orient them to the functions, roles and responsibilities of the following healthcare team members:

1. Respiratory Therapist (Respiratory Therapy Services)
2. Nursing Coordinator (Acute Care Bed Management)
3. Dietician (Dietary Services)
4. Social Worker (Social Work Services)
5. Nurse Specialist (Intravenous Access & Therapy)

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. Residents spend the first morning with an introduction to ward-based clinical pharmacy practice. This is where the resident will discuss personal goals and objectives with the preceptor.

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 for Ward-Based Clinical Orientation

The first goal and list of objectives and required activities are specific to this rotation. Goals two and three 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 at Island Health and acquire the foundational skills used by the clinical pharmacists which the resident will need to develop in subsequent direct patient care rotations.

Rotation-Specific Objectives:

1. Be able to navigate their way through the ward, interacting and collaborating with the other allied health professionals encountered in the practice environment and understanding the roles and responsibilities of the other professionals encountered.
2. Be able to navigate through the paper and electronic chart gathering patient information from different clinical information resources available to them on the ward by the end of the rotation.
3. Be able to utilize the Health Regions Information Systems and Intranet to obtain drug and disease information, organizational policy and procedure information (ie drug formulary, intravenous manual, pharmacy department procedures, etc.) and information gathered and made available by other health region departments (i.e. antibiotic sensitivities determined by the lab)
4. Exhibit the building of their systematic head to toe patient work up approach that they will continue to fine tune throughout the residency year.
5. Gain a basic understanding of documentation within the paper and electronic chart, writing a safe medication order, and writing clear and safe orders for medication monitoring.

REQUIRED ACTIVITIES

1. Self-reflection and development of personal goals and objectives for the rotation.
2. Discuss and utilize Island Health's drug information resources.
3. Participate in an orientation session to the patient care area, health care record and medical abbreviations
4. Develop and practice the following skills:
 - a. Information gathering to establish a patient database,
 - b. Interviewing patients,
 - c. Detecting drug therapy problems (DTP)
 - d. Prioritization of drug therapy problems

- e. Developing and implementing a treatment plan that resolves drug therapy problems
 - f. Creating and implementing a monitoring plan and
 - g. Documentation in the health record and communicating about the care plan with other care providers.
5. 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.
 6. Discuss and implement seamless transition to the community, including the pharmacists' role in discharge.
 7. Attend an IV therapy education session.
 8. Introduction to Island Health's BMPH processes
 9. Participate in a patient physical assessment workshop.
 10. Prepare for and attend patient care rounds daily during the ward-based portion of the rotation.
 11. Present a minimum of four patients in a structured head to toe format following the BC Pharmacy Residency Comprehensive Oral Assessment Appendix A.
 12. 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

Goals and Objectives for All Direct Patient Care Rotations

Goal 2:

Develop and integrate the knowledge and skills required to provide direct patient care as a member of the inter-professional team (CPRB 2018 Standard 3.1).

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, pharmaceuticals, 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) by demonstrating safe and appropriate:
 - a. Medication ordering and/or prescribing
 - b. Order clarifications (using approved abbreviations)
 - c. Medication incident reporting
 - d. Application of medication administration policies (eg. parenteral medications), and
 - e. Use of prescribing tools such as pre-printed clinical order sets
4. Develop the skill required to appropriately triage and prioritize providing care to patients who are most likely to experience drug therapy problems. (2018 CPRB 3.1.1.a, 3.1.7)
5. Develop the skill to establish a respectful, professional, ethical relationship with the patient and/or their caregiver(s), and the ability to engage in empathetic, compassionate, non-judgmental, culturally safe and tactful conversations. (2018 CPRB 3.1.4, 3.1.8.a)

6. Develop the skill to gather, evaluate and interpret relevant patient information from all appropriate sources in an organized, thorough and timely manner, including effectively eliciting a patient history and performing assessments, including the ability to report all pertinent findings and explain their significance. (2018 CPRB 3.1.8.d.e). Examples of information gathered include but are not limited to:
 - a. Chief complaint,
 - b. History of present illness
 - c. Past medical history
 - d. Social history
 - e. Review of systems
 - f. Investigations
 - g. Past and current medications
 - h. Ability to report all pertinent findings and explain their significance.
7. Develop the skill to generate 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)
8. Develop the skill to identify, justify, and prioritize a list of patient-specific drug therapy problems and the ability to assess medication orders for appropriateness using all available information to resolve problems. (2018 CPRB 3.1.8.c, 3.2.4)
9. Develop the skill to establish and incorporate patient's desired outcome(s) of therapy and principles of shared decision making into his/her practice, advocating for the patient in meeting their health-related needs and establishing 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)
10. Develop the skill to 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)
11. Develop the skill to create, prioritize, justify, defend and implement a list of patient-specific recommendations for identified drug therapy problems based upon the resident's patient-centred clinical assessment and proactively communicating issues to affected stakeholders, including patients and their families to resolve those issues, when possible (2018 CPRB 3.1.1.d, 3.1.3.c, 3.1.6, 3.1.8.f.g)
12. Develop the knowledge and skill to proactively monitor drug therapy outcomes, revise care plans on the basis of new information and provide patient education related to their medication, self-management and/or monitoring of their condition as applicable. (2018 CPRB 3.1.8.h.i)

13. Develop the knowledge and skill to establish and maintain effective inter- and intra-professional working relationships for collaborative care (2018 CPRB 3.1.3.a.b.e.f) by:
 - a. Engaging in respectful, compassionate, non-judgmental, culturally safe, tactful conversations with members of the healthcare team
 - b. Work effectively with other healthcare professionals by actively participating with other care providers in making care decisions.
 - c. Provide safe and effective transfer of care responsibility during care transitions
 - d. Recognize when care should be handed over to another team member.
14. Develop the skill to 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)
15. Develop the knowledge and skill required to respond to medication- and practice-related questions (2018 CPRB 3.1.2.a.b.c, 3.5.1.a.b.c.d.e) by:
 - a. Educating others in a timely manner at a level of detail appropriate to the requestor.
 - b. Effectively selecting and navigating resources
 - c. Utilizing a systematic literature search and critical appraisal skills to formulate a response and,
 - d. Communicating responses both verbally and in writing, as appropriate.
16. Develop the skill to 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 3:

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, and profession (2018 CPRB Standard 3.4).

Objectives:

The resident will develop and exhibit the attitudes and behaviours that are hallmarks of a practice leader and mature professional (2018 CPRB 2.1.5.3, 2.1.5.4, 3.1.1.c, 3.4.1) by:

17. Learning to demonstrate responsibility for own learning, by:
 - a. Exhibiting self-direction, motivation
 - b. Modifying behaviour in response to feedback

- c. Engaging in professional conduct by exhibiting punctuality, communication about deadlines, accepting responsibility for recommendations and reliably following through on all assigned tasks.

18. Learning to recognize role (2018 CPRB 2.1.5.6, 3.1.3.a.b.c.d, 3.2.2, 3.3.4) by:

- a. Demonstrating commitment to the profession and ethical conduct.
- b. Exhibiting respect for colleagues and members of care teams and
- c. Understanding role within the inter-professional team