

**Island Health Pharmacy Practice Residency
INDIGENOUS HEALTH ROTATION**



Jesse Inkster, BSc(Pharm), ACPR
Aboriginal Care Clinical Pharmacist,
Cell: 250.732.4928
Email: jesse.inkster@viha.ca

ROTATION DESCRIPTION

Resident activities during this rotation will consist of:

- Travel to Indigenous communities around the Cowichan Valley
- Telehealth/telephone patient interviews
- In person patient clinic interviews
- In person patient hospital interviews
- Presentation(s) on common disease states and pharmacological and non-pharmacological options in management (In person or via zoom).
- Discussion around cultural safety and trauma informed practice.
- Comprehensive medication reviews with the goal of optimizing medication for Indigenous patients through listening to their perception of the benefits and harms of their medications.
- Eliminating barriers to necessary medication or medical supplies and equipment
- Interacting with multiple different health care teams both in hospital and outside of hospital
- Charting within multiple electronic medical records (MedAccess and Powerchart)
- Building positive health care professional and patient relationship.
- A focus on allowing patients to make informed decisions around medications prescribed.

The schedule of this rotation is typically 8:30am to 4:30pm, Monday to Friday, however there may be situations where these times need to be adjusted.

The Indigenous communities that are serviced during this rotation include: Penelakut, Ditidaht, Stzuminus, Halalt, Cowichan Tribes, Malahat, Lake Cowichan and the Friendship Center in Duncan.

ROTATION GOALS AND OBJECTIVES

Goal 1: (Goal 1 is specific to this rotation)

To provide care to Indigenous people in both the outpatient and inpatient settings and to develop knowledge and skills pertaining to specific health issues that are most relevant to the Indigenous populations of Canada. (2018 CPRB 1.4)

Objectives:

The resident will be able to:

1. Demonstrate an understanding of the impact and correlation of the various medical, social and spiritual determinants of health and well-being on First Nations, Inuit and Metis (Indigenous) peoples.
2. Describe the Indigenous patient's view of illness, how the community is part of the patient, and "empowerment."
3. Work inter-professionally, including with Aboriginal healers, when possible.
4. Demonstrate knowledge and skills regarding cultural safety as it pertains to Indigenous people.
5. Assess, plan, provide and integrate care for specific Indigenous populations appropriate to the patients' locale.
6. Demonstrate awareness of community and health resources, and support structures available to both rural and remote Indigenous communities, appropriate to the training locale.
7. Demonstrate an understanding of the impact of discrimination, racism, and government policies on the health care of Indigenous populations.
8. Describe the history of Aboriginal peoples in Canada, including the history of colonization, residential schools and political issues, and how this history affects current health and social conditions of the Indigenous population.
9. Demonstrate self-reflection skills that include an analysis of one's own response to the histories and contemporary environments of Indigenous peoples.

Goal 2: (Goals 2 through 4 are common to all direct patient care rotations)

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

Goal 4:

To provide the resident with the opportunity to take responsibility for their own learning and to customize their individualized learning plan to meet their educational needs and to exhibit the ability to manage one's own practice of pharmacy (CPRB 2018 2.2.2.6 a, e and 3.4.1 and 3.4.2)

Personal Learning Objectives:

To meet this goal the resident shall develop and revise their personal learning plan by developing and documenting personal learning objectives for the rotation.

Process to Document Personal Learning Objectives

Prior to the start of the rotation, the resident will enter three to five personal learning objectives into their one45 procedure log. The resident and preceptor will review these personal learning objectives together on the first day of the rotation. Once the preceptor has read and discussed these personal learning objectives with the resident, they will sign off in the procedure feedback log. The preceptor will then take steps to integrate learning activities into the rotation to help the resident achieve these learning objectives.

The achievement of these objectives will be assessed and documented in section D. of both the midpoint and final evaluation forms.