

**Island Health Pharmacy Practice Residency**

**ADULT PSYCHIATRY ROTATION**

**Preceptor**

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**ROTATION DESCRIPTION**

The clinical rotation in adult inpatient psychiatry provides the Pharmacy Resident with training and experience in the various aspects of psychiatric pharmacotherapy. The rotation is based primarily in the psychiatric units at the Royal Jubilee Hospital (RJH) Patient Care Centre (PCC). Each ward is divided mostly by age, specialty and/or acuity (6 wards total). Most of these have capacity for 15-16 patients per ward. There is also Psychiatric Emergency Services (PES) located in the Archie Courtnall Centre within the Emergency Department at the Royal Jubilee Hospital. It is a specialized emergency area that provides intensive assessment and crisis intervention for patients arriving in emergency with psychiatric disorders. The inpatient units are primarily involved in achieving stabilization of patients’ psychiatric conditions. The majority of patients suffer from schizophrenia, mood disorders, and drug-induced psychosis. Stabilization is achieved through a multi-disciplinary team approach, which involves psychiatrists, nurses, psychologists, social workers, occupational/recreational therapists, dieticians and the clinical pharmacist. The clinical pharmacist for psychiatry also provides some ambulatory services out of Victoria Mental Health Centre and the Mental Wellness Day Program (both located in Eric Martin Pavilion (EMP) on the RJH campus). Additionally, psychiatric-related consultations from Island Health colleagues and other clinicians (independent of geographic location) are a regular component of the practice.

Therefore, while some rotation time will be spent on attending patient care rounds/huddles and doing initial overviews of new admissions, the nature of this pharmacy service is primarily consultative. Completing requested consults and drug information queries will comprise a bulk of the rotation. The remainder of the time is dedicated to completing assigned projects and/or presentations and participating in therapeutic discussions and/or groups. In order to provide a comprehensive experience, rotation time will also include exposure to non-pharmacological treatment modalities, primarily occurring at the Mental Wellness Day Program. The resident is provided with informal feedback on a daily basis and is formally evaluated at the rotation midpoint and at the end of rotation.

**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:**

Provide the Pharmacy Resident with training and experience providing clinical pharmacy services in the specialty service of psychiatry .

**ROTATION-SPECIFIC OBJECTIVES:**

The resident will:

1. Develop a working knowledge of the treatment guidelines for schizophrenia, bipolar disorder, unipolar depression and anxiety disorders.
2. Demonstrate familiarity with the more commonly utilized psychotropic medications.
3. Establish an appreciation for therapeutic drug monitoring (TDM) within psychiatry, with a particular focus on clozapine, lithium and valproic acid.
4. Recognize the role of nonpharmacological modalities as treatment strategies for psychiatric patients [cognitive behavioural therapy (CBT), electroconvulsive therapy (ECT)].
5. Gain some experience in assessing mental status and exposure to some of the more common monitoring scales used in clinical practice.
6. Become more comfortable leading patient group education sessions.

**REQUIRED ACTIVITIES**

The resident will:

1. Contact the preceptor the week prior to starting the rotation to confirm start time/location and obtain required reading material.
2. Receive a thorough orientation process on day 1 that includes a tour of the various practice areas, a calendar outlining basic/pre-arranged groups/activities, and an overview of the preceptor’s daily activities. Will also ensure that the resident has the appropriate lists set up for the pertinent areas, there is opportunity to discuss personal goals for the rotation, and establish background knowledge, comfort level, desired level of independence and optimal/preferred learning style.
3. Prepare for and attend weekly patient care rounds/huddle (multi-disciplinary rounds).
4. Always check in with the preceptor and/or patient’s nurse before interviewing patients on an individual basis.
5. Initially work up assigned patient cases. After the midpoint, the expectation is that the resident will then independently select cases from the list of new admissions based on likelihood of drug-related problems. Cases will then be presented to the preceptor within 1-2 days of assignment. Minimum weekly updates on these patients’ progress should be provided over the course of the rotation.
6. Discuss select therapeutic disease states including pathophysiology and treatment. Required therapeutic topics will consist of schizophrenia/psychotic illnesses, mood disorders and anxiety disorders. Additional topics, including personality disorders, eating disorders, and addictions, may be explored based on the resident’s individual interests and as time allows.
7. Deliver a case presentation to pharmacy staff, prepare and present an in-service to allied health care members (e.g. medical residents and students or nurses) or complete a designated project.
8. Attend all discussions and educational events as arranged by the preceptor.

**PRECEPTOR CONTACT TIME**

*Contact time will be contingent upon a few variables including the mutually-determined resident’s level of competence and comfort, workload on the units and preceptor availability.*

At minimum:

1. The preceptor will spend at least one hour per day with the resident discussing patient cases and 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 and huddle.

2. The preceptor will spend a minimum of two hours per week with the resident discussing select therapeutic disease states.

**EVALUATIONS & ASSESSMENTS**

The resident and preceptor shall complete and review together the mid-point and final evaluations. The mid-point evaluation should be completed at the half-way point of the rotation. Final evaluations shall be completed at the end of the rotation.

**Mid-point Assessment:**

* resident’s self-assessment & preceptor’s assessment of the resident

**Final Assessment:**

* resident’s self-assessment and evaluation of the preceptor and rotation
* preceptor’s evaluation of the resident
* preceptor’s self-evaluation (Annually)

**RESIDENTS PERSONAL LEARNING OBJECTIVES FOR ROTATION**

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.

**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)