



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 2 to 4 and accompanying objectives are common to all direct patient care rotations and are based on the Canadian Pharmacy Residency Board (CPRB) 2018 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)

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

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.