Canadian Society of Hospital Pharmacists

Société canadienne des pharmaciens d'hôpitaux

# Overview and Application of the 2018 Accreditation Standards for Pharmacy (Year 1) Residencies

Canadian Pharmacy
Residency Board
October 2018

# Objectives

- List six main changes associated with the new accreditation standards.

- Describe specific examples of where the new accreditation standards may require particular consideration by programs preparing for accreditation.

# Outline

- 1200-1205h – Introduction
- 1205-1235h – 2018 Standards Presentation
  - Emphasis on what's new
- 1235-1255h – Questions/Discussion
- 1255-1300h – Summary and Close

# Background

- Last version of accreditation standards published in 2010
- Changes prompting a revision to 2010 standards
  - Introduction of PharmD as first professional degree
  - Publication of Advanced (Year 2) accreditation standards in 2016
  - Evolution of clinical practice and practice context (shift beyond from focus on acute care)
  - Shift in language associated with the adoption of the CanMEDS framework by AFPC
- Starting 2019, Year 1 Residency Programs will be accredited against the 2018 Standards

# Updated Language

New

- Canadian Hospital Pharmacy Residency Board (CHPRB)
  - The “Hospital” removed to reflect the movement away from hospital-centricity in clinical pharmacy training (CPRB)
- Pharmacy Practice Residency
  - The “Practice” removed based on group consensus that this word no longer served a clear purpose as a descriptor

# Updated Language Standard 1.3

New

- **Enhanced definitions have been provided for:**
  - Department
  - Organization
  - Pharmacy residency
  - Primary partner
  - Primary preceptor
  - Program coordinator (definition and role)
  - Program director
  - Project
  - Evaluation/ Assessment

# Updated Language

New

- **Assessment**
  - The estimation of the nature, quality, or ability of something or someone. It is typically ongoing and process-oriented and focuses on identifying areas for improvement.

- **Evaluation**
  - The making of a judgment about the amount, number, or value of something or someone. It is typically summative and product-oriented and focuses on a final score(s).

# Assessment vs Evaluation

| Dimension of Difference | Assessment | Evaluation |
|---|---|---|
| **Content:** timing, primary purpose | *Formative:* ongoing, to improve learning | *Summative:* final, to gauge quality |
| **Orientation:** focus of measurement | *Process-oriented:* how learning is going | *Product-oriented:* what's been learned |
| **Findings:** uses thereof | *Diagnostic:* identify areas for improvement | *Judgmental:* arrive at an overall grade/score |

Duke University Academic Resource Centre
Accessed at https://arc.duke.edu/documents/The%20difference%20between%20assessment%20and%20evaluation.pdf
on January 29, 2017

# Truth and Reconciliation Section 1.4

New

**Special Note Regarding the Truth and Reconciliation Commission of Canada: Calls to Action**

The CPRB recognizes that Canada is a society of diverse peoples and that all peoples are entitled to have access to compassionate, empathetic, culturally safe pharmacy care. The CPRB also acknowledges that the health inequities experienced by Canada's Indigenous peoples require special consideration in the design and delivery of pharmacy curricula. Recognizing the commitment made in the AFPC Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada 2017, to promote curricular content that advances the process of reconciliation with Canada's First Nations, Métis, and Inuit peoples, the standards set forth here are intended to support the delivery of residency training that will reinforce the development of intercultural competency that begins in these programs.

# Residency Training Context


- Year 1 Pharmacy Residencies are still expected to be conducted in pharmacy departments

- *Pharmacy residencies shall be operated in departments that have demonstrated a commitment to education and that provide an exemplary environment conducive to the goals and outcomes of the program. (CPRB 2.1.2)*

# Residency Training Context

New

- Standards have been revised to allow for residency training in innovative, non-traditional pharmacy practice settings

- *The department (if applicable)shall provide a safe and effective drug distribution system for all medications used within the organization in a manner consistent with the patient population(s) being served, organizational needs, and patient safety considerations. (CPRB 2.1.2.6)*

# Evidence

New

- An emphasis was placed on outlining specific evidence that would clearly demonstrate compliance with respective requirements

◦Organization Standard

◦In section 2.1.1 from subsection 5-6

◦Department Standard

◦In section 2.1.2 from subsections 3,4,8

# Residency Advisory Committee

New

- RACs (and resources) can be shared by Year 1 and Year 2 programs

- *Where two or more residency programs are operating, the residency advisory committees shall regularly communicate with each other. (CPRB 2.1.3.6.h)*
- *Where two or more residency programs are operating …, one residency advisory committee may be aligned, integrated, or partnered with another residency advisory committee, so long as it can be demonstrated that the needs of the general (year 1) residency program are being met. (CPRB 2.1.3.6.i)*

# Preceptorship

SAME as 2010

- Preceptorship may be inter-professional in nature, but primary responsibility for preceptorship must fall to a pharmacist

- *A primary preceptor shall be a qualified pharmacist designated for each learning experience (hereafter referred to as a rotation). (CPRB 2.1.4.4)*
- *Co-preceptors or secondary preceptors from pharmacy or from professions other than pharmacy …, but such preceptors shall be fully apprised …. expectations of the program. (CPRB 2.1.4.4.b)*

# Preceptorship


- Preceptor self-assessment needs to occur as well and be documented

- *A defined process shall be in place for preceptor self-assessment and incorporation of constructive feedback provided by the resident, program coordinator, program director, and (where applicable) other preceptors and members of the interprofessional team. (CPRB 2.1.4.8)*

# Added Details

New

- Clearly stating that a quality improvement plan is required (CPRB 2.1.2.3f)
- More details regarding essential drug information services (CPRB 2.1.2.8)
- More details regarding the Program Director and Coordinator (CPRB 2.1.3.3-4)

# Added Details

New

- Clarification regarding granting prior credit (CPRB 2.2.1.6)
- Clarification of individualized learning plan (schedule) (CPRB 2.2.2.6b)
- Review of rotation goals/ objectives by program director or coordinator every 2 years (2.1.4.4d)

# Learning Outcomes


- Providing evidence-based *pharmacy* care as a member of inter-professional teams
- Managing and improving medication-*use* systems
- Exercising leadership
- Exhibiting the ability to manage one's own practice of pharmacy
- Providing medication-and practice-related education
- Demonstrating project management skills

# Greater Alignment with AFPC Pharmacist Roles

New

| CPRB Competency | AFPC Role(s) |
|---|---|
| 3.1 Provide Evidence-Based Patient Care as a Member of Interprofessional Teams | Care Provider, Health Advocate, Collaborator, Communicator, Professional |
| 3.2 Manage and Improve Medication-Use Systems | Leader-Manager, Professional |
| 3.3 Exercise Leadership | Leader-Manager, Professional |
| 3.4 Exhibit Ability to Manage One's Own Practice of Pharmacy | Professional |
| 3.5 Provide Medication- and Practice-Related Education | Communicator, Scholar, Professional |
| 3.6 Demonstrate Project Management Skills | Scholar, Professional |

CPRB 1.3 Purpose of Pharmacy Residencies

# Provide Evidence-Based *Pharmacy* Care as a Member of Interprofessional Teams (CPRB 3.1)

- Need to show progression between rotations and that this information is formally passed on between rotations (2.2.3.7b)

- Documentation and written assessment of personal learning objectives (2.1.5.8a, 2.2.2.6a)

# Greater Alignment with AFPC Pharmacist Roles

New

- 3.1 Provide evidence-based pharmacy care as a member of interprofessional teams

  - Level of performance of this standard set at "Proficient" level, while at undergraduate level set at "Competent" level

# Model of Performance Levels

New

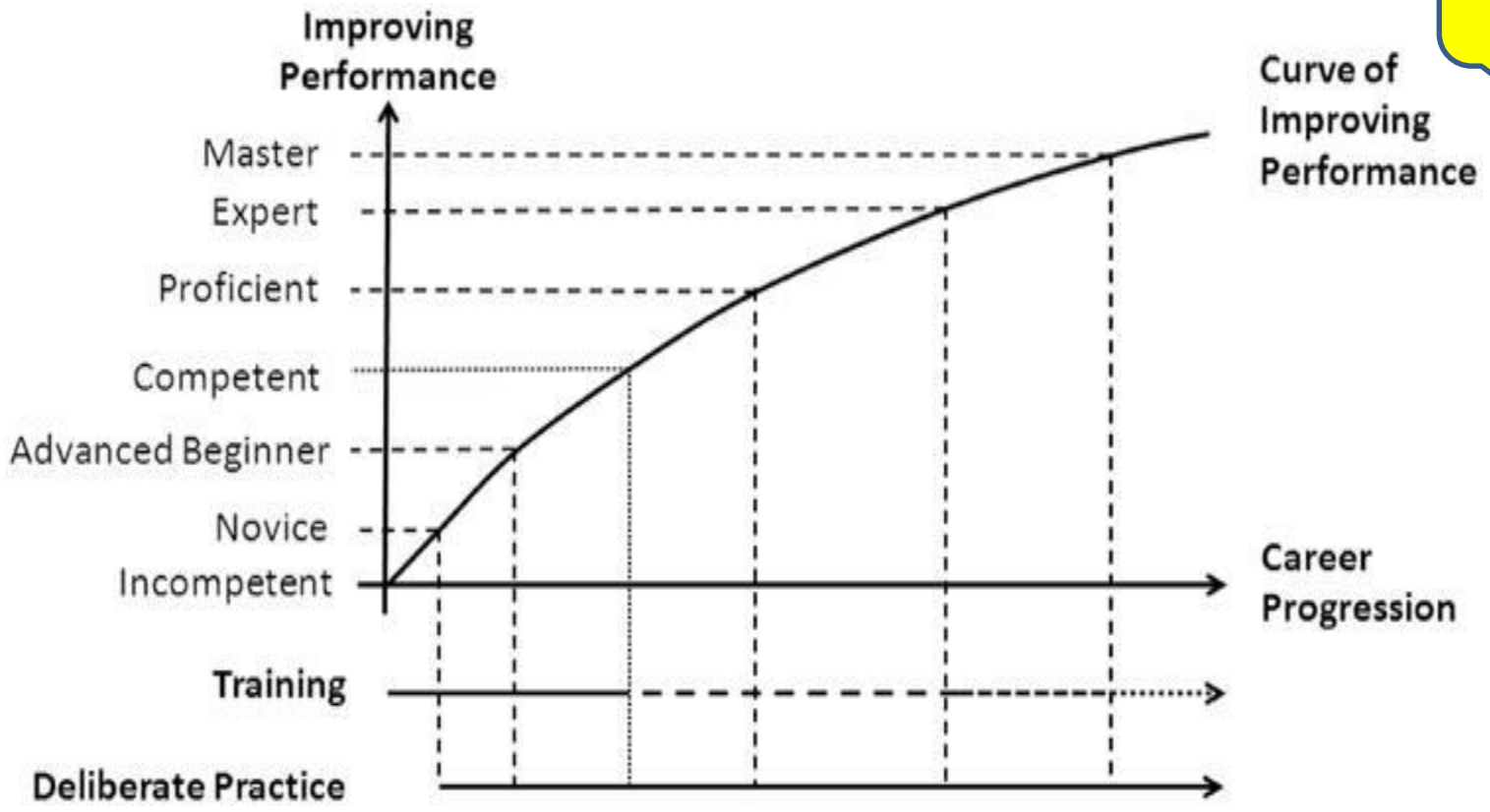


***Figure 1: Curve of improving performance adapted for health care***
*(Khan et al modified from Dreyfus and Dreyfus and ten Cate et al)*

Dreyfus SE, Dreyfus HL. A five-stage model of the mental activities involved in directed skill acquisition. Berkeley (CA): University of California, Berkeley; 1980. http://www.dtic.mil/dtic/tr/fulltext/u2/a084551.pdf

# Manage and Improve Medication-Use Systems (CPRB 3.2)

New

- Residents are no longer required to prepare and dispense medications but are required to understand relevant policies and procedures

- *The resident shall demonstrate an understanding of the policies and procedures used to prepare and dispense medications in accordance with their patient's needs. (CPRB 3.2.3)*

# Application of Standard 3.2

- Residents need to understand the medication-use system and key related patient safety issues/ checks

- Need documentation/ assessment of this knowledge
  - How can this knowledge be used in patient care?
  - Patient safety features in the system/ ADR reporting (CPRB 3.2.6)

# Exercise Leadership (CPRB 3.3)

New

- Requirements for leadership-related project have been revised and/or clarified:

- ***Through completing an activity or project****, the resident shall demonstrate*
  - Knowledge with respect to at least one of the following areas:
    - *Governance and organizational structure (e.g., roles of the pharmacy management team, departments)*
    - Human resources
    - Financial management
    - Continuous quality improvement
    - Visioning and strategic, operational, and project planning
    - Change management
    - Ethical and legal frameworks and standards of practice
  - Administrative problem solving
  - Effective communication (verbal and written)

# Exhibit Ability to Manage One's Own Practice of Pharmacy (CPRB 3.4)

- Demonstration of Self-directed learning
- Demonstration of Self-care

# Provide Medication- and Practice-Related Education (CPRB 3.5)

- Need to teach, assess, and document assessment (feedback) regarding resident's performance of 4 roles of practice-based teaching
  - Direct instruction
  - Modelling
  - Coaching
  - Facilitation (not facilitating a small group session)

Weitzel KW et al. AJHP 2012;69:1588-99.

# Demonstrate Project Management Skills (CPRB 3.6)

- Project Completion
  - Programs need to be more explicit with regard to these expectations around project completion and demonstrate this has occurred
  - *The program shall have a policy defining the due date for the written report of the resident's project (as per Standard 3.6). The due date shall be not more than 90 days beyond completion of the scheduled residency term. (CPRB 2.2.1.7)*

- Projects need not be research projects

# 2016 Year 2 Residency Standards

| | Year 1 Residency-2018 | Year 2 Residency-2016 |
|---|---|---|
| Patient Care | Proficient level | Expert level |
| Area of Practice | General, common patients | Defined area of practice, complex patients |
| Project | Project management focus | Research focus |
| Teaching | Practice-based teaching roles | Teach Year 1 residents |
| | Competence in medication systems, collaboration, professional leadership | Focus on inter-professional care & professional leadership |

# Levels of Performance and Ranges of Contexts Document

- Being drafted by Board Standards Subgroup currently
- Will help programs define endpoint outcomes for resident performance

- Will help programs compare endpoint outcomes between Year 1 and Year 2 programs

# Questions/ Discussion

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# THANK YOU.