

## Canadian Hospital Pharmacy Residency Board Conseil canadien de la résidence en pharmacie d'hôpital

Regina Qu'Appelle

Pharmacy Practice Residency Program - Internal Medicine Rotation Documentation Form				
Required Rotation	<b>Minimum Duration:</b> 8 weeks	Pre-requisite: PP I & II, Pharmacokinetics, Evidence Based Medicine		
Primary Preceptor: Allison Marcil Co-Preceptors: Mike Stuber, Suzanne Gulka	Originally Developed by: Dr. Brenda Schuster, 2010	Last Revised by: Allison Marcil, 2011		
Resident's Name:  Documentation Form Completed by: _				

We would like to acknowledge the generosity of the Winnipeg Regional Health Authority Hospital Pharmacy Residency Program for making their manual available on the CHPRB website. Portions and concepts within the RQHR Hospital Pharmacy Residency Program are modeled off of the Winnipeg program and manual.

### **Goals:**

This rotation will focus on the application of skills for pharmacotherapy assessments, analysis, evaluation, planning, monitoring and documenting of patient care activities in an Internal Medicine patient population.

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	The Structure of Knowledge: Bloom's Taxonomy				
Competency Level	Definition	Descriptors			
Know	Ability to remember previously learned material.	List, name, identify, show, define, recognize, recall, and state.			
Comprehend	Ability to grasp the meaning of material.	Summarize, explain, interpret, describe, compare, paraphrase, and differentiate.			
Apply	Ability to use learned materials in new and concrete situations.	Solve, illustrate, calculate, use, interpret, related, manipulate, and modify.			
Analyze	Ability to break down materials to component parts (i.e. to recognize unstated assumptions and be able to distinguish between facts and inferences).	Organize, deduce, choose, contrast, distinguish, infer, arrange, and classify.			
Synthesis	Ability to put parts together to form a new whole.	Report, discuss, plan, devise, construct, design, hypothesize, support, invent, and formulate.			
Evaluation	Ability to judge value of material for a given purpose.	Choose, judge, defend, criticize, justify, range, recommend, convince, and decide.			

### **Core Objectives:**

- 1. Identify patients most likely to experience drug related problems (CHPRB 3.1.3)
  - 1.1. [Synthesis] Devise strategies to efficiently and effectively provide pharmacy services within a limited time frame
    - Screen patients to determine the appropriate level of pharmaceutical care to be delivered
    - Strategy accommodates care for all assigned patients
    - Strategy minimizes unnecessary effort to achieve desired levels of patient care

Baseline Competency Level **Please select** Midterm **Please select** Final **Please select** 

- 1.2. [Application] Provide patient care activities that are consistent with Pharmacy Practice based expectations for the assigned patient care area
  - Daily activities consistently show a priority placed on the delivery of pharmaceutical care
  - Arranges work activities so that the pharmaceutical care need of patients are met

Baseline Competency Level Please select Midterm Please select Final Please select

- 1.3. [Evaluation] Display initiative in preventing, identifying and resolving pharmacy related patient care problems
  - Actively pursues all drug related problems until satisfactory resolution is obtained
  - When confronted with a problem for which no ready solution is apparent, pursues additional content knowledge and problem solving strategies

Comment on the learning objectives in which the resident failed to meet expectations and on the objectives in which the resident surpassed expectations. Please provide examples, and feel free to comment on learning objectives in which the resident is progressing as expected.			

- 2. Develop a patient database from the health record, the patient or family members and other health care professionals (CHPRB 3.1.4.d)
  - 2.1. [Application] Collect and organize all patient specific information that a pharmacist needs to identify, prevent and resolve drug related problems
    - Information databases contain all information needed from most reliable source
    - Information recorded utilizes existing tools that allow for efficient problem solving and follow-up

- 2.2. [Application] Establish effective relationships with the patient or family members and other members of the health care team
  - Using direct observation and through reflection in practice assess effective and ineffective dynamics of the patient and/or health care team interactions that impact ones own provision of pharmacy care
  - Adapt personal style and preferences to enhance interactions with patient and/or health care team

in which	Comment on the learning objectives in which the resident failed to meet expectations and on the objectives in which the resident surpassed expectations. Please provide examples, and feel free to comment on learning objectives in which the resident is progressing as expected.				

- 3. Identify and prioritize a patient's drug related problems based on available information including input from the patient and other health providers (CHPRB 3.1.2, 3.1.4.b, c, d)
  - 3.1. [Analysis] Determine the presence of any of the following medication therapy problems in a patient's current medication therapy using information from the pharmacist's patient specific database:
    - Medications used with no medical indication
    - Medical conditions for which no drug therapy has been prescribed, but drug therapy is indicated
    - Medications prescribed inappropriately for a particular medical condition (e.g. wrong drug, wrong dose, route, dosage form, schedule, method of administration)
    - Presence of therapeutic duplication
    - Presence of medications to which the patient has an absolute or relative contraindication
    - Presence or potential for adverse drug events
    - Presence or potential for clinically significant drug-drug, drug-disease, drug-nutrient or drug-laboratory test interactions
    - Drug not available in health system (formulary, reimbursement or distribution system issues)
    - Interference with medical therapy by social or recreational drug use
    - Problems arising from the impact that medication therapy has on patient's finances
    - Patient has a knowledge deficit regarding prescribed therapy or planned drug therapy
    - Presence of, or potential for, lack of adherence to therapy

3.2.	[Analysis] Demonstrate	e consistent use of a	systematic approa	ch to identify	actual or
	potential drug related 1	problem			

• Correctly and consistently identifies the problem to be solved

Baseline Competency Level **Please select** Midterm **Please select** Final **Please select** 

### 3.3. [Analysis] Use a systematic method to prioritize drug related problems

System identifies all problems in an organized and efficient fashion

Baseline Competency Level **Please select** Midterm **Please select** Final **Please select** 

Comment on the learning objectives in which the resident failed to meet expectations and on the objectives in which the resident surpassed expectations. Please provide examples, and feel free to comment on learning objectives in which the resident is progressing as expected.		
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- 4. Develop and implement a pharmacy care plan by evaluating alternative therapies, defining outcomes and developing a monitoring plan (CHPRB 3.1.4.e, g)
  - 4.1. [Evaluation] Formulate solutions to complex patient medication related problems that maximize the achievement of pharmaceutical care
    - Commands a knowledge of pertinent information needed to solve the problem(s)
    - Takes initiative and seeks information to solve the problem
    - Accurately identifies appropriate sources of information to solve the problem
    - Explores logical alternative approaches to solving the problem
    - Manages ambiguity in determining potential solutions to the problem
    - Exercises clinical judgment in selecting the optimal solution
    - Evaluates the success of implementing the plan
    - Initiates an alternative plan if the problem is not solved

- 4.2. [Evaluation] When appropriate, devise a plan for managing a patient's health care needs, matching other appropriate personnel to meet each patient's health care needs
  - Refers the patient to other appropriate personnel when appropriate
  - Uses an appropriate mechanism to consult dieticians, social workers, pastoral care workers, specialized nursing services, etc., as needed for the care of the patient

Baseline Competency Level **Please select** Midterm **Please select** Final **Please select** 

4.3. [Evaluation] For each patient, specify pharmacotherapeutic goals that integrate patient specific data, disease specific and medication specific information, ethical and quality of life considerations

- 4.4. [Evaluation] Establish a pharmacotherapeutic regimen that meets the pharmacotherapeutic goals established for the patient; integrates patient-specific disease and medication information, ethical and quality of life issues and considers pharmacoeconomic principles
  - Regimen reflects the pharmacotherapeutic goals established for the patient
  - Regimen reflects the patient's and caregiver's specific needs
  - Regimen reflects consideration of adherence issues
  - Regimen is appropriate to the disease states being treated
  - Regimen reflects consideration of pertinent ethical issues
  - Regimen reflects consideration of pharmacoeconomic components (patient, medical and system resources)
  - Regimen reflects consideration of pharmacokinetic and pharmacodynamic principles (e.g. effects of disease states or age of physiologic changes such as pregnancy or obesity on drug disposition; relationship between laboratory test results, potential or actual serum drug concentrations and therapeutic endpoints)
  - Regimen adheres to health systems medication use policies

- 4.5. [Synthesis] Design monitoring plans for pharmacotherapeutic regimens to evaluate effective achievement of the patient specific pharmacotherapeutic goals
  - Parameters are appropriate measures of pharmacotherapeutic goal achievement
  - Parameters permit identification of potential drug related problems
  - Parameters measure efficacy and toxicity
  - Parameters permit drug dosage individualization as appropriate (e.g. renal, hepatic dysfunction)
  - Parameters are cost effective
  - Monitoring plan reflects consideration of adherence

Baseline Competency Level **Please select** Midterm **Please select** Final **Please select** 

- 4.6. [Analysis] Accurately interpret the meaning of each monitoring parameter
  - Follows up on all data specified in the monitoring plan
  - Interpret each monitoring parameter correctly
  - Accounts for the patient's current condition/status
  - Where monitoring data are incomplete, makes sound judgments in determining if there are sufficient data upon which to base a conclusion

Baseline Competency Level <u>Please select</u> Midterm <u>Please select</u> Final <u>Please select</u>

- 4.7. [Synthesis] Recommend pharmacotherapeutic regimens and corresponding monitoring plan to patients and members of the health care team in a way that is systematic, logical and secures consensus from the prescriber and the patient
  - Recommendation is valid and justified based on the evidence/data
  - Recommendation is persuasive

Baseline Com	petency Level	Please select	Midterm	Please select	Final	Please select
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in which the resident surpassed expectations. Please provide examples, and feel free to comment on learning objectives in which the resident is progressing as expected.			

- 5. Document direct patient care in the patient's health record in accordance with health care organization and departmental policies and procedures (CHPRB 3.4.1)
  - 5.1. [Application] Appropriately selects pharmaceutical care activities for documentation
    - Documents activities (e.g. pharmaceutical care, drug interactions, adverse drug reactions, medication errors) according to health systems policies and procedures
    - Medical record documentation exhibits the following characteristics:
      - Warrants documentation
      - Written in a timely manner
      - Entries are dated, timed, legible and written with approved abbreviations and signed
      - Concise, correct, complete, cautious and consistent
      - Content includes pertinent subjective and objective data
      - Conclusions reflect accurate interpretation of the subjective and objective data
      - Recommendations are clearly presented and relate to the conclusion

- 5.2. [Application] Organizes written communications in a logical manner at a level appropriate for the audience using correct grammar, punctuation, spelling style and formatting conventions
  - Documentation provides a clear definition of the problem or issue
  - Documentation provides credible background/rationale to support or justify the problem or issue
  - Properly sequenced ideas
  - Depth of communication is appropriate for the audience and reflects their needs
  - Choice of words/terms and style is appropriate for the audience
  - Length of documentation is appropriate for the situation
  - Documentation is neat and professional looking and is formatted in a way for ease of reading (use of headings, indenting and judicious underlining)

Comment on the learning objectives in which the resident failed to meet expectations and on the objectives in which the resident surpassed expectations. Please provide examples, and feel free to comment on learning objectives in which the resident is progressing as expected.			

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- 6. Demonstrate an understanding of the diseases and treatments of patients for the purpose of identifying, preventing and resolving drug related problems (CHPRB 3.1.4.f) 6.1. [Analysis] Appropriately assesses personal knowledge deficits regarding diseases and pharmacotherapy relevant to the patient population for which care is being provided
  - Selects diseases and pharmacotherapy for review as appropriate, based on patient care needs, residency program requirements (see See Targeted Disease States) and preceptor recommendations

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- 7. Interview patients to assess compliance and attainment of pharmacotherapeutic endpoints, need for medication counselling and counselling aids (CHPRB 3.1.4.f).
  - 7.1. [Application] Combine compassion with the delivery of pharmaceutical services
    - Accurately assess the emotional needs of the patient
    - Uses a repertoire of behaviors to meet a broad range of patients emotional needs
    - Maintains compassion and involvement with the patient and caregiver while effectively coping with ones emotional response to the situation

- 7.2. [Application] Consistently maintain personal self-control and professional decorum
  - Maintains control of ones emotions

Baseline Competency Level <u>Please select</u> Midterm <u>Please select</u> Final <u>Please select</u>
7.3. [Application] Choose patient care activities to pursue expertise related to building the patient pharmacist relationships for the purpose of providing a high level of pharmaceutical care

- Selects patients to expand patient-pharmacist relationship building skills
- When confronted with patient interaction problems that appear to have no ready solution, pursues additional content, knowledge and problem solving strategies from appropriate resources (e.g. pharmacist colleagues or other health workers such as social workers who have special expertise dealing with selected patient populations)

Baseline Competency Level **Please select** Midterm **Please select** Final **Please select** 

- 7.4. [Comprehension] Explain the need to adapt the pharmaceutical care plan for patients of diverse cultural backgrounds
  - Discuss the implications of foreign language as a barrier to providing pharmaceutical care
  - Discuss the implications of various cultures as a barrier to providing pharmaceutical care
  - Discusses possible solutions to problems caused by either language or cultural barriers to the delivery of pharmaceutical care

# 7.5. [Application] Design medication education for patients and/or caregivers that effectively meets their needs

- Uses the appropriate teaching method for the type of learning required
- Content of the material is complete and accurate
- Material is at the patients and/or caregivers level of understanding
- Presentation of information is properly organized and presented
- Effectively uses vital aids or other counselling aids (e.g. inhaler, peak flow meter etc.) when appropriate
- Uses examples to clarify when appropriate

Baseline Competency Level **Please select** Midterm **Please select** Final **Please select** 

- 7.6. [Application] Use effective patient education techniques to provide counselling to patients and/or caregivers, including information on medication therapy, adverse effects, adherence, appropriate use, handling and medication administration
  - Counselling approach reflects an accurate assessment of the patients or caregivers special needs
  - Clearly conveys the purpose of the counselling session
  - During the session adjust the instruction to appropriately accommodate the patients or caregivers previous knowledge of the medication
  - During the session, adjusts the instruction to appropriately accommodate the patients or caregivers responses
  - Assures the information or skills required are learned before ending the session, or prepares an alternative teaching or administration plan (e.g. rebook education session, referral for Home Care supervision of medication administration)

Baseline Competency Level Please select Midterm Please select Final Please select

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- 8. Develop, implement and evaluate a follow-up (continuity of care) plan (CHPRB 3.1.4.h) 8.1. [Application] Use a systematic procedure to communicate pertinent pharmacotherapeutic information (e.g. the plan for care; plan for unresolved drug related problems) between pharmacy patient care teams within and between care settings (e.g. between shifts of pharmacists, between inpatient care teams, between the acute care and ambulatory care setting)
  - Conveys all necessary data

- Transfers information to all concerned health professionals
- Is available to clarify any related issues
- Follows the health systems policies related to confidentiality of patient information

Baseline Competency Level Please select Midterm Please select Final Please select

9. [Application]Demonstrate professionalism and respectfulness throughout the rotation in all communications with patients (their caregivers) and health care team members (CHPRB 3.4.1)

Baseline Competency Level **Please select** Midterm **Please select** Final **Please select** 

in which the resident surpassed expectations. Please provide examples, and feel free to comment on learning objectives in which the resident is progressing as expected.			

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- 10. The resident shall effectively respond to medication and practice related questions, and educate others (CHPRB 3.5)
  - 10.1. [Synthesis] The resident shall respond effectively and in a timely manner to medication- and practice related questions:
    - Receive drug information requests
    - Utilize appropriate resources
    - Formulate a response
    - Communicate, verbally and in writing responses to requests

OTHER LEARNING CONTRACT OBJECTIVES FOR THIS ROTATION (AS IDENTIFIED FROM PREVIOUS ROTATIONS OR SELF IDENTIFIED BY RESIDENT)				

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## **MIDPOINT** Rotation Evaluation

Using the above evaluation, along with where the resident is in their program, assign an overall global assessment of their performance.

	Unsatisfactory	Unsatisfactory	Satisfactory	Good	Excellent
Overall Evaluation of	but Remediable				
Resident's Performance					

### Resident's Detailed Action Plan

Preceptor's Signature:	Date:	
Resident's Signature:	Date:	

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<sup>\*</sup> When overall performance is rated as unsatisfactory or unsatisfactory but remediable, the resident will be required to develop and implement a plan to address the identified area(s) of deficiency in order to pass the rotation.

## **FINAL** Rotation Evaluation

Using the above evaluation, along with where the resident is in their program, assign an overall glo	obal
assessment of their performance.	

	Unsatisfactory	Unsatisfactory	Satisfactory	Good	Excellent
Overall Evaluation of	but Remediable				
Resident's Performance					

### Resident's Detailed Action Plan

Final Evaluation Conducted by:	
Preceptor's Signature:	Date:
Resident's Signature:	Date:

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<sup>\*</sup> When overall performance is rated as unsatisfactory or unsatisfactory but remediable, the resident will be required to develop and implement a plan to address the identified area(s) of deficiency in future rotations.

Extent of contact with * Minimum 60 minutes o		3x weekly	Seldom (less than 2x weekly)
Number of Days Taken During the Rotation as:			
Personal Leave:	Sick Days:	Preceptor Present:	Meetings:
COMMENTS BY RES (Comments are require Remediable' or 'Unsatis	ed if the resident rece		of 'Unsatisfactory but
			<b>.</b>
			Date:
Residency Director:			_ Date:
My signature indicates that the above information has been reviewed by or discussed with me.			
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