



Pharmacy Practice Residency Program Elective Rotation	Rotation Documentation Form	2010/2011 Residency Year
Rotation: Palliative Care	Minimum Duration: 3 weeks	Pre-requisite: Pharmacy Practice I & II, EBM
Primary Preceptor: Lynette Kolodziejak Co-Preceptor:	Developed by: Lynette Kolodziejak (2010)	Resident's Name:

Goals:

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

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. **Develop a patient database from the health record, the patient and/or caregivers and other health care professionals.** (CHPRB 3.1.4.d)
 - 1.1. **[Synthesis] Establish effective relationships with the patient, caregivers and other members of the Palliative Care team.**

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1.2. [Synthesis] Incorporate the wishes and cultural background of the patient and/or caregiver.

Baseline Competency Level Please select Midterm Please select Final Please select

1.3. [Analysis] Appropriately assesses the use of symptom management medications.

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.

2. Identify patients most likely to experience drug related problems (CHPRB 3.1.3)

2.1. [Analysis] Attend and participate in daily bedside rounds.

Baseline Competency Level Please select Midterm Please select Final Please select

2.2. [Synthesis] Correctly perform opioid dosage calculations such as increasing the dose, changing the route of administration or switching opioids.

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2.3. [Synthesis] Recommend strategies for monitoring patients on opioids and management options for opioid-induced adverse events.

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.

3. Identify and prioritize a patient's drug related problems based on available information including input from the patient, family members and other health providers. (CHPRB 3.1.2, 3.1.4.b, c, d)
- 3.1. [Analyze] Demonstrate consistent use of a systematic approach to identify actual or potential drug related problem.
- Medications used with no medical indication or no longer warranted in a palliative care patient.
 - Medical conditions for which no drug therapy has been prescribed, but drug therapy is indicated.
 - Medications prescribed inappropriately or alteration required due to a change in patients' status (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).
 - Presence of, or potential for, lack of adherence to therapy.

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3.2. [Application] Use a systematic method to prioritize drug related problems.

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4. 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)

4.1. [Comprehend] Describe the presenting signs and symptoms, prognosis and palliative options for the terminal disease.

Baseline Competency Level Please select Midterm Please select Final Please select

4.2. [Comprehend] Describe the pathophysiology and treatment of nociceptive and neuropathic pain, nausea and vomiting, constipation and dyspnea.

Baseline Competency Level Please select Midterm Please select Final Please select

4.3. [Application] Demonstrate an acceptable level of knowledge regarding opioids in terms of mechanism of action, pharmacokinetics, individualization of dosing, side effects along with prevention and management, monitoring and differences amongst the agents.

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- 4.4. [Application] Explain the pharmacologic rationale for combining anti-emetics for treating nausea and vomiting, and laxatives for treating constipation.

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5. Develop and implement a pharmacy care plan by evaluating alternative therapies, defining outcomes and developing a monitoring plan. (CHPRB 3.1.4.e, g)
- 5.1. [Application] Understand, appreciate and incorporate the philosophy and principles of palliative care and total pain.

Baseline Competency Level Please select Midterm Please select Final Please select

- 5.2. [Synthesis] Provide solutions which emphasize prevention and control versus crisis interventions.

Baseline Competency Level Please select Midterm Please select Final Please select

- 5.3. [Application] Use an appropriate mechanism to consult dietitians, social workers, pastoral care workers, specialized nursing services, etc., as needed for the care of the patient

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

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5.5. [Synthesis] 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
- Regimen adheres to health systems medication use policies

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5.6. [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

5.7. [Analysis] Accurately interprets the meaning of each monitoring parameter

Baseline Competency Level Please select Midterm Please select Final Please select

5.8. [Application] 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.

Baseline Competency Level Please select Midterm Please select Final Please select

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6. Document direct patient care in the patient's health record in accordance with health care organization and departmental policies and procedures (CHPRB 3.1.4.i)

6.1. [Application] Appropriately selects pharmaceutical care activities for documentation

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

6.2. [Application] Organizes written communications in a logical manner at a level appropriate for the audience using correct grammar, punctuation, spelling style and formatting conventions.

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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 and/or caregivers
- Uses a repertoire of behaviors to meet a broad range of patients/caregiver emotional needs
- Maintains compassion and involvement with the patient and caregiver while effectively coping with ones emotional response to the situation

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

7.2. [Application] Consistently maintain personal self-control and professional decorum

- Recognizes and appropriately deals with ones emotions in a professional manner

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

7.3. [Analyze] 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

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7.4. [Comprehend] Explain the need to adapt the pharmaceutical care plan for patients of diverse cultural backgrounds

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

- Provide a discharge medication timetable to all patients being discharged home.

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

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] Ensure patients have Saskatchewan Drug Plan Palliative Care Coverage in place and applies for Exceptional Drug Status, when required, prior to discharge or transfer to Hospice.

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8.2. [Application] Forwards a copy of the discharge timetable to the community pharmacist and Palliative Care Home Care nurse.

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8.3. [Application] Communicates any unresolved drug related problems to the appropriate health care professional.

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9. [Application] Demonstrate professionalism and respectfulness throughout the rotation in all communications with patients, caregivers and Palliative Care team members. (CHPRB 3.1.1, 3.1.4.a, 3.3.3)

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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.

10. [Synthesis] The resident shall effectively respond to medication and practice – related questions, and educate others. (CHPRB 3.5)

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

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OTHER LEARNING CONTRACT ISSUES 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.

Overall Evaluation of Resident's Performance	Unsatisfactory	Unsatisfactory but Remediabale	Satisfactory	Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 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.

Resident's Detailed Action Plan:

Mid-term Evaluation Conducted by: _____

Preceptor's Signature: _____ Date: _____

Resident's Signature: _____ Date: _____

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FINAL 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 but Remediabile	Satisfactory	Good	Excellent
Overall Evaluation of Resident's Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Resident's Detailed Action Plan:

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Final Evaluation Conducted by: _____

Preceptor's Signature: _____ Date: _____

Resident's Signature: _____ Date: _____

Extent of contact with Resident*: Daily 3x weekly Seldom (less than 2x weekly)

* Minimum 60 minutes of contact

Number of Days Taken During the Rotation as:

Personal Leave: _____ Sick Days: _____ Preceptor Present: _____ Meetings: _____

COMMENTS BY RESIDENCY PROGRAM COORDINATOR:

(Comments are required if the resident received a final evaluation of 'Unsatisfactory but Remediable' or 'Unsatisfactory')

Residency Program Coordinator: _____ Date: _____

Residency Director: _____ Date: _____

My signature indicates that the above information has been reviewed by or discussed with me.

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