# prior learning self-assessment

**Objective**: The goal of this prior learning self-assessment is to help the Residency Coordinator(s) gain a comprehensive insight of your past experiences, goals and objectives for the residency year, and future plans in pharmacy.

The information you provide will be taken into consideration when scheduling your rotations and presentations to optimize your residency training at UHN/MUHC. Our goal is to individualize your learning experience as much as possible to prepare you for a successful career as an advanced pharmacy practitioner.

Please consider your exposure and competency level in the following domains including your experience gained from pharmacy and previous degrees, summer employments, placements, opportunities outside of pharmacy curriculum, etc. using the following rating scheme:

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| --- | --- |
| **Rating** | **Exposure Level** |
| 1 | None |
| 2 | Limited (heard about topic) |
| 3 | Some (observed others/did readings) |
| 4 | Moderate (prior 4-5 week rotation in pharmacy school) |
| 5 | Good (prior Year 1 residency rotation AND/OR prior work experience) |

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|  | **Novice (N)** | **Beginner (B)** | **Competent (C)** | **Proficient (P)** | **Expert (E)** |
| **Knowledge** | Minimal, or 'textbook' knowledge without connecting it to practice | Working knowledge of key aspects of practice | Good working and background of area of practice | Depth of understanding of discipline and area of practice | Authoritative knowledge of discipline and deep tacit understanding across area of practice |

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|  | **Novice (N)** | **Beginner (B)** | **Competent (C)** | **Proficient (P)** | **Expert (E)** |
| **Competency – Direct Patient Care** | Demonstrates basic techniques or skills. Unable to perform comprehensive pharmaceutical care (PC) | Able to perform PC with direct supervision / assistance for common health problems and simple drug-therapy problems (DTPs) | Able to perform PC with occasional assistance for common health problems and simple DTPs | Able to perform PC with minimal assistance for common health problems and simple DRPs and with some assistance for complex patients / complicated DTPs | Able to perform PC with little to no assistance for complex patients / complicated DTPs |

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| **A. Practice Environments** | **Exposure Level**  **(1 to 5)** | **Knowledge or Competency (N, B, C, P, E)** | **Comments and/or personal goals for this domain** |
| Community practice | incl. HIV? |  |  |
| Ambulatory clinic | incl. HIV? |  |
| In patient care | incl. HIV? |  |
| Long-term care/rehabilitation | incl. HIV? |  |
| Drug Information | incl. HIV? |  |
| **B. Clinical Topics** | **Exposure Level**  **(1 to 5)** | **Knowledge or Competency**  **(N, B, C, P, E)** | **Comments and/or personal goals for this domain** |
| Antiretroviral therapy (ART) (mechanism of action, pharmacology, side effects, dosing, drug coverage) |  |  |  |
| Drug interactions: identifying/predicting, managing |  |  |
| Therapeutic drug monitoring |  |  |
| HIV drug resistance |  |  |
| Adverse drug reactions, drug-induced liver injury |  |  |
| Selecting ART for naïve patients |  |  |
| Selecting/modifying ART for treatment-experienced patients |  |  |
| Special populations (pediatrics, geriatrics, pregnancy, PWID, refugees/immigrants, transgender) |  |  |
| HIV prevention (PEP, PrEP, PMTCT) |  |  |
| Opportunistic Infections (e.g., PJP, toxoplasmosis, CMV, candidiasis, etc) |  |  |
| Co-infections (Hepatitis B or C co-infection, tuberculosis) |  |  |
| Comorbidities (e.g., hyperlipidemia, hypertension, diabetes, osteoporosis, etc) |  |  |
| Cancers (HIV-associated, non HIV associated) |  |  |
| Pain management (acute, chronic) |  |  |
| **C. Patient Care Skills** | **Exposure Level**  **(1 to 5)** | **Knowledge or Competency**  **(N, B, C, P, E)** | **Comments and/or personal goals for this domain** |
| Pharmacist-patient relationship development |  |  |  |
| Pharmacist-health professional relationship development |  |  |
| Effective communication skills |  |  |
| BPMH (best possible medication history) ability |  |  |
| Gathering and assessing patient information |  |  |
| Identifying and prioritizing drug-therapy problems |  |  |
| Clinical decision making/justifying recommendations |  |  |
| Developing a pharmacy care plan |  |  |
| Care plan monitoring and follow up |  |  |
| **D. Research Skills** | **Exposure Level**  **(1 to 5)** | **Knowledge or Competency**  **(N, B, C, P, E)** | **Comments and/or personal goals for this domain** |
| Generating a research hypothesis |  |  |  |
| Preparing research proposal |  |  |  |
| Involvement of a community advisory board (CAB) or other stakeholders if applicable |  |  |
| Ethics approval process |  |  |
| Implementing research study |  |  |
| Data collection |  |  |
| Data analysis (incl. use of statistical software) |  |  |
| Write up of study results/discussion/  conclusions |  |  |
| Preparing poster presentation |  |  |
| Preparing manuscript for publication |  |  |
| Knowledge translation |  |  |
| **E. Presentation Skills** | **Exposure Level**  **(1 to 5)** | **Knowledge or Competency**  **(N, B, C, P, E)** | **Comments and/or personal goals for this domain** |
| Patient case presentation |  |  |  |
| Evidence based medicine presentation |  |  |
| Journal club presentation |  |  |
| Poster presentation |  |  |
| Presenting to pharmacy audience (pharmacists, students, technicians) |  |  |
| Presenting to physician audience |  |  |
| Presenting to nursing audience |  |  |
| Presenting to other interprofessional audience (PT, OT, social work, dietician, etc) |  |  |
| **F. Drug Information/Critical Appraisal Skills** | **Exposure Level**  **(1 to 5)** | **Knowledge or Competency**  **(N, B, C, P, E)** | **Comments and/or personal goals for this domain** |
| Knowledge of drug information resources |  |  |  |
| Appropriate use of resources |  |  |
| Critical appraisal of medical literature |  |  |
| Responding to drug information requests |  |  |
| **G. Personal Development Skills** | **Exposure Level**  **(1 to 5)** | **Knowledge or Competency**  **(N, B, C, P, E)** | **Comments and/or personal goals for this domain** |
| Time management/prioritizing |  |  |  |
| Knowing own limits |  |  |
| Delegation |  |  |
| Identifying personal learning goals |  |  |
| Self reflection/assessment |  |  |
| Leadership |  |  |
| Problem solving/Conflict resolution |  |  |
| Public speaking/presentation |  |  |
| Scholarly activity (case reports, review articles, etc) |  |  |

**Resident Goals:**

Please list your top 3 *professional-related* areas for growth or improvement

1.

2.

3.

Please list your top 3 *personal-related* areas for growth or improvement.

1.

2.

3.

What are your short term career/personal goals (< 5 years)?

What are your long term career/personal goals (10+ years)?

At the end of the Year 2 residency year what do you hope to achieve?

**Elective Rotation Selection**

During your residency year, you will have the opportunity to select 1 four week elective rotation from the list below. Other opportunities may also be available – please discuss with the residency coordinators.

HIV-focused electives:

* Research (Maple Leaf Medical Clinic, St. Michael’s Hospital or McGill University Health Centre)
* Medical Information/Marketing (Gilead)
* Pediatrics, clinical/research rotation (Children’s Hospital of Eastern Ontario)

General (non-HIV focused rotations) at UHN:

* Toronto Western Hospital Family Health Team
* Toronto General Hospital Solid Organ Transplantation
* University Health Network / Mount Sinai Hospital Antimicrobial stewardship
* Toronto Rehabilitation Institute Chronic Pain

Please list rotation elective choices below. Note we request that you rank your top 3 rotations but we will do our best to schedule your first pick.

1.

2.

3.

**Mentorship Program:** The Mentorship Program is a very unique aspect of UHN’s Residency Programs. Please answer the following questions to help us match you with the most compatible mentor.

What qualities/attributes are you looking for in a mentor?

How do you think your mentor can help you during the residency year? What areas would you like to see your mentor play an active role with?

Is there anything else you’d like us to know about you that has not been asked?

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| Resident Name: | Date: |
| Reviewed by Residency Coordinators : | Date: |

*Last updated August 2019*