

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

Expectations of the Resident

**** All documents can be found in the Pharmacy Residency Manual on the website****

1. Orientation:

Welcome to the HIV Advanced (Year 2) Pharmacy Residency Program! Your coordinators will orient you to the various aspects of the clinic and other details related to the residency program during your first week. You can also find valuable information in the residency manual (<mailto:https://hivclinic.ca/residency/hiv-residency-program-manual/>). Please take the time to read through all the material.

2. Schedule:

A schedule of all rotations will be provided at the beginning of the year.

3. HIV Advanced (Year 2) Residency Program Goals and Objectives

Reflect on and document your personal learning goals and objectives for the residency year. Your goals and objectives should be reviewed with your coordinators at the start of the year, and will include a review of your Prior Learning Assessment Form. This will assist us with tailoring your learning needs. Also, at the start of each rotation, determine your personal learning goals and objectives for the rotation and share them with the primary preceptor.

Rotation Description:

a) Workload:

- During an advanced (year 2) residency program you are expected to work independently with minimal assistance. At the start of the year or for more complex patients you may require more assistance.

The number of patients you will be assigned will fluctuate and partly depend on the complexity of patients that you are currently working up. We will monitor your workload together to ensure it is reasonable throughout each rotation. If you have any concerns with workload – please bring them to your preceptor’s attention ASAP. You are responsible for

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preparation of cases in advance before a patient appointment. This will help you prepare for patient encounters, anticipate issues, organize your interview, and help with documentation. (Exception: last minute bookings)

b) Interdisciplinary rounds and meetings:

You are expected to participate in interdisciplinary rounds or meetings whenever possible. You should prepare in advance for these, as applicable.

c) Therapeutic Discussions:

One focused topic discussion every 1-2 weeks. Topics should be decided upon in advance with your preceptor. *Tip: pick a topic that relates to a patient that you are currently working on. You should do various readings before the topic discussion and you should come prepared to lead the discussion.*

d) Documentation:

- As per UHN/MUHC policies (and good clinical practice):
 - All encounters (face to face appointments, follow-up telephone calls, emails etc..) must be documented in the medical chart;
 - **Documentation should be drafted on the same day as the encounter, whenever possible** (and finalized by the next working day). This will help ensure seamless care within the clinic.
- For complex patients (i.e. if you need more time):
 - Highlight at the bottom of your note – action items (E.g. “Will review needed vaccines at next medical visit”).
 - Timeline for action items with documentation will depend on clinical judgement. Please discuss with preceptor.
 - If unable to accomplish this within desired time frame – please discuss with your preceptor ASAP in order to discuss the issue further, develop a plan together, and negotiate a new time frame.
- All notes must be co-signed by your preceptor.

5. Assessment of Resident:

In general, assessment for every rotation will consist of: 1) formative feedback, 2) midpoint assessment (verbal or written) and 3) final assessment.

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a) Formative (informal) feedback:

- Formative feedback will be provided throughout your rotation.
- It is preferable to provide formative feedback soon after each patient encounter.
- It is important that you and your preceptor discuss any discrepancies or differences of opinion regarding the feedback in order that you are both able to come up with a plan to move forward.

b) Midpoint assessment:

- A midpoint assessment will be conducted between you and your preceptor. See the Evaluation Framework for the HIV residency program to know which form to use for the different rotations.
- You are expected to complete a written self-assessment prior to this meeting; your preceptor will provide verbal feedback (a written midpoint assessment will be completed by the preceptor if the rotation is longitudinal (ie, research project) or if you are having substantial difficulties during the rotation)
- The midpoint assessment represents an opportunity for the resident and preceptor to “check-in” with one another. It is a good time to re-evaluate learning objectives and determine whether there are any gaps in learning (e.g. poor coherence during patient interviews) or further opportunities to elevate your learning.

c) Final assessment:

- This will be completed on the last day of your rotation or within 1 week of completing your rotation.
- You may invite your Mentor to attend at your discretion.
- The following forms should be completed and emailed to each other ahead of time so that you can review them PRIOR to your meeting:

Form:	File Location	Who completes the form:
Rotation assessment form <i>(to be completed at midpoint and end of each rotation)</i>	✓ See the Evaluation Framework to know which assessment form to use depending on the rotation ✓ All assessment forms	✓ Preceptor (verbal or written midpoint; written final) ✓ Resident (written midpoint and final)

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	are available in the residency manual at mailto:https://hivclinic.ca/residency/hiv-residency-program-manual/	
Assessment of rotation site		✓ Resident (written)
Assessment of preceptor		✓ Resident (written)
Preceptor reflection		✓ Preceptor (written)

d) Clinical Longitudinal Assessment Form (CLAF) and Longitudinal Knowledge Tracking Form (LKTF):

- At the end of every rotation, it is expected that you complete the Clinical Longitudinal Assessment Form (CLAF) and the Longitudinal Knowledge Tracking Form (LKTF). To complete the CLAF, use the results from your clinical rotation final assessments (grade per item assessed, strengths, areas of improvement). These forms should be updated by the resident after each rotation.
- The purpose of this report is to facilitate continuity of learning through the ongoing identification of learning objectives.
- The resident should review this report with their preceptor at the beginning of each new rotation. Strategies to incorporate opportunities to work on areas of improvement and refine areas of strength should be discussed.
The report will be reviewed with the Residency Coordinators at the resident-coordinators mid-point and final meetings.

e) Summary Assessments for RAC:

- Every 3 months, you will undergo an assessment with the Residency Coordinator (e.g. during the corresponding Residency Advisory Committee (RAC) meeting). The purpose of this assessment is to “check-in” and reflect on how the rotations have gone and what learning needs are outstanding. The resident should complete the RAC Summary Report and return this electronically to the residency coordinators a minimum of 5 business days prior to the RAC meeting.

f) Mid-point and final assessment meetings with the coordinators:



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You will meet with the coordinators at mid-year and at the end of the residency year to review your CLAF and LKTF. Strengths and areas of improvement will be discussed. Before these meetings, you will also have to complete two case-based oral exams.

g) Summary of All Assessments:

A summary chart of all the assessments and evaluations that need to be completed during the residency year are summarized in the **Evaluation Framework**. ***We want this to be a great year of learning! If you have any questions or concerns along the way – please let us know! Welcome to the team!***