

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

CLINICAL ROTATIONS: GOALS AND OBJECTIVES

SITE/PRECEPTOR:

Rotation dependent – see specific rotation descriptions

DURATION:

4-5 weeks

OUTCOMES:

The resident will develop the clinical knowledge, skills, and professional values in a defined area of practice to:

- A. Provide evidence-based direct patient care as a member of interprofessional teams;
- B. Manage and improve medication-use systems;
- C. Exercise leadership;
- D. Provide medication- and practice-related education.

The knowledge, skills, and professional values developed in each clinical rotation will be applied and enhanced in subsequent clinical rotations.

GOALS and OBJECTIVES:

*Numbers in parentheses refer to standard requirements of the CPRB Accreditation Standards for Advanced (Year 2) Pharmacy Residencies.

Outcome A: Provide evidence-based direct patient care as a member of interprofessional teams

At the end of the clinical rotation the resident shall:

GOAL	OBJECTIVE	ASSESSMENT ACTIVITIES
A.1: Demonstrate a substantial fund of medication and disease knowledge associated with most	A.1.1: Apply knowledge on the pathophysiology, clinical course, and risk factors of disease states in the clinical area. (3.1.1.b)*	<ul style="list-style-type: none"> • Therapeutic discussions with preceptor (or designate) • Patient work-up reviews with

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

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disease states that are encountered in the clinical area and integrate this knowledge in his/her own decision making to resolve drug-therapy problems and to optimize disease and symptom management.	<p>A.1.2: Evaluate the evidence for the therapeutic management of common and uncommon drug-therapy problems and disease states in the clinical area. (3.1.1.b, 3.1.2a-c)</p> <p>A.1.3: Integrate medication and disease knowledge into decision-making. (3.1.2d)</p>	<p>preceptor (or designate)</p> <ul style="list-style-type: none"> Review of patient profiles and other related documentation
A.2: Establish and maintain inter- and intra- professional working relationships for collaborative care.	<p>A.2.1: Implement a strategy that fosters a cooperative, collaborative, and communicative working relationship with other members of the patient care team. (3.1.5a, 3.1.6a,b,g, 3.3.6)</p> <p>A.2.2: Negotiate overlapping and shared responsibilities, and engage in shared decision-making, with inter- and intra-professional healthcare providers for episodic or ongoing care of patients. (3.1.5a-c)</p> <p>A.2.3: Describe the roles and functions of a pharmacist in caring for patients' drug-therapy needs in a defined area of clinical practice, and if appropriate, advocate for system-level changes to better meet the health-related needs of an individual patient and/or group of patients. (3.1.4b)</p> <p>A.2.4: Manage complex conversations, employ collaborative negotiation to resolve conflicts, and recognize and respect differences, misunderstandings and limitations that may contribute to inter- and intra-professional tension. (3.1.6.c-f)</p>	<ul style="list-style-type: none"> Participation in interprofessional rounds Daily communication with interprofessional team members Discussions with preceptor (or designate) Interprofessional team member feedback to preceptor Reflection on inter- and intra-professional team function
A.3: Establish and maintain a respectful, professional therapeutic relationship with patients and/or the patient's caregiver that is consistent with	A.3.1: Demonstrate a caring, empathetic, respectful, and professional attitude when interacting with patients and/or patients' caregiver(s) (3.1.3a, 3.3.6)	<ul style="list-style-type: none"> Direct observation of patient interactions and interviews Discussions with preceptor (or designate) Patient/caregiver feedback to

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

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the Code of Ethics of the pharmacy profession.	<p>A.3.2: Demonstrate varying communication techniques needed to engage patients/caregivers in a respectful and collaborative manner. (3.1.3a)</p> <p>A.3.3: Interview patients/caregivers with an organized and thorough process. (3.1.3b,d,e,i)</p>	<p>preceptor</p> <ul style="list-style-type: none"> Interprofessional team member feedback to preceptor
A.4: Collect and organize all relevant patient, drug, and disease information in a logical profile or similar collection tool as defined on the clinical unit/practice site.	<p>A.4.1: Use a variety of appropriate sources to collect pertinent patient-specific information required to identify, prevent, and resolve drug-therapy problems (3.1.2b, 3.1.3e).</p> <p>A.4.2: Accurately complete Best Possible Medication History (BPMH) and Medication Reconciliation according to institution standards (3.1.3d, e).</p> <p>A.4.3: Present relevant patient information in a concise and organized manner including: (3.1.3d,e,i)</p> <ul style="list-style-type: none"> <i>past medical history (including HIV, HIV-associated opportunistic infections and other complications), other comorbidities</i> <i>allergy, drug intolerance history</i> <i>HIV resistance information</i> <i>chief complaint/concern</i> <i>adherence</i> <i>subjective/objective physical and mental exam, as appropriate</i> <i>laboratory and diagnostic test results</i> <i>drug coverage status</i> 	<ul style="list-style-type: none"> Direct observation of patient interviews Discussions with preceptor (or designate) Review of patient profiles and other related documentation
A.5: Assess the patient to identify actual and potential drug-therapy problems	A.5.1: Perform relevant aspects of physical and mental assessment efficiently and independently. (3.1.3d)	<ul style="list-style-type: none"> Discussions with preceptor (or designate) Review of patient profiles and other related documentation

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

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	<p>A.5.2: Interpret the results of relevant diagnostic tests/physical findings/laboratory tests efficiently and independently. (3.1.3e)</p> <p>A.5.3: Determine the presence and independently prioritize all relevant actual or potential drug-therapy problems related to: (3.1.3c)</p> <ul style="list-style-type: none"> • <i>Unnecessary drug therapy or contraindicated drugs</i> • <i>Requiring additional drug therapy or monitoring</i> • <i>Ineffective drug therapy</i> • <i>Dosage too low/ high</i> • <i>Adverse drug reaction</i> • <i>Non adherence</i> • <i>Drug interactions</i> • <i>Drug access</i> • <i>Improper administration</i> 	<ul style="list-style-type: none"> • Review of DTP identification list
<p>A.6: Develop and implement a patient-centred pharmacy care plan to achieve optimal patient outcomes by incorporating the principles of shared decision-making into his/her own practice and by being governed by the patient's desired outcome of therapy.</p>	<p>A.6.1: In collaboration with patients, determine/confirm patient specific goals of therapy (considering patient wishes and patient-specific disease, medication, ethical and pharmacoeconomic issues) and appropriate efficacy endpoints. (3.1.3b,f)</p> <p>A.6.2: List all feasible therapeutic strategies (including preventive measures) to resolve the drug-therapy problem and/or manage a disease state, using critical appraisal of the literature and reflecting on current standard of practice. (3.1.3g and g, 3.1.4a)</p> <p>A.6.3: Compare and contrast therapeutic alternatives for the management of each of the patient's medical conditions based on: (3.1.3g)</p> <ul style="list-style-type: none"> • <i>Efficacy (using appropriate evidence-based medicine principles and drug-use guidelines)</i> • <i>Side effect profile</i> • <i>Drug interaction profile</i> 	<ul style="list-style-type: none"> • Observation of patient interactions • Discussion with patient/caregivers • Patient work-up and care plan documentation reviews with preceptor (or designate) • Discussion with preceptor (or designate) • Discussions with inter-professional teams

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

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	<ul style="list-style-type: none"> Onset of disease Convenience and cost <p>A.6.4: Recommend the most reasonable therapeutic option best suited for the patient for all drug therapy problems and disease states and justify his/her recommendations. (3.1.1a,e, and 3.1.3f,g)</p> <p>A. 6.5 Establish a care plan and resolve drug-therapy problems in the context of limited or conflicting evidence with appropriate rationale and justification. (3.1.1.c, 3.1.2.a, 3.1.3g)</p> <p>A.6.6: Complete pharmacokinetic calculations and interpretations (as applicable) to optimize medication dosing to improve efficacy and safety. (3.1.3e, 3.1.3g)</p>	
A.7: Communicate the patient-centred pharmacy care plan to patients/caregivers and the healthcare team.	<p>A.7.1: Proactively communicate (verbal and written) in a timely manner recommendations about the therapeutic plan to other health care professionals, complying with legal, regulatory and organizational requirements. (3.1.1.e,f and 3.1.3i)</p> <p>A.7.2: Organize information in a logical and concise manner, at a level appropriate for the audience, including all relevant information: (3.1.3i)</p> <ul style="list-style-type: none"> Required patient-specific information Drug therapy problems Suggested recommendations Actions taken to resolve patient's drug therapy problems Outcomes/follow-ups Communication with other health professions/third parties as needed 	<ul style="list-style-type: none"> Discussion with patient/caregivers Care plan documentation reviews with preceptor (or designate) Discussions with preceptor (or designate) Discussions with interprofessional team and healthcare professionals in community Observation of patient / caregiver interactions

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

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	<p>A.7.3: Communicate the care plan and provide education (verbal and written) to patients and caregivers, including health promotion, health surveillance and disease prevention measures, as needed, to facilitate understanding and adherence. (3.1.1.e, 3.1.3i, 3.1.4a)</p> <p>A.7.4: Ensure patient hand over to another healthcare professional when patient is transferred to or from another care setting, or to or from the community in order to provide seamless care. (3.1.3j)</p>	
A.8: Establish a patient-centred follow-up and monitoring plan	<p>A.8.1: State the usual (reasonable) monitoring parameters (efficacy, safety and adherence), time frame, and expected degree of change. (3.1.3.g-h)</p> <p>A.8.2: Revise the care plan in a timely manner, making recommendations to the medical team as appropriate based on changing patient parameters or if new drug-therapy problems are identified. (3.1.3g and h)</p> <p>A.8.3: Refer the patient to appropriate health care professions as necessary. (3.1.5)</p>	<ul style="list-style-type: none"> • Discussion with patient/caregivers • Care plan documentation reviews with preceptor (or designate) • Discussions with preceptor (or designate) • Observation of team interactions • Discussions with interprofessional team

Outcome B: Manage and improve medication-use systems.

At the end of the clinical rotation, the resident shall:

GOALS	OBJECTIVES	ASSESSMENT ACTIVITIES
B.1. The resident shall contribute to the improvement of medication-use systems and pharmacy services in	B.1.1. Identify and analyze complex problems related to the medication-use system, including human and system factors that influence these problems, and solve the	<ul style="list-style-type: none"> • Discussion with preceptor (or designate) • Review of patient interaction documentation

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

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healthcare teams, organizations, and systems.	<p>problems recognizing when additional support is needed. (3.2.1, 3.2.2, 3.2.5)</p> <p>B.1.2. Appropriately manage problems related to the medication-use system (e.g., missing medications, formulary management, administration time issues, drug access issues, identification and management of drug interactions, optimal prescribing) using health informatics appropriately and by preparing tools (e.g., protocols, checklists, clinical pathways, order sets, clinic memos) to optimize patient care and/or safety. (3.2.2, 3.2.3)</p> <p>B.1.3 Recognize the roles of others in improving the medication-use systems and pharmacy services and work collaboratively within the interprofessional team and with patients/caregivers. (3.2.1)</p> <p>B.1.4 Incorporate patient safety practices into medication management. (3.2)</p> <p>B.1.5. Engage in continuous quality improvement activities, including recognizing, disclosing, and responding to errors, adverse events, and near misses. (3.2.4)</p>	<ul style="list-style-type: none"> • Observation of communication with patient/patient designate/team member • Observation of participation in team safety huddles • Requested feedback from team members • Review of tools, order sets, pathways, clinic memos, other documents developed in order to improve patient care and/or safety. • Review of adverse drug reactions / incident / accident reports

Outcome C: Exercise leadership

At the end of the rotation, the resident shall:

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

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C.1. Demonstrate leadership in professional practice.	<p>C.1.1 Demonstrate ability to lead quality improvement initiatives and facilitate change in pharmacy services to improve health outcomes for groups of patients in the defined area of practice. (3.3.1, 3.3.2, 3.3.3)</p> <p>C.1.2. Demonstrate professional advocacy and leadership skills within the pharmacy department, organization and profession. (3.3)</p> <p>C.1.3. Utilize expanded scope privileges, whenever possible, to advance pharmacy practice. (3.3.5)</p> <p>C.1.4. Demonstrate advancement of the profession through scholarly activities. (3.3.7)</p> <p>C.1.5. Manage one's own practice, setting priorities amongst multiple competing demands, to ensure consultations and projects are completed in a timely manner as per the needs of patients and the health care team, while achieving a healthy work-life balance. (3.1.1d, 3.3.4)</p>	<ul style="list-style-type: none"> • Discussion with preceptor (or designate) • Observation of communication with clinic and/or department team members • Requested feedback from clinic/department team members • Review of case report, peer-review of articles, presentations to advance knowledge. • Review of project(s) completed during rotation.

Outcome D: Provide medication- and practice-related education

At the end of the clinical rotation:

GOALS	OBJECTIVES	ASSESSMENT ACTIVITIES
D.1 The resident shall effectively respond to medication- and practice-related questions.	<p>D.1.1. Conduct a literature search systematically. (3.4.1a)</p> <p>D.1.2. Provide complex drug reviews and appropriately critique practice-related content (e.g., practice cases,</p>	<ul style="list-style-type: none"> • Discussion with preceptor (or designate) • Review of documentation • Discussion and follow-up with drug-information requester

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

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	<p>critical appraisals, therapeutic controversies, formulary reviews). (3.4.1b)</p> <p>D.1.3. Respond to complex drug information questions that require sophisticated syntheses of information from multiple sources, providing a response within a time frame that meets the clinicians' needs. (3.4.1c)</p> <p>D.1.4. Effectively communicate responses, in writing or verbally, with relevant references and appropriate individualization to specific question/situation. (3.4.1d)</p>	<ul style="list-style-type: none"> • Observation of communication with drug information requester
<p>D.2. The resident effectively educates others (pharmacists, students/residents, other healthcare professionals, patients/caregivers, stakeholders).</p>	<p>D.2.1. Proactively seeks out and undertakes a variety of opportunities to teach others. (3.4.2c)</p> <p>D.2.2. Provide education to audiences with a broad range of knowledge (i.e., basic to advanced) and tailors information and education with detail appropriate for the audience. (3.4.2)</p> <p>D.2.3. Tailor documentation (e.g., handouts) for all medication and practice-related education to audiences with a broad range of knowledge. (3.4.2, 3.4.2c)</p> <p>D.2.4. Prepare a comprehensive teaching plan, identifying needs of the learner, determining learner and personal learning objectives, prioritizing learning outcomes, with provision for assessment, and determining instructional format and media. (3.4.2d)</p> <p>D.2.5. Prepare a well-organized case, journal club or evidence-based medicine review presentation using</p>	<ul style="list-style-type: none"> • Resident self-reflection after presentation delivery • Direct observation of presentation • Discussion with preceptor • Review of presentation evaluation forms submitted by audience

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

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	<p>standards for presentations as described in the residency manual. (3.4.2d)</p> <p>D.2.6. Use effective communication and presentation skills at a level appropriate for the audience to deliver a clear presentation. (3.4.2e)</p> <p>D.2.7. Use visual aids as appropriate to enhance presentation delivery. (3.4.2d and e)</p> <p>D.2.8. Respond appropriately to questions. (3.4.1c)</p> <p>D.2.9. Facilitate group discussion on presentation topic if appropriate. (3.4.2e)</p>	
D.3.: Demonstrate effective teaching of students, residents and other healthcare professionals in a practice-based setting.	<p>D.3.1 Demonstrate appropriate selection of a teaching role (direct instruction, modelling, coaching, and facilitation) for a given situation in a practice-based setting. (3.4.2e)</p> <p>D.3.2. Provide meaningful direct instruction, modelling, coaching, and facilitation to learners and other healthcare providers. (3.4.2.e)</p> <p>D.3.3. Promote a safe learning environment for the learner and ensure patient safety is maintained. (3.4.2a, 3.4.2b)</p> <p>D.3.4. Provide constructive feedback to the learner and perform a comprehensive assessment. (3.4.2f)</p>	<ul style="list-style-type: none"> • Direct observation of resident with learner • Discussions with preceptor (or designate) • Learner feedback

RESIDENT RESPONSIBILITIES:

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

The resident shall successfully complete the goals and objectives (as outlined above) in all clinical rotations completed (mandatory and elective), as applicable. Demonstration of practice-based teaching may not be possible in all rotations.

RESIDENT ASSESSMENT:

Residents will be assessed in the following manner:

- verbal formative feedback provided on a daily basis.
- mid-point meeting and review of resident self-assessment (Clinical Rotation Assessment form). The preceptor is to prepare a written mid-point assessment of resident if he/she is experiencing significant difficulties meeting the expected level of performance. The preceptor should also notify the residency coordinators as soon as possible.
- written final rotation assessment completed by preceptor and written final resident self-assessment (Clinical Rotation Assessment form).

Assessments will be based on patient care work-ups, therapeutic interventions, review of documentation, participation in inter-professional rounds, resident-preceptor therapeutic discussions, case presentations, teaching activities and professional conduct.

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