

**TWH PRIMARY CARE
ROTATION DESCRIPTION**

Residency Program	Mandatory	Elective	N/A
Hospital		X	
Hospital Oncology		X	
Primary Care			X
HIV (Year 2)		X	

SITE/PRECEPTOR:

Toronto Western Family Health Team: Trish Marr, Christine Papoushek

DURATION:

4 weeks

OUTCOMES:

The resident will develop the clinical knowledge, skills, and professional values to:

- A. Provide evidence-based, patient-centred care for acute, sub-acute, and / or chronic illnesses for individual patients within the family health team
- B. Demonstrate appropriate knowledge, skills and attitudes to practice collaboratively in an interprofessional environment.
- C. Demonstrate developing leadership and practice management skills.
- D. Promote health improvement, wellness and disease prevention.
- E. Demonstrate competence in the provision of training or educational activities for patients / caregivers, and interprofessional team members

GOALS and OBJECTIVES:

Please refer to the ***UHN/MUHC HIV Advanced (Year 2) Clinical Rotation Goals and Objectives*** document for the core goals and objectives of this rotation.

In addition, residents will be expected to be able to:

1. Provide comprehensive pharmaceutical care for patients referred to the Family Health Team Pharmacist
 - Screen referrals for appropriateness. [Preceptor to provide support]
 - Meet with patients and / or families to conduct comprehensive patient assessments.
 - Apply effective communication strategies during the appointment. Eg Motivational interviewing, shared decision making etc
 - Accurately perform best possible medication histories and medication reconciliation as part of the assessment
 - Identify actual and potential medication related issues
 - Determine optimal treatment plans that are in line with patient goals / preferences. [Plans may include medication, non-medication options]
 - Be able to justify recommendations
 - Collaborate and / or refer to other team members to optimize care (as required)
 - Document effectively within the patient chart. [Tip 3Cs: Clear, Complete, Concise]
 - Where needed communicate verbally / writing to external providers in an effort to provide seamless care. [Eg specialists, pharmacies, hospital staff, warm handovers etc]
 - Monitor patients to ensure treatment outcomes / goals are achieved
 - Aside: patients are often complex. Patients may have acute and / or chronic conditions

2. Participate in the Family Health Team pharmacist-led warfarin management program
 - Apply knowledge and skills required to safely initiate warfarin therapy, monitor patients, and adjust therapy to optimize patient care outcomes.
3. Provide medication related education to family health team staff members. [This may include: drug information questions, educational team summaries [Eg Rapid Rx], presentations]
4. If a patient safety issue is identified in the rotation:
 - Disclose the safety incident to the patient [when required. Aside: sometimes the MRP will disclose. The Preceptor can provide support with this]. Share with the patient [or family] what steps will be taken to address the safety concern
 - Effectively communicate with other team members [as required]
 - Reflect on 3 key questions:
 - What happened [facts]?
 - Why did it happen [focus on system factors – not blame]
 - What can be improved
 - Complete UHN incident report
 - Share safety concern at FHT Huddle
5. Demonstrate an appreciation and insight into the role of the pharmacist in a Family Health Team by being able to describe the various roles and responsibilities of the pharmacist

DESCRIPTION:

- F. During this 4-week rotation, residents will be working with an inter-professional team to provide pharmaceutical care to patients in the TW- Family Health Team.
- G. The resident will be expected to interact with the interprofessional team, administrative and support staff, and other learners.
- H. Teaching will be provided by a variety of methods including self-directed learning, observation of clinician/patient interactions, inter-professional patient care rounds, resident-preceptor therapeutic discussions, interprofessional teaching rounds, team case conferences, and pharmacy department rounds (clinical sharing sessions, clinical foundations etc).
- I. Residents can expect to participate in peer to peer teaching and learning.

RESIDENT RESPONSIBILITIES:

The resident will:

1. Provide previous rotation assessment, longitudinal knowledge tracking, and rotation specific objectives to preceptor at start of rotation.
2. Provide pharmaceutical care to the patients selected by the resident and preceptor according to the rotation objectives and the resident's experience and interest.
3. Complete work-ups on assigned patients, identify and prioritize drug- therapy problems/issues, develop a pharmacy care plan, and document patient's progress and follow-up. The resident will be the primary pharmacy care-giver responsible for providing pharmaceutical care to these patients.
4. Document all pharmacy interventions/activities on the patient's medical record with the preceptor's co-signature.
5. Meet regularly with preceptor to review and discuss issues. Specific meetings include:

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- Discussions on pharmaceutical care patient work-ups
 - Pre-selected therapeutic discussions
 - Resident progress/challenges
6. Actively participate in care reviews, ethical case discussions, and grand rounds discussions. If applicable, the resident will contribute to the discussion at these sessions (Eg. Therapeutic tips, discussion of therapeutic controversies, if applicable – actual / potential drug therapy problems for an individual patient case, recommendations with justification to resolve these problems)
 7. Answer drug information questions by efficiently accessing appropriate resources and applying the information to the individual patient case
 8. Begin to develop motivational interviewing and shared decision making communication skills. Practice applying these skills to individual patients.
 9. Provide teaching sessions to medical residents or other FHT team members as scheduled by preceptor. Present case/journal club/EBM presentation as per master yearly presentation schedule.
 10. Attend the following educational rounds (as time permits – to be negotiated with preceptor):
 - pharmacy education (clinical sharing, clinical coffee and/or clinical foundations)
 - journal clubs (optional)
 - pharmacy resident presentations (as applicable)
 11. Complete the following assessments:
 - written midpoint self-assessment (forward to preceptor prior to meeting to discuss)
 - verbal and written self-assessment after each presentation
 - written assessment of the rotation and preceptor at the end of the rotation
 - longitudinal knowledge tracking

RESIDENT ASSESSMENT:

Residents will be assessed in the following manner:

- verbal formative feedback provided on a daily basis.
- verbal/written feedback provided by interprofessional team members or patients
- verbal/written feedback provided by pharmacy learners (on teaching skills specifically)
- mid-point meeting and verbal/written assessment of resident's progress (Clinical Rotation Midpoint Assessment form)
- end of rotation written final self-evaluation completed by resident (Clinical Rotation Evaluation form)
- end of rotation written final evaluation completed by preceptor (Clinical Rotation Evaluation form)

Assessments and evaluations are based on patient care work-ups, therapeutic interventions, participation in inter-professional rounds, resident-preceptor therapeutic discussions, case presentations, teaching activities and professional conduct.
