

Lower Mainland Pharmacy Services
PHARMACY RESIDENCY PROGRAM



**Correctional Health/ Mental Health & Substance Use
North Fraser Pre-Trial Center (Correctional Health Services, PHSA)
Rotation Manual**

Preceptor:

DESCRIPTION

Healthcare services within BC Corrections are by Correctional Health Services (CHS) under the BC Mental Health and Substance use services (BCMHSUS) branch of the Provincial Health Services Authority (PHSA). North Fraser Pre-Trial Centre is a facility serving remanded male clients. The interdisciplinary health care team includes general practitioners, psychiatrists, nurses (medication administration, opiate agonist therapy, mental health/substance use), counsellors, a psychologist and a pharmacist. Consulted services include dentistry, optometry, lab, imaging, infectious diseases, others.

This elective rotation will explore clinical pharmacy practice in the unique context of providing health care to a population that often experience poorer health and barriers to care in the community. Greater than 60% of clientele suffer from a substance use disorder, mental illness or both. During this rotation, the resident will have the opportunity to participate in case reviews with the interdisciplinary care team, develop care plans, and plan for return to community for this highly vulnerable population. Trauma-informed practice will also be introduced.

When not providing direct patient care, the resident may be required to work on assigned projects independently. These may include developing a nursing in-service, client handout, other educational materials, or other projects as mutually agreed upon.

GOAL

The resident will develop the knowledge and organizational and clinical skills required to provide pharmaceutical care in a correctional setting. By the end of the rotation, the resident should become comfortable providing care to clients impacted by substance use and mental health disorders.

LEARNING OBJECTIVES

Per those listed for all LMPS Direct Patient Care (DPC) Rotations, available on our Evaluation Outcomes page at <http://www.lmpsresidency.com/residents/resident-manual/evaluation-outcomes>

The expected level of resident performance by the completion of this 4-week rotation is outlined in the Direct Patient Care Rotation Assessment of the Resident form.

ROTATION-SPECIFIC OBJECTIVES

1. Demonstrate the ability to integrate/apply their knowledge, including the pathophysiology, clinical presentation, therapeutics and associated pharmacotherapy, of the following disease states/processes through client care work-ups and activities, and therapeutic discussions:
 - Substance use disorders (opiates, benzodiazepines, stimulants, alcohol, polysubstance misuse) and harm reduction
 - Anxiety
 - Depression
 - Schizophrenia
 - Insomnia
 - Bipolar disorder
 - Post-traumatic stress disorder (PTSD)
 - Sexually transmitted and blood-borne infections (STBBIs)
 - Metabolic monitoring
 - Other general medicine topics may also be reviewed (e.g. hypertension, diabetes mellitus, chronic obstructive pulmonary disease, soft tissues infections)
2. Prepare clinical notes for documentation in a concise, thorough manner. All prepared notes must be reviewed with the preceptor in order to be posted.
3. Demonstrate the ability to implement appropriate care plan interventions and monitor all assigned clients on a daily/timely basis until release or as defined by the preceptor.
4. Be able to perform follow-up evaluations of their clients' outcomes to assess client adherence, attainment of pharmacotherapeutic endpoints/goals, need for medication counselling & counselling aids as defined by the preceptor.
5. Understand the role of each interdisciplinary team member and be able to communicate client-related information effectively.
6. Be able to critically appraise and apply primary literature to clinical practice.
7. Demonstrate ability to disseminate knowledge via presentation of results at appropriate meetings and non-traditional activities such as face-to-face meetings with knowledge users and clients.

RESIDENT'S OWN OBJECTIVES

Residents will identify several of their own learning objectives for the rotation. These should be documented in **one45 – Resident Personal Learning Objective procedure logs** prior to the start of the rotation, discussed with the preceptor on day 1 of the rotation, and assessed at the various evaluation points throughout the rotation.

- 1.
- 2.
- 3.

REQUIRED ACTIVITIES

Prior to the rotation, the resident will:

1. Complete a criminal record check with a vulnerable sector assessment. This documentation and 2 pieces of approved ID to be sent via email to the preceptor (at **least 3 months** prior to rotation). **** It is very important that the criminal record check contain a vulnerable sector assessment. If absent, this will prevent security clearance from being authorized ****
2. Complete Violence Prevention modules specific to Correctional Health Services (Violence Prevention for Correctional Health Care Employees (PVPC - C) – online; Learning Hub Course Code 16632).
3. Complete “Introduction to Primary Assessment & Care (PAC)” learning hub course (Learning Hub Course Code 30246) (CHS Electronic Health Record).
 - a. Completion of the live training component for PAC may occur before the rotation starts or during the first week, as can be arranged by the resident, preceptor and associate who provides the training.

During the rotation, the resident will:

1. Complete the on-site security orientation provided by BC Corrections (this will be arranged by the preceptor ahead of the resident’s start date and will occur during the first week of the rotation).
2. Provide pharmaceutical care to all assigned clients as per the objectives above. The resident’s client load will be determined based on the resident’s previous experience and competence and will be modified at the discretion of the preceptor.
3. Conduct best possible medication histories for all clients under their care.
4. Provide discharge medication counselling and education for all clients under their care, facilitating seamless care by liaising with other pharmacists, prescribers, BC Pharmacare, and the care team, as appropriate.
5. Meet with the preceptor briefly every morning to triage and identify clients for work-up.
6. Meet with the preceptor daily to present completed client work-ups and discuss any client-related issues, therapeutic controversies, and specific topics.
7. Discuss all written notes and recommendations with the preceptor prior to implementation, unless previously arranged with the preceptor.
8. Prepare/review two to three therapeutic topics per week by completing any assigned pre-readings and reviewing any associated pharmacotherapy or therapeutics. Topic discussions will be incorporated into the resident’s daily client discussions with the preceptor, or as separate didactic discussions as determined by the preceptor.

9. Prepare and deliver one journal club, nursing in-service or case presentation for the nursing staff, clients or correctional officers, or to be presented to the pharmacy mental health network as determined by the preceptor.
10. Shadow at least one team member to enhance the resident's understanding of the importance of interdisciplinary collaboration (if possible).
11. Complete and submit any relevant procedure logs to the preceptor via one45 during the course of the rotation. Please see <http://www.lmpsresidency.com/residents/resident-manual/procedure-logs> for further details.
12. Attend other weekly pharmacy education sessions and/or presentations.

GENERAL STRUCTURE OF THE ROTATION

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	Orientation	Initial client work up	Follow up/care plan development	Follow up/care plan development	Follow up/care plan development
	Health Care introductions	Health Care introductions	Therapeutics discussion 1	Job shadow	Therapeutics discussion 2
Week 2	Shadow preceptor	Client report	Client report	Client report	Client report
	Follow up/care plan development	Follow up/care plan development	Therapeutics discussion 4	Follow up/care plan development	Assignment of presentation topic
	Therapeutics discussion 3	Client report	Job shadow	Client report	Therapeutics discussion 5
Week 3	Client report	Follow up/care plan development	Client report	Client report	Midpoint Evaluation
	Therapeutics discussion 6	Client report	Check in re: presentation	Follow up/care plan development	Client report
Week 4	Client report	In-service presentation	Job shadow	Client report	Therapeutics discussion 7
	Therapeutics discussion 8	Client report	Client report	Follow up/care plan development	Client report
			Therapeutics discussion 9	Client report	Client handover
			Client report	Client report	Final Evaluation

COMMUNICATION EXPECTATIONS

1. The resident will discuss all recommendations with the preceptor prior to implementation, unless otherwise arranged with the preceptor.
2. The resident will discuss all written chart notes with the preceptor prior to placing them in the chart, with the exception of medication histories and allergy clarifications, unless otherwise arranged with the preceptor.

3. The resident will notify the preceptor in advance (i.e.: prior to the start of the rotation) of all required off-site activities (e.g.: ADS, BC Wide case presentations, etc.) and absences during the rotation.
4. The resident is encouraged to provide on-going, daily feedback to the preceptor to assist in enriching his or her own learning experience throughout the course of the rotation.

PRECEPTOR RESPONSIBILITIES

The preceptor will:

1. Meet with the resident on day 1 of the rotation to discuss the goals and objectives of the rotation and work with the resident to develop a schedule for all rotation-specific activities and therapeutic discussions.
2. Clearly communicate expectations of the resident at the start of the rotation and throughout the rotation as required.
3. Provide the resident with a brief orientation and introduction to the correctional centre, health care department, and health care team.
4. Meet with the resident briefly every morning to triage and identify clients for work-up.
5. Meet with the resident daily to discuss and review all clients under the resident's care, incorporating clinical and therapeutic topic discussions at least 2-3 times per week.
6. Be available to the resident in person or by phone at all times during the rotation.
7. Schedule a presentation date and time with the department and assist the resident in selecting their topic for their journal club/nursing in-service/case presentation at least 2 weeks in advance of the scheduled date.
8. Review and provide feedback on any relevant procedure logs submitted by the resident via one45 during the course of the rotation.
9. Provide informal feedback to the resident on their performance on a daily basis, and complete and discuss all required written evaluations with the resident by the completion of the rotation.

EVALUATION PROCESSES

Guidance on Evaluation Policies and workflow are available at <http://www.lmpsresidency.com/residents/resident-manual/evaluation-policies>

1. The resident will receive a written, formative evaluation at the midpoint of the rotation. This evaluation will take into account the rotation-specific objectives and the resident's own learning objectives.
2. The resident will receive a written, summative evaluation at the end of their rotation. This evaluation will take into account the rotation-specific objectives and the resident's own learning objectives.

3. The resident will receive continuous feedback throughout the rotation and this will be considered part of the evaluation process.
4. The resident will provide written evaluations of both the preceptor and the rotation and complete a written self-evaluation prior to the last day of the rotation.
5. The preceptor and resident will discuss their respective evaluations in person at midpoint and on the last day of the rotation.

REQUIRED READING & RESOURCES

Before rotation (browse references for context/familiarity):

1. World Health Organization. Prisons and Health. https://www.euro.who.int/_data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf.
2. Canadian Academy of Psychiatry and the Law. [CAPL-Rx-Guide-Corrections-FIN-EN-Web.pdf \(capl-acpd.org\)](https://www.capl-acpd.org/CAPL-Rx-Guide-Corrections-FIN-EN-Web.pdf).
3. Safer Prescribing in Prisons: Guidance for clinicians. <https://bulger.co.uk/prison/RCGPsafeprescribinginprisons2019..pdf>.
4. Health in Prisons: A WHO guide to the essentials in prison health. [Health in Prisons, a WHO guide to the essentials in prison health](https://www.who.int/publications/m/item/health-in-prisons-a-who-guide-to-the-essentials-in-prison-health).
5. BC Mental Health & Substance Use. PHSA. Correctional Health Services. <http://www.bcmhsus.ca/our-services/health-services-for-people-in-custody/correctional-health-services>.
6. British Columbia Centre on Substance Use, B.C. Ministry of Health, B.C. Ministry of Mental Health and Addictions. A Guideline for the Clinical Management of Opioid Use Disorder. https://www.bccsu.ca/wp-content/uploads/2023/12/BC-OUD-Treatment-Guideline_2023-Update.pdf
7. British Columbia Centre on Substance Use (BCCSU), B.C. Ministry of Health and B.C. Ministry of Mental Health and Addictions. Provincial Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder. <https://www.bccsu.ca/clinical-care-guidance/>.

During rotation:

- As determined by the preceptor/resident.