

Lower Mainland Pharmacy Services PHARMACY PRACTICE RESIDENCY PROGRAM



Provincial Health
Services Authority



Medicine Surrey Memorial Hospital Rotation Manual

DESCRIPTION

Surrey Memorial Hospital (SMH) is the 2nd largest hospital in BC with over 600 acute care beds serving the rapidly growing city of Surrey as well as neighboring communities. It is a tertiary care centre for critical care and cancer care and is a regional referral centre for specialized pediatrics and maternity care. SMH has the busiest emergency department in BC with over 75,000 visits annually. The hospital has an affiliation with the University of British Columbia and has medical residents covering various patient care areas.

The Medicine rotation is a core rotation of the LMPS Pharmacy Residency program. The resident may work in an approximately 40-bed adult general medicine unit, or a 15 bed internal medicine unit, staffed by hospitalists or internists, pharmacists, physiotherapists, occupational therapists, social workers, dietitians, and speech/language pathologists. The Resident will have the opportunity to integrate into the multidisciplinary care team and provide comprehensive pharmaceutical care to patients.

GOALS

1. To develop and integrate the knowledge required to provide evidence-based patient care as a member of the interprofessional team.
2. To demonstrate the necessary skills required to perform patient-centred clinical assessments and establish evidence-based care plans incorporating principles of shared decision-making in collaboration with other health care professionals.
3. To demonstrate the attitudes and behaviours characteristic of a mature health care professional.
4. To demonstrate the necessary skills to manage their own practice of pharmacy, effectively carry out professional duties and advance their learning.

LEARNING OBJECTIVES

The resident will be able to:

1. Relate knowledge of pathophysiology, risk factors, etiology and clinical presentation of common medical conditions including symptoms, physical assessment, relevant diagnostics and laboratory findings to patient-specific findings to make appropriate clinical assessments and care plans.
[2018 CPRB 3.1.1.b]
2. Relate knowledge of pharmacology, pharmacokinetics and therapeutics to patient-specific findings and integrate best available evidence to make appropriate clinical assessments and care plans.
[2018 CPRB 3.1.1.b, 3.1.2.a.b.c]

3. Apply safe medication practices to clarify, manage and improve medication use for individual patients and groups of patients. [2018 CPRB 3.2.5, 3.2.6, 3.3.2]
4. Place a high priority on and be accountable for selecting and providing appropriate care to patients who are most likely to experience drug therapy problems. [2018 CPRB 3.1.1.1a, 3.1.7]
5. Establish a respectful, professional and ethical relationship with the patient and/or their caregivers, by engaging in empathetic, compassionate, non-judgmental, culturally safe and tactful conversations. [2018 CPRB 3.1.4, 3.1.8.a]
6. Accurately gather, evaluate and interpret relevant patient information from all appropriate sources in an organized, thorough and timely manner, including effectively eliciting patient history and performing assessments. [2018 CPRB 3.1.8.d.e]
7. Develop a prioritized medical problem list and describe the active issues that are responsible for the patient's admission or clinic visit. [2018 CPRB 3.1.8.f]
8. Identify, prioritize and justify a list of patient-specific drug therapy problems. [2018 CPRB 3.1.8.c, 3.2.4]
9. Establish and incorporate the patient's desired outcome(s) of therapy and advocate for the patient in meeting their health-related needs. [2018 CPRB 3.1.5, 3.1.8.b]
10. Identify, assess and justify a list of reasonable therapeutic alternatives and integrate best available evidence into clinical decision-making with consideration of drug efficacy, safety, patient factors, administration issues and cost. [2018 CPRB 3.1.2.c, 3.1.8.f]
11. Establish a patient care plan and implement recommendation(s) that include consideration of the patient's goals and the roles of other team members; and incorporates the principles of shared decision making. [2018 CPRB 3.1.1.d, 3.1.6, 3.1.8.f.g]
12. Proactively monitor drug therapy outcomes and revise patient care plans on the basis of new information. [2018 CPRB 3.1.8.h]
13. Establish and maintain effective inter- and intra-professional working relationships for collaborative care and provide safe and effective transfer of responsibility during care transitions. [2018 CPRB 3.1.3.a.c.f, 3.2.2]
14. Proactively share and document information about care plans and any additional measures to optimize clinical decision-making, patient education and patient safety both verbally and in writing to team member(s), patient and/or caregiver(s), as appropriate. [2018 CPRB 3.1.1.d, 3.1.8.i]
15. Effectively respond to medication- and practice-related questions and educate others in a timely manner, select and navigate resources, utilize systematic literature search and critical appraisal skills to formulate a response shared verbally or in writing, as appropriate. [2018 CPRB 3.1.2.a.b.c, 3.5.1.a.b.c.d.e]
16. Demonstrate responsibility for own learning through refinement and advancement of critical thinking, scientific reasoning, problem solving, decision making and interprofessional skills to manage one's own clinical practice and effectively carry out professional duties. [2018 CPRB 2.1.5.3, 2.1.5.4, 3.1.1.c, 3.4.1]
17. Demonstrate commitment to the profession, collaboration and cooperation with other health care workers and an understanding of the role of the pharmacist in the interprofessional team in the improvement of medication use for patients. [2018 CPRB 2.1.5.6, 3.1.3.a.b.c.d, 3.2.2, 3.3.4]

PHARMACOTHERAPEUTICS

1. Demonstrate competence in discussing the pathophysiology, clinical features, and therapeutics of some the following disease states/processes (may include but not limited to):

CNS: Meningitis, stroke (acute management and secondary prevention), seizure disorders,

insomnia, depression, Parkinson's disease, acute and chronic pain, alcohol withdrawal, delirium

RESP: Community and hospital acquired pneumonia, asthma, COPD, pulmonary embolism

CVS: Endocarditis, congestive heart failure, atrial fibrillation, acute coronary syndromes, dyslipidemia, hypertension

GI: Pseudomembranous colitis, alcoholic liver disease, cirrhosis, nausea and vomiting, diarrhea and constipation, GERD, peptic ulcer disease, gastrointestinal bleeds, inflammatory bowel disease

GU: Cystitis, pyelonephritis, acute kidney injury, chronic kidney disease

HEME: Venous thromboembolism (VTE) prophylaxis and treatment, anemias

ENDO: Diabetes mellitus, thyroid disorders

MSK/DERM: Skin and soft tissue infections, osteomyelitis and septic arthritis, osteoarthritis, rheumatoid arthritis

FLUIDS/LYTES: Sodium and water balance, electrolyte disorders (potassium, magnesium, calcium, phosphate)

RESIDENT'S OWN OBJECTIVES

Residents will identify several of their own objectives for the rotation. These should be documented in their ePortfolio and assessed at evaluation points during the rotation.

- 1.
- 2.
- 3.

REQUIRED ACTIVITIES

The Resident will:

1. Provide pharmaceutical care to the medical patients on the ward as per the objectives above. This involves daily patient evaluation for efficacy and toxicity of existing therapy as well as detecting and solving potential drug-related problems. Patient load will be determined based on the Resident's previous experience and proficiency and will be modified at the discretion of the preceptor. The resident will attend any patient rounds and contribute to the care of the patients that he/she is following.
2. Assist in the initiation and continuation of appropriate drug therapy.
3. Provide medication counselling and perform medication histories on all patients under his/her care when appropriate.
4. Provide discharge counselling to all patients who require it and liaise with community pharmacist and/or physician whenever indicated (via letter, PharmaNet, verbal).
5. Document all clinical activities in the patient's health record. Notes should be discussed with the preceptor BEFORE placing them in the chart.
6. Attend pharmacy and/or medicine education sessions (e.g., scheduled presentations, Medicine Rounds).
7. Prepare/review two topics per week. These may include topics pre-selected by the preceptor as well as specific topics on which the student would particularly like to expand their knowledge base. These topics may be incorporated into patient discussions with the preceptor. Didactic discussions are optional.
8. Meet daily with preceptor to discuss the patients being followed, issues of interest, therapeutic controversies, ongoing evaluation, and specific topics (outlined in #9).
9. Identify an adverse drug reaction and report it to DPIC using the proper form. The ADR should also be posted on the patient's PharmaNet profile if appropriate.
10. Other activities as assigned by preceptor.

COMMUNICATION EXPECTATIONS

1. 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.
2. The Resident will notify the preceptor in advance of required off-site activities and absences.
3. The Resident is encouraged to provide on-going feedback to the preceptor to assist in enriching his or her own learning experience throughout the course of the rotation.

PRECEPTOR RESPONSIBILITIES

1. Introduce the Resident to the department, ward, and health care team.

2. Provide orientation to pharmacy department and medical ward.
3. Take report of all patients.
4. Be available for consultation with Resident whenever possible and provide on-going feedback to the resident throughout the course of the rotation.
5. Provide residents with a list of relevant disease states/processes that the resident is responsible for.
6. Provide feedback on notes written in the health record.
7. Schedule dates for presentations.
8. Keep the Resident informed regarding their availability for consultation and meetings.

EVALUATION PROCESSES

As detailed per LMPS Residency Program Evaluation Policy

REQUIRED READING & RESOURCES

1. Provided by preceptor as required