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**Advanced Direct Patient Care/Precepting Skills**

**Rotation Manual**

**DESCRIPTION**

This is an elective rotation in the Lower Mainland Pharmacy Services (LMPS) Practice Residency Program and will take place in an interdisciplinary clinical team serviced by the Experiential Education Facilitator (EEF)/clinical pharmacist at St. Paul’s Hospital, Surrey Memorial Hospital, or Vancouver General Hospital. During the four week rotation, the resident will be responsible for precepting an Entry-to-Practice (E2P) 4th year learner(s) during 4 weeks of their advanced pharmacy practice experiences (APPE) inpatient rotation (PHRM 472 or 473), as well as providing pharmaceutical care to patients. Precepting learners is an expectation for clinical pharmacists working within LMPS. This rotation will allow the resident to develop precepting/teaching skills with guidance from the EEF as the attending clinical pharmacist under a near-peer learning (or tiered) model. In addition, the resident will be responsible for patient care of a select number of patients to further develop his or her pharmaceutical care, therapeutic and clinical reasoning skills, evidence based medicine, and critical appraisal skills. The number of patients will vary depending on the resident’s previous experience, comfort level in the practice area, and practice readiness of the E2P pharmacy learner(s).

**PRE-REQUISITE**

The resident must have completed one internal medicine rotation and at least one other clinical rotation. This precepting rotation will be scheduled during the second half of the residency year.

**GOAL**

The resident will develop andragogy knowledge, organizational abilities, teaching and assessment skills required to precept E2P pharmacy learner(s). The resident will further advance his or her clinical skills in the area of internal medicine. Finally, the resident will develop strong time management skills that are essential in balancing the demands of patient care and preceptorship as the resident transitions to be an active clinical pharmacist/preceptor post residency graduation.

**LEARNING OBJECTIVES**

Per those listed for all LMPS Direct Patient Care (DPC) Rotations, available at http://www.vhpharmsci.com/residency/resources/evaluation\_resources.html

The expected level of resident performance by the completion of this 4-week rotation is outlined in the Direct Patient Care In-Training Evaluation of Resident (ITER).

**ROTATION-SPECIFIC OBJECTIVES**

1. Demonstrate the ability to integrate/apply his or her knowledge, including the pathophysiology, clinical presentation, therapeutics and associated pharmacotherapy, of the various disease states/processes through patient care work-ups and activities, and therapeutic discussions.

2. Describe the educational outcomes and expected activities for E2P APPE students during an inpatient rotation (mandatory activities for PHM 472 or 473 as per the Office of Experiential Education (OEE) requirements).

3. Explain the principles of peer-assisted learning, near-peer learning models, and co-precepting, their proposed advantages and apply suggested strategies for success during the rotation.

4. Describe the following principles and apply them to guide student(s) through their learning process:

1. The stages of teaching: direct instruction, modelling, coaching, facilitation
2. Bloom’s taxonomy of learning
3. Principles of assessment
4. Steinert’s framework for analyzing a struggling student’s problems
5. The Dreyfus model of skill acquisition from novice to expert
6. Mark Samuel Personal accountability model

5. Demonstrate effective time management, through the provision of patient care and teaching activities

**RESIDENT’S OWN OBJECTIVES**

Resident will identify several of his/her own learning objectives for the rotation. These should be documented in his or her ePortfolio prior to the start of the rotation, discussed with the preceptor on day one of the rotation and assessed at the various evaluation points throughout the rotation.

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**REQUIRED ACTIVITIES**

The resident will:

1. Provide pharmaceutical care to all assigned patients on the ward as per the objectives above. The resident’s patient care responsibilities will be determined based on the resident’s previous experience and proficiency and will be modified at the discretion of the preceptor. This includes:

1. Conduct best possible medication histories for all patients under his or her care.
2. Provide discharge medication counselling and education for all patients under his or her care, and facilitating seamless care (eg. Discharge medication reconciliation) by liaising with other pharmacists, physicians, BC Pharmacare, etc. as appropriate.
3. Review pharmaceutical care plans with preceptor daily to ensure completeness of care (full report for new patients and selected issues for existing stable patients), discuss any patient related issues, therapeutic controversies and evidence.
4. Interact with the team to implement medication changes verbally or through chart documentation, as appropriate. Discuss all written notes and recommendations with the preceptor prior to implementation, unless previously arranged with the preceptor.

2. Precept E2P learners(s) in all required rotation activities as per the objectives above. This includes:

1. Review patient pharmaceutical care plans with learner(s) daily and oversee learner(s) in patient care activities. This role includes direction instruction, modelling, coaching, and supervision of activities, such as patient interviews, patient counselling, and discussions with prescribers, chart documentation, and patient assignment.
2. Provide coaching and facilitation in other activities, such as journal club, formal case presentation, drug information requests, as necessary.
3. Provide constructive feedback to the learner(s) on an ongoing basis and in a manner consistent with good assessment principles. Conduct formal assessments (midpoint or final) under the guidance of the preceptor.
4. Provide seamless preceptorship by liaising with next scheduled preceptors and continuing involvement in the student’s rotation activities as able. (eg. If student has not yet completed rotation, resident preceptor provides handover to next preceptor; and any follow up information. Resident preceptor may participate in final evaluation, case presentation, or other activities still to be completed during rotation)

**COMMUNICATION EXPECTATIONS**

1. The resident will discuss all recommendations (from his or her own patient assignment or that of the E2P learner(s)) with the preceptor prior to implementation, unless otherwise arranged with the preceptor.

2. The resident will discuss all written chart notes (from his or her own patient assignment or that of the E2P learner(s)) with the preceptor prior to placing them in the chart.

3. The resident will notify the preceptor in advance (i.e. prior to the start of the rotation) of all required off-site activities and absences during the rotation.

**PRECEPTOR RESPONSIBILITIES**

The preceptor will:

1. Meet with the resident and E2P learner(s) separately at the beginning of the rotation to discuss individual goals and objectives of the rotation.

2. Work with the resident separately to finalize a schedule for all rotation-specific activities and therapeutic discussions to meet different educational outcomes for both E2P learner(s) and resident.

3. Introduce the resident and E2P learner(s) to the pharmacy department, ward, and health care team that they will be working with.

4. Introduce the resident to the E2P learner(s). Clearly communicate expectations and roles of the resident, E2P learner(s) and EEF in near-peer learning model at the start of the rotation and throughout the rotation as required.

5. Meet daily with the resident alone and with the resident in conjunction with the E2P learner(s) in order to facilitate patient care and provide support to the resident with the learner(s) as required.

6. Be available to the resident in person or by phone and assist/guide resident through any learner issues at all times during the rotation.

7. Assist the resident in selecting his or her topic for presentations and scheduling dates and times with the department.

8. Assist the resident in providing constructive feedback to the E2P learner(s) and in the completing the formal midpoint and final assessments.

9. Provide informal feedback to the resident on his or her performance on a daily basis.

**EVALUATION PROCESSES**

Guidance on Evaluation Policies and workflow are available at <http://www.vhpharmsci.com/residency/resources/evaluation.html>

1. The resident will receive a written, formative assessment at the midpoint of the rotation. This assessment will take into account the rotation-specific objectives and the resident’s own learning objectives.

2. The resident will receive a written, summative assessment at the end of their rotation. This assessment 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 assessment process.

**REQUIRED READING & RESOURCES**

**Before rotation:**

Preceptor development resources from the UBC OEE website (https://modules.oee.pharmacy.ubc.ca/login/index.php)

1. PHRM 472 or PHRM 473 practicum manual

2. Suggested guide to keep student on track

3. Practice Educator guide to assessment of student learning

4. Teaching skills for pharmacy practice educators

5. Practice Educator Development modules 1-6

6. Pre-rotation materials circulated to E2P students prior to their rotation

**During rotation:**

1. Preceptor development resources available at the LMPS residency program website (http://www.lmpsresidency.com/preceptors/preceptor-development):

1. ASHP Starring Roles: The four preceptor roles and when to use them
2. Bloom’s Taxonomy
3. Asking the Right Questions
4. Powerful Questions
5. Socratic Questioning vs Pimping
6. Teaching How to Think Is Just as Important as Teaching Anything Else
7. Beyond Praise in Public - Systematic Approaches to Feedback
8. The 1-Minute Preceptor

2. Peer Assisted Learning Preceptor Guidebook (https://modules.oee.pharmacy.ubc.ca/login/index.php)

3. Near Peer Learning Preceptor Guidebook (available soon through the UBC OEE website)

4. Near Peer Teach Model resources available from the University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences website (https://www.ualberta.ca/pharmacy/preceptors/preceptors/training-and-resources/models-of-precepting/near-peer-teaching-model)