

**Rural Medicine Rotation**

**Coastal**

**Rotation Manual**

# Rotation Locations:

**Powell River Hospital**

# Squamish General Hospital

# DESCRIPTION

The Coastal Rural Medicine rotation is a four week required rotation of the LMPS Residency program specializing in rural medicine. The Resident will work at one of the two different sites: The pharmacy department at Squamish General Hospital (SGH) services a 22 bed acute care facility including med/surg, obstetrics, emergency and Hilltop house (HTH) an 85 bed residential care facility and outpatient chemotherapy. The pharmacy department at Powell River Hospital services a 33 bed acute care facility including general surgery, endoscopy, ICU, obstetrics, in- patient psychiatry, oncology, ER and a 75 bed residential care facility (Evergreen). The Resident will be working with family physicians, nurses, physiotherapists, occupational therapists, dieticians and other allied health professionals. There will be opportunities to liaise with the interdisciplinary teams and provide pharmaceutical care and education to patients/residents and staff.

# GOAL

The resident will develop the knowledge and organizational and clinical skills required to provide pharmaceutical care in a rural medicine setting. By the end of the rotation, the resident should be able to function effectively and independently in this environment.

# 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 their knowledge, including the pathophysiology, clinical presentation, therapeutics and associated pharmacotherapy, of the following disease states/processes through patient care work-ups and activities, and therapeutic discussions:
	* Congestive heart failure
	* Hypertension
	* COPD and asthma
	* Diabetes
	* Community and hospital-acquired pneumonia
	* Deep vein thrombosis
	* Stroke (secondary prevention, and acute care following)
	* Cancer (ie. GI, breast, prostate)
	* Dementia
2. Demonstrate the ability to obtain and document a complete medication history making use of all available and appropriate resources including the patient, medical record, Pharmanet, community pharmacy, family member etc…
3. Understand and be able to independently perform medication reconciliation at the various points of transition (admission, transfer and discharge) and obtain and document a Best Possible Medication History (BPMH)
4. Demonstrate the ability to evaluate the appropriateness of a patient’s drug therapy and make suitable therapeutic recommendations using available resources. These resources include but are not limited to literature reviews, patient interviews, physical examination, health record, laboratory tests and diagnostic investigations and discussion with other health care professionals
5. Demonstrate the ability to respond to drug information requests by patients or other health care professionals in a timely manner
6. Demonstrate the ability to complete medication reviews for long term care residents
7. Be able to identify issues relating to polypharmacy and offer patient-specific therapeutic solutions.

# RESIDENT’S OWN OBJECTIVES

Residents will identify several of their own learning objectives for the rotation. These should be documented in their ePortfolio 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

The resident will:

1. Complete the assigned pre-readings before the start of this rotation
2. Provide pharmaceutical care to all assigned patients on the ward and or/LTC residence as per the objectives above. This involves patient evaluation for the efficacy, necessity and safety of existing therapy as well as detecting and solving drug-related problems. As well as identifying unmet pharmaceutical needs, including administration and adherence issues. The resident’s patient load will be determined based on the resident’s previous experience and proficiency and will be modified at the discretion of the preceptor.
3. Conduct and document the best possible medication histories for appropriate patients under their care.
4. Provide medication counselling and education for patients under their care, and facilitate seamless care by liaising with other pharmacists, physicians, BC Pharmacare, etc. as appropriate.
5. Meet with the preceptor briefly every morning to triage and identify patients for work-up.
6. Meet with the preceptor daily to present completed patient work-ups and discuss any patient-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. Review two to three therapeutic topics (from objective 1 or as agreed with the preceptor) per week by completing any assigned pre-readings and reviewing any associated pharmacotherapy or therapeutics. Topic discussions should be incorporated into the resident’s daily patient discussions with the preceptor. Didactic discussions are optional.
9. Identify either:
	1. A (patient specific) therapeutic topic for presentation
	2. A relevant therapeutic topic for staff in-service

Prepare and successfully deliver the above, at a date & time agreed with the preceptor.

1. Complete and submit any relevant procedure logs to the preceptor via one45 during the course of the rotation or within one week of the rotation end. Please see <http://www.vhpharmsci.com/residency/resources/procedure_logs.html>for further details.
2. Other activities may be assigned by preceptor as appropriate

# 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 (ie: prior to the start of the rotation) of all required off-site activities 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 at the beginning 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. At sites with more than one preceptor, coordinate activities to maximise resident learning and communicate this schedule to the resident.
3. At sites with more than one preceptor, determine who will undertake resident evaluations and communicate this to the resident
4. Clearly communicate expectations of the resident at the start of the rotation and throughout the rotation as required.
5. Introduce the resident to the pharmacy department, ward, and health care team that the resident will be working with.
6. Introduce the resident to patient review processes, the BPMH process and other activities as needed.
7. Meet with the resident briefly every morning to triage and identify patients for work-up.
8. Meet with the resident daily to discuss and review all patients under the resident’s care, incorporating clinical and therapeutic topic discussions at least 2-3 times per week.
9. Be available to the resident in person or by phone whenever possible.
10. Assist the resident in selecting their topic for case presentation and scheduling a presentation date and time with the department.
11. Provide informal feedback to the resident on their 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 evaluation at the midpoint of the rotation.

This evaluation will take into account the rotation-specific objectives and the resident’s own learning objectives.

* 1. 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.
	2. The resident will receive continuous feedback throughout the rotation and this will be considered part of the evaluation process.
	3. 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.
	4. 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 (**PDFs posted in one45)**:**

* BCCA Level 1 Core Clinical Practice Learning Modules
	+ Medication Safety
	+ Chemotherapy Orders: Clinical Assessment and Review
	+ Chemotherapy Safe Handling

o Module I – General Overview

* + BC Cancer Agency Website Navigation
* Beers List
* START and STOPP tools

**During rotation (**PDFs posted in one45)**:**

* BCCA Level 1 Core Clinical Practice Learning Modules
* Antibiotic Stewardship
* CAUTI Education
* Surgical Prophylaxis Recommendations
* Anti-infective Treatment Recommendations for AECOPD
* ASPIRES IV-PO Stepdown
* Skin and Soft Tissue Infection Tidbits
* UTI Algorithm
* CDI Guidelines

o CAP Guidelines

* VCH 48/6 Initiative
* Other readings as assigned throughout the rotation