

**LMPS Residency Advisory Council
Minutes**

Date/Time: 17 June 2014, 1300-1500hr
Location: VGH – LMPS Office – Heather Pavilion, Level D, Conference Room #2
Chair: Janice Yeung
Minutes: Janice Yeung
Attendance: Marianna Leung, Mike Legal, Ann-Marie Liberman, Zahra Kanji, Roxane Carr, Kendra Sih, Anar Dossa, Tim Lau, Yvonne Huang
Regrets: Adil Virani, Liz Dasilva, Alison Alleyne, May Lok, Harrison Lee, Sandra Yin, Susan Chunick

1.0	Review of Minutes 30 Jan 2014	All
	<ul style="list-style-type: none"> ▪ http://www.vhpharmsci.com/residency/resources/residency_advisory_council.html 	
2.0	Business Arising from Minutes	
2.1	<p>FH REB & Privacy Processes</p> <ul style="list-style-type: none"> ▪ Ethical/administrative approval process algorithms created by Sandra Yin and our 2013-14 LMPS Residents (thank you!) and posted online http://www.vhpharmsci.com/residency/resources/project_process.html ▪ Privacy & confidentiality session held on June 11th at SMH and facilitated by Devika Naidu ▪ Discussion re: Pharmanet access for residency projects. Yvonne has advised that as of Jan 2014, there is an expedited Pharmanet approval process for health care institutions through the Ministry of Health. Expected turnaround time for approval is 3-4 months. <p>ACTION ITEMS</p> <ul style="list-style-type: none"> ▪ Yvonne to create an information/guidance document on this new process for upload to the LMPS Overview of Residency Project Process website page 	JY
2.2	<p>Academic Day Seminars</p> <ul style="list-style-type: none"> ▪ Parenteral nutrition added to Enteral Nutrition ADS (facilitated by Jan Greenwood) ▪ 15 AdultPod sessions, 12 PedsPod (plus 7 from the AdultPod) for the upcoming cycle ▪ Peds ADS sessions are now from 2-4pm on Tuesday afternoons ▪ AdultPod residents are welcome to attend the Peds ADS sessions, but prior approval from their rotation preceptor is required as this would be an optional session and will add to the time residents are away from their clinical rotations. The Residency Coordinator must also be made aware in advance so sites/facilitators can be alerted of the increased number of participants ahead of time. 	JY
3.0	New Business	
3.1	<p>RAC Membership Update</p> <ul style="list-style-type: none"> ▪ Mark Roberts has stepped down from the RAC ▪ Mike Legal (Coordinator, UBC Office of Experiential Education) will continue to serve on the RAC as an External Member ▪ Thank you to Yvonne, Harrison and Sandra, our outgoing 2013-14 Chief Residents ▪ Welcome to incoming 2014-15 Chief Residents Kieran Shah, France Carriere and Jason Tan 	JY
3.2	<p>Residency Research Night</p> <ul style="list-style-type: none"> ▪ Residency Research Night held on Thurs, 15 May 2014 at the UBC FoPS 	JY

	<ul style="list-style-type: none"> ▪ Hosted by the PPRPC with sponsorship from CSHP BC Branch and UBC FoPS ▪ Continuing Pharmacy Professional Development (CPPD) assisted with the organization of the event ▪ 142 attendees ▪ 15 on-site registrations, 12 no-shows ▪ Overall, positive feedback received from both residents and attendees re: two tracks; program brochure could have been more clear and better signage outside of the auditoriums suggested ▪ Resident feedback – 5 min presentations too short; appreciated the judging and opportunity to “showcase” their projects <p>ACTION ITEMS</p> <ul style="list-style-type: none"> ▪ Janice to forward feedback to the PPRPC and to communicate RRN deadlines to the project preceptors as well 	
3.3	<p>2014-15 Residents</p> <ul style="list-style-type: none"> ▪ Start date 9 June 14 ▪ Jaime Kwok withdrew on 6 June 14 ▪ Danielle Dzikowski has taken this position ▪ Program Orientation – modification to the week; all residents attended site orientations at SMH, LGH and SPH (C&W and VGH orientations on the same day), with each site focusing on different aspects (eg: distribution, clinical services, privacy & confidentiality, medication safety, etc). Three ADS sessions during this week – Research (Peter Loewen), Patient Assessment (Zahra Kanji/Marianna Leung) and Introduction to Clinical Patient Work-up and Thought Process (Mike Legal) ▪ Discussion re: potential consideration of modification to C&W orientation to include all LMPS residents <p>ACTION ITEMS</p> <ul style="list-style-type: none"> ▪ Roxane, Kendra and Janice to discuss again next year when planning for the 2015-16 Program Orientation begins 	JY
3.4	<p>Direct Patient Care ITER</p> <ul style="list-style-type: none"> ▪ New ITER launched for the 2014-15 cycle – created in collaboration with the PPRPC and UBC FoPS ▪ Evaluation Resources website page updated and LMPS Directors, Coordinators and Preceptors advised of the new ITER and revised Goals and Objectives for the Direct Patient Care Rotations http://www.vhpharmsci.com/residency/resources/evaluation_resources.html ▪ Knowledge, Skills (Provision of Pharmaceutical Care), Attitudes & Behaviours (Professional Characteristics) ▪ Bloom’s Taxonomy, Dreyfus Model of Skill Acquisition ▪ Resident orientation completed during Program Orientation ▪ Janice has offered to conduct preceptor training/Q&A sessions on the new ITER to the Clinical Coordinators <p>ACTION ITEMS</p> <ul style="list-style-type: none"> ▪ Janice to add “DPC Rotation # _____” to ITER ▪ Janice to modify C.16 to add “Self identifies areas of improvement and communicates this to the preceptor” ▪ RAC members to solicit/forward feedback from sites/preceptors on the revised ITER to Janice 	JY
3.5	<p>Residency Projects/RPOC Report</p> <ul style="list-style-type: none"> ▪ 42 project proposals received and reviewed by the RPOC ▪ 11 projects generated questions/concerns for the RPOC 	JY ML

	<ul style="list-style-type: none"> ▪ Three of these required simple clarifications from the PIs and were permitted to proceed. Two required edits to the proposal or assurances by the PI that steps would be taken to address the RPOC concerns if the project were to match with a resident (for example- bring on an experienced CO-I as support). Five projects were voluntarily withdrawn by the primary investigator. One PI did not respond to the RPOC's request for clarification/amendment and the proposal was removed from the list. ▪ For future years, a site coordinator will need to "sign-off" on all proposals arising from the site. Ideally this should be a coordinator responsible for the area that the research could impact on (dispensary, clinical). The purpose of their sign-off is to ensure that the proposals are compatible with existing departmental initiatives (for example- it wouldn't duplicate work already planned) and that individual staff members do not over-commit. ▪ 36 approved project proposals posted 30 May 14 http://www.vhpharmsci.com/residency/resources/projects_2014.html ▪ Overview of the Residency Project Process created and posted http://www.vhpharmsci.com/residency/resources/project_process.html ▪ Residency Project Introductions held at VGH, SMH and SPH during Program Orientation ▪ Ranking and matching of residents to projects completed on 15 June 14 ▪ Incoming chair for RPOC Aaron Tejani ▪ Welcome to Tony Kiang and Josh Batterink who have joined the RPOC <p>ACTION ITEMS</p> <ul style="list-style-type: none"> ▪ Janice to circulate RPOC Minutes to RAC members 	
4.0	Resident Progress	
	<ul style="list-style-type: none"> ▪ 	JY
5.0	Roundtable	
	<ul style="list-style-type: none"> ▪ Yvonne – Overall, residents have enjoyed their residency; suggestion that more time should be spent in general med/surgery (ie: 6-8 weeks) with less time in specialty rotations as this is often the predominant area of practice after residency ▪ Roxane – Work being done with the CST Project may be disruptive to resident rotations due to changing schedules with short notice and unexpected preceptor changes 	All
6.0	Next Meeting	
	Sept 2014	