



VCH/PHC REGIONAL PHARMACY SERVICES
Residency Advisory Council - Meeting Minutes

DATE/TIME: 6JUN06, 1300h-1500h **LOCATION:** Willow Chest Center Rm 301, VGH Campus
CHAIR: Peter Loewen **MINUTES:** P Loewen
PRESENT: P. Loewen, M. Collins, Z. Kanji, M. Leung, M. Legal, A. Dossa, S. Gorman
REGRETS: R Ensom

#	Item (Person)	Type (BS, FYI, SBAR) / Action Plan
1.0	Introductory discussion (PL) -introductions, site roles, residency roles -residency program "big picture" -residency program description for 2006-07 JUN starts -review RAC TOR and RAC member roles -Stages of team development -CHPRB Standards, BC Program standards, accreditation implications	FYI ACTIONS: -TOR modified to remove "second line of support" form role #2 of RAC members -RAC members agreed that their early involvement in local program-related issues is advantageous, that they are critical "eyes and ears" of the program, and that they should involve the Coordinator as early as possible in issue resolution
2.0	Discussion of challenges and site-specific concerns about residency program regionalization (All)	BS -PHC concerns about loss of local coordinator leading to increased "burden" on local preceptors for sorting out problems -concerns about mechanisms passing information from one preceptor to another -VA distribution rotation timing (very busy training techs, new staff in June/July)
3.0	Resident Mentorship Program (PL) -responses to call for mentors, matching process	FYI
4.0	Residency Projects (PL) -status for 2006-07 residents	FYI ACTIONS: -consider building a "project methods presentation" event into the program for 2007
5.0	WebEval (PL)	FYI
6.0	Planning for Planning 2007 Integrated Residency Program	BS / FYI ACTIONS:
6.1	Current range of residency experiences overview (PL)	-it was agreed that TPN manufacturing training should not be required component of the RP, but that "TPN Clinical" (1 week) (patient evaluation, lab interpretation, nutritional needs assessment, TPN content adjustment) should be required, and that brief orientation to TPN manufacturing could be included in this week. Checking TPN should be included as well.
6.2	Discussion: elements that require integration / harmonization / enhancement: Program Components -program orientation, site orientations -clinical orientation -research project -pharmacy practice management -MUM -distribution training & subsequent service (Elements (TPN, IV adds, home IV),	-Medication use management should be a required component of the program, approx 1 week. -duration of distribution training should be harmonized across sites, and the objective of this rotation should be modified such that the expectation

Peter Loewen 2006-5-29 2:50 PM
Comment [1]: BRAINSTORM
 Peter Loewen 2006-5-29 2:51 PM
Comment [2]: Situation, Background, Assessment, Recommendation

	<p>Duration) -evaluation processes (clinical rotations, non-clinical rotations, comprehensive assessment, others) -sequencing (distribution training, clinical rotations)</p> <p>Clinical Rotations -required vs. elective -harmonize duration (e.g., 4 weeks) -harmonize overall objectives for similar rotations -additional rotations (eg, EBM, community practice)</p>	<p>is NOT for residents to be competent to function independently in the dispensary thereafter. PL will work with Anar and appropriate reps at PHC, LGH, and possible Richmond, to redesign and standardize the distribution training rotation. -evaluation processes for all rotations should be simplified and harmonized -duration Residential care rotations should be harmonized to 4 weeks. -PL will propose a scheme for the number of clinical rotations that should be included in the program, which are required, and the “menu” of elective rotations. -PL will send various proposals to the RAC over the next few months, based on the input provided -RAC members were asked to provide ideas for innovation, enhancement of the program</p>
6.3	<p>Milestones & Timelines -Application process for 2007 JUN-starts</p>	FYI
7.0	<p>Next Meeting: Tues, 5SEP06, 1300-1500h, WCC 301</p>	FYI