

**Pharmacy Practice Residency Program Advisory Committee (RPAC) Meeting  
Fraser Health Authority  
Agenda**

**Wednesday, 26 May 2010**

Place: Sherbrooke Building – RCH, Conference Room #2

Teleconferencing available: 604 953 5061; Acct= 2437; Participant code= 066652

Time: 13:00-14:30

In attendance: Ed Dillon, Adil Virani, Matthew Tsang, Liz Da Silva, Craig Roels, Susan Chunick

Ed Dillon the meeting to order at 1300H

**1.0 Review of 28 October, 2009 minutes** (All) 5 min

Minutes passed.

**2.0 Old Business**

2.1 Compulsory Rotation in General Surgery (ED) 5 min

The reduction of preceptors for this rotation was discussed. The rotation was removed from the “compulsory rotation” list.

2.2 Teleconferencing (AV; CR, MT) 5 min

This was not done yet by AV/CR/MT. Adil will take over this project with the new Chief Resident for FHA.

2.3 Progress of the FH Pharmacy Practice Residents for 2009-10 (ED) 5 min

- Jill still has 1 year left in her residency
- Some rotations to be finished in a few weeks by the residents
- Some oral exams to be done by a few residents
- Progress has been good on the whole for all residents

2.4 Residency Program Project Sub-Committee (RPPS) meeting - 2010-05-12 (ED) 5 min

- TOR were discussed & edited

2.5 Residency Program Operations Sub-Committee (RPOS) – 2010 - 2 – 22 (ED) 5 min

- It was noted that some residents do not have the basic skills yet even late in residency
- ie: getting DRPs, etc
- Resident e-Portfolios are not up to date
  - o Communication needs to improve
  - o portfolios are kept by some preceptors also
  - o many preceptors are not reading portfolios + adjusting rotation to help with students' learning
  - o rotation is not just about information teaching
  - o One45 tells us what the residents are passing – but the info given on the ePortfolio is too general and does not have enough substance about the specific strengths and weaknesses of the resident
  - o It should be the duty of the current preceptor to call the next preceptor on pros/cons of the resident, etc
  - o This year the new residents have a new section on their Portfolio = “reflection” → self reflection of themselves
  - o Portfolio should be updated and passed on
  - o The best preceptors are able to use this function to help the resident
- Evaluations may appear too superficial

- Can be affected by “ill feelings”
- Don’t want to bias future preceptors
- Residents are not presenting at journal clubs
  - ED notes that residents have EBM rotation in which they learn about appraising literature
  - some residents may do journal club during specific rotations
  - ED notes that it is recommended to do at least 1 oral presentation + 1 oral exam per rotation
  - here at FHA we have stressed doing case presentations as residents have BC case presentations
- Seminars – suggestion to have preceptor lead the entire seminar (case + info session)
  - CR notes to give students preceptors that they have worked with
  - CR has idea to have current residents help lead with the seminars for the incoming residents

2.6 FH Research & Ethics Board orientation session - 2010-8-4 (ED) 5 min

- Project proposal submission is now 2 weeks after the Ethics session in August
- Discussed what is necessary in this seminar
  - What requires ethics and consent submission
  - Stats
  - Types of trials

2.7 2-year part time residency – the Jill Protz experience (ED) 10 min

- JP doing residency and working at ARH
- Previously JP mentioned it was difficult for her to do the part time residency as she found she was not practicing the skills she learned from her previous rotation
- Also part of the reasoning may be that she has been out of school for a few years
- ARH is very short – hard to get full time people to the ward already
  - Successes of JP should be made not in the immediate year or 2 – it should be 5-10 years post residency
  - ARH is also “paying” because they lose her as a pharmacist for the month that she is away
- Part time residency is not as easy as scheduling 1 person on, 1 person off when 2 people from the same hospital are working and also doing the p/t residency
  - RMH has 2 pharmacists that are going to residency – requested to have 1 person on and 1 person off (so that they do not lose so many pharmacists)
  - But this is not that simple due to number of preceptors, etc

### 3.0 New Business

3.1 Terms of Reference (ALL) 10 min

- Lower mainland health services now
- Shallen should join these meetings
- ? Incorporate people from the rest of the lower mainland region

3.2 FH Pharmacy Practice Residency Program applicants’ RCH visitation 2010-3-30 (ED, AV, CR, MT) 5 min

- 26 students signed up to come to RCH, 14 came
- 75-100 students were at UBC
- Shane came to represent BCCH
- Largely successful as per CR
- Idea to have current residents to do CSHP mentorship program – have a student shadow them for a day

- |   |   |
|---|---|
| <p>3.3 CSHP – Residency Projects Presentation Night – 2010-5-19 (post mortem)<br/>(ED, CR, MT)</p> <ul style="list-style-type: none"> <li>- RPN was done by all residents and all passed</li> <li>- Proposal change – do it on the weekend or on a whole day with key speakers <ul style="list-style-type: none"> <li>o outside of evaluators – nobody really talks to the residents</li> <li>o Door prizes?</li> </ul> </li> </ul> <p>3.4 Residency Positions &amp; the New Pharmacy Practice Residents 2010-11 (ED)</p> <ul style="list-style-type: none"> <li>- 7 full time</li> <li>- 4 part time</li> <li>- 3 started already</li> <li>- 6 start Jun 7</li> <li>- 2 start July 19</li> </ul> <p>3.5 Residency Program Service Contracts 2009 &amp; 2010 (AV)</p> <ul style="list-style-type: none"> <li>- Wording was changed – residents are not guaranteed a job</li> <li>- Not a “lower mainland contract” this year</li> <li>- CR: unfair to hold residents to the last day of their residency (VCH people who were not placed)</li> <li>- AV – 2 residents held for now</li> </ul> <p>3.6 Resident Scheduling process (ED, AV)</p> <ul style="list-style-type: none"> <li>- Preceptor availability due in January</li> <li>- Regional provincial committee – should/ should not have one?</li> </ul> <p>3.6 Round Table (ALL)</p> | <p>10 min</p> <p>5 min</p> <p>5 min</p> <p>5 min</p> <p>5 min</p> |
|---|---|
- Adil: Dale can remain a CPL leader unless he wants to step down

#### **4.0 Next Meeting**

**- October 27<sup>th</sup>, 2010; 1300-1430 h; RCH - Sherbrooke Bld, Conference Room #2**

Meeting adjourned at 1436H