

**Pharmacy Practice Residency Program Advisory Committee Meeting
Fraser Health Authority
Minutes**

28 October 2009

Place: RCH, Neil Russell Room (3rd Floor, Columbia Tower)

Attendance: Shallen Letwin, Susan Chunick, Adil Virani, Ed Dillon (Chair), Craig Roels, Matt Tsang (Secretary), Liz DaSilva; Dale Toews

Time: 13:00-14:30

Meeting started at 1304

1.0 Review of 27 May, 2009 minutes

No corrections – minutes approved as circulated.

2.0 Old Business

2.1 Exam result for Maria Chan, resident 2007-08

Maria was successful.

2.2 Compulsory Rotations - Surgery

Concern that residents without general surgery rotation may not have a complete background

- CPPLs to identify 2 new individuals for the 2010-11 program that could precept residents for two additional general surgery rotation sites
- Would need 5 preceptors in total to take on 10 residents effectively & return the status of the rotation to a compulsory level I category

ACTION: Ed to create compulsory general surgery rotation, email CPPLs to come up with names of possible preceptors for General Surgery. Deadline: January 2010

2.3 Teleconferencing

Still inactive

- Audioconferencing for teaching purposes
- IS says won't let FH host
- Host has a firewall issue, that is the dilemma
- Can listen in to other hosts, but FH cannot be host ourselves

ACTION: Matt and Craig and Adil to look forward to seminar schedule to look at feasibility to house seminars from somewhere offsite (ie UBC). Plan for the remainder of the year

2.4 Progress of the FH Pharmacy Practice Residents for 2008-09

6 out of 7 have successfully completed program (One resident left to complete on Nov 16)

- Ed feels that he should be ready to be successful.

2.5 Progress of the FH Pharmacy Practice Residents for 2009-10

Everyone is passing all rotations, doing well

- Roxanna has resigned

2.6 Residency Program Project Sub-Committee (RPPS) meeting – 24-Sep-09

- Terms of reference edited from last meeting
- Minutes approved

2.7 Residency Program Operations Sub-Committee (RPOS)

CPPL group with Shallen and Ed – meeting minimum of 1 time per year

- Purpose of CPPLC was read out (attached)
- Dale is representative of CPPLC

3.0 New Business

3.1 Project presentations (post mortem)

Ed to ensure that residents have received feedback from each committee member

- Unfortunately, the project proposal defence did not occur in September due to technical difficulties – transition of the FH local switchboard system to a central system which did not allow for teleconferencing on that day
- In future residents will defend their project proposals in person
- Goal is to have the subcommittee approve all projects. If projects are not approved @ the defence, changes will have to be made to the project proposal and future meetings may be called as needed
- Updates to the proposal should not be done between the time that the proposal was submitted and the time of the defence
- Each resident's proposal needs the overall approval from the majority of the committee; not just one member
- All proposals should have a designated primary investigator (PI)
- PI "owns" the proposal and must take responsibility for the project
- Some projects may not require ethic's approval as they may be retrospective or quality improvement studies

- More information is available on the one45 web site for the residents

ACTION: Ed and Adil to improve TOR for RPPS for next year (meeting in first week of May 2010)

3.2 How to handle projects & project time

Change in process required – problem was largely due to the time of the meeting with the FH REB within the residency year: the proposal was due at the end of August and the meeting with the FH REB was held in September; this caused a lot of preceptors and residents to have to make significant changes to their proposals due to their initial lack of understanding of the requirements.

- Suggestion is to change meeting with the FH REB to an earlier date (i.e. in June, in second or third week of residency)
- Have @ least 2 weeks in between the FH REB presentation & the due date of the proposal
- Susan commented that only 15 minutes was allotted for ethics which was not enough
- A timeline should be provided by each resident at the time of the proposal defence; purpose is to keep residents on track
- Craig stated that residents in FH are only allowed 4 weeks for project time, no time for midyear; NHA gets 5 weeks, VC/PHCA gets 7 weeks and time to go to Midyear, VIHA gets 6 weeks & PHCA gets 6 weeks; some non-clinical rotations may be longer than they need to be; time from these rotations could be allotted to project time; most rotations are done in 4 weeks; some residents feel that the medication management rotation could be reduced to 2 weeks?
- Ed stated that to designate 1 week for everyone to go to midyear is not feasible as not everyone goes; project time in the schedule is primarily based on preceptor availability for their respective rotations; standards say that up to 10 weeks can be devoted to project
- Shallen stated that we will become a lower mainland health authority for the residency program in the future; need to standardize project standards for lower mainland; the program is creating clinicians, not researchers – therefore minimize project time; residency is an experiential, educational year – to interrupt that to go to an event is a distraction/disturbance; to make it easier on everyone (preceptors/schedulers) – don't allot time for midyear for residents; 2010 standards for residents assess competency, not research; it is the resident's choice to go to any conferences; previously FH only funded CSHP conferences

ACTION: Ed to try to move the FH REB to an earlier time in the residency year @ least two weeks before the project proposal defence. The ASHP Mid-Year clinical meeting will not be accommodated for in the residents' schedule.

3.3 How to handle the resident's project progress

- Discussed as above
- Timeline to be monitored by RPPS
- Individual RPPS member/resident vs. entire committee/resident
- Further discussion tabled

3.4 How to handle the final project defence & poster assessment

Make it mandatory for residents to meet at a site and bring posters with them to defend each May

- at least a draft poster
- if not clear Craig and Matt to let Ed know

ACTION: Ed to make it mandatory for residents to meet at a site in person and bring posters with them to defend each May.

3.5 Compulsory distribution rotation

FH is very diverse in their distribution systems as compared to any single site – residents have taken days to go to each site to learn about the intricacies of each site

- plan is to standardize all sites so that residents don't have to move around to each site
- next year everyone will get a distribution rotation
- person who's been a FH pharmacist for several years may not necessarily need a whole 4 weeks – may need 2 weeks; tbd
- however it is the goal for FH to standardize all rotations – can only make it specific for certain residents to a limited degree
- its was a tradition that if you were a FH pharmacist that you did not have to do a dispensary rotation in the program – but that tradition was challenged during our last accreditation process in 2008; the 2010 standards requires that all residents in the program need to understand all of the distribution systems within the FHA

ACTION: Ed to ensure that all FH residents experience a distribution rotation, if resident was a FH pharmacist then they will go to another site to get a different experience.

3.6 2-year part time residency

- Jill is doing a 2-year residency – she feels that she is not getting as much out of the program; she is not able to practice her clinical skills in her position at ARH; she continues to just do non-clinical work @ ARH.
- She feels that there is an advantage to having clinical rotations back to back so that she is continually practicing & getting better & more confident
- It was noted that ARH is currently short of dispensary pharmacists; this was the primary reason why Jill was not experiencing more patient care time

3.7 Round table

- Adil: Service contract – so far is going well. Concern about going cross-boundary. Recommendation to continue contract next year. Main benefit is to continue to recruit the residents after residency is completed. If resident does not sign contract they have option of staying or leaving.
- Shallen: none
- Liz: project timeline is impressive.
- Ed notes that each resident should be working on project an average of 3 hrs per week
- Susan: none
- Matt and Craig: have to start laying out how residents would get jobs after residency. Managers who have a posted position at their sites will meet with residents Nov 20. All residents would have opportunity to meet with all managers. Each resident would pick top 3 desired positions; similar to residency matching process. Hopefully by first week of December everyone will know who will work where. If after this something else opens up that a resident is interested in, can apply after the matching process to that site. Craig and Matt to relay info to residents after Adil has confirmed process. Adil to provide template of questions to managers and residents
- Dale: none

Meeting adjourned at 1436

4.0 Next Meeting

May 26th, 2010; 1300-1430 h; RCH- Sherbrooke Bldg, CR #2