



Pharmacy Services

Residency Advisory Committee

MINUTES

May 10, 2010

1500h – 1600h

Present: Roxane Carr, Don Hamilton, John Hope, Rumi Pattar, Shane Pawluk, Sonia Jeffries
Regrets: Eva Cho, Mary Ensom, Sue Rudolph, Vanessa Paquette, Alison MacDonald, Kathleen Collin

1.0 Approval of Minutes

Minutes of February 9, 2009. M/S/C

2.0 Current Resident Progress (Shane Pawluk and Sonia Jeffries)

2009/ 2010 Date	Resident Sonia Jefferies 09/10	Resident Shane Pawluk 09/10
Feb 15	Project	Vacation
Feb 22*	Vacation	Rotation ICU (RC) ✓
Mar 1	NICU ✓	Rotation ICU
Mar 8	NICU	Rotation ICU
Mar 15	NICU	Rotation ICU
Mar 22*	NICU	PICU / SMR Project
Mar 29	Women's Health (JY) ✓	Women's Health (JY) ✓
Apr 5	Adult Medicine SPH ✓	NICU ✓
Apr 12	Adult Medicine SPH	NICU
Apr 19*	Adult Medicine SPH	NICU
Apr 26	Adult Medicine SPH	NICU
May 3	Administration (JH) ✓	Administration (JH) ✓
May 10	Project	Project
May 17	Rotation ID ✓	Adult Medicine SPH ✓
May 24	Rotation ID	Adult Medicine SPH
May 31	Rotation ID	Adult Medicine SPH
June 7	Rotation ID	Adult Medicine SPH

2.1 Rotation / Activity Update

- NICU rotation:
 - Roxane, Al and Rumi had discussed to trial having the residents work 12 hour shifts with one primary preceptor as well as 8 hour shifts with preferably two secondary preceptors for this year based on feedback from previous residents. In the past the resident had to rotate through many preceptors because they were scheduled M-F from 8-4pm. Working 12 hour shifts with one primary preceptor allows the resident to have ongoing feedback from one preceptor 1- giving them an opportunity to show improvement.
 - Sonia reported that the 12 hour day format worked out great and allowed her more time to spend on patients. The 12 hour work day allowed her to attend rounds, monitor patients throughout her shift, and discuss patients/topics with preceptor afterwards.

- Shane did have 2 primary preceptors on his NICU rotation, but felt this worked out just fine.
- Women's Rotation:
 - Shane followed Obstetrics/Gynecology resident on ward rounds. During rounds he would identify patients that needed a further pharmacy work-up and then would discuss with his preceptor. Shane thought there were lots of topic discussion however all discussions were relevant and helpful. He would suggest for next year not having the pharmacy resident shadow a medical resident because they are very busy, however after speaking with June this may be difficult as it may be a necessity to identify patients.
 - Sonia was away on medical leave for 3 days of her rotation. It was decided not to have her repeat her week in the rotation due to her past experience in the department and the fact she did attend the academic half days provided by June.
- Administration Week:
 - Sonia noted that a couple of people from outside the department were not prepared. Sessions were scheduled for 2 hours but sometimes only took 20 minutes. Suggested that on bigger issues e.g. H1N1 it would be good if residents could attend a meeting. Found most scheduled activities useful, but felt that the administration project was the most valuable for her learning.
 - Both Sonia and Shane felt that the medication safety session was very valuable and interesting, but too short. Shane suggested that they really could have used a full day with Ian Sheppard.
 - John agreed that Emergency Response Meetings could be useful but depends on time commitments during the residency program.
 - Roxane asked the residents and preceptors if having the administration week back to back with the project week was helpful. Consensus was yes since the residents time is more flexible for the two weeks.
 - Don suggested that we could schedule the Administration rotation over the year, not just a week, so the residents could gain a better understanding of various administration duties within the department. Also, we could utilize academic half days for the administration (e.g. medication safety session)

Action: It was agreed that Rumi and John will look at ways of improving the Residency Administration Week for the next resident. In particular, schedule some administration activities throughout the year (i.e. hospital meetings). Rumi will contact Ian Sheppard to schedule an academic half day on medication safety.

2.2 BC Pharmacy Practice Residency Program Final Oral Assessment

- An issue arose this year from the Residency Coordinators group as C&W was the only site to use a standardized case for the final oral assessment. Rumi stated that problems arose when an appropriate level real life patient was not available for the oral assessment, it was decided the resident's mock PICU oral assessment could account for their final oral assessment, since both residents had a great understanding of the patient work-up. The Residency Coordinators group felt that the process should be standardized and it should involve a real live patient selected the day of the assessment to mimic real life conditions. It was also decided at the Residency Coordinators that the oral assessment should be assessed on the same evaluation form for all the programs.
- Don suggested that we need to consider weight of the oral assessment, and figure out the expectations. Rumi stated that she is quite confident about where Shane and Sonia are at in their patient work-up process to confidently say no further assessment is needed. Group decided to continue with our status quo, since the

oral assessments are already done for this term and assimilate to other programs for next year.

3.0 Project Update

- Sonia and Shane are working on their project posters this week.
- Both Shane and Sonia will be presenting their 5min residency presentations for the department this week and would encourage any feedback from the staff.

3.1 Residency Presentation Night

- Residency Presentation Night is May 19th, 2010 at the C&W Chan Auditorium

Action: Rumi will circulate CSHP announcement to staff who may not be CSHP members.

3.2 Participation at the C&W Annual Student Research forum Poster Presentation

- June 17th, 2010 and only Sonia will be presenting this year since Shane will be away traveling.

3.3 Project write-up

- Residents have 30 days after completion of Residency to submit their project manuscripts.

4.0 Evaluation of Residency Coordinator and Residency Program

- Last meeting of year. Forms have not changed.

Action: Rumi will share results with RAC members once evaluations are completed.

5.0 BC Pharmacy Practice Residency Program Learning e-Portfolio

- We have been using wordpress.com for the learning e-portfolio as required by the CHPRB accreditation standards and have received positive feedback from residents. Password protected and only residency coordinator and resident have access. It was noted that the learning e-portfolio doesn't need to be password protected as long as it does not contain any patient information or program evaluations. It was suggested by Roxane that the residents should probably want to restrict access to residency research project information.

6.0 New Resident 2010 – 2011

6.1 2010 Resident's 2010-11

- Schedule is confirmed to Jan 2011

6.2 Potential Residency Projects and Selection Process

- Don and John suggested some projects with respect to RSV prophylaxis and the new DKA protocol. Rumi will review the project ideas and determine if they are feasible residency projects with their input.
- It was mentioned that Chloral Hydrate will be give to a directed studies student and can be removed from the list.

Action: Rumi to finalize the list and circulate to the RAC for final ranking of projects. Next the list will be emailed to the resident to select three projects and the residency coordinator will discuss projects with the respective preceptor in order to choose an appropriate project for the current resident.

6.3 Academic Half Day

- Rumi has suggestions and will be finalizing soon

Action: Circulate 2009-10 academic half day schedule to RAC members for addition /deletion of topics

7.0 News

7.1 New 2010 Major Case Evaluation form

- Rumi has posted on Team Site and welcomes any input.
- There will be one case presentation evaluation form for all BC residents as before. The new form is competency based as per the new CHPRB accreditation standards.
- Don suggested residents could give feedback at the end of the year to ensure all the criteria are accounted for from the old form in order to provide meaningful feedback to residents.

8.0 Round Table

Don asked the each of the residents how was the residency program and how has this prepared you for your hospital pharmacy career?"

- Sonia: "Quality of residency education and support is far superior to other sites from my perspective. I am very happy to have been able to do residency here. It was great to have this team of preceptors".
- Shane: "I definitely feel more prepared. Hands on experience, I learned a lot. I had a lot of support from preceptors. I feel very comfortable that I can do a work up on any patient."

Meeting adjourned at 4:05