
Pharmacy Services
Residency Advisory Committee
MINUTES (to be appended to February 14th minutes)

Thursday March 22, 2007
1400h – 1500h

Present: Don Hamilton, Eva Cho, Claire Fowkes, Roxane Carr, Jennifer Kendrick, Patricia Gerber

Regrets: Ian Sheppard, Kathleen Collin, Alison Macdonald, Mary Ensom

Group met to continue the discussion from the February 14th meeting on the proposed schedule for the in-coming resident 2007-08, Jennifer Tam, as follows:

1) Length and scope of weeks of Distribution orientation

- Typically takes place from the start of the residency year x 6 weeks (e.g., June – July)
- Group discussed ways to streamline the orientation ensuring all the important aspects of the distributions systems are covered yet considering that Jennifer works here as a technician and does not require the typically week-long training in that role
- Group agreed to offer a 5 week Distribution training period in June – July

2) Distribution responsibilities during the year

- Patricia circulated an up-dated version of the document outlining the expectations of the various BC residency programs with regards to time working in the dispensary. All programs have now moved to having zero weeks of dispensary assigned for the resident during the year (i.e., subsequent to the initial summer training period). Our program has 5 x 1-week blocks of dispensary throughout the year.
- Group agreed on the value of continuing to offer this. Group discussed the CHPRB standards and the intent of the residency program to prepare residents for practice as staff pharmacists expected to demonstrate competency in a hospital pharmacy distribution system.
- Group agreed to continue to schedule the resident to work in the dispensary but to reduce the weeks to 4 x 1-week blocks throughout the year. For the first 3 of the 4 weeks, the resident will be scheduled as “Dispensary / Miscellaneous and Administration activities” with distribution responsibilities for ½ of the day and the remainder of the day for other activities which could involve attending a P&E meeting / other administrative assignments, arranging for a mock oral exam, etc
- Group agreed to schedule the resident as “Dispensary evenings” for the last of the 4 weeks (typically toward the very end of the residency) and so that the resident has the opportunity to function in the role of evening staff pharmacist

3) Number and scope of clinical rotations

- Group discussed the opportunity to offer a standard 4 week pediatric oncology rotation and the feasibility of offering a “pediatric elective” rotation in areas such as neurology, nephrology, or family HIV given the resources and expertise within our Department. This would mean the resident would complete a total of 7 x 4-week clinical rotations (rather than 5-6 as in the past) in the following areas:
 - General pediatrics (3M)
 - Pediatric elective (neurology, nephrology, or family HIV)
 - Infectious diseases
 - Oncology
 - ICU
 - Adult internal medicine (external rotation)
 - SCN

4) Women’s Hospital rotation

- Group discussed the pros/cons of a 2 week long WH rotation vs reducing it to 1 week.
- Group agreed to use 1 week for the unique activities of this rotation which take place outside of our Department (e.g., Medical Genetics, Labor and Delivery, etc) and to use the afternoons allocated to

“Miscellaneous / Administration Activities” or some of the “Academic ½ Day” (see below) for the various discussion topics relevant to women’s health that are typically part of the WH rotation.

5) “Academic ½ Day”

- Group discussed at length the opportunity, feasibility, scheduling, and scope of an Academic ½ Day program similar to that employed by the medical residency program (and recently launched by one other BC pharmacy residency program).
- See separate document attached