Direct Patient Care Rotation:
Objectives and Assessment Update

Outline

- CPRB Accreditation Standards for Pharmacy (Year 1) Residencies 2018
- Direct Patient Care Goals and Objectives
- Direct Patient Care Assessment and Evaluation
- Performance Rubrics
- Resident Expected Levels of Performance
- Questions

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CPRB Accreditation 2018 Standards

- Applies to all Year 1 residencies in Canada
  - Implemented June 2019 for 2019-2020 residency year
- Build on skills learned in entry-to-practice training
  - Represents a progression beyond the competent level that is expected upon completion of first professional degree
  - Develop pharmacists' patient care skills to the proficient level
- Align with Year 2 standards published in 2016

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CPRB Accreditation 2018 Standards

- Pharmacy residency programs
  - "Practice" removed
- Assessment of resident
  - During rotations and longitudinally
- Resident well being and work-life balance
- Residency program competencies
- Direct patient care rotations emphasis on
  - Pharmaceutical care process
  - Evidence-based care
  - Patient shared decision making
  - Collaborative care
  - Implementing a pharmacy care plan

Direct Patient Care Rotation

- Revised goals and objectives and assessment process
  - To be used for all direct patient care rotations
  - Exceptions
    - Clinical Orientation
    - Precepting Skills
- Developed in collaboration with BC Pharmacy Residency Coordinators Committee
  - Implementation June 2019

Note on Terminology

- Assessment
  - Residents will be assessed on their performance throughout the residency program
  - Preceptor completes an assessment of the resident
- Evaluation
  - Preceptors, rotations, Program, Program Coordinator and Program Director are evaluated
  - Residents complete an evaluation of the preceptor and rotation

DPC Overall Goals and Objectives

- Included in all rotation summaries
- Reflect knowledge, skills, attitudes and behaviours
  - Required to successfully complete the rotation and Program
  - Hallmarks of professional clinical pharmacists
- Each objective
  - Linked to a 2018 CPRB competency and associated requirement

DPC Overall Goals and Objectives

- Goals
  - Manage on own practice
- Objectives
  - Integrate best available evidence
  - Patient relationships
  - Patient's desired outcomes of therapy
  - Establish care plan
  - Collaborative care with patient and other team members

Direct Patient Care ITAR

- Direct Patient Care Rotation In-Training Assessment of Resident (DPC ITAR)
  - Used to assess resident at the midpoint and final
- Formal assessment of the resident
  - Based on the learning objectives of the rotation
  - Incorporate direct observation of the resident
- Resident will be given regular feedback throughout the rotation
  - Should always know progress in achieving required competencies of rotation

Knowledge Domain

- Resident will be assessed on knowledge of
  - Medical conditions
  - Pharmacotherapeutics
  - Safe medication practices
- Resident will be assessed on
  - Ability to relate knowledge to therapeutic decision making and the resolution of drug therapy issues

Skills (Pharmaceutical Care) Domain

- Patient triage and prioritization
- Relationship with patient
- Patient information gathering
- Medical problem list
- Drug therapy problems
- Goals of therapy
- Therapeutic alternatives
- Therapeutic recommendations/Implementing Care Plans
- Monitoring plan and patient education

Skills (Pharmaceutical Care) Domain

- Collaborative Care and Seamless Care
- Documentation
- Medication and Practice-Related Education
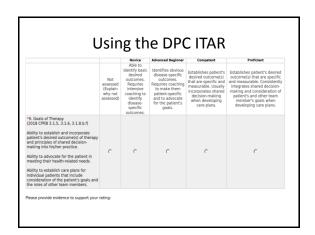- Critical Thinking and Time Management
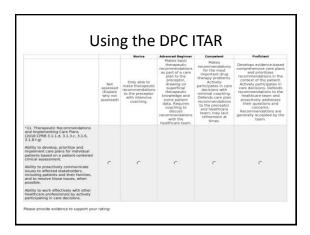
Attitudes and Behaviours Domain

- Responsibility for Own Learning
  - Ongoing refinement of independent prioritization of tasks, problem solving, critical thinking, time management
  - Self-direction and motivation
  - Professional conduct
  - Response to feedback

- Recognizing Role
  - Commitment to profession
  - Demonstrating professional and ethical conduct
  - Collaboration and team work
  - Understanding of role within interprofessional team

How Will Level of Performance Be Assessed?

- Knowledge Domain
  - Knowledge Performance Rubric
  - Remembering-Understanding-Applying-Analyzing
  - Based on Blooms Taxonomy

- Skills Domain
  - Skills Performance Rubric
  - Novice-Advanced Beginner-Competent-Proficient
  - Based on Dreyfus Model of Skill Acquisition

- Attitudes and Behaviours
  - Consistently exhibits
  - Does not consistently exhibit

Using the DPC ITAR

	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
		Requires intensive coaching and supervision during patient interactions.	Initiates patient interaction with prompting and guidance. Focuses on information collection and unable to consistently recognize verbal or non-verbal cues.	Establishes a strong rapport and caring relationship. Occasionally may lack refinement in certain patient/caregiver interactions. Able to recognize verbal or non-verbal cues.	Proactively and independently establishes a strong rapport and caring relationship. Adapts to situational differences and patient preferences to enhance the interaction.
*5. Relationship with Patient (2018 CPRB 3.1.4, 3.1.8.a) Ability to perform patient-centered clinical assessments and establish care plans by establishing a respectful, professional and ethical relationship with the patient and/or caregiver(s). Ability to engage in empathetic, compassionate, non-judgemental, culturally safe and tactful conversations.	○	○	○	○	○

Please provide evidence to support your rating:

Using the DPC ITAR

	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
		Able to identify basic desired outcomes. Requires intensive coaching to identify disease-specific outcomes.	Identifies obvious disease-specific outcomes. Requires coaching to make them patient-specific and to advocate for the patient's goals.	Establishes patient's desired outcome(s) that are specific and measurable. Usually incorporates shared decision-making when developing care plans.	Establishes patient's desired outcome(s) that are specific and measurable. Consistently integrates shared decision-making and consideration of patient's and other team member's goals when developing care plans.
*9. Goals of Therapy (2018 CPRB 3.1.5, 3.1.6, 3.1.8.b.f) Ability to establish and incorporate patient's desired outcome(s) of therapy and principles of shared decision-making into his/her practice. Ability to advocate for the patient in meeting their health-related needs. Ability to establish care plans for individual patients that include consideration of the patient's goals and the roles of other team members.	○	○	○	○	○

Please provide evidence to support your rating:

Using the DPC ITAR

	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
		Only able to make therapeutic recommendations to the preceptor with intensive coaching.	Makes basic therapeutic recommendations as part of a care plan to the preceptor, drawing on superficial therapeutic knowledge and some patient data. Requires coaching to discuss recommendations with the healthcare team.	Makes recommendations for the most important drug therapy problems. Actively participates in care decisions with minimal coaching. Defends care plan recommendations to the preceptor and healthcare team; may lack refinement at times.	Develops evidence-based comprehensive care plans and prioritizes recommendations in the context of the patient. Actively participates in care decisions. Defends recommendations to the healthcare team and proactively addresses their questions and concerns. Recommendations are generally accepted by the team.
*11. Therapeutic Recommendations and Implementing Care Plans (2018 CPRB 3.1.1.d, 3.1.3.c, 3.1.6, 3.1.8.f.g) Ability to develop, prioritize and implement care plans for individual patients based on a patient-centered clinical assessment. Ability to proactively communicate issues to affected stakeholders, including patients and their families, and to resolve those issues, when possible. Ability to work effectively with other healthcare professionals by actively participating in care decisions.	⊙	⊙	⊙	⊙	⊙

Please provide evidence to support your rating:

Using the DPC ITAR

	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
		Only able to communicate with healthcare providers for collaborative care with coaching and supervision. Does not always recognize the need for collaboration or appreciate the relevant information to include in the handover of care.	Communicates with healthcare providers in a professional manner, but does not consistently do so in an organized fashion. Requires coaching to appreciate the overlap in responsibilities and the relevant information to include in the handover of care. Requires prompting to be timely with communication of handover.	Communicates with healthcare providers in an organized and professional manner. Recognizes overlap and sharing of responsibilities. Provides relevant information in the handover of care; may lack refinement at times. Occasionally, the communication of handover could be timelier.	Proactively collaborates with healthcare providers in a timely, focused, organized and professional manner. Recognizes overlap and sharing of responsibilities. Is able to provide timely, comprehensive and organized handover of care.
*13. Collaborative Care and Seamless Care (2018 CPRB 3.1.3.a.b.e.f) Ability to establish and maintain effective inter- and intra-professional working relationships for collaborative care, recognizing when overlap of responsibilities exist. Ability to engage in respectful, compassionate, non-judgemental, culturally safe, tactful conversations with members of the healthcare team. Ability to provide safe and effective transfer of care responsibility during care transitions. Ability to recognize when care should be handed over to another team member.	⊙	⊙	⊙	⊙	⊙

Please provide evidence to support your rating (include any feedback from other team members as applicable):

Using the DPC ITAR

	Not assessed (Explain why not assessed)	Novice	Advanced Beginner	Competent	Proficient
		Requires intensive coaching to prioritize tasks and manage time, unable to cope with complexity.	Able to prioritize work, but requires coaching to balance multiple competing priorities. Utilizes critical thinking and problem-solving skills to attempt to solve moderately complex problems but requires coaching to achieve full resolution.	Able to prioritize work and balance multiple competing priorities with minimal coaching. Utilizes critical thinking and problem solving skills to solve moderately complex problems but may lack refinement at times.	Independently prioritizes work and balances multiple competing priorities. Continually refines critical thinking and problem solving to solve moderately complex problems.
*16. Critical Thinking and Time Management (2018 CPRB 2.1.5.3, 3.1.1.c, 3.4.1) Ability to independently prioritize tasks, think critically, use scientific reasoning, problem solve and manage own time.	⊙	⊙	⊙	⊙	⊙

Please provide evidence to support your rating:

Level of Patient and Problem Complexity

Level of Complexity Frame of Reference:

Moderately Complex Patients or Moderately Complex Drug Therapy Problems

This means that for each direct patient care rotation, regardless of the specialty area of the rotation, the resident is to be assessed on their knowledge, skills, attitudes and behaviours in caring for moderately complex patients and solving moderately complex drug therapy problems.

Resident Goal Level of Performance

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By the end of the residency year, the resident is expected to be **PROFICIENT** in providing pharmaceutical care to moderately complex patients and in solving moderately complex drug therapy problems.

Resident Expected Level of Performance

Time Point	Expected Level of Performance (for moderately complex patients and drug therapy problems)	
Direct Patient Care Rotations 1 - 3	A. Knowledge B. Skills C. Attitudes and Behaviour	Understanding Advanced Beginner Consistently Exhibits
Direct Patient Care Rotations 4 - 6	A. Knowledge B. Skills C. Attitudes and Behaviour	Applying Competent Consistently Exhibits
Direct Patient Care Rotations 7 +	A. Knowledge B. Skills C. Attitudes and Behaviour	Analyzing Proficient Consistently Exhibits

Assessment Logistics

- Sent via one45 on Tuesday of the assessment week
- Preceptor completes assessment in one45
- Resident completes self-assessment in one45
- Discuss evaluations face-to-face

When to Call Program Coordinator

- Anytime, before, during, after rotation

- Immediately if concerns regarding
  – Resident performance
  – Resident ability to meet rotation objectives
  – Resident health/mental health

- Program Coordinator will develop
  – Learning plan with resident and preceptor

- Feedback welcome around examples/assessment criteria

Questions