

**Mental Health and Substance Use Rotation Burnaby Centre for Mental Health and Addiction / BC Psychosis**

**Rotation Manual**

# DESCRIPTION

This rotation will provide the resident with an introduction to the principles and practices of medication use in the management of psychiatric illness and comorbid substance use. The resident will have the opportunity to work with multidisciplinary teams at The Burnaby Centre for Mental Health & Addiction, and BC Psychosis programs. These programs are province-wide for people who are affected by problematic substance use, mental health issues and health care concerns.. The clients all require 24-hour care but are at various levels of functioning. The goal of these facilities is to support people to regain their health, benefit from treatment, and eventually return to community life, with continued support for recovery. Patient-care pharmacists in must be competent in their interactions with patients in order to prevent, detect &/or solve any Drug- Related Problems (DRP).

# GOAL

The Resident will develop the organizational and clinical skills required to provide medication management services to both clients and staff. The Resident should become more comfortable working independently in the psychiatric setting.

# LEARNING OBJECTIVES

Per those listed in the Direct Patient Care ITER, available at

<http://www.lmpsresidency.com/residents/resident-manual/evaluation-outcomes>

# ROTATION-SPECIFIC OBJECTIVES

1. Demonstrate competence in discussing the pathophysiology, clinical features, and therapeutics of the following disease states/processes to develop a better understanding of the background and management of each disorder:
   1. Substance use disorders
   2. Psychotic illnesses
   3. Bipolar mood disorders
   4. Unipolar mood disorders
   5. Anxiety
2. Be able to list at least 3 medications used to treat the above conditions in #1 and for each, explain their mechanism of action, discuss any supporting evidence for use and

describe the ADME, the dosages used, and five common ADRs.

1. Be able to develop a client-specific medication/medical history from the health records, client, family members & other care givers:
2. Be able to formulate a client-specific drug-related problem list
3. Be able to explain and apply basic principles of pharmacokinetics & laboratory test interpretation with relation to psychotropic medications
4. Be able to formulate a client-specific pharmacy care plan taking into account the characteristics of the mental health patient; evaluating at least three alternative therapies and defining therapeutic outcomes.
5. Prepare clinical notes for documentation in the client’s PARIS record in a concise, thorough manner. PARIS is an electronic health care record which will require assistance from the preceptor for accessing and posting notes. All prepared notes must be reviewed with the preceptor in order to be posted.
6. Demonstrate the ability to implement appropriate care plan interventions and monitor all assigned clients on a daily/timely basis until discharge or until they are transferred from their unit as defined by the preceptor.
7. Be able to perform follow-up evaluations of their clients’ outcomes to assess client compliance, attainment of pharmacotherapeutic endpoints, need for medication counseling & counseling aids as defined by the preceptor.
8. Understand the role of each interdisciplinary team member and be able to communicate client related information effectively.

# RESIDENT’S OWN OBJECTIVES

Residents will identify several of their own objectives for the rotation. These should be documented in their ePortfolio and assessed at evaluation points during the rotation.

1.

2.

3.

# REQUIRED ACTIVITIES

The Resident will:

1. Meet daily with preceptor to discuss the clinical assignments, which clients are to be assigned and followed, issues of interest, therapeutic controversies, ongoing evaluation, and specific topics. Note: Patient load and clinical activities will be determined based on the Resident’s previous experience and proficiency and will be modified at the discretion of the preceptor.
2. Complete any required pre-reading and be prepared to participate in psychiatry discussions with the preceptor (on average: 2 times/week)
3. Provide pharmaceutical care to the clients on the wards as per the objectives above. This involves client evaluation for efficacy and toxicity of existing therapy as well as detecting and solving potential drug-therapy problems.
4. Attend any client care rounds and contribute to the care of the clients that he/she is following. In addition attend unit iCare rounds.
5. Complete acceptable (as defined by the preceptor) medication histories.
6. Complete on at least four client, in depth medication therapy reviews/care and monitoring plans
7. When appropriate, counsel all assigned clients/caregivers re: their medications, if required; & reconcile all medication issues to avoid potential problems after discharge/transfer. Liaise with the community pharmacist if necessary and ensure Pharmacare approvals are in place
8. Document all clinical activities accordingly. Notes should be discussed with the preceptor BEFORE placing them in the chart.
9. Present an assessment of at least one article at journal club and/or perform at least one case presentation at the pharmacy teleconference & achieve a “pass” as per the criteria on the “Case Presentation Evaluation Form”.
10. If time permits and the opportunity arises, perform one Health Care Team in-service or write a response to a drug information request &/or complete a mini-project as defined by the preceptor.
11. Attend biweekly tertiary pharmacy teleconference sessions (e.g. every other Tuesday at 12:15pm)
12. Shadow a team member for a few hours to better understand the importance of interdisciplinary communication (if possible)

**COMMUNICATION EXPECTATIONS**

1. The Resident will discuss all written chart notes with the preceptor prior to documentation, unless otherwise arranged with the preceptor.
2. The Resident will notify the preceptor in advance of required off-site activities and absences.
3. The Resident is encouraged to provide on-going feedback to the preceptor to assist in enriching his or her own learning experience throughout the course of the rotation.

# PRECEPTOR RESPONSIBILITIES

1. Introduce the Resident to the department, ward, and health care team.
2. Provide orientation to pharmacy department and medical ward.
3. Take report of all clients.
4. Be available for consultation with Resident whenever possible and provide on-going feedback to the resident throughout the course of the rotation.
5. Provide residents with a list of relevant disease states/processes that the resident is

responsible for.

1. Schedule dates for presentations.
2. Keep the Resident informed regarding their availability for consultation and meetings.

# EVALUATION PROCESSES

As detailed in the LMPS residency program <http://www.lmpsresidency.com/residents/resident-manual/evaluation-policies>

# REQUIRED READING & RESOURCES

**Before rotation:**

* Chapters on substance Use Disorders, Schizophrenia, Bipolar Disorder, Depression and Anxiety in either :
* Dipiro et al. Pharmacotherapy: Pathophysiologic Approach
* Young, Koda-Kimble et al. Applied Therapeutics: The Clinical Use of Drugs

 Violence prevention online modules and in-person course

# During rotation:

To be provided by the preceptor during the rotation