LOWER MAINLAND PHARMACY SERVICES – YEAR 1 RESIDENT MANUAL

TABLE OF CONTENTS

WELCOME

Welcome to the LMPS Year 1 Pharmacy Residency Program!

The Resident Manual has been created to provide you with the information and resources you will need throughout the course of your residency program.

Incoming residents are required to read and review this manual prior to the start of their program.

ACADEMIC DAY SEMINARS

DESCRIPTION

As an integral part of the residency program, the Academic Day Seminars (ADS) sessions are designed to complement and enhance the residents' experiential learning throughout the year. A broad range of topics is carefully selected to enable residents to learn about and experience various facets of pharmacy practice. Topics, including practice management, therapeutics, teaching/precepting skills, and other professional skills, are discussed through facilitation by pharmacists who are experts in their fields. The sessions are facilitated through discussion, and will focus on a patient case-based approach over didactic sessions to optimize resident participation, application of learning, and motivation of learning through illustrating the "why". Sessions will build upon previous knowledge/sessions to support longitudinal learning

OBJECTIVES

The objectives of the ADS program are to provide opportunities for residents to:

1. Develop a comprehensive understanding of recent advancements and updates in pharmacy practice, focusing on areas such as therapeutic management, pharmacotherapy, and emerging treatments.
2. Evaluate the risks and benefits of pharmacological interventions based on available evidence, patient-specific factors, and clinical guidelines, promoting rational prescribing practices and medication safety.
3. Enhance critical thinking skills through the analysis and interpretation of complex patient cases, incorporating principles of pharmacotherapy, patient assessment, and therapeutic decision-making.
4. Expand knowledge about evidence based therapies, clinical controversies, and various facets of pharmacy practice from clinical experts
5. Apply evidence-based strategies to formulate appropriate pharmaceutical care plans and resolve medication-related problems through patient cases

6. Cultivate a commitment to lifelong learning and professional growth by engaging in self-directed study post academic session

SCHEDULING

Detailed schedule information, learning objectives, pre-readings, assignments, etc. are found in residents' "My Calendar" in one45. **This is the OFFICIAL version of the schedule and residents should prepare accordingly.** Discrepancies or scheduling questions should be directed to the Program Coordinator.

Sessions will start exactly on time. No accommodations will be made for residents arriving late to sessions. Getting to the sessions will require PLANNING to ensure you arrive on time (i.e., travel time, parking, room location, etc.)

ATTENDANCE POLICY

In-person attendance at all ADS sessions is mandatory, with the exception of residents on scheduled Vacation

Adult and Pediatric residents will only attend their specific ADS sessions with the exception of Orientation Week and Evidence Based Medicine week, where all residents will be present

For unplanned absences, the Program Coordinator must be notified as soon as possible. Residents must devise a plan to meet the learning objectives for all required sessions if missed for any reason

Residents must advise their preceptor on Day 1 of the rotation regarding ADS sessions they are committed to attending during the rotation

EXPECTATIONS OF RESIDENTS

For each ADS session, residents are expected to:

- Review the learning objectives prior to each session
- Reflect on their previous knowledge and experience
- Complete all required pre-readings assigned prior to each session
- Complete all pre-session assignments prior to each session
- ACTIVELY participate in the discussions during the session
- Reflect on learning using the evaluation form, and promptly complete the session evaluation in one45 **within 14 days** of the session

EVALUATION OF THE SESSION & FACILITATOR(S)

Each session will be evaluated by the residents in one45. Residents are expected to complete these evaluations **within 14 days** of the session to ensure timely feedback is forwarded to facilitators

Resident Evaluation of ADS Session and Facilitators

FACILITATORS

LMPS preceptors are approached to facilitate the sessions based on their clinical expertise. In order to maximize learning and employ evidence-based principles of adult learning, the following guidelines for facilitators are provided.

Guidelines for Facilitators

1. Sessions will focus on **facilitated learning** through the use of open discussion, small groups, or other formats that enhance participation. Bidirectional communication that animates discussion is key to adult learning. With dialogue and interchange, learners are heard, and the instructor can tailor the content to their needs and understanding
2. **Case-based discussions are required to allow for application of knowledge.** Cases should illustrate and review clinical presentation of the disease state, risk factors, goals of therapy, pharmacotherapeutic alternatives, evidence, clinical controversies, and an approach to monitoring. Additional layers of complexity can be added to the case after the general discussion to broaden knowledge
3. Limit the use of slides to emphasize essential information or to supplement learning with additional key insights.
4. Session material should focus on providing key knowledge for residents to build upon on their clinical rotations. Briefly touch on the basic information, then expand to additional complexities to help foster problem solving and critical thinking. Additional readings can be suggested to the residents for post-session review.
5. Sharing of personal experience is encouraged to humanize the topic discussion.
6. Pre-session materials will need to be added to the shared folder by the following deadlines (access will be provided at the beginning of the academic year)
    a. **One week prior to session:**
        1. **Pre-Session Learning Objectives:** Learning objectives you expect residents to have met BEFORE arriving at the session (e.g., those things you expect them to know so that they can actively participate in the discussion)
        2. **Maximum of 2 pre-readings**: one of which may be a high quality review article on the topic to be discussed. Pre-readings should be provided as PDF documents or a hyperlink for the residents to access
    b. **2-3 days prior to session:**
        1. **Post-Session Learning Objectives:** Learning objectives that you expect the residents to have met by the end of the session or upon further reflection.
        2. **Slide set and patient case:** Residents are expected to review prior to the session in order to prepare for an interactive discussion
    c. 2-3 days after session (if applicable)
        1. Updated slide set with answers

7. If pre-assignments are expected of the residents, please provide Program Coordinator with a brief description of the assignment and estimated time commitment

Chief Residents

LMPS CHIEF RESIDENTS

LMPS Chief Residents are elected by the residents to help support the program and their peers over the academic year. This role offers opportunities to develop Leadership skills, act as an advocate for the residents, and gain a better understanding of the internal workings of the LMPS residency program.

Residents will be asked to self-nominate during Orientation Week. They will be expected to provide a short speech to their peers on why they should be considered for this position. Three Adult Chiefs and one Pediatric Chief will be elected by the end of Orientation Week. (Note this role is distinct from the BC-wide Chief Resident who is elected via a separate process)

Expectations of the LMPS Chief Residents

- Participate in the Residency Advisory Council meetings, as described in the RAC Terms of Reference
- Represent residents' views to the Program Coordinator when this is deemed the most appropriate mechanism to do so
- Upon request of the Program Coordinator, collate opinions or information from their pod's residents, or communicate information to them when this is deemed the most appropriate mechanism to do so
- Serve as a resource to residents who request support
- Maintain and update Drug Info QuickLinks resource that is available for Residents
- Coordinate a "meet and greet" event of some sort during the transition between exiting residents and incoming residents (usually in mid-June)
- Coordinate selection by residents of the New Preceptor of the Year and Veteran Preceptor of the Year awards, notifying the Program Coordinator on or before last day of residency
- Support ADS facilitators with audiovisual equipment set-up
- Other duties as deemed appropriate by the Program Coordinator or their pod's residents

BC CHIEF RESIDENTS

Responsibilities

1. Foster communication amongst the BC Pharmacy Residents and between the BC Residents and the BC Pharmacy Residency Coordinators

The BC Chief Residents will:

- Organize gatherings for BC Residents in order to share the experiences they have had in their programs and to get to know each other. These gatherings could be held anytime, but are most optimal during and after the summer didactic sessions.
- Present relevant resident issues to the Residency Coordinators.
- Create and share a contact list (phone numbers and emails) for all BC Residents
- Be the contact person for the BC Residents and be responsible for dissemination relevant information to the group.
- Foster communication between BC Residents and Residency Coordinators.

2. Represent the BC Residents at meetings and events

The BC Chief Residents will:

- Represent the resident group as necessary at meetings/conferences/events, including BC Resident Research Night, the BC Case Presentations and Residency Certificate Night.
- Work with the Residency Coordinators to help organize and gather information necessary for BC Resident Research Night:
    - Compiling residents' presentation files.
    - Introducing each presenter at the event.
    - Moderating the question period.
- For non-LMPS Chief, be responsible for the facilitation and moderation of the BC Case Presentations by:
    - Ensuring videoconference equipment are set-up prior to the scheduled start time.
    - Ensuring all slides are uploaded to the designated Dropbox folder by Midnight
    - the day prior and determining the order of the presenters.
    - Introducing each presenter.
    - Acting as the time keeper to ensure presentations are kept to the allotted 20 minutes, followed by a 10 minute question period.
    - Moderating the question period.
- Speak on behalf of the BC Residents at Residency Certificate Night.

3. Foster involvement of the BC Residents in CSHP activities and events

The BC Chief Residents will:

- Attend monthly CSHP BC Branch Council meetings.
    - Inform the BC Residents of the BC Branch activities and events.
    - Encourage BC Residents' attendance at CSHP events.
    - Present relevant resident interests to the CSHP BC Branch Council.
    - Submit updates for the residency section of the quarterly CSHP BC Branch newsletter.
    - Work with the CSHP BC Student Membership Coordinator to promote the CSHP Mentorship Program among BC Residents and assist with recruitment of residents as mentors.

Selection Process

- All BC Residents are eligible. BC Residents will select two BC Chief Residents from amongst the BC Residents. The two BC Chief Residents will each be from a different BC Residency Program.
- Selection of the BC Chief Residents is mediated by the BC Residents by any equitable method of selection they devise and agree upon.
- Selection is usually done annually during the BC-Wide Evidence Based Practice rotation.
- Upon selection, the two BC Chief Residents will notify all Residency Coordinators of their appointment.

Term

- From the day of the selection to the BC Chief Residents' last day of residency.
- In the event a BC Chief Resident is unable to complete their duties, the BC Residents will be able to select an alternative BC Chief Resident to complete the residency year.

Competency Self-Assessment

CPRB 2.2.2 EDUCATIONAL APPROACH

STANDARD

The program shall use a systematic process to design, plan and/or organize an academic program that facilitates a resident's achievement of the intended educational outcomes.

REQUIREMENT

An individualized plan shall be developed for each resident at the commencement of his/her program.

a. Based on the assessment of prior learning, a broad written plan for the residency program shall be developed, setting forth goals, as well as a schedule of activities for achieving those goals. This plan should build on the resident's strengths and address the areas for improvement.

T O O L S

1. **Baseline:** To be completed by the resident before the end of program week 1
2. **In-Progress:** To be completed by the resident by January 1st
3. **Summative:** To be completed by the resident within 1 week after their last program day

Competency self-assessments (baseline, in-progress & summative) will be completed via one45. These self-assessments will be uploaded to the resident's One45 account for completion during program week 1 (baseline), and in December (in-progress) and June (summative). Residents are encouraged to discuss their self-assessment with their mentors, colleagues, and preceptors. All competency self-assessments will be reviewed with the Program Coordinator.

Based on their reflection of prior learning and knowledge of the goals, objectives and required competencies of the residency program, residents are then required to identify a number of personal GOALS, OBJECTIVES, and/or FOCUS AREAS of learning for their residency year. These should focus on areas the resident feels requires the most development and/or are of greatest interest to them. Each goal/objective should be specific, outcome-oriented and measurable. Residents should also think about HOW each of these goals will be achieved.

Residents are required to post this list of their overall residency goals and objectives to their one45 profile under the "Residency Objectives and Competencies" page by the end of program week 1.

This list should be used for continuous revision, progress reporting, and reflection by the resident throughout the residency year.

- Goal = something you want to achieve; generally broad and longer term
- Objective = how you are going to achieve your overall goal; measurable actions and shorter term. Residents should use the approach of writing SMART Learning Objectives - **Specific, Measurable, Attainable, Relevant, and Time-bound**

Self-Assessment Goals and Learning Objectives: Examples

Goal: To increase confidence with drug information

Objective: By end of rotation 3, I will develop a systematic approach to assessing new medications. By the end of the year, I will proactively come up with medication plans and answers to the team's questions/needs before they are asked.

Evaluation and Assessment Policies

Evaluation is an essential part of our residency program. We regularly assess our residents; and evaluate our preceptors, rotations and the program itself. Resident assessment is designed to be a process of continuous communication, and assessments from preceptors are a critical component of residents' growth and learning during the program. Evaluations from residents are an important mechanism for program and preceptor skill development. Both forms of evaluation are central to the accreditation process as well.

Each year the LMPS Residency Program manages over 1,000 written evaluations of residents, preceptors, Academic Day Seminars and rotations.

All written evaluations are managed via the one45 System. (see Appendix B for evaluation rubric).

EVALUATION WORKFLOW SUMMARY

2 weeks PRE-rotation

- Resident contacts preceptor confirming day 1 meeting time/place. Any time commitments away from the rotation (eg: Academic Day Seminars, BC Wide Case Presentations, etc) are communicated to the preceptor. Resident reviews rotation manual in **one45** and completes posted pre-readings.

A few days before rotation begins

- Resident sends personal rotation learning objectives to the next preceptor by submitting via one45
- Once available, resident sends an email containing the **PRECEPTOR HANDOVER COMMENTS** from their last clinical rotation to their next clinical rotation preceptor. Please cc your Residency Coordinator on these emails. (NOTE: sending handover comments is required only for direct patient care rotations)

Day 1

- Resident & Preceptor discuss rotation objectives

Throughout rotation

- Preceptor provides day-to-day feedback and assessment
- Resident keeps preceptor informed of learning and additional learning objectives identified. Resident provides day-to-day feedback to the Preceptor.

Midpoint

- Resident and Preceptor meet to discuss progress, including resident-specific objectives previously specified.
- Preceptor completes and submits Midpoint Resident Assessment form via one45

2nd last day

- Preceptor completes and "saves" Final Resident Assessment form in one45.
- Resident completes and "saves" preceptor and rotation evaluation form in one45.
- Resident completes and "saves" self-assessment form in one45.

Last Day

- Resident and preceptor meet to discuss completed evaluation forms, including resident-specific objectives previously discussed on Day 1.
- Preceptor "**submits**" Final Resident Assessment form in one45
- Resident "**submits**" preceptor and rotation evaluation form in one45.

Days following

- Resident reflects on the experience and documents in Rotation Self-Assessment form and "**submits"** on one45.
- Preceptor and resident "sign off" evaluations and assessments in one45.

Preceptors are encourages to contact the Program Coordinator AT ANY TIME to discuss resident performance issues of any sort. The Program Coordinator is committed to ensuring that this information is conveyed to appropriate persons as necessary to facilitate the development of the resident.

The LMPS Residency Program evaluation policies herein apply unless an alternative approach is approved by the Coordinator and/or Residency Advisory Council for a particular rotation or situation, or is overseen by a BC Residency Program Standard.

CPRB 2.2.3 EVALUATION

Standard

The pharmacy department shall conduct the program in a manner which reflects the principles of the continuous quality improvement in the evaluation of the program.

Requirement(s)

1. An ongoing review process shall be established to evaluate (formative and summative)
    a. Resident performance

b. Preceptor performance
c. Coordinator and program director performance
d. The rotation and training environment
e. The residency program

2. The resident shall use One45 self-evaluations to facilitate self-assessment and provide evidence of skill development over the course of the program
3. With respect to the evaluation process for residents, the program shall ensure that:
    a. Assessment of a resident's progress shall be continuous and ongoing throughout the program
    b. The resident shall perform written self-assessments based on the learning objectives established for each rotation, in order to assist the resident in identifying any objectives that were not met during the rotation
        i. A resident's self-assessment shall be reviewed with the resident by the preceptor with or without the program director/coordinator at the time of regularly scheduled evaluations
    c. The resident's achievements shall be regularly assessed in terms of the program and rotation learning goals and objectives
        i. The assessment shall relate to the resident's progress in achieving goals and learning objectives
        ii. Subjective criteria such as personality traits should be considered only in relation to their effect on achieving goals and objectives
        iii. A midpoint and final evaluation shall be completed for each rotation. The final evaluation should be conducted within 1 week of completion of the rotation. The evaluation meeting shall be conducted by the preceptor for each rotation or by the program director/coordinator with input from preceptors.
        iv. A written record of the final evaluation of each rotation or residency requirement (eg: for program requirements completed using a format other than a rotation) shall be maintained and reviewed with the resident and signed by the residency coordinator and/or director.
4. With respect to preceptors, an ongoing review process shall be in place that:
    a. Shall obtain feedback from the resident
        i. The resident shall complete a written evaluation of the preceptor and feedback shall be provided to the preceptor in a timely fashion
        ii. The resident shall evaluate the preceptor on the basis of his/her knowledge, skills and attitudes as a role model and teacher
    b. Shall provide for the residency director and/or coordinator to review and sign off on all evaluations of the preceptor and the rotation in a timely fashion

LMPS PROGRAM POLICY

The resident is assessed through the following processes:

- Prior to the beginning of a rotation, the resident shall share their personal rotation learning objectives with their preceptor via one45. The resident may also provide their prior rotation schedule and the preceptor shall review this information as a means of understanding the experiences of the resident to date and specific learning needs identified by the resident.

- The resident shall share the preceptor handover comments from their previous preceptor to their new preceptor as a means of highlighting the strengths and accomplishments made in the past rotation and the areas needing continued focus for the upcoming rotation.
- Open communication to provide two-way feedback on a daily basis between the preceptor and resident should be established on day 1 of the rotation.
- A formative midpoint assessment is completed via one45 for each resident for each rotation. The primary rotation preceptor is responsible for completing and discussing this assessment with the resident near the midpoint of the rotation. This assessment contains the same domains as the summative final assessment form for the rotation.
- A resident who has concerns about their progress at any time during a rotation shall discuss this with the preceptor and/or Coordinator as appropriate.
- If at any assessment point in a rotation it is identified by the preceptor that the resident is not on a trajectory to successfully complete the rotation by meeting the rotation objectives, the preceptor is required to contact the Coordinator promptly to identify the situation. The Coordinator will then work with the preceptor and resident to formulate a learning plan that will maximize the probability of successful completion of the rotation.
- A learning plan may be put in place for the remainder of the current rotation or for the follow-up remedial rotation. Here is a Sample Learning Plan.
- A summative final assessment is completed for each resident for each rotation. The primary rotation preceptor is responsible for completing and discussing this assessment with the resident near the conclusion of the rotation and no later than 1 week after the rotation concludes.
- The resident shall complete a summative self-assessment via one45 prior to the completion of the rotation and review this with the preceptor when the summative assessment is discussed.
- Where a discrepancy between the preceptor and resident's self-assessment of their performance exists, the resident and preceptor are responsible for collegially discussing the issue(s) to best inform the resident of the reasons for the assessment given and to ensure the preceptor is as informed of the resident's perspective as possible. Where this process doesn't result in a satisfactory outcome to either party, the Coordinator is to be alerted immediately to perform any required intervention.
- Via one45, any assessment below the expected level of performance results in an immediate e-mail alert to the Coordinator, who assesses the situation and takes whatever action is required.
- The Coordinator shall meet regularly with individual residents to discuss rotation assessments, general progress and learning, and goal identification,
- Resident assessment issues, whether general or specific, are discussed by the Residency Advisory Council as required.

The preceptor is evaluated through the following processes:

- Open communication to provide two-way feedback on a daily basis between the preceptor and resident should be established on day 1 of the rotation.
- A resident who has significant concerns about the learning environment in a rotation shall discuss this in a professional manner immediately with either the preceptor and/or Coordinator as appropriate.
- A summative evaluation of preceptor and rotation is completed by each resident for each rotation. The resident discusses this evaluation with the preceptor near the conclusion of the rotation when the resident is being assessed, generally on the last day of the rotation.
- Via one45, any evaluation below the expected level of performance results in an immediate e-mail alert to the Coordinator, who assesses the situation and takes whatever action is required.
- Rotation and preceptor evaluation issues, whether general or specific, are discussed by the Residency Advisory Council as required.
- At the end of each residency year, summative evaluation reports (of preceptor and of their rotation) are sent to preceptors and their Clinical Coordinator. This is accompanied by a request to reflect in their Preceptor Self-Assessment form; to also update their rotation manual and identify skill development needs as required.

The Coordinator is evaluated through the following processes:

- Regular meetings with the Director
- Annual and ongoing performance assessment by the Director
- Formal exit evaluation of Coordinator by residents
- Ad hoc feedback from preceptors and residents

The Program is continuously evaluated and improved through the following processes:

- Regular formal meetings of the Residency Advisory Council, which includes direct input from residents
- Regular 1:1 meetings between the Program Coordinator and individual residents
- Formal rotation-specific evaluation processes as described above
- Request for feedback about the program/coordinator from Preceptors via their Preceptor Self-Assessment forms annually
- Ongoing development of preceptors via workshops
- Formal exit evaluation of the Program by residents
- Ad hoc feedback received from staff, preceptors, mentors, residents

- Proactive and reactive intervention by the Program Coordinator, Director, or preceptors, as appropriate to quality improvement needs identified
- Early withdrawals from the Program will be promptly reviewed by the Director and in a timely manner by the Residency Advisory Council. The BC Pharmacy Practice Residency Committee's policies on resident withdrawals are invoked here as well.

Human Resources

NEW EMPLOYEE ORIENTATION

Incoming residents who have already completed the New Employee Orientation (NEO) as part of their previous employment within LMPS do not need to redo the online orientation module.

DRESS CODE

Professional attire is expected of all members of the department and the dress code as outlined in the Fraser Health Authority Professional Image Policy must be adhered to by all residents during their rotations. Residents will be able to sign out a lab coat from the Administrative Assistant for those rotations where this is required/customary.

Hospital-issued photo identification is to be on clear display at all times, regardless of attire.

PHONES

Residents are expected to be available via their cell phone during all work hours, and therefore have their cell phone with them during all scheduled residency days. This includes PROJECT and all other non-clinical rotation days, with the exception of scheduled VACATION and LEAVE days. Medical teams contact each other via phone and text as the preferred and most efficient method of communication.

PARKING

Residents may submit either a PHC/VCH/PHSA Daily Pay Parking Request or a FH Daily Pay Parking Request. A $20 refundable advance deposit is required, but the Daily Pay Hanger entitles the user to select the daily staff rate option from the parking meter at pay-by-stall facilities. This pass is valid at any unattended FHA, PHC, PHSA and/or VCH sites.

To access the daily staff rate at VCH, simply show your photo ID to the attendant.

SALARY AND BENEFITS

For details about your specific benefits, how to access them, payroll details, etc, please refer to the information provided in your hiring package or contact Fraser Health Human Resources directly. Their contact information can be found on the Fraser Health intranet. Ensure you have your employee number on hand for faster service.

EMPLOYEE & FAMILY ASSISTANCE PROGRAM

The Employee Assistance Program is available to you should you require access to any sort of counselling or support services and is provided by Morneau Shepell. They offer a wide range of confidential and voluntary support services to assist with everyday challenges to complex issues. The program is completely confidential within legal and regulatory requirements.

Please refer to their brochure and FAQ documents.

To begin counselling or initate support services, please call their toll-free hotline at 1-844-880-9142 or visit https://www.workhealthlife.com/ and sign up using Employer name "Fraser Health" for full access to the EAP services and resources.

Please do not hesitate to use this program if the need arises.

Information Systems

Comprised of four individual health authorities, there are multiple information systems (IS) and technologies across LMPS.

Residents are subject to all VCH/PHC/FH/PHSA information systems and privacy and confidentiality policies. Please review the following documents to ensure that you understand the various social media/privacy policies set out by each health authority.

- Electronic Communications Policy
- Fraser Health Social Media Policy
- Fraser Health Privacy Policy

In the months prior to the start of your residency, access to these various systems is organized by the Program Administrative Assistant. Various forms, etc will require your completion and signature and will be sent to you via e-mail in April/May. **Please complete and promptly return these as required. More information is available from the Onboarding Process page.**

Once your accounts have been organized, the administrative assistant will email your log-in/access information.

During Program Orientation week, an overview of the various clinical systems will be provided. During this first week, residents are responsible for testing and ensuring that they are able to log in and access the various information systems prior to the start of their rotations.

E-MAIL

Residents will receive a health authority e-mail account at the start of their programs. For all residency-related communications, only the residents' @fraserhealth.ca, or @cw.bc.ca address are to be used. All other e-mail addresses (e.g.: Interchange, Hotmail/Outlook, Gmail, UBC Alumni etc.) are NOT to be used for residency-related communications.

IMIS HELP DESK

Any problems with hospital information systems access (NOT one45) should be directed to the appropriate Help Desk.

Please see the LMPS Information Service Desks Guide for contact information and numbers.

For any issues with one45, please contact the Program Administrative Assistant.

ONLINE/HANDHELD REFERENCES & RESOURCES

INTRAnet Sites

https://go.fraserhealth.ca
Login using your Fraser Health credentials

https://vchconnect.vch-phc.ca/
Login using your VCH credentials.

INTERnet Sites

www.vhpharmsci.com
Login information to the Staff Resources will be provided during your VGH Site Orientation

LexiComp, Micromedex, UpToDate, and RxFiles are just a few of the resources available online and via a mobile app. Access to some databases will require you to log into a computer onsite prior to becoming available for use.

CONNECTING YOUR SMARTPHONE TO THE HOSPITAL NETWORK

You may choose to have your personal phone connected to your health authority email and calendar. Keep in mind that doing so may cause you to consume significantly more data than you otherwise would, so please consider whether your plan can accommodate this. Information on how to do this can be found on the Fraser Health intranet or by contacting the relevant Help

Desk. The following documents will assist you in setting up your smartphone for access, these documents are also available on the Fraser Health intranet.

- Fraser Health Personal iPhone/iPad Email Setup Request
- iPhone activation steps
- iPhone: email reactivation

ELECTRONIC HEALTH RECORDS

Please use the below to help you navigate the various information systems you will encounter during your rotations across our four health authorities.

Vancouver Coastal Health/Providence Health Care

- CareConnect Quick Guide
- CareConnect User Manual
- CareConnect eHealth Viewer Guide
- Excelleris - Getting Started
- Excelleris - PharmaNet Quick Reference

Fraser Health

- MediTech - Clinical Pharmacist Reference Manual

FRASER HEALTH (FH)

Inpatient Information Systems

Sites: Surrey Memorial Hospital, Abbotsford Regional Hospital, Burnaby Hospital, Chilliwack Hospital, Eagle Ridge Hospital, Jim Pattison Outpatient Care & Surgery Centre, Langley Memorial Hospital, Mission Memorial Hospital, Peace Arch General Hospital, Ridge Meadows Hospital, Royal Columbian Hospital

1. **MediTech** is the electronic health record used at Fraser Health. It is used to view a patient's medical record, lab records, medication reconciliation, imaging etc.
2. **MediNet** is the system used to access PharmaNet

VANCOUVER COASTAL HEALTH (VCH)

Inpatient Information Systems

Sites: Vancouver General Hospital, UBC Hospital, Richmond Hospital, Lions Gate Hospital

1. **Cerner** - view a patient's medical record, lab reports, and any health care professional documentation during the course of patient care. This system allows for CPOE.

PROVIDENCE HEALTH CARE (PHC)

Inpatient Information Systems

Sites: Holy Family Hospital, Mount St. Joseph Hospital, St. Paul's Hospital

1. **Cerner** - view a patient's medical record, lab reports, and any health care professional documentation during the course of patient care. This system allows for CPOE.

PROVINCIAL HEALTH SERVICES AUTHORITY (PHSA)

Inpatient Information Systems

Sites: BC Children's & Women's Hospital

1. **Cerner** - view a patient's medical record, lab reports, and any health care professional documentation during the course of patient care. This system allows for CPOE

Sick Days, Leaves, Project, and Vacation

SICK DAYS

On an unplanned sick day, AS SOON AS POSSIBLE and preferably BEFORE the business day begins, residents are required to:

1. Immediately contact their current rotation preceptor and Program Coordinator to advise them of their absence.
2. Call the **Employee Absence Reporting Line (EARL)** at **604-605 EARL** or **1-877-FHA-EARL** to report their absence. Residents will be asked to enter their Fraser Health employee number and identify the number of days they will be away. Their call will then be transferred to the Program Administrative Assistant to verbally communicate details of the absence. Residents must call EARL as soon as possible after communicating their absence to their preceptor and Program Coordinator.

Per the BC Program Standards, if the resident requires sick leave for two or more consecutive days, a physician's note certifying the illness shall be required. All sick days are monitored by the Program Coordinator. Anticipated sick days (e.g.: for scheduled procedures) differ only in that advance notice of the resident's absence is expected as soon as the day(s) are known.

LMPS residents are entitled to 10 sick days during their residency. The Program Coordinator is responsible, in consultation with rotation preceptors, for making judgments about whether days lost to illness must be made up and how this is to occur. This must necessarily take into account the timing of the absence, its duration, its actual/potential impact on fulfillment of the program requirements, and other circumstance-dependent factors.

OTHER LEAVES OF ABSENCE

Please consult the BC Program Standards for more information about these. Any program extensions are granted at the discretion of the Program Coordinator and Director. As this is a one-year, full-time academic program, breaks in training for any reason shall not exceed a total of 45 working days. Gradual return to work or part-time programs are not applicable due to the rigid time frame for completing the residency program.

CONFERENCE LEAVE

Residents are encouraged to attend local CSHP events. Other local events will be assessed on a case-by-case basis. However, financial support from the department is unavailable. Requests for conference leave should be discussed with the Program Coordinator well in advance as time off is dependent on the timing of the event in light of the residents' schedule.

PROJECT DAYS

Residents are expected to be working on meaningful project-related activity during these days. Residents are expected to work wherever the project preceptor advises. If no advice is given, residents may work wherever is most productive and efficient for them. However, during all working hours, residents must still be readily available by phone and be working within proximity to return to the work site if required by their project preceptor(s) or Program Coordinator. If no project-related activity is possible, residents are expected to complete other meaningful residency-related work. Under no circumstances are Project days to be considered "days off" or vacation days.

VACATION DAYS

Naturally, this is time to relax, rejuvenate, and nourish the body and soul. Residents are encouraged to make the most of these days to maintain their physical and mental health, which is known to enhance learning and success in the residency program. Maintaining balance is key so do ensure you schedule in that much needed down time.

STATUTORY HOLIDAYS

These should be treated as VACATION days, unless otherwise advised by rotation preceptor. It is possible that a good reason for a resident to be accessible by phone for a patient-care/learning-related reason on a statutory holiday may arise, and residents are asked to be receptive to requests such as these from preceptors. If any conflict between preceptor and residents' expectations should arise regarding this, please contact the Program Coordinator immediately to discuss.

Licensure and Liability

LICENSURE STATUS

Prior to the start of the residency program, it is expected that incoming residents will have completed all required exams to be eligible for registration and licensure with the College of Pharmacists of British Columbia. All residents are expected to obtain a license to practice pharmacy in BC as soon as they are eligible to so do.

If you already have an active license to practice pharmacy in BC, please provide your licence number to the Program Coordinator. If you are in the process of applying, please provide the anticipated date on which you expect to receive license and forward this number to the Program Coordinator and Program Administrative Assistant as soon as received.

PROFESSIONAL LIABILITY INSURANCE

The provincial Health Care Protection Program provides coverage to all employed FH pharmacists (including pharmacy residents). Please see the 2020 Employed Professionals Coverage Letter for further details.

LMPS has confirmed that this insurance meets the criteria for "personal professional liability insurance (minimum $2 million)" mentioned in BC's Professional Practice Policy #58 (PPP-58) – Medication Management (Adapting a Prescription) as outlined in the November 2008 College Council resolution [updated 16 Dec 2008]

Questions about this coverage should be directed to your Human Resources advisor.

CSHP offers additional malpractice insurance for purchase.

BCPhA membership includes malpractice insurance.

Each resident should make a personal determination about whether they wish to acquire additional professional liability insurance.

Comprehensive Oral Assessment

All LMPS residents will complete a comprehensive oral assessment during their residency. Per the BC Program Standards, successfully completion of the oral assessment is a mandatory requirement for program completion.

The oral assessment is designed to evaluate the resident's ability to systematically review a patient case, create a comprehensive pharmacy care plan, and present and defend their findings with recommendations to a panel of evaluators. Residents are evaluated on a pass/fail basis and will have a maximum of 3 opportunities within the residency year to pass the oral assessment.

Please review the information contained in the BC Residency Oral Assessment Guide and the Appendix A Comprehensive Oral Assessment Evaluation Form.

Oral assessments may be conducted anytime after January of the program year. The Program Coordinator will find a mutually suitable time frame (date/time) for the resident and the evaluators to conduct the oral assessment.

IMPORTANT INFORMATION:

- The first attempt at the oral assessment will be completed by mid-February or early March. This will allow for the identification of knowledge- or process-related issues the residents can then focus on during the balance of the residency year.
- Residents are **NOT permitted to discuss the patient cases** received during their oral exams with any preceptors or other residents. Should this happen, it would be considered unprofessional conduct and would be assessed as such with ramifications of consequences based upon the BC Standards for Pharmacy Practice Residency Programs.

Oral Presentations

Residents will deliver several oral presentations during the residency year. Most of these will be in the form of patient case presentations, but will also include journal clubs and staff in-services. The number and timing of presentations will be determined by the residents' Procedure Log requirements and their rotation preceptors.

Please review this AJHP article on how to deliver an effective presentation.

This presentation provides guidance on selecting the right case focus and developing your clinical question from your drug therapy problem. The Winning Formula to Delivering a Successful Case Presentation (July 2019)

All residents are required to use the LMPS PowerPoint template for **all** residency presentations.

Sample case presentations to help you think about the structure can be found on the Residency Program Presentation page

EVALUATION PROCEDURE

Residents are required to seek feedback on their presentations, and preceptors are expected to provide it.

1. When a resident becomes aware of an upcoming presentation, the resident accesses their eDossier in one45 and clicks on the below and selects to send the "Faculty Evaluation of Case Presentation" to the appropriate preceptor(s).

If this link is not present, the resident or preceptor can request via email that the Program Administrative Assistant send a "Faculty Evaluation of Case Presentation" form to the preceptor via one45. This request must include the name of the **preceptor**, the **rotation**, and the **date** of the presentation.

2. Immediately following the presentation, the resident and preceptor should discuss the presentation and have a feedback session based on the assessment form criteria.

3. **RESIDENT TASKS** to be completed as soon as possible following the presentation:

- The resident posts a copy of their presentation materials (eg. handout/slides etc) to their **Dropbox folder** - **Presentations Permanent Folder**
- If the preceptor evaluation form was not completed in one45 (should be a rare exception) - scan a copy and upload this to the Dropbox folder above with the presentation handout.
- Resident completes a procedure log for the presentation (if applicable).
- In the **Rotation Self-Assessment form** - the resident will reflect on their presentation; on their learning objectives for the presentation and the assessment by the preceptor/audience feedback.

Faculty Evaluation of Resident Case Presentation

JOURNAL CLUB

Some rotations will require the resident to present a journal club. The evaluation procedure is the same as the above with the exception that when a resident becomes aware of an upcoming presentation, the resident selects to send the "Faculty Evaluation of Journal Club Presentation" to the appropriate preceptor(s). Steps 1 through 3 of the Evaluation Procedure are to be completed as listed above.

Resident should upload their Journal Club handout to the **Dropbox Folder - Presentations Permanent Folder -**

Faculty Evaluation of Resident Journal Club Presentation

How to Present a Journal Club Article

NERDCAT - Founded by Ricky Turgeon, one of our past LMPS residents, NERDCAT is a website to support clinicians in conducting evidence appraisals and apply those to evidence-based medicine (EBM). NERDCAT presents foundational and advanced critical appraisal concepts and tools beyond the basics covered in undergraduate education.

INSERVICE PRESENTATION

Some rotations will require the resident to present focused teaching topic or therapeutic updates to various clinical audiences: nursing staff/nursing students, medical residents/students, pharmacy technicians, dietitians, occupational therapists, social workers or physiotherapists to name a few. These presentations offer a unique learning opportunity for the pharmacy resident to tailor a presentation to an audience different than fellow pharmacists who may have different learning objectives. The resident's preceptor should seek feedback from the audience to help the resident learn from the presentation delivery.

Residents should upload a copy of their in-service presentations materials (eg. handout/slides) to the **Dropbox Folder - Presentations Permanent Folder**

Faculty Evaluation of a Resident Inservice Presentation

PATIENT CASE PRESENTATIONS

The resident shall create an effective presentation that enables successful delivery of information, interpretation of the evidence, and application to the patient. The resident shall demonstrate knowledge and understanding of conditions, pharmaco-therapeutics, and patient course in care. By the 4th presentation, the resident should be able to Meet Standards on all parts of the Presentation Content, and Meet Standards on 4 out of 5 of the Communication and Visual Aids. If unable to achieve, a 5th patient case presentation may be required and evaluated by the Residency Coordinator(s)

To prepare for this presentation, please review the Faculty Evaluation of Case Presentation to see which domains are evaluated and the expectations for each domain.

Credit for Prior Learning

CPRB 2.21 ADMISSIONS CRITERIA, POLICIES AND PROCEDURES

STANDARD

The program shall use formal criteria, policies and procedures for evaluation, ranking and admissions of qualified applicants to the residency program.

REQUIREMENT

A formal process shall be in place to assess prior learning of each resident prior to the beginning of the residency program.

IF I ALREADY HAVE SOME EXPERIENCE OR PARTIALLY COMPLETED ANOTHER PROGRAM, CAN I APPLY THAT CREDIT TOWARD MY LMPS RESIDENCY PROGRAM?

Credit is generally not granted for prior learning outside of a CPRB-accredited residency program.

If successful applicants to the program have worked as a pharmacist in a hospital pharmacy dispensary for at least 6 months full-time in the 6 months preceding residency commencement and are able to provide documentation that the related CPRB competencies have been previously met, please contact the Program Coordinator **immediately** after acceptance into the residency program. Information will be verified with your previous Supervisor to determine if you qualify for a Distribution rotation exemption. The distribution rotation may be replaced by a non-direct-patient care rotation such as Medication Quality and Safety, Medication Use Evaluation or Clinical Research.

Successful applicants who have completed learning objectives or rotations within a CPRB-accredited residency program within the past 24 months of their program start date may request prior credit for learning. The Program Coordinator will evaluate the request within the scope of CPRB Standard 2.2.1 R(6).

DOCUMENTATION OF CREDIT FOR PRIOR LEARNING

The Program Coordinator upon approving credit for prior learning will document such credit on the resident's one45 profile using this form.

Procedure Logs

One45-based Procedure Logs complement one45 evaluations as tools for documentation of learning and competency in the LMPS Pharmacy Practice Residency Program.

The panel of Procedure logs to be completed by residents is selectively drawn from the current CPRB competency-based Standards to capture items which are suited for treatment as a discreet procedural activity. These procedures are explicitly linked to the relevant CPRB Standard.

POLICY

As a condition of program completion, residents will complete all assigned Procedure Log items within the time frame of the residency program year

RESIDENT RESPONSIBILITIES

- Each completed procedure must be recorded and documented via one45
- Residents will be continuously aware of which procedures they have completed and which ones remain outstanding
- Residents will seek opportunities to perform procedures during all applicable components of their program
- Residents will share with preceptors at the outset of each rotation which procedures they have not yet completed and discuss the potential for their completion during the rotation
- Residents will document in their one45 profile the reflections for completed procedures
- Where the correct preceptor is not listed in the Procedure Log for a particular procedure (or where there is no specific relevant preceptor), residents will choose the Program Coordinator as the preceptor
- The **DEADLINE** for completion of **ALL** required procedure logs is the resident's last residency program day

PRECEPTOR RESPONSIBILITIES

Preceptors will oversee procedures and provide verbal feedback to the resident on their performance. They can review the written assessment of the procedure and self-reflection provided by the resident by asking the resident to access their complete procedure logs in one45.

HOW TO ENTER A COMPLETED PROCEDURE LOG ITEM

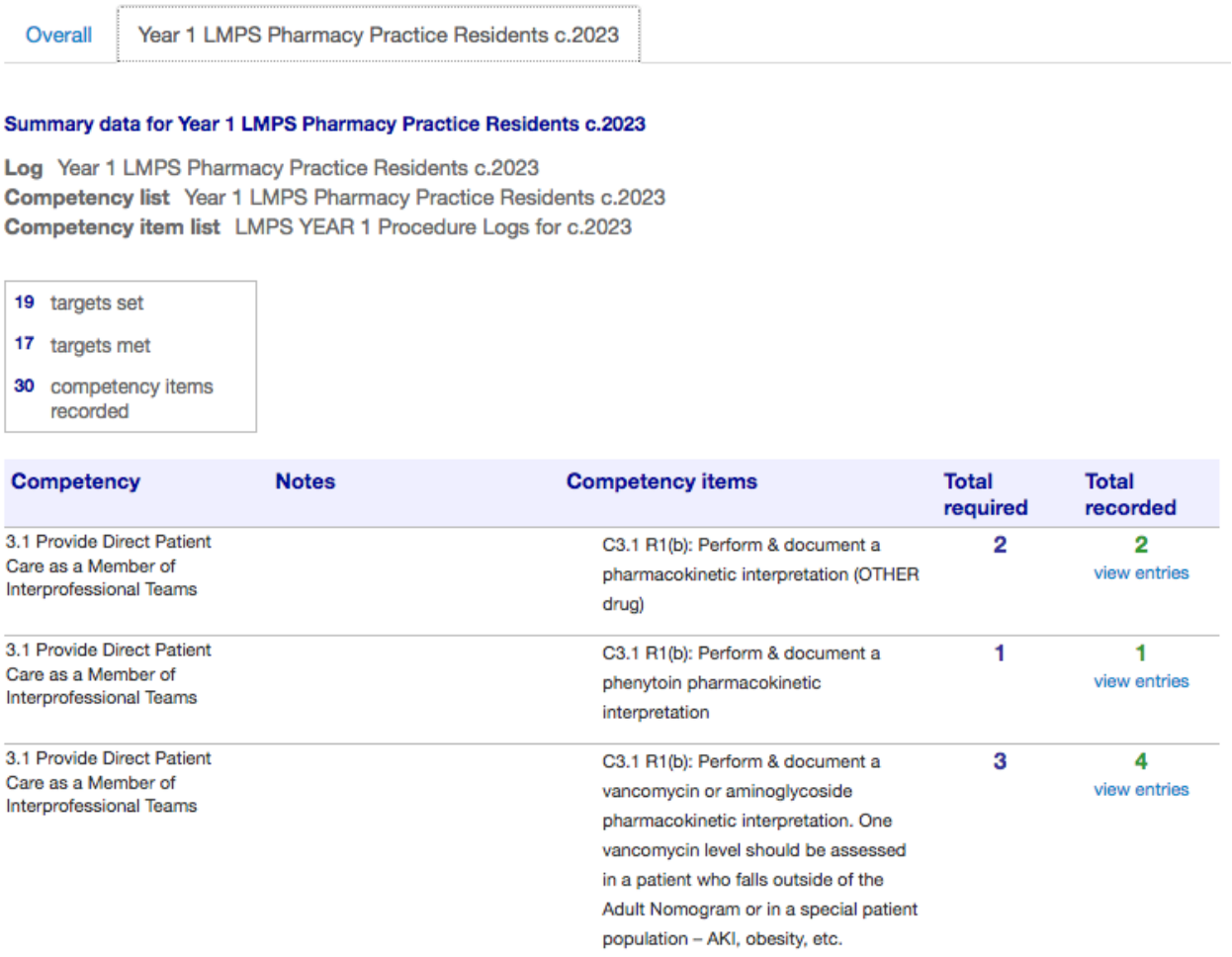
1. Click "Pt/Procedure Logs" in the one45 sidebar

2. Click “Create log” and a screen will appear for you to enter your procedure log.

3. When you click on “Search under procedure”, a list will be displayed for you to pick from.

4. Once you have completed your entry, hit "Submit". Please ensure you identify which rotation and preceptor under which you completed your procedure log. As mentioned above, if your procedure log is not attached to a particular rotation, please select your Coordinator as the preceptor.
5. Residents can view which procedures they need to do (and how many times) and ones which they've completed by clicking on the **Expectations Summary** and generating a summary report.

... to produce the following view



Overall | Year 1 LMPS Pharmacy Practice Residents c.2023

Summary data for Year 1 LMPS Pharmacy Practice Residents c.2023

Log Year 1 LMPS Pharmacy Practice Residents c.2023
Competency list Year 1 LMPS Pharmacy Practice Residents c.2023
Competency item list LMPS YEAR 1 Procedure Logs for c.2023

19 targets set
17 targets met
30 competency items recorded

Competency	Notes	Competency items	Total required	Total recorded
3.1 Provide Direct Patient Care as a Member of Interprofessional Teams		C3.1 R1(b): Perform & document a pharmacokinetic interpretation (OTHER drug)	2	2 view entries
3.1 Provide Direct Patient Care as a Member of Interprofessional Teams		C3.1 R1(b): Perform & document a phenytoin pharmacokinetic interpretation	1	1 view entries
3.1 Provide Direct Patient Care as a Member of Interprofessional Teams		C3.1 R1(b): Perform & document a vancomycin or aminoglycoside pharmacokinetic interpretation. One vancomycin level should be assessed in a patient who falls outside of the Adult Nomogram or in a special patient population – AKI, obesity, etc.	3	4 view entries

Resident Progress Meetings

1:1 LONGITUDINAL ASSESSMENTS AND MEETINGS WITH THE PROGRAM COORDINATOR

At the start of their program and at regular intervals throughout the year, residents will meet individually with the Program Coordinator. The Advisor and Program Director will also attend the Longitudinal Assessments in November and April. The role of the Program Coordinator is to provide any support or guidance the resident might need to successfully complete their program.

The agenda for each meeting includes updates on overall program progress, reviews of rotation assessments & procedure logs, short- and long-term goals, research project status, well-being/discussion using the Cohen-Perceived Stress Score challenges faced, general questions and needs for support of the resident. These meetings are also an opportunity for 2-way feedback for both the resident and Program Coordinator.

Resident Resources

CARE PLANS AND WORKUP

Pharmaceutical Care Plan - A comprehensive learning document covering all aspects of patient workup and therapeutic decision-making by pharmacists

Pharmacist's Workup of Drug Therapy (PWDT)

PATIENT MONITORING FORMS

To get you started and possibly evolve to your own preferences:

- Patient Work Up v1.0
- Patient Work Up v2.0
- Patient Work Up v3.0
- Patient Work Up v4.0
- Work Up Sheet - part 1 | Workup Sheet - part 2
- General Work Up Sheet
- CTU Work Up Sheet
- Work Up Form

Patient Verbal Presentation Cheat Sheet

HEALTH RECORD DOCUMENTATION FORMAT

Although there is no single documentation standard for pharmacists in LMPS, a safe bet for note format is SOAP. If you can write a good SOAP note, you can survive in almost any clinical setting. Learn from individual sites and preceptors about their unique documentation standards/formats. Other formats such as **FARM** (Findings, Assessment, Recommendations, Monitoring) are also acceptable.

- Fraser Health Note Writing Policy

DRUG INFORMATION REFERENCES

- Drug Info Quicklinks Page - See Appendix A
- NERD Critical Appraisal Tools - Founded by one of our past residents, Ricky Turgeon, the NERDCAT program began as a pharmacy resident journal club. Please see the linked website for useful tools and resources for critically appraising evidence.
- FH Pharmacy Resources
- VGH Pharmaceutical Sciences resources
- Lab values – Guide to Interpretation
- UBC Library Resources For Pharmacists
- UBC Library Resources Orientation Guide
- In addition, you will have access to RxFiles, UptoDate, Lexicomp, and Bugs and Drugs from health authority computers

CULTURAL SAFETY AND EDI RESOURCES

LMPS serves diverse individuals, populations, and communities, including people who are First Nations, Métis, immigrants, refugees and newcomers to Canada. We acknowledge historical and ongoing health inequities, and aim to move towards a just healthcare system by addressing health inequities. LMPS understands that cultural safety and equity, diversity, and inclusion are critical components of equitable health care. Resident are encouraged to reflect upon their understanding of these issues and potential barriers to a patient's health care needs.

FH Equity, Diversity, Inclusion (EDI), and Cultural Safety Resource Guide

UBC Centre for Excellence in Indigenous Health resources

BC College of Pharmacists Cultural Safety and Humility training

Resident Support Network

At LMPS, we have a support network of individuals who are concerned about our residents' learning, well-being and progress.. We have decades of experience with training residents and understand the many challenges residents may experience at various points in their program.

Whether you are struggling with a challenging situation or would just like to touch base to chat, please feel free to contact any of us!

Program Director
Program Coordinator
Program Administrative Assistant(s)
Resident Clinical Advisors
Residency Advisory Council (RAC) Members
Your Preceptors
Your Near Peer
Clinical Site Coordinators
Staff Pharmacists or Technicians
Your Resident Colleagues
BC Chief Residents and LMPS Chief Residents

MENTAL HEALTH RESOURCES AVAILABLE

We care about your mental health and encourage you to access resources early and often. If you are struggling, please reach out to your Advisor, Near Peer, or Residency Coordinator for support. The residency program also provides two Resiliency Sessions per year to help you gain perspective and address challenges specifically related to residents.

Fraser Health offers many free, confidential resources

FHA - Employee Assistance Program https://www.workhealthlife.com/

FHA Employee Wellness Resources https://www.fraserhealth.ca/yourhealthmatters

Starling Minds (sign up using access code: FHAWELLNESS) https://www.starlingminds.com/

MindWell U - 30 Day Challenge https://app.mindwellu.com/fraserhealth/landing

Additional resources can be found here Resident Mental Health Resources

Resident Workplace Safety

As FH employees, residents are required by provincial legislation, WorkSafeBC regulations, and VCH, PHC, PHSA, and FH policies (depending on site of activity at any given time) to be familiar with the relevant policies and resources.

Because LMPS residents work in a wide variety of settings across many facilities, conventional orientation to all procedures at all sites is not practicable. However, the resources below must be reviewed by residents, with any questions directed to the Program Coordinator.

Fraser Health Workplace Health & Safety

Provincial Workplace Health Call Center 1-866-922-9464: call about ANY safety-related issue or incident or exposure (including violence in the workplace) anywhere report and/or receive guidance.

Any observed workplace **hazards** or **incidents** should be reported to either the most immediate supervisory person and/or to security, with appropriate followup documentation or reporting per above. Any workplace incident involving the resident themselves should be reported as above, and also immediately to the Program Coordinator.

Respectful Workplace

Fraser Health Respectful Workplace policy establishes practices and procedures that promote an environment of mutual respect, safety, and inclusiveness for all employees, physicians, volunteers, students, and others working within Fraser Health. Fraser Health is committed to ensuring that all individuals working within the organization are treated with dignity and respect, free from discrimination and harassment, and supported in resolving workplace disputes in a constructive manner.

All individuals covered by this policy are accountable for their own behavior and must conduct themselves in a respectful, non-discriminatory, and co-operative manner in the workplace and at all work-related gatherings and events.

Fraser Health Respectful Workplace Policy

RESIDENT SURVIVAL/SUCCESS TIPS

"Learning is not compulsory, but neither is survival." - W. Edwards Deming

GENERAL SURVIVAL/SUCCESS TIPS

TWO weeks before each new rotation starts:

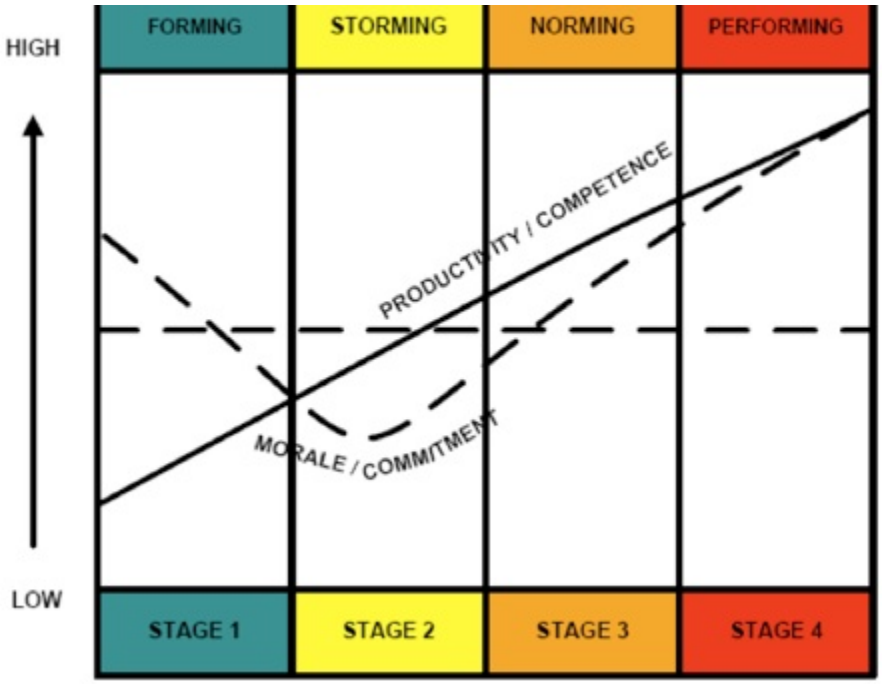
- Contact your preceptor by email or phone to establish contact, find out about pre-readings not posted on one45, arrival time/place, other special instructions

On the first day of each new rotation (after doing rotation orientation with preceptor)

- Determine which other residents are on site and MAKE THE CONNECTION for networking, support, lunch, consults, etc.
- Notify preceptor of all scheduled meetings, ADS, and events that will take you away from the rotation
- Ask your preceptor about upcoming grand rounds, pharmacy rounds, etc.

STAGES OF DEVELOPMENT:

During some rotations, residents sometimes say they feel overwhelmed, "like I don't know anything", "like there's no way I can do this". It often helps at these moments to take a step back to see the bigger picture. Nothing illustrates what might REALLY be going on better than the model below:



Think of the Stages as WEEKS in your 4-week rotation. Think of them as QUARTERS in your residency year.

Week 1: "Unconscious incompetence" - you don't know what you don't know/can't do

Week 2: "Conscious incompetence" - you're realizing how much you don't know/can't do (this is often the most painful part... this will pass)

Week 3: "Conscious competence" - you're starting to realize there are some things you can do. It is reasonable to not go beyond this step in a 4-week rotation.

Week 4: "Unconscious competence" - you know and do things without having to think really hard about what you're doing. This stage isn't often reached during a clinical rotation, which is understandable. This could take years for a clinical specialist to develop.

This model applies equally well to your residency year overall. Think about it. Realize that what you're going through is NORMAL, that things CHANGE... you PROGRESS. Also realize that it is normal to experience SETBACKS. You'll go through this process REPEATEDLY throughout your residency. This is all good for you and leads to you being a "Performer" by the end of your residency year.

The Dreyfus Model of Skill Acquistion is a powerful way to think about how you're progressing throughout the program, and in relation to individual skills. The model describes the stages of skill acquisition and is one of the rubrics used in our evaluation process.

1. **Novice**
   - "rigid adherence to taught rules or plans"
   - no exercise of "discretionary judgement"
2. **Advanced Beginner**
   - limited "situational perception"
   - all aspects of work treated separately with equal importance
3. **Competent**
   - "coping with crowdedness" (multiple activities, accumulation of information)
   - some perception of actions in relations to goals
   - deliberate planning
   - formulates routines
4. **Proficient**
   - holistic view of situation
   - prioritizes importance of aspects
   - "perceives deviations from the normal pattern"
   - employs maxims for guidance, with meanings that adapt to the situation at hand
5. **Expert**
   - transcends reliance on rules, guidelines, and maxims
   - "intuitive grasp of situations based on deep, tacit understanding"
   - has "vision of what is possible"
   - uses "analytical approaches" in new situations or in case of problems

UBC Library Access

UBC Card

LMPS Residents are given an "unclassified" UBC student status during their residency program. Once you have submitted the required registration form and fee to UBC, you may then

apply for a UBC card. This card serves as a personal identity card and gives you access to the library and other facilities.

All residents require an active UBC card during their residency for access to various resources, specifically UBC Library.

If you are a current UBC student, please note that you will be eligible to apply for your UBC card as a resident on or after July 1st.

As a registered student, you will be able to obtain your UBC card directly from the UBC Carding Office located within the UBC Bookstore - (604) 827 5900. The processing time is approximately 2 minutes. For students living outside the Lower Mainland, please apply online via the link below.

These "Resident Cards" give lending privileges in the library at a higher level than the undergraduate student cards. As well, they are used in the hospital branches where you have been assigned. They do not function as student cards. They do not carry the AMS sticker, which provides access to student services. They indicate the student's name and special privileges at the graduate level in the library system. For detailed information on the privileges please call (604) 822 4440 or speak to a Reference Librarian at one of the Medical Library Branches, i.e.: Woodward Library.

UBC Card: http://ubccard.ubc.ca/

UBC Library: http://www.library.ubc.ca/

UBC Faculty of Pharmaceutical Sciences Contact Person: Gloria Cheng - 604 827 2673

Professionalism

As per Canadian Pharmacy Residency Board Standards, residents are expected to manage their own practice of pharmacy as per standard 3.4. This standard includes reference to professionalism.

3.4 Exhibit Ability to Manage One's Own Practice of Pharmacy

Standard

The resident shall apply skill in the management of his/her own practice of pharmacy, to advance his/her own learning, to advance patient care, and to contribute to the goals of the program, department, organization, and profession.

Requirements

1. The resident shall consistently demonstrate efforts to refine and advance critical thinking, scientific reasoning, problem-solving, decision-making, time management, communication, self-directed learning, and team/interprofessional skills that are the hallmarks of practice leaders and mature professionals.
2. The resident shall manage his/her own practice and career, setting priorities to establish healthy work–life balance, and shall implement processes to ensure personal practice improvement.

Professionalism is assessed within the evaluation rubric of each rotation and project. The resident must take responsibility for their own learning and this is includes punctuality and meeting deadlines as outlined below.

C. Attitudes and Behaviours (Professional Characteristics)

	Does Not Consistently Exhibit	Consistently Exhibits
*17. Responsibility for Own Learning (CPRB 2.1.5.3, 2.1.5.4, 3.1.1.c, 3.4.1) Self-direction, motivation Modification of behavior in response to feedback Professional conduct (punctuality, communication about patient care activities, rotation expectations and deadlines, accountable for own actions) Reliability and follow-through on all tasks assigned	○	○

Please also refer to the link below for the "Principles of Professionalism for the Profession of Pharmacy" released by the National Association of Pharmacy Regulatory Authorities.
NAPRA-Principles-of-Professionalism-July-2022-EN-Final.pdf

Appendix A: Drug Information Resources Quicklinks

Updated annually by LMPS Co-chiefs

Table of contents by category:

	Links to Website
DRUG INFORMATION	
Lexicomp (paid subscription at FH, VCH-PHC); also available as a mobile app! **Rx Files** • Comprehensive drug comparison charts and other useful information • Access from computers in the Lower Mainland Regions: username and password not required;	Lexi-Drugs Rx Files Online

	Links to Website
• Access from outside LM Regions: not available	

	Links to Website
DISEASE INFORMATION	
UpToDate • (Access is limited to on-site computers at acute care sites) • UpToDate is a database of clinical knowledge created and maintained by a community of over 4,000 expert clinicians. UpToDate covers more than 7,700 topics and includes text, graphics, links to Medline abstracts, as well as a drug database. • An updated version is released every four months.	UpToDate®
eMedicine • Free access to this comprehensive medical textbook for all clinical fields • Similar to "Up to Date" but with a less comprehensive look at the evidence for therapies • *NOTE: Easier to go to Google and search "name of condition eMedicine"*	eMedicine
BMJ Best Practice • Free access when on-site for database of clinical knowledge	BMJ
MISCELLANEOUS Drug info	
CYP450 Drug Interaction Table	CYP450
Peri-Operative Medication Management • A guide to help determine which drug(s) to stop before surgery and more	Peri-Operative Medication Management
Special Access Program Information (Fact Sheet, Instructions, Request Form) • This does not include the Special Access Drug list. A hard copy of the list has been purchased for each pharmacy dept (consult your site coordinator to see the list).	SAP Forms and Information
Medi-Mouse • Search the Health Canada database and retrieve BC	Medi-Mouse

	Links to Website
Pharmacare coverage information, package sizes and manufacturer's price. If BC Pharmacare information is n/a, the drug is probably not covered by any plan. Prices are not available for all drugs.	Drug Search
DrugSearch • Drug search engine created by a pharmacist and software engineer. Provides a list of drug strengths and formulations and associated prices in BC, including the total drug cost, prices for patients who have reached their Pharmacare deductible, prices for patients who have reached their family maximum, a list of Pharmacare plans that provide full coverage and outlines which drugs require special authority.	RPh World
RPh World • Hundreds of useful resources for Pharmacists • For example: Clinical Directory : Drug Information : Interaction : Pharmacist CE : Lab Interpretation : Renal Dosing : Parenteral Manual : Pediatric Dosing : Drug and Pregnancy : Poison Control : Potency Conversion : Popular Sites : Institutions Using Us : Canadian Resources	QT Prolongation Drug List Credible Meds Bennett's Drug Prescribing in Renal Failure Dialyze-iHD
Drugs that Prolong the QT Interval **Credible Meds – QT prolonging medications**	Renal Dosing
Bennett's Drug Prescribing in Renal Failure (4th Edition) • Once on the webpage, click on "Dosing Guidelines for Adult"	Herbal CKD FDA Approved Drugs and Unpublished Data
Dialyze-iHD • Dialyzability of medications in intermittent hemodialysis	Antibiotic Guide
Renal Dysfunction Dosing Resource	Bugs and Drugs
Herbal-CKD • Safety of herbal products in patients with chronic kidney disease	Firstline
FDA Approved Drug Database (with access to unpublished clinical trial data)	HIV interaction checker
Johns Hopkins Antibiotic Guide Similar to Sanfords	BCCE HIV HIV treatment guidelines
Bugs and Drugs Book • Comprehensive, evidence-based Canadian reference on the treatment and prevention of infectious diseases	UHN HIV clinic

	Links to Website
Firstline • Phone app also available **Liverpool HIV interactions** **BC Centre for Excellence for HIV/AIDs** **HIV Treatment Guidelines** **UHN HIV drug interaction table** • In addition to the drug interaction table, they provide additional information such as interactions with chemotherapy, properties of antiretrovirals (under drug information) **SwitchRx** • Suggests tapering and titration schedules for psychiatric medications **Liverpool COVID-19 Drug Interaction Checker** **Drug and Poison Information Centre (DPIC)** **Lab tests online** **Basic Skills in Interpreting Lab Data (ASHP)** **Morbidity and Mortality Weekly Report by CDC (MMWR)** **Canada Vigilance Adverse Reaction Online Database (CVAROD)** **FDA Adverse Event Reporting System (FAERS)** **Micromedex** • **Access via site-specific health authority login**	SwitchRx COVID-19 Drug Interactions DPIC labtestsonline Basics Skills in Interpreting Lab MMWR CVAROD FAERS Via Health Authority login
PEDIATRIC, PREGNANCY/LACTATION CARE	
Pedmed.org • Online version of BCCH dosing guidebook • C&W Pharmacy Department POD intranet team site has the most up-to-date copies **SHOP** • C&W – site-specific PPOs and treatment algorithms **LactMed** **Briggs – Drugs in Pregnancy and Lactation** **Hale - Medications and Mothers' Milk** **Society of Obstetricians and Gynaecologists (SOGC) Guidelines**	C&W online Formulary (PedMed) SHOP LactMed via UBC Library via UBC Library via UBC Library

	Links to Website
Canadian Pediatric Society (CPS) • Contains clinical tools and resources such as growth charts, counselling guides **American Academy of Pediatrics (AAP)** • Contains different guidelines, reviews articles, trials in pediatrics and neonates **BCCH Family Support and Resource Centre** • Counselling and information sheets specific to BCCH **St. Jude Children's Research Hospital** • Counselling sheets including antiretrovirals, chemotherapy **Red Book** • Infectious disease management in pediatrics **Kelty Mental Health Resource Centre** • Counselling and monitoring handouts specific to mental health medications **Drug Cocktails** • Drug interactions with street drugs, alcohol geared towards youth **Handbook of Drug Administration via Enteral Feeding Tubes 2015**	CPS AAP BCCH Family Support and Resource Centre St. Jude Children's Research Hospital Via UBC Library Kelty Mental Health Resource Centre Drug Cocktails Handbook Of Drug Administration via Enteral Feeding Tubes

	Links to Website
DRUG AVAILABILITY	
Updated information from the Therapeutics Product Directorate at Health Canada	Licensed Drugs in Canada
U.S: FDA drug database	FDA approved drugs
NUTRITION and COMPLEMENTARY MEDICINE INFORMATION	
The Natural Pharmacy** • Free information on natural products, drug interactions, and conditions that have natural remedies	The Natural Pharmacy Website
National Library of Medicine Dietary Supplements Labels Database • Information about ingredients in more than two thousand selected brands of dietary supplements	Dietary Supplements
CLINICAL MONITORING TOOLS AND CALCULATORS	
Pharmwell • Kinetics, to drip rates, to dose conversion charts, and much much more… • Tables of "Drugs that Induce…"	Pharmwell Webpage Clinical Monitoring Tools
King Guide to Parenteral Admixtures • An online IV compatibility checking tool. • Maximum of 5 concurrent users • No username or password required if accessing from FH computer. • Home access username: fhpharm password: fraser	King Guide
Vancouver Coastal Health Therapeutic Tools • Everything from drug comparisons to clinical tools	Vancouver Coastal Therapeutic Tools
Digoxin kinetics calculator	Digoxin Kinetics Calculator
MDCalc (Medical calculators)	MDCalc

	Links to Website
HEALTH LITERACY:	
ACCP (AHRQ – Agency for Healthcare Research and Quality) • **Defines health literacy and tools for use in pharmacies**	AHRQ health literacy
HOW TO FIND UBC E-BOOKS/E-JOURNALS	
Accessing the UBC Library Webpage	UBC Library Webpage
KEEPING UP TO DATE WITH CURRENT LITERATURE	
Evidence Updates** • Sign up for a free account, pick your areas of interest • Receive a weekly email of citations to articles (with links to abstracts in Pubmed), pre-screened for quality, form 110 premier medical journals, that are in your identified areas of interest **Amedeo: The Medical Literature Guide** • Sign up for free, pick your favorite journals and receive a weekly email of citations to articles in your area of interest (with links to abstracts in Pubmed)	Evidence Updates AMEDEO
SYSTEMATIC REVIEWS AND HEALTH TECHNOLOGY ASSESSMENTS	
Pubmed using the systematic review filter (covers a lot of SR databases in a one-stop shopping kind of way)** • Step 1: Set up a "My NCBI Account" on the PubMed Online training page (see the adjacent link in the right column) • Step 2: View the "Filters" tutorial to learn how to set up a "Systematic Review Filter" on the "Pubmed Online Training"	PubMed PubMed Online Training CRD Database

	Links to Website
Centre for Reviews and Dissemination (CRD) database (covers a lot of SR databases in a one-stop shopping kind of way)** • Citations here also have links to free full text documents when they are open-access • Also a "one-stop shopping" database that searches multiple other databases • It searches DARE (which provides structured abstracts of systematic reviews from an objective third party perspective)	Cochrane
Cochrane Database of Systematic Reviews (CDSR)** • Free fulltext access to systematic reviews and plain language summaries • Use “print preview” version and cut/paste this into a word document and then save the review in your files	Health Evidence Canada
Health Evidence Canada • Promoting evidence based decision making and providing a searchable database of systematic reviews.	NHS HTA Database
NHS (National Health Service) Database of Health Technology Assessments (HTA) • Free fulltext comprehensive systematic reviews and HTAs on a variety of healthcare drug and device topics • From the United Kingdom	NICE HTA Database
NICE (National Institute of Clinical Excellence) Database of HTAs • Free fulltext comprehensive systematic reviews and HTAs on a variety of healthcare drug and device topics • From the United Kingdom	AHRQ Database
AHRQ (Agency for Healthcare Research and Quality) Database • Free fulltext systematic reviews and HTAs • US-based website	OHSU Reports
OHSU Drug Effectiveness Program** • Free fulltext comprehensive systematic reviews and class reviews	CADTH Publications
Canadian Agency for Drugs and Technology in Health (CADTH) Database • Free fulltext systematic reviews, HTAs, and economic assessments from a Canadian perspective • Free email alert service	Bandolier Website
	Therapeutics Initiative

	Links to Website
Bandolier** • Various evidence-based reviews, free and full-text with email alert service • Look in the "Knowledge Library", "Healthy Living Zone", and "Extended Essays" sections **Therapeutics Initiative**** Free, fulltext and free email providing systematic Reviews on various topics in a concise, newsletter format	
TOOLS TO HELP WITH CRITICAL APPRAISAL	
Critical Appraisal Skills Program (CASP)** • Worksheets to help you go through and extract important information from all types of study designs and systematic reviews **NERDCAT: A Clinician's Guide to Appraising Randomized Controlled Trials, Systematic Reviews and Meta-Analyses**	CASP Checklists Nerdcat
STATISTICAL CALCULATORS	
GraphPad.com** • A number of tools to help you calculate common statistics used in clinical trials (e.g. NNT, 95% CI) **Statistical Tools from Centre for Evidence-based Medicine** • Confidence intervals, difference between 2 proportions and likelihood ratios **Statpages** • Tons of links to all sorts of free stats calculators, random number generators, etc. **Sample Size Calculator**	GraphPad Quickcalcs CEBM Statistical Tools Statpages Calculators UBC Statistics Sample Size Calculator
FREE FULLTEXT JOURNALS (OPEN ACCESS)	

	Links to Website
Canadian Medical Association Journal **PLoS (Public Library of Science) Medicine Journal** **PLoS Clinical Trials Journal** **British Medical Journal** **Medical Journal of Australia**	
FREE FULLTEXT JOURNALS THROUGH FRASER HEALTH LIBRARY	Electronic Full Text Journals
FH DATABASES • If the link is invalid, please go to FH intranet → Research & library → find articles & databases • Choices include OVID (Cochrane Library, ACP Journal Club, Medline…) and EBSCO (CINAHL, Psych info)	FH Databases
EBM MISCELLANEOUS SITES	
TRIP Database (free registration required) • Search engine with an emphasis on evidence-based medicine topics **Bandolier: Evidence-based Thinking About Healthcare** • Free, email alert for their newsletter **Healthy Skepticism** • Countering misleading drug promotion **Therapeutics Initiative** • A resource providing information on evidence-based drug therapy • They will email their newsletters to you for free **Health Technology Assessment International (HTAi)** • Links to information regarding all aspects of health technology assessments **Centre for Reviews and Dissemination (UK - NHS,**	TRIP Bandolier Access Healthy Skepticism Therapeutics Initiative HTAi CRD

	Links to Website
University of York)	
CLINICAL PRACTICE GUIDELINES AND GUIDANCE TOOLS	
Canadian Clinical Practice Guidelines **British Columbia Medical Association Guidelines and Protocols** **Guideline Clearinghouse** • Repository of all sorts of clinical practice guidelines from all over • Free, email alter service **ACCP Guidelines (including the CHEST Antithrombotic Guidelines)** **Society of Critical Care Medicine Guidelines** **BC Opioid Use Disorder Guidelines** Firstline - Antimicrobial Stewardship: - Under select location choose your practice site Firstline – Opioid Stewardship - Under select location choose choose: "Fraser Health Pain and Opioid Stewardship" - To toggle between Antimicrobial Stewardship (see above) and Opioid Stewardship content use Firstline icon on Dashboard to return to "select location" screen	Canadian Clinical Practice Guidelines GPAC Guideline Clearinghouse Access ACCP Clinical Practice Guidelines SCCM Guidelines BC Opioid Use Disorder Guidelines
PHARMACY ASSOCIATIONS	
College of Pharmacists of BC: http://www.bcpharmacists.org/ **CSHP: http://www.cshp.ca/ https://cshp-bc.com** **BCPHA: http://www.bcpharmacy.ca/** **CPhA: http://www.pharmacists.ca/index.cfm**	

	Links to Website
UBC School of Pharmacy: https://pharmsci.ubc.ca	

Appendix B: Evaluation Rubric

Expectations of Resident Performance (for MODERATELY COMPLEX patients)

Given the trajectory of learning during the program, the resident is meant to progress to the expected level of performance indicated by the end of the block of rotations in each time point (eg. Advanced Beginner by the end of rotation 2, or Competent by the end of rotation 5 or Proficient by the end of rotation 8). During each rotation, the residents should be approaching the expected level of performance as outlined below. The need for the resident to complete a remedial rotation will be assessed on a case-by-case basis with consideration for the longitudinal progress of the resident.

Time Point	**Expected Level of Performance** (for **moderately** complex patients and drug therapy problems)	
Direct Patient Care Rotations 1-2	A. Knowledge B. Skills C. Attitudes and Professional Behaviour	Understanding Advanced Beginner Consistently Exhibits
Direct Patient Care Rotations 3-5	A. Knowledge B. Skills C. Attitudes and Professional Behaviour	Applying Competent Consistently Exhibits
Direct Patient Care Rotations 6-8	A. Knowledge B. Skills C. Attitudes and Professional Behaviour	Analysing Proficient Consistently Exhibits

Knowledge Rubric is based on Bloom's Taxonomy:

Bloom's Taxonomy is a framework used in education to categorize cognitive skills on a continuum, starting from basic recall (remembering) and progressing to higher-order thinking such as analysis, evaluation, and creation.

Level	**Characteristics**
Remembering	Data recall. Able to state/list previous learned information. Shallow processing, draws out factual answers.
Understanding	Understands meaning. Demonstrates understanding of facts/ideas through the ability to translate, interpret and extrapolate information.
Applying	Uses learning in novel situations. Able to use/implement information in settings that are new, unfamiliar or have a new slant.
Analyzing	Understands elements and relationships. Able to break down information into parts and determine how they relate to one another and the overall organizational structure or purpose. Able to use this information to solve problems.

Skills (Provision of Pharmaceutical Care) Rubric is based on the Dreyfus Model of Skill Acquisition:

The Dreyfus Model of Skill Acquisition is a framework that describes the cognitive and experiential changes that learners undergo as they progress through 5 stages of skill development, ranging from novice to expert. It emphasizes the transition from reliance on strict rules to a more nuanced, intuitive understanding of the skill through experience and refining abilities over time.

Level	Characteristics
Novice	Has incomplete understanding and minimal or "textbook" knowledge without connecting it to practice. Approaches tasks mechanistically. Little or no conception of dealing with complexity. Needs close supervision or instruction.
Advanced Beginner	Has a working understanding and knowledge of key aspects. Tends to see actions as a series of steps. Appreciates complex situations, but only able to achieve partial resolution. Able to achieve some steps using own judgement, but supervision needed for overall task.
Competent	Has good working and background understanding. Now sees actions at least partially in terms of longer-term goals. Copes with complex situations through deliberate analysis and planning. Able to work independently to a standard that is acceptable though it may lack refinement. Able to achieve most tasks using own judgement.
Proficient	Has a deeper understanding. Sees overall "picture" and how individual actions fit within it. Sees what is most important in a situation. Deals with complex situations holistically. Decision-making is more confident. Applies information across scenarios with adaptable approaches. Can achieve a high standard routinely and independently. Able to take full responsibility for own work.

Expected Level of Performance for Direct Patient Care Rotations

Direct Patient Care Rotation #	Expected Level of Performance on Final Evaluation
1	Approaching 50% of scores at level of Understanding or Advanced Beginner
2	Approaching 90% of scores at level of Understanding or Advanced Beginner
3	Approaching 33% of scores at level of Applying or Competent

4	Approaching 67% of scores at level of Applying or Competent
5	Approaching 90% of scores at level of Applying or Competent
6	Approaching 33% of scores at level of Analyzing or Proficient
7	Approaching 67% of scores at level of Analyzing or Proficient
8	Approaching 90% of scores at level of Analyzing or Proficient

*The above information is used along with a resident's longitudinal progress in the program to determine success on a rotation or the need for additional supports. The resident should be demonstrating ongoing progress towards approaching the expected level of performance at the end of the rotation Please be honest in your evaluations to ensure we are recognizing struggling learners in a timely manner.

** Approved by LMPS Year 1 RAC, September 2022

Appendix C: Direct Patient Care Rotation Goals and Objectives

(also posted on one45)

Goals

The resident shall:

1. Develop and integrate the knowledge required to provide evidence-based patient care as a member of the interprofessional team.
2. Demonstrate the necessary skills required to perform patient-centred clinical assessments and establish evidence-based care plans incorporating the principles of shared decision-making in collaboration with other health care professionals.
3. Demonstrate the attitudes and behaviours characteristic of a mature health care professional.
4. Demonstrate the necessary skills to manage their own practice of pharmacy, effectively carry out professional duties and advance their learning.

Objectives

The resident will be able to:

1. Relate knowledge of pathophysiology, risk factors, etiology and clinical presentation of common medical conditions including symptoms, physical assessment, relevant diagnostics and laboratory findings to patient-specific findings to make appropriate clinical assessments and care plans. [2018 CPRB 3.1.1.b]
2. Relate knowledge of pharmacology, pharmacokinetics and therapeutics to patient-specific findings and integrate best available evidence to make appropriate clinical assessments and care plans. [2018 CPRB 3.1.1.b, 3.1.2.a.b.c]
3. Apply safe medication practices to clarify, manage and improve medication use for individual patients and groups of patients. [2018 CPRB 3.2.5, 3.2.6, 3.3.2]
4. Place a high priority on and be accountable for selecting and providing appropriate care to patients who are most likely to experience drug therapy problems. [2018 CPRB 3.1.1.a, 3.1.7]
5. Establish a respectful, professional and ethical relationship with the patient and/or their caregivers, by engaging in empathetic, compassionate, non-judgemental, culturally safe and tactful conversations. [2018 CPRB 3.1.4, 3.1.8.a]
6. Accurately gather, evaluate and interpret relevant patient information from all appropriate sources in an organized, thorough and timely manner, including effectively eliciting patient history and performing assessments. [2018 CPRB 3.1.8.d.e]
7. Develop a prioritized medical problem list and describe the active issues that are responsible for the patient's admission or clinic visit. [2018 CPRB 3.1.8.f]

8. Identify, prioritize and justify a list of patient-specific drug therapy problems. [2018 CPRB 3.1.8.c, 3.2.4]
9. Establish and incorporate the patient's desired outcome(s) of therapy and advocate for the patient in meeting their health-related needs. [2018 CPRB 3.1.5, 3.1.6, 3.1.8.b.f]
10. Identify, assess and justify a list of reasonable therapeutic alternatives and integrate best available evidence into clinical decision-making with consideration of drug efficacy, safety, patient factors, administration issues and cost. [2018 CPRB 3.1.2.b.c, 3.1.8.d.e.f]
11. Establish a patient care plan and implement recommendation(s) that include consideration of the patient's goals and the roles of other team members; and incorporates the principles of shared decision making. [2018 CPRB 3.1.1.d, 3.1.3.c, 3.1.6, 3.1.8.f.g]
12. Proactively monitor drug therapy outcomes and revise patient care plans on the basis of new information. [2018 CPRB 3.1.8.h.i]
13. Establish and maintain effective inter- and intra-professional working relationships for collaborative care and provide safe and effective transfer of responsibility during care transitions. [2018 CPRB 3.1.3.a.b.e.f]
14. Proactively share and document information about care plans and any additional measures to optimize clinical decision-making, patient education and patient safety both verbally and in writing to team member(s), patient and/or caregiver(s), as appropriate. [2018 CPRB 3.1.1.d, 3.1.8.i]
15. Effectively respond to medication- and practice-related questions and educate others in a timely manner, select and navigate resources, utilize systematic literature search and critical appraisal skills to formulate a response shared verbally or in writing, as appropriate. [2018 CPRB 3.1.2.a.b.c, 3.5.1.a.b.c.d.e]
16. Demonstrate responsibility for own learning through refinement and advancement of critical thinking, scientific reasoning, problem solving, decision making and interprofessional skills to manage one's own clinical practice and effectively carry out professional duties. [2018 CPRB 2.1.5.3, 2.1.5.4, 3.1.1.c, 3.4.1]
17. Demonstrate commitment to the profession, collaboration and cooperation with other health care workers and an understanding of the role of the pharmacist in the interprofessional team in the improvement of medication use for patients. [2018 CPRB 2.1.5.6, 3.1.3.a.b.c.d, 3.2.2, 3.3.4]