

LOWER MAINLAND PHARMACY SERVICES – YEAR 1 RESIDENT MANUAL

TABLE OF CONTENTS

Welcome	1
Academic Day Seminars	1
Chief Residents	4
Competency Self-Assessment	5
Evaluation and Assessment Policies	7
Human Resources	12
Information Systems (Electronic Health Records)	13
Leave, Sick Time, STATs, Vacation	18
Licensure/liability	19
Oral Assessment	20
Oral Presentations	21
Prior Credit For Learning	23
Procedure Logs	24
Resident Progress Meetings	26
Resident Resources	27
Resident Support Network	28
Resident Workplace Safety	29
Survival/success tips	30
UBC Card	33
Professionalism	34
Appendices	
Appendix A: Drug Information Quicklinks	35
Appendix B: Evaluation rubric	47

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) program is 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, distribution, therapeutics, teaching/precepting skills, and other professional skills, are discussed through facilitation by pharmacists who are experts in their fields. The sessions are mainly case-based to optimize resident participation and application of learning. Each session usually ranges from 2.5 to 3.5 hours in duration.

OBJECTIVES

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

1. To learn and expand their knowledge about various facets of pharmacy practice from experienced preceptors;
2. To develop leadership, teaching, and professional skills in a positive environment;
3. To share knowledge and experiences in order to contribute to the learning of other residents

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.

ATTENDANCE POLICY

In-person (or videoconference) attendance at all Adult ADS sessions is mandatory for AdultPod residents.

In-person attendance at all Pediatrics ADS sessions is mandatory for Peds Pod residents.

Peds Pod resident in-person attendance is mandatory for the following Adult ADS sessions:

- Orientation Week
- EBM Week

Peds Pod resident attendance at other Adult Academic Day Seminar sessions is generally discouraged due to the additional requirement of Peds Pod Academic Day Seminars and thus further absences from your patient care activities. Permission **MUST** be obtained from the Program Coordinator before attending any other Adult Academic Day Seminars.

Attendance at the ADS sessions is currently limited to LMPS residents and preceptors due to room size restrictions.

EXPECTATIONS OF RESIDENTS

- Residents are **not** required to attend ADS sessions during scheduled vacation weeks
- For planned and unplanned absences, including vacation, the Program Coordinator must be notified in advance
- Residents must devise a plan to meet the learning objectives for all required sessions missed for any reason
- Getting to the sessions will require **PLANNING** to ensure you arrive on time (i.e., travel time, parking, room location, etc.)
- Residents must advise their preceptor on Day 1 of the rotation regarding ADS sessions they are committed to attending during the rotation

For each ADS session, residents are expected to:

- Review the learning objectives prior to each session
- 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 what is learned in 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 and presenters.

[Resident Evaluation of ADS Session and Facilitators](#)

FACILITATORS

LMPS staff are invited to facilitate the sessions based on their 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. Provide the following to the Program Administrative Assistant or Program Coordinator and added to appropriate Dropbox folder **AT LEAST ONE WEEK PRIOR** to the session:
 - a. **Pre-Session 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)
 - b. **Session Objectives:** Learning objectives that you expect the residents to have met by the end of the session or upon further reflection.
 - c. A maximum of two **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.
 - d. A copy of the **case(s)** you plan to discuss in the session (if possible/applicable)
2. Session format may vary depending on the subject. Case-based discussions are strongly encouraged in the therapeutic sessions and where applicable. Cases should illustrate the most important concepts you feel the residents should be knowledgeable about.
3. If pre-assignments are expected of the residents, please provide Program Coordinator with a brief description of the assignment and estimated time commitment.
4. Please seek prior approval from the Program Coordinator if considering requirement of a post-session assignment from the residents.

CHIEF RESIDENT

LMPS CHIEF RESIDENTS

During Program Orientation Week (or first program week), residents from the Adult Pod and Peds Pod will each appoint a Chief Resident for their pod. This role is distinct from the BC-wide Chief Resident who is elected via a separate process, although one resident could hold both positions.

Expectations of the LMPS Chief Residents

- Participate in the Residency Advisory Council process, 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
- Take responsibility for ensuring audiovisual and teleconference equipment set-up for ADS sessions and project presentations in August/September and May
- Other duties as deemed appropriate by the Program Coordinator or their pod's residents

BC CHIEF RESIDENT(S)

Selected by all BC residents usually in July during the Summer Didactic Sessions.

- Responsibilities and Terms of Reference: [BC Chief Resident](#)

COMPETENCY SELF-ASSESSMENT

TOOLS

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 is open/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

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.

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.

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.

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 encouraged 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 initiate 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

Outpatient Information Systems

Sites: FH outpatient clinics

1. **Commander Group** - this is the main software used for ambulatory care and for accessing PharmaNet

VANCOUVER COASTAL HEALTH (VCH)

*Please note that VCH has site-specific information systems

Inpatient Information Systems

Sites: Vancouver General Hospital, UBC Hospital, Richmond Hospital

1. **PCIS**
2. **CareCast (part of CareConnect)** - view a patient's medical record, lab reports, enter orders, generate target drug reports and view other episodes of care from sites in Vancouver Coastal Health, Providence Health Care, BC Cancer Agency, and the BC Children's & Women's Hospital.
3. **Excelleris** is the system used by VCH to view PharmaNet, generate MedRec forms, and view private labs and diagnostic imaging reports

Sites: Lions Gate Hospital, Squamish General 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.
2. **Excelleris** is the system used by Lions Gate Hospital to view PharmaNet, generate MedRec forms, and view private labs and diagnostic imaging reports

Outpatient Information Systems

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

1. **WinRx** - used by the ambulatory (transplant, home IV, oncology) clinics

PROVIDENCE HEALTH CARE (PHC)

Inpatient Information Systems

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

1. **Centricity Pharmacy** - used by PHC for access to health record information, order entry, labs, and target drug reports
2. **Sunrise Clinical Manager** - used for CPOE, clinical work and lab results. (Used when residents need to access SPH's old computer system, Sunrise Clinical Manager (SCM), to find historical data on patient encounters).
3. **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.

Outpatient Information Systems

Sites: PHC outpatient clinics, outpatient Centre for Excellence in HIV and AIDS and transplant clinics

1. **WinRx** - used by the ambulatory (transplant, home IV, oncology) clinics
2. **Centricity Pharmacy** - used by PHC for access to health record information, order entry, labs, and target drug reports

PROVINCIAL HEALTH SERVICES AUTHORITY (PHSA)

Inpatient Information Systems

Sites: BC Children's & Women's Hospital

1. **Centricity Pharmacy** - used by PHSA for access to health record information, order entry, labs, and target drug reports

Outpatient Information Systems

Sites: BC Children's & Women's Hospital

1. **Centricity Pharmacy** - used by PHSA for access to health record information, order entry, labs, and target drug reports
2. **Commander Group** - this is the main software used for ambulatory care and for accessing PharmaNet

LEAVES, SICK TIME, STATS, 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/leaves are tracked in one45 and 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

In the past, residents have received financial support from the department for conference leave, but since mid-2010, such funds have been frozen for all pharmacy staff. Residents are encouraged to attend local CSHP events, PPC, CSHP Banff Seminar, or other events of interest. Financial support from the department however, is unavailable at this time. 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. On the other hand, preceptors are not to ask residents to provide clinical service in lieu of the preceptor on such days. If any conflict between preceptor and residents' expectations should arise regarding this, please contact the Program Coordinator immediately to discuss.

LICENSURE/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.

ORAL ASSESSMENT

All LMPS residents will complete a comprehensive oral assessment during their residency. Per the [BC Program Standards](#), successful 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:

- [ESBL Bacteremia](#) - Shazia Damji
- [Triple vs Dual Inhaler Therapy in COPD - Don't Hold Your Breath](#) - Michelle Gnyra
- [AP Polypharmacy](#) - Ricky Turgeon
- [Too old for Birth Control?](#) - Elissa Aeng
- [A Hole Lot of Problems](#) - Lora Wang
- [Uremic Pruritis](#) - Nichoe Huan

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.

Per CPRB Accreditation Standards, residents must document personal reflections in their one45 Self-Assessment for each oral presentation they deliver during the program, including journal club presentations. These reflections should include what the resident thought went well and what they would like to try differently on the next presentation.

PRIOR CREDIT FOR LEARNING

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 1 month 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. If scheduling permits, the required 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 the preceptor
- The **DEADLINE** for completion of **ALL** required procedure logs is the resident's last residency program day

PRECEPTOR RESPONSIBILITIES

When overseeing or discussing a procedure performed by a resident: preceptors will “Submit”, procedure log messages in one45 to complete the documentation cycle.

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

Summary data for 2013-14 LMPS Adult Pod

Log LMPS Resident Procedure Log

Competency list LMPS Resident ProcedureLog Items

Competency item list Procedure Log Items

22 targets set**22** targets met**54** competency items
recorded

Competency	Notes	Competency items	Total required
3.1 Provide Direct Patient Care as a Member of Interprofessional Teams		C3.1 R4(e): Perform & document a pharmacokinetic interpretation (OTHER drug)	2
3.1 Provide Direct Patient Care as a Member of Interprofessional Teams		C3.1 R4(e): Perform & document a phenytoin pharmacokinetic interpretation	1
3.1 Provide Direct Patient Care as a Member of Interprofessional Teams		C3.1 R4(e): Perform & document an aminoglycoside pharmacokinetic interpretation	1
3.1 Provide Direct Patient Care as a Member of Interprofessional Teams		C3.1 R4(e): Perform & document a vancomycin pharmacokinetic interpretation	4

Resident Progress Meetings**1:1 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 role of the Program Coordinator is to provide any support or guidance the resident might need to successfully complete their program.

The Program Administrative Assistant will schedule these meetings and send out corresponding zoom calendar invites on behalf of the Program Coordinator. Residents are responsible for being on time for these meetings.

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, a discussion of the [Cohen-Perceived Stress Score](#) (as completed by the resident), any 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](#)

[Physical Examination Framework](#)

[Interpreting Laboratory Tests](#) - [Normal Reference Laboratory Values](#) [NEJM 1998;339:1063-72]

[VCH eHealth Library](#)

[Therapeutic Decision Making](#) - A self-study and reference base for clinician learning about critical appraisal and other aspects of TDM. Use it to prepare for JournalClubs, keep a learning portfolio about your TDM learning, or just to check in for great resources on specific topics.

[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.

DRUG INFORMATION REFERENCES

- Please see the [Information Systems](#) page
- [Drug Info Quicklinks Page](#)

[UBC Library Resources For Pharmacists](#)

[UBC Library Resources Orientation Guide](#)

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. 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>

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:

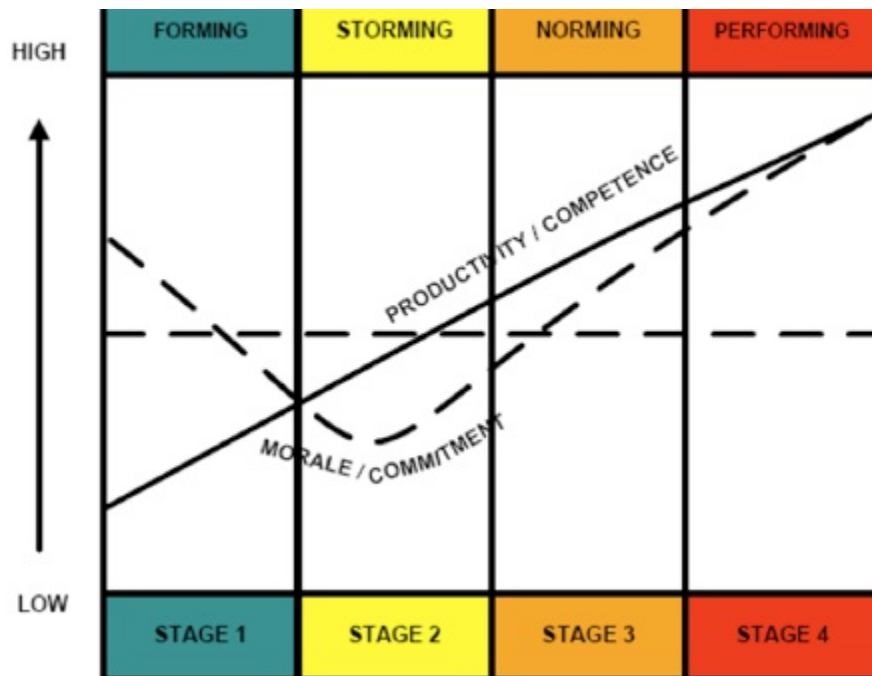
- Contact your preceptor by email or phone to establish contact, find out about pre-readings not posted on one45, arrival time/place, other special instructions

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

- Figure out 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 colleagues about upcoming grand rounds, pharmacy rounds, social activities, 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.

Read more about [Tuckman’s Stages of Group Development](#).

The [Dreyfus Model of Skill Acquisition](#) 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

EVALUATIONS

- Your one45 "To Do" list keeps you apprised of evaluations you need to complete.
- Do your evaluations as they are due. Please do not procrastinate. Not only does this erode the usefulness of your evaluations, but it prevents others from receiving timely feedback.

EDOCS, REFERENCE MANAGEMENT

Consider developing your own e-documents collection containing primary literature. Information management is a key to success in the residency and in professional life. An eDocs collection is a good method for keeping this information organized. Some recommended reference managers and PDF organizers to try include Mendeley, Zotero or Papers. UBC Library also offers [Refworks](#).

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 initiate 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.

HEALTH AND WELLNESS RESOURCES IN BC

Attached here is a compiled list of [Health and Wellness Resources](#) across BC in 2018 with a focus on mental health and counselling services available.

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

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.

Page 19

Accreditation Standards © 2018 – Updated Standards © 2022
Canadian Society of Hospital Pharmacists / Société canadienne des pharmaciens d'hôpitaux

*denotes Annual Update – see Appendix table

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 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:

DRUG INFORMATION	35
DISEASE INFORMATION	36
MISCELLANEOUS Drug info	36
PEDIATRIC, PREGNANCY/LACTATION CARE	39
DRUG AVAILABILITY	39
NUTRITION and COMPLEMENTARY MEDICINE INFORMATION	40
CLINICAL MONITORING TOOLS AND CALCULATORS	40
HEALTH LITERACY:	40
HOW TO FIND UBC E-BOOKS/E-JOURNALS	41
KEEPING UP TO DATE WITH CURRENT LITERATURE	41
SYSTEMATIC REVIEWS AND HEALTH TECHNOLOGY ASSESSMENTS	41
TOOLS TO HELP WITH CRITICAL APPRAISAL	44
STATISTICAL CALCULATORS	44
FREE FULLTEXT JOURNALS (OPEN ACCESS)	44
FREE FULLTEXT JOURNALS THROUGH FRASER HEALTH LIBRARY	45
FH DATABASES	45
EBM MISCELLANEOUS SITES	45
CLINICAL PRACTICE GUIDELINES AND GUIDANCE TOOLS	13
PHARMACY ASSOCIATIONS	46

	Links to Website
DRUG INFORMATION	
<p>Lexicomp (paid subscription at FH, VCH-PHC); also available as a mobile app!</p> <p>Rx Files</p> <ul style="list-style-type: none"> • Comprehensive drug comparison charts and other useful information • Access from computers in the Lower Mainland Regions: username and password not required; • Access from outside LM Regions: not available 	<p>Lexi-Drugs</p> <p>Rx Files Online</p>

	Links to Website
DISEASE INFORMATION	
UpToDate <ul style="list-style-type: none"> • (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 <ul style="list-style-type: none"> • 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 • <i>NOTE: Easier to go to Google and search “name of condition eMedicine”</i> 	eMedicine
BMJ Best Practice <ul style="list-style-type: none"> • Free access when on-site for database of clinical knowledge 	BMJ
MISCELLANEOUS Drug info	

<p>CYP450 Drug Interaction Table</p> <p>Peri-Operative Medication Management</p> <ul style="list-style-type: none"> • A guide to help determine which drug(s) to stop before surgery and more <p>Special Access Program Information (Fact Sheet, Instructions, Request Form)</p> <ul style="list-style-type: none"> • 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). <p>Medi-Mouse</p> <ul style="list-style-type: none"> • Search the Health Canada database and retrieve BC 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. <p>DrugSearch</p> <ul style="list-style-type: none"> • 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. <p>RPh World</p> <ul style="list-style-type: none"> • 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 <p>Drugs that Prolong the QT Interval</p> <p>Credible Meds – QT prolonging medications</p> <p>Bennett's Drug Prescribing in Renal Failure (4th Edition)</p> <ul style="list-style-type: none"> • Once on the webpage, click on "Dosing Guidelines for Adult" <p>Dialyze-iHD</p>	<p>CYP450</p> <p>Peri-Operative Medication Management</p> <p>SAP Forms and Information</p> <p>Medi-Mouse</p> <p>Drug Search</p> <p>RPh World</p> <p>QT Prolongation Drug List</p> <p>Credible Meds</p> <p>Bennett's Drug Prescribing in Renal Failure</p> <p>Dialyze-iHD</p> <p>Renal Dosing</p> <p>Herbal CKD</p> <p>FDA Approved Drugs and Unpublished Data</p> <p>Antibiotic Guide</p>
---	---

	Links to Website
<ul style="list-style-type: none"> Dialyzability of medications in intermittent hemodialysis <p>Renal Dysfunction Dosing Resource</p> <p>Herbal-CKD</p> <ul style="list-style-type: none"> Safety of herbal products in patients with chronic kidney disease <p>FDA Approved Drug Database (with access to unpublished clinical trial data)</p> <p>Johns Hopkins Antibiotic Guide Similar to Sanfords</p> <p>Bugs and Drugs Book</p> <ul style="list-style-type: none"> Comprehensive, evidence-based Canadian reference on the treatment and prevention of infectious diseases <p>Firstline</p> <ul style="list-style-type: none"> Phone app also available <p>Liverpool HIV interactions</p> <p>BC Centre for Excellence for HIV/AIDs</p> <p>HIV Treatment Guidelines</p> <p>UHN HIV drug interaction table</p> <ul style="list-style-type: none"> In addition to the drug interaction table, they provide additional information such as interactions with chemotherapy, properties of antiretrovirals (under drug information) <p>SwitchRx</p> <ul style="list-style-type: none"> Suggests tapering and titration schedules for psychiatric medications <p>Liverpool COVID-19 Drug Interaction Checker</p> <p>Drug and Poison Information Centre (DPIC)</p> <p>Lab tests online</p> <p>Basic Skills in Interpreting Lab Data (ASHP)</p> <p>Morbidity and Mortality Weekly Report by CDC (MMWR)</p> <p>Canada Vigilance Adverse Reaction Online Database (CVAROD)</p> <p>FDA Adverse Event Reporting System (FAERS)</p> <p>Micromedex</p> <ul style="list-style-type: none"> Access via site-specific health authority login 	<p>Bugs and Drugs</p> <p>Firstline</p> <p>HIV interaction checker</p> <p>BCCE HIV</p> <p>HIV treatment guidelines</p> <p>UHN HIV clinic</p> <p>SwitchRx</p> <p>COVID-19 Drug Interactions</p> <p>DPIC</p> <p>labtestsonline</p> <p>Basics Skills in Interpreting Lab</p> <p>MMWR</p> <p>CVAROD</p> <p>FAERS</p> <p>Via Health Authority login</p>

	Links to Website
PEDIATRIC, PREGNANCY/LACTATION CARE	
<p>Pedmed.org</p> <ul style="list-style-type: none"> Online version of BCCH dosing guidebook C&W Pharmacy Department POD intranet team site has the most up-to-date copies <p>SHOP</p> <ul style="list-style-type: none"> C&W – site-specific PPOs and treatment algorithms <p>LactMed Briggs – Drugs in Pregnancy and Lactation Hale - Medications and Mothers' Milk Society of Obstetricians and Gynaecologists (SOGC) Guidelines</p> <p>Canadian Pediatric Society (CPS)</p> <ul style="list-style-type: none"> Contains clinical tools and resources such as growth charts, counselling guides <p>American Academy of Pediatrics (AAP)</p> <ul style="list-style-type: none"> Contains different guidelines, reviews articles, trials in pediatrics and neonates <p>BCCH Family Support and Resource Centre</p> <ul style="list-style-type: none"> Counselling and information sheets specific to BCCH <p>St. Jude Children's Research Hospital</p> <ul style="list-style-type: none"> Counselling sheets including antiretrovirals, chemotherapy <p>Red Book</p> <ul style="list-style-type: none"> Infectious disease management in pediatrics <p>Kelty Mental Health Resource Centre</p> <ul style="list-style-type: none"> Counselling and monitoring handouts specific to mental health medications <p>Drug Cocktails</p> <ul style="list-style-type: none"> Drug interactions with street drugs, alcohol geared towards youth <p>Handbook of Drug Administration via Enteral Feeding Tubes 2015</p>	<p>C&W online Formulary (PedMed)</p> <p>SHOP</p> <p>LactMed via UBC Library via UBC Library via UBC Library</p> <p>CPS</p> <p>AAP</p> <p>BCCH Family Support and Resource Centre</p> <p>St. Jude Children's Research Hospital</p> <p>Via UBC Library</p> <p>Kelty Mental Health Resource Centre</p> <p>Drug Cocktails</p> <p>Handbook Of Drug Administration via Enteral Feeding Tubes</p>
DRUG AVAILABILITY	

	Links to Website
<p>Updated information from the Therapeutics Product Directorate at Health Canada</p> <p>U.S: FDA drug database</p>	<p>Licensed Drugs in Canada</p> <p>FDA approved drugs</p>
NUTRITION and COMPLEMENTARY MEDICINE INFORMATION	
<p>The Natural Pharmacy**</p> <ul style="list-style-type: none"> Free information on natural products, drug interactions, and conditions that have natural remedies <p>National Library of Medicine Dietary Supplements Labels Database</p> <ul style="list-style-type: none"> Information about ingredients in more than two thousand selected brands of dietary supplements 	<p>The Natural Pharmacy Website</p> <p>Dietary Supplements</p>
CLINICAL MONITORING TOOLS AND CALCULATORS	
<p>Pharmwell</p> <ul style="list-style-type: none"> Kinetics, to drip rates, to dose conversion charts, and much much more... Tables of “Drugs that Induce...” <p>King Guide to Parenteral Admixtures</p> <ul style="list-style-type: none"> 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 <p>Vancouver Coastal Health Therapeutic Tools</p> <ul style="list-style-type: none"> Everything from drug comparisons to clinical tools <p>Digoxin kinetics calculator</p> <p>MDCalc (Medical calculators)</p>	<p>Pharmwell Webpage Clinical Monitoring Tools</p> <p>King Guide</p> <p>Vancouver Coastal Therapeutic Tools</p> <p>Digoxin Kinetics Calculator</p> <p>MDCalc</p>
HEALTH LITERACY:	


	Links to Website
ACCP (AHRQ – Agency for Healthcare Research and Quality) <ul style="list-style-type: none"> • 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** <ul style="list-style-type: none"> • 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, from 110 premier medical journals, that are in your identified areas of interest Amedeo: The Medical Literature Guide <ul style="list-style-type: none"> • 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	

<p>Pubmed using the systematic review filter (covers a lot of SR databases in a one-stop shopping kind of way)**</p> <ul style="list-style-type: none"> • 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” <p>Centre for Reviews and Dissemination (CRD) database (covers a lot of SR databases in a one-stop shopping kind of way)**</p> <ul style="list-style-type: none"> • 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) <p>Cochrane Database of Systematic Reviews (CDSR)**</p> <ul style="list-style-type: none"> • 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 <p>Health Evidence Canada</p> <ul style="list-style-type: none"> • Promoting evidence based decision making and providing a searchable database of systematic reviews. <p>NHS (National Health Service) Database of Health Technology Assessments (HTA)</p> <ul style="list-style-type: none"> • Free fulltext comprehensive systematic reviews and HTAs on a variety of healthcare drug and device topics • From the United Kingdom <p>NICE (National Institute of Clinical Excellence) Database of HTAs</p> <ul style="list-style-type: none"> • Free fulltext comprehensive systematic reviews and HTAs on a variety of healthcare drug and device topics • From the United Kingdom <p>AHRQ (Agency for Healthcare Research and Quality) Database</p> <ul style="list-style-type: none"> • Free fulltext systematic reviews and HTAs • US-based website <p>OHSU Drug Effectiveness Program**</p>	<p>PubMed</p> <p>PubMed Online Training</p> <p>CRD Database</p> <p>Cochrane</p> <p>Health Evidence Canada</p> <p>NHS HTA Database</p> <p>NICE HTA Database</p> <p>AHRQ Database</p> <p>OHSU Reports</p> <p>CADTH Publications</p> <p>Bandolier Website</p> <p>Therapeutics Initiative</p>
--	---

	Links to Website
<ul style="list-style-type: none"> • Free fulltext comprehensive systematic reviews and class reviews <p>Canadian Agency for Drugs and Technology in Health (CADTH) Database</p> <ul style="list-style-type: none"> • Free fulltext systematic reviews, HTAs, and economic assessments from a Canadian perspective • Free email alert service <p>Bandolier**</p> <ul style="list-style-type: none"> • Various evidence-based reviews, free and full-text with email alert service • Look in the “Knowledge Library”, “Healthy Living Zone”, and “Extended Essays” sections <p>Therapeutics Initiative**</p> <p>Free, fulltext and free email providing systematic Reviews on various topics in a concise, newsletter format</p>	

	Links to Website
TOOLS TO HELP WITH CRITICAL APPRAISAL	
<p>Critical Appraisal Skills Program (CASP)**</p> <ul style="list-style-type: none"> Worksheets to help you go through and extract important information from all types of study designs and systematic reviews <p>NERDCAT: A Clinician's Guide to Appraising Randomized Controlled Trials, Systematic Reviews and Meta-Analyses</p>	<p>CASP Checklists</p> <p>Nerdcats</p>
STATISTICAL CALCULATORS	
<p>GraphPad.com**</p> <ul style="list-style-type: none"> A number of tools to help you calculate common statistics used in clinical trials (e.g. NNT, 95% CI) <p>Statistical Tools from Centre for Evidence-based Medicine</p> <ul style="list-style-type: none"> Confidence intervals, difference between 2 proportions and likelihood ratios <p>Statpages</p> <ul style="list-style-type: none"> Tons of links to all sorts of free stats calculators, random number generators, etc. <p>Sample Size Calculator</p>	<p>GraphPad Quickcalcs</p> <p>CEBM Statistical Tools</p> <p>Statpages Calculators</p> <p>UBC Statistics Sample Size Calculator</p>
FREE FULLTEXT JOURNALS (OPEN ACCESS)	
<p>Canadian Medical Association Journal</p> <p>PLoS (Public Library of Science) Medicine Journal</p> <p>PLoS Clinical Trials Journal</p> <p>British Medical Journal</p> <p>Medical Journal of Australia</p>	

	Links to Website
FREE FULLTEXT JOURNALS THROUGH FRASER HEALTH LIBRARY	Electronic Full Text Journals
FH DATABASES <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • Search engine with an emphasis on evidence-based medicine topics Bandolier: Evidence-based Thinking About Healthcare <ul style="list-style-type: none"> • Free, email alert for their newsletter Healthy Skepticism <ul style="list-style-type: none"> • Countering misleading drug promotion Therapeutics Initiative <ul style="list-style-type: none"> • A resource providing information on evidence-based drug therapy • They will email their newsletters to you for free Health Technology Assessment International (HTAi) <ul style="list-style-type: none"> • Links to information regarding all aspects of health technology assessments Centre for Reviews and Dissemination (UK - NHS, University of York)	TRIP Bandolier Access Healthy Skepticism Therapeutics Initiative HTAi CRD
CLINICAL PRACTICE GUIDELINES AND GUIDANCE TOOLS	

	Links to Website
<p>Canadian Clinical Practice Guidelines</p> <p>British Columbia Medical Association Guidelines and Protocols</p> <p>Guideline Clearinghouse</p> <ul style="list-style-type: none"> Repository of all sorts of clinical practice guidelines from all over Free, email alert service <p>ACCP Guidelines (including the CHEST Antithrombotic Guidelines)</p> <p>Society of Critical Care Medicine Guidelines</p> <p>BC Opioid Use Disorder Guidelines</p> <p>Firstline - Antimicrobial Stewardship:</p> <ul style="list-style-type: none"> Under select location choose your practice site <p>Firstline – Opioid Stewardship</p> <ul style="list-style-type: none"> 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 	<p>Canadian Clinical Practice Guidelines</p> <p>GPAC</p> <p>Guideline Clearinghouse Access</p> <p>ACCP Clinical Practice Guidelines</p> <p>SCCM Guidelines</p> <p>BC Opioid Use Disorder Guidelines</p>
PHARMACY ASSOCIATIONS	
<p>College of Pharmacists of BC: http://www.bcpharmacists.org/</p> <p>CSHP: http://www.cshp.ca/ https://cshp-bc.com</p> <p>BCPHA: http://www.bcpharmacy.ca/</p> <p>CPhA: http://www.pharmacists.ca/index.cfm</p> <p>UBC School of Pharmacy: https://pharmsci.ubc.ca</p>	

Appendix B: Evaluation Rubric

Expectations of Resident Performance (for MODERATELY COMPLEX patients)

Note: 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). We should be working towards that goal during each time block. Evaluations that are flagged as low performance will be assessed on a case by case basis and the need for the resident to complete a remedial rotation will take into account 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

Expected Level of Performance for Direct Patient Care Rotations*

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

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

Knowledge Rubric

Level	Characteristics
<i>Remembering</i>	Data recall. Able to state/list previous learned information. Shallow processing, draws out factual answers.
<i>Understanding</i>	Understands meaning. Demonstrates understanding of facts/ideas through the ability to translate, interpret and extrapolate information.
<i>Applying</i>	Uses learning in novel situations. Able to use/implement information in settings that are new, unfamiliar or have a new slant.
<i>Analyzing</i>	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

Level	Characteristics
<i>Novice</i>	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.
<i>Advanced Beginner</i>	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.
<i>Competent</i>	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.
<i>Proficient</i>	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.

****Rubrics based on Bloom's Taxonomy and the Dreyfus Model of Skill Acquisition**