

1 **Canadian Hospital Pharmacy Residency Board**  
2 **2010 Accreditation Standards Workshop Proceedings**

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4 **Levels and Ranges Document Draft v3**

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6 **Background:**

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8 The Canadian Hospital Pharmacy Residency Board held Workshops on August 11, 2007  
9 in Regina and January 28, 2008 in Toronto in order to develop a consensus on levels and  
10 ranges of performance expectations related to the 2010 Accreditation Standards.

11  
12 Approximately 55 individuals participated, including hospital pharmacy directors and  
13 managers, residency coordinators, pharmacy residents, and preceptors. Participants  
14 worked through a series of small group activities designed to promote familiarity with the  
15 Standards and to provide an opportunity to articulate more clearly how each standard  
16 should be interpreted within the context of a pharmacy practice residency program. The  
17 resulting document was made available to program directors, coordinators, and the  
18 membership of the Canadian Society of Hospital Pharmacists. This draft has been revised  
19 based upon those comments.  
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22 **Residency Program Competencies**

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24 Small groups worked to define levels and ranges of performance expectations based on  
25 the Standards 2010 framework. The template for this activity was based upon the  
26 Association of Faculties of Pharmacy of Canada's work in defining levels and ranges for  
27 the pharmacy baccalaureate program. The workshop groups first articulated the attributes,  
28 traits, and behaviours of a resident that, while sub-optimal, were sufficient to ensure that  
29 a resident actually met (albeit in the barest possible manner) all expectations of a  
30 residency program (i.e.: performance at the "barely passing" level). Based upon  
31 information collected from the small group sessions, for each CHPRB Standard a **Range**  
32 of activities was defined, within which fulfillment of the CHRPB requirement was  
33 expected, so that preceptors would have an indication of the variety of contexts within  
34 which the Standard could apply. For each Standard, three performance **Level** descriptors  
35 were then developed: **below expected level, expected level, and beyond expected level,**  
36 in order to assist preceptors in gauging the performance of individual residents.  
37

38 Levels and Ranges are not designed to be comprehensive statements related to  
39 performance expectations (i.e.: examples of knowledge, skills and behaviours are  
40 provided for each of "below expected", "expected" and "beyond expected" levels).  
41 Rather, these Levels and Ranges are meant to provide examples and contexts that may be  
42 used to illustrate how various standards may be interpreted or applied within a clinical-  
43 educational context. Consequently, the "examples" cited within each range and level are  
44 merely illustrative, and are designed to assist preceptors, residents, and others in  
45 conceptualizing how these Standards may apply within a pharmacy practice residency  
46 context.

47 For the purposes of validating successful completion of a residency program,  
48 performance that falls within the “expected level” or “above expected level” descriptors  
49 is generally agreed to be a “pass” and worthy of granting a residency certificate.  
50 Performance at the “below expected level” by the end of a residency program is generally  
51 agreed to be inconsistent with awarding a residency certificate or the Accredited  
52 Canadian Pharmacy Resident (ACPR) designation.

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56 **Standard 3.1 Provide Direct Patient Care as a Member of Interprofessional Teams**

57 *The resident shall be proficient in providing evidence-based direct patient care as a*  
58 *member of interprofessional teams*

59

60 Range:

61 Residents are expected to collaboratively manage simple drug related problems in  
62 patients with uncomplicated medical problems or psychosocial needs with minimal  
63 supervision from preceptors. For more complex drug related problems, or for patients  
64 with more complex medical problems or psychosocial needs, residents are expected to  
65 self-assess and identify what supports are required to assist the resident in provision of  
66 patient care. Residents work collaboratively within interprofessional teams and recognize  
67 their roles, limitations, and responsibilities.

68

69

70 Below Expected Level:

71 The resident:

- 72 - is unable to gather or obtain critical information during an interview with a  
73 patient/caregiver in a timely manner
- 74 - is unable to identify/state important drug related problems
- 75 - is unable to prioritize amongst different/competing drug related problems
- 76 - demonstrates over-reliance on tertiary references
- 77 - is unable to consider different alternatives to manage drug-related problems
- 78 - is unable to select an appropriate management strategy for drug-related problems
- 79 - does not resolve drug-related problems in a timely manner
- 80 - is unable to work collaboratively as a member of an interprofessional team  
81 (unaware of his role and responsibilities within the team; unable to effectively  
82 interact and communicate with team members)

83

84 Expected Level:

85 The resident is able to

- 86 ■ consistently demonstrate a professional, patient-centred, team-oriented presence  
87 in the day-to-day performance of his/her clinical duties
- 88 ■ obtain critical information from all appropriate sources in a time-efficient manner  
89 (including patient or caregiver interview, or pharmacy or health records)
- 90 ■ pro-actively intervene with the patient, caregivers, and/or immediate care team to  
91 resolve or prevent actual or potential continuity of care issues

- 92       ▪ accurately identify relevant drug related problems and drug related needs and is  
93       able to prioritize amongst a variety of competing/different interests  
94       ▪ provide timely, effective, and efficient resolution of drug related problems  
95       ▪ uses critical appraisal of literature to apply evidence-based medicine to a specific  
96       patient care situation  
97       ▪ appropriately balance use of primary, secondary, and tertiary references based on  
98       specific circumstances  
99       ▪ document care provided in a professional and timely way, making use of data  
100       collected from multiple sources

101

102   Beyond expected level:

103   The resident:

- 104       - intervenes beyond the health care organization or outside the immediate care team  
105       to resolve continuity of care issues or drug related problems (e.g., liaising with  
106       team members from a transferring healthcare organization)  
107       - consistently and in a time/resource efficient and effective manner, addresses all  
108       actual and potential drug related problems for all assigned patients and seeks  
109       additional patient care opportunities  
110       - brings unique perspectives to critical evaluation of literature

111

112

113   **Standard 3.2 – Manage and Improve Medication Use Systems**

114   *The resident shall demonstrate a working knowledge of medication use system(s) as well*  
115   *as pharmacy and other care provider roles within the system, in order to manage and*  
116   *improve medication use for individual patients and groups of patients.*

117

118   Range:

119   Residents are expected to understand and be able to effectively explain all aspects of the  
120   drug distribution and medication use systems in order to be able to optimize patient safety  
121   and patient care. Accordingly, residents apply their knowledge of medication  
122   management tools (such as formularies, automatic substitution policies, medical  
123   directives, etc) and therapeutic strategies (such as therapeutic drug monitoring, drug  
124   utilization review, etc.) to ensure safe and effective use of medications within the health  
125   care organization. Residents utilize reporting systems (such as adverse drug reports or  
126   medication incident reporting) as vehicles to improve the quality of medication use  
127   within the health care organization or system.

128

129   Below expected level:

130   The resident:

- 131       - provides inaccurate or incomplete explanations of drug distribution systems  
132       within the health care organization, thereby resulting in incorrectly written  
133       prescriptions, lack of timely availability of or access to medications, etc.  
134       - lacks awareness or provides inaccurate descriptions of the role of pharmacists and  
135       other health care providers within the drug distribution system  
136       - is unable to consistently assess/evaluate orders to ensure safe and effective use of  
137       medications consistent with health care organizational policies and practices

- 138 - utilizes inaccurate, inconsistent, or incomplete medication incident reporting  
139 systems  
140 - is unable to effectively teach or explain principles and practices related to safe  
141 medication use within the health care organization  
142 - is inconsistent or unclear in documentation  
143

144 Expected level:

145 The resident is able to:

- 146 - clearly, concisely, and completely describe the functioning of the drug  
147 distribution system and medication prescribing processes within the health care  
148 organization to another health care professional  
149 - assess prescriptions for accuracy, appropriateness, and adherence to health care  
150 organizational policies and practices  
151 - consistently identify and complete medication incident reports  
152 - explain, and educate others about health care organizational practices and policies  
153 related to preparation of sterile products (such as cytotoxic agents, parenteral  
154 nutrition, injectable medications), and narcotic and controlled drugs  
155 - document prescriptions and prescription changes clearly and completely,  
156 consistent with health care organizational policies and practices  
157

158 Beyond Expected Level:

159 The resident:

- 160 - independently applies knowledge related to drug distribution systems and  
161 medication prescribing processes to improve efficiency and effectiveness of  
162 health care delivery within a team-based context  
163 - is able to critically analyze medication incident reports and provide  
164 recommendations to prevent future incidents from occurring  
165 - is able to identify system-level areas for improvement in drug distribution systems  
166 - is able to identify gaps in current policies related to documentation of  
167 prescriptions and prescription changes, and suggest alternatives  
168 - independently, accurately, correctly and efficiently prepares sterile products  
169 (including cytotoxic agents) after completion of a health care organization's  
170 training program  
171  
172

173 **Standard 3.3 – Exercise Leadership**

174 *The resident shall apply leadership and management skills to contribute to the goals of*  
175 *the program, department, organization, and profession.*  
176

177 Range:

178 Residents are expected to demonstrate abilities to manage complexity and change within  
179 large organizations, interprofessional teams, and pharmacy workgroups. Residents are  
180 expected to apply their understanding of management principles (such as human resource  
181 management, continuous quality improvement, change management, and budget  
182 management) to ensure self-efficacy and effective team-based dynamics to optimize  
183 patient care. Residents are expected to demonstrate leadership skills within the residency

184 program, the department, the organization, and/or the profession. Residents adhere to  
185 professional and ethical standards in working through complex situations.

186

187 Below Expected Level:

188 The resident:

- 189 - is unable to articulate the difference between leadership and management
- 190 - adopts an unprofessional or negative stance towards issues within the  
191 organizational structures responsible for delivery of pharmacist services, or the  
192 health care organization or pharmacy profession rather than providing future-  
193 oriented, constructive proposals for change management
- 194 - is unable or unwilling to promote the practice of pharmacy, the role of  
195 pharmacists, or pharmacy practice residencies to the public, students, or other  
196 healthcare professionals

197

198 Expected Level:

199 The resident is able to:

- 200 - effectively and articulately respond to those who may oppose pharmacy-specific  
201 practices and policies
- 202 - articulate alternatives and constructive proposals for change management (but  
203 may require assistance in actually implementing these alternatives or proposals)
- 204 - advocate for pharmacy care and actively seek out opportunities to provide  
205 pharmacists' care and services in a variety of settings
- 206 - constructively work toward enhanced patient safety within a collaborative  
207 environment
- 208 - articulate a personal statement/philosophy of practice, appropriate to diverse  
209 audiences (e.g. patients, other pharmacists, other health care professionals, etc.)
- 210 - establish professional relationships with other team members
- 211 - participate actively as a member of professional associations

212

213

214 Beyond Expected Level:

215 The resident is able to:

- 216 - articulate a new vision of the future of the pharmacy profession, and manage  
217 his/her practice in a way that advances the profession toward that goal
- 218 - effectively deal with complex situations by effectively applying ethical reasoning  
219 and reflective practice skills
- 220 - coordinate care for medically complex patients with complex medical problems or  
221 psycho-social needs
- 222 - freely, independently and appropriately offer opinions and recommendations for  
223 healthcare system change to audiences within and outside pharmacy
- 224 - initiate, galvanize support for, and bring to fruition initiatives with widespread  
225 effects on healthcare systems or the profession of pharmacy

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

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

234

235 Range:

236 Residents are expected to accurately self-assess and respond to practice demands and  
237 practice-related learning needs, to ensure they are able to remain current throughout their  
238 professional careers. Residents are expected to demonstrate effective time- and resource-  
239 management skills to allow them to balance multiple competing demands while achieving  
240 agreed upon objectives. Residents are expected to apply normative standards to self-  
241 evaluate their contributions to patient care and the profession. Residents work  
242 collaboratively and respectfully as part of pharmacy and interprofessional teams and  
243 adapt to changing/evolving circumstances of practice.

244

245

246 Below Expected Level:

247 The resident:

- 248 - is unable to articulate and document personal pharmacy practice goals and plans
- 249 - is unable to subsume personal self-interest to the needs of patients, the  
250 organizational structure responsible for planning and delivery of pharmacy  
251 services, or the health care organization
- 252 - consistently places his/her own self-interest and needs above others without  
253 adequate consultation or discussion to address identified issues
- 254 - is unable to articulate and document personal learning goals and plans
- 255 - lacks effective self-assessment and reflective practice skills or propensities

256

257

258 Expected Level:

259 The resident is able to:

- 260 - self-evaluate, using appropriate standards, his/her contributions to the mission,  
261 vision or goals of the program, the organizational structure responsible for  
262 planning and delivery of pharmacy services, the healthcare organization, and the  
263 profession
- 264 - articulate clearly how s/he contributes to advancement of the profession and  
265 pharmacy practice
- 266 - demonstrate, in a pro-active manner, the ability to provide effective patient-  
267 centred pharmacy care and services
- 268 - develop personal learning goals and plans, along with clear outcome indicators for  
269 success
- 270 - engage in reflective practice
- 271 - effectively self-assess learning needs as a foundation for planning continuous  
272 professional development
- 273 - demonstrate initiative and commitment to address learning needs and gaps in  
274 personal delivery of care

275

- 276 Beyond Expected Level:  
277 The resident is able to:  
278 - articulate a professional development plan, with outcome indicators based upon a  
279 comprehensive self- and peer-assessment process  
280 - utilize multiple methods to evaluate success of professional development  
281 activities and plans  
282 - create tools to facilitate own and other pharmacists' self-evaluation of personal  
283 contributions to advancing patient care in diverse practice settings  
284  
285  
286

287 **Standard 3.5 – Provide medication- and practice-related education**

288 *The resident shall effectively respond to medication and practice-related questions, and*  
289 *educate others.*

290  
291 Range:

292 Residents are expected to effectively and efficiently identify and respond to educational  
293 needs of patients, other health care professionals, and members of the public. To do so,  
294 residents are required to demonstrate effective information gathering skills, the ability to  
295 accurately and concisely frame and state questions and problems, a clear understanding of  
296 various sources of literature (primary, secondary, tertiary), and the ability to formulate  
297 and present responses in an appropriate manner at the level of the audience. Residents  
298 are also expected to provide education to individuals and groups using effective teaching  
299 and learning strategies to optimize knowledge transfer and translation.  
300

301 Below expected level:

- 302 The resident:  
303 - is unable to adapt method, mode, or style of presentation based on audience needs  
304 - over-relies upon single and/or simplistic methods, modes or styles of presentation  
305 - is unable to refine requests for drug information to ensure accuracy and  
306 appropriateness  
307 - consistently responds to requests for information without gathering appropriate  
308 information in a timely manner  
309 - provides information or responses that are inaccurate, incomplete, superficial,  
310 impractical, illogical, ambiguous, or tangential  
311 - is unable to respond to requests beyond his/her normal 'comfort zone'  
312 - is not capable of independent or unsupervised provision of medication- and  
313 practice-related education  
314 - demonstrates poor communication (speaking or writing) skills in English or  
315 French  
316

317 Expected level:

- 318 The resident is able to:  
319 - deliver poster or platform presentations about residency-based work to peers  
320 - appropriately adapt method, mode, or style of presentation to audience needs  
321 - refine requests for drug information to ensure accuracy and appropriateness

- 322 - identify and select appropriate primary, secondary, and tertiary references  
323 required for specific situations  
324 - access, retrieve, analyze and synthesize information to respond to patients' or  
325 others' educational needs in general areas of practice  
326 - anticipate and have an answer prepared for common follow-up questions about  
327 drug information  
328 - develop and deliver presentations in a concise, clear, accurate and relevant  
329 manner using a variety of instructional media (e.g., Powerpoint, etc.)  
330 - provide documentation of education provided in a manner that is clear, concise,  
331 and appropriate for the audience  
332 - provide direct instruction, coaching, facilitation, modeling, and preceptorship to  
333 pharmacy professionals (including student pharmacists) or for other members of  
334 the interprofessional team  
335

336 Beyond expected level:

337 The resident:

- 338 - is able to present at specialty rounds or in specialty areas  
339 - is invited to act as a presenter at regional, national or international conferences  
340 - is able to access, retrieve, analyze and synthesize information to respond to  
341 patients' or others' educational needs in specialty areas of practice  
342 - demonstrates superior levels of knowledge and comprehension related to practice  
343 in general or specialty areas  
344 - publishes work in peer reviewed journals  
345  
346

347 **Standard 3.6 – Demonstrate Project Management Skills:**

348 *The resident shall use effective project management skills to undertake, conduct, and*  
349 *successfully complete a project related to pharmacy practice.*  
350  
351

352 Range:

353 During the residency program, residents are expected to identify a practice-based  
354 problem or issue, generate a research proposal to address it, develop appropriate research  
355 methodologies, and demonstrate effective data gathering and analysis skills. The resident  
356 is expected to complete a written report in a format suitable for publication, and must be  
357 able to defend all elements of the project, from conception to execution to interpretation.  
358  
359

360 Below Expected level:

361 The resident:

- 362 - demonstrates disinterest or disengagement with project  
363 - is unduly reliant upon preceptors and others for direction  
364 - lacks initiative and does not meet negotiated deadlines  
365 - is unable to differentiate between opinions and facts  
366 - is unable to develop a broad research question into focused research objectives  
367 that are feasible within the project time frame

368

369 Expected level:

370 The resident is able to:

- 371 - negotiate and adhere to project deadlines, goals, objectives, and expectations
- 372 - accurately identify circumstances under which independence is required and
- 373 circumstances under which assistance from others must be sought
- 374 - independently identify an area of interest within which to work
- 375 - complete the project as per specifications
- 376 - defend hypotheses, methods, results, and conclusions in an informed manner
- 377 - modify work plans to meet real-world contingencies and needs
- 378 - contribute to answering a unique research question within the practice of
- 379 pharmacy
- 380 - submit a written manuscript describing the project and its outcomes to a peer-
- 381 reviewed journal as a second or lesser author

382

383 Beyond expected level:

384 The resident:

- 385 - is able to resolve project management issues independently, with minimal
- 386 supervision
- 387 - selects challenging projects outside traditional area of pharmacy
- 388 - demonstrate initiative and creativity in developing a project proposal or
- 389 methodology
- 390 - engages other health professionals to collaborate effectively as part of the project
- 391 - publishes a manuscript detailing original research or project findings in a peer-
- 392 reviewed journal as the first author