

# Preserving Resident Rotation Quality in the Setting of Entry to Practice Pharm D

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# Acknowledgements

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- UHN Pharmacists/Preceptors/Clinical Site Leaders
- University of Toronto LDFP OEE
- Pharmacy residents/students

# Learning Objectives

- By the end of today's session you should be able to:
  - Describe the reasons why this topic is an issue for hospital pharmacy residency programs
  - List some strategies for increasing pharmacy student rotations
  - Describe different learner/preceptor models
  - Brainstorm how these strategies may be applied to your setting

# Outline

- Background:
  - describe UHN/local environment
  - describe issue (increasing students)
- Strategies for increasing student rotations
- Impact of APPE on resident rotation
- Feedback from residents, students and preceptors
- Final thoughts
- Questions

# Background



# University Health Network (UHN) Sites

- Inpt beds 444
- ER visits = 47K/year
- MOT/Cardiac/GIM
- Neph/ Surg/ICU

## Toronto General



- Inpt beds 285
- ER visits 65K/year
- Neuroscience
- MSK/Rheum/ortho
- ER/GIM/ICU/FHT

## Toronto Western



- Inpt beds 129
- 1000 outpt visits/day
- Cancer education, research, treatment

## Princess Margaret



- 5 sites
- Geriatric/cardiac
- MSK/spinal cord
- Acute brain injury
- Complex continuing care/long-term care

## Toronto Rehab



- Joined UHN 2016
- 18 Health sciences education programs (ie. lab, radiation)
- 5000 students

## Michener Institute



# UHN Pharmacy Services

- Inpatient operations
- Inpatient and ambulatory clinical
- Outpatient pharmacies (5)
- Informatics
- Inventory/Finance
- Drug Information/Quality/DUE

# UHN Pharmacy Staff

- Directors (4)
- Site Managers (3)
- Clinical Site Leaders (6)
- Pharmacists (~130)
- Regulated technicians/candidates (~130)
- Administrative support
- Research/Education Coordinator\* (1.2)

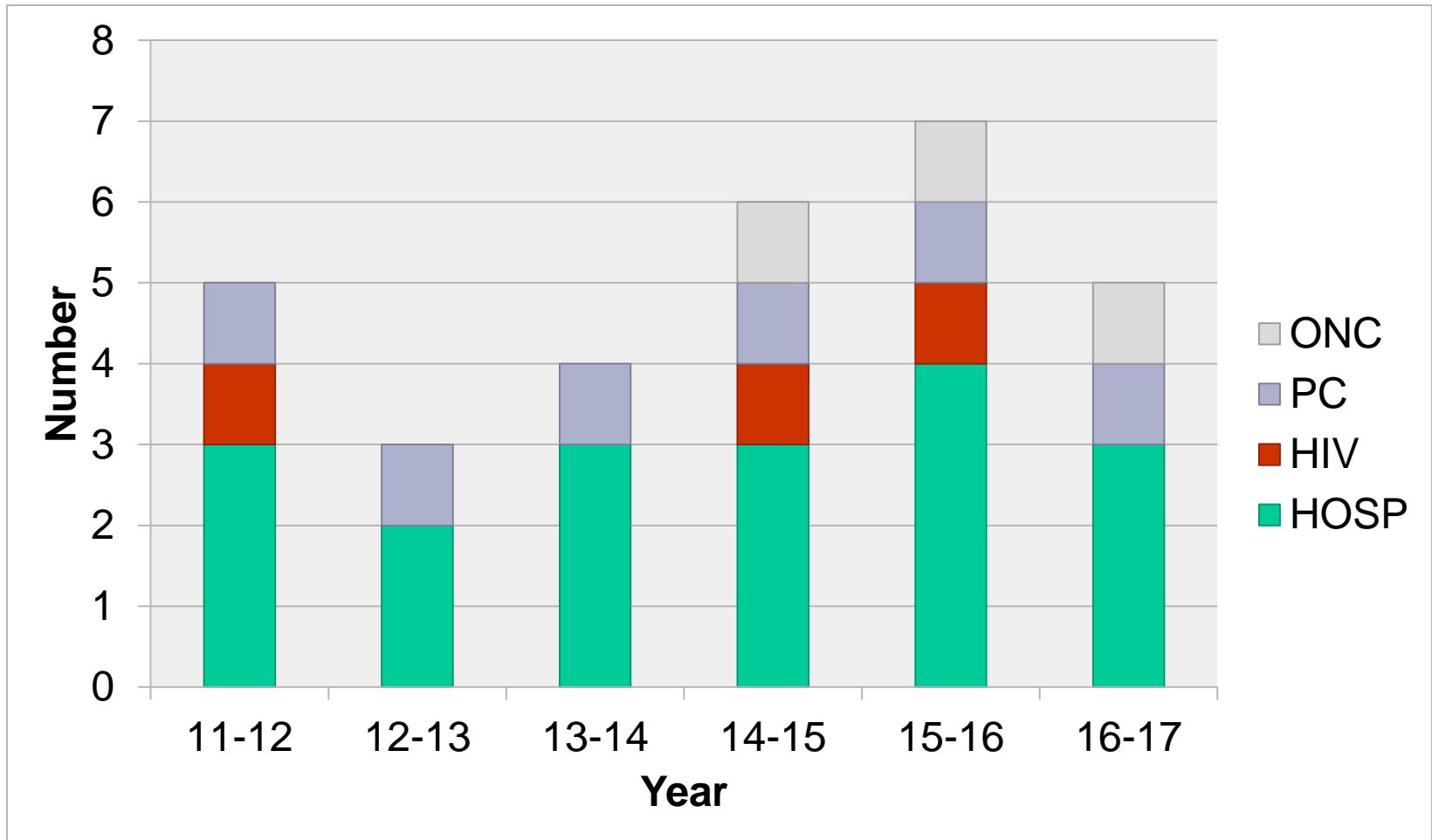


# UHN Pharmacy Residency

Type	# of residents	Notes
Hospital – General	3	First grads: 1967
Hospital – Oncology	1	First grad: 2015
Primary Care	1	First grad: 2009
HIV	1	First grad: 1999 Joint with McGill Year 2 residency



# Pharmacy Residents 2011-17



ONC: oncology focused hospital resident  
HIV: HIV specialty resident

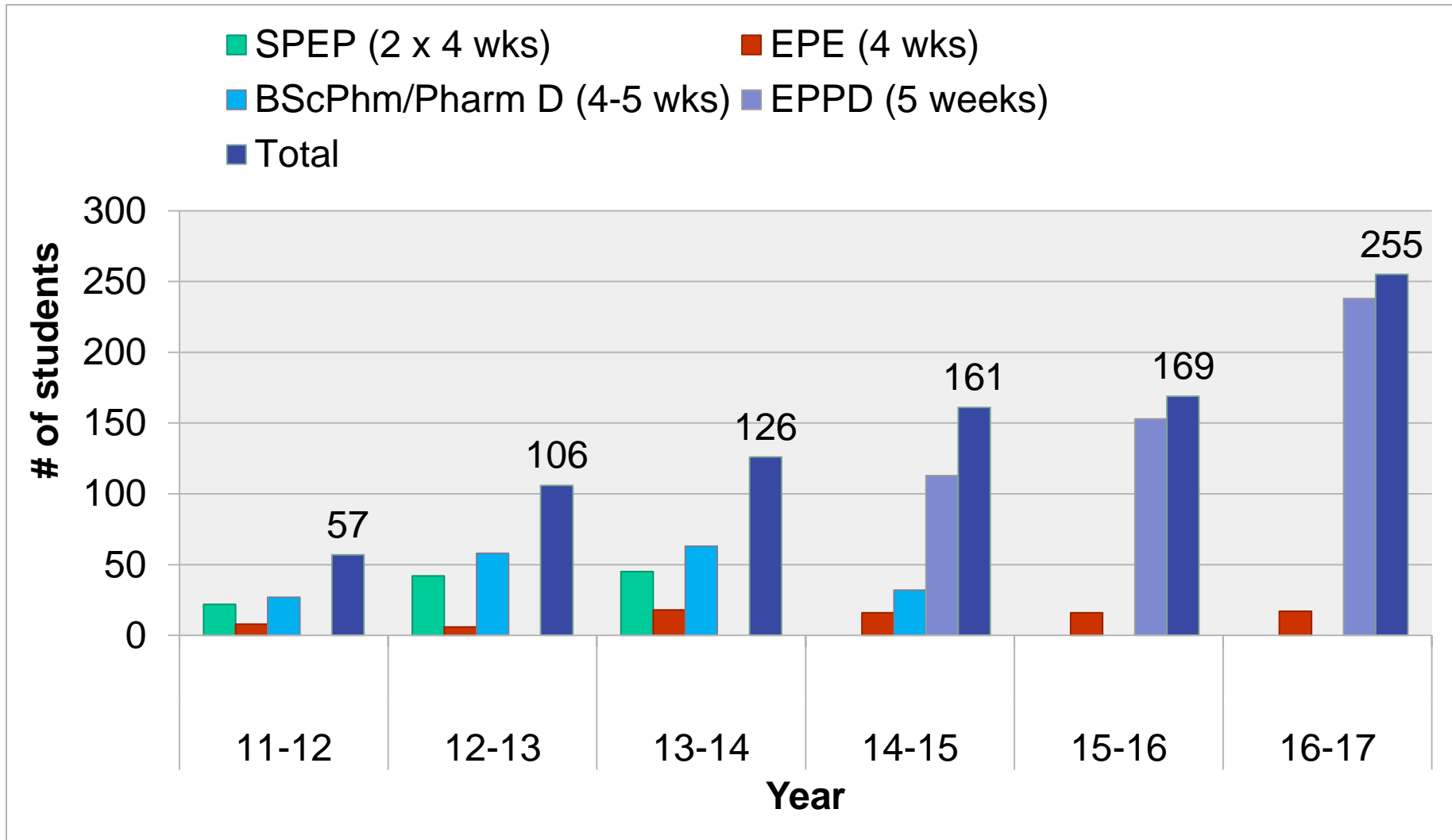
PC: primary care resident  
HOSP: hospital residents

# The change

Program	Class size	Time frame	Experiential	Timing of rotations
BScPhm	240	Last grads 2014	SPEP: 16 weeks (Hospital 8 weeks)	Jan – April
Combined (BScPhm/ PharmD)	35-45	Grads 2013, 2014 & 2015	APPE: 49 weeks (4 weeks Foundation + 9x5 weeks)	January May-August Nov - April
EPPD	240	First grads 2015	Total: 44 weeks EPE1 & 2: 4 weeks each APPE 35 weeks: 2x5 weeks institution DPC 2x5 weeks community DPC 1x5 week ANY DPC 2x5 week electives (DPC/NDPC)	Year round (May – April)
Waterloo EPPD	100	First grads 2015	3 x 8 week DPC + 3 x 16 week co-op	Jan-August

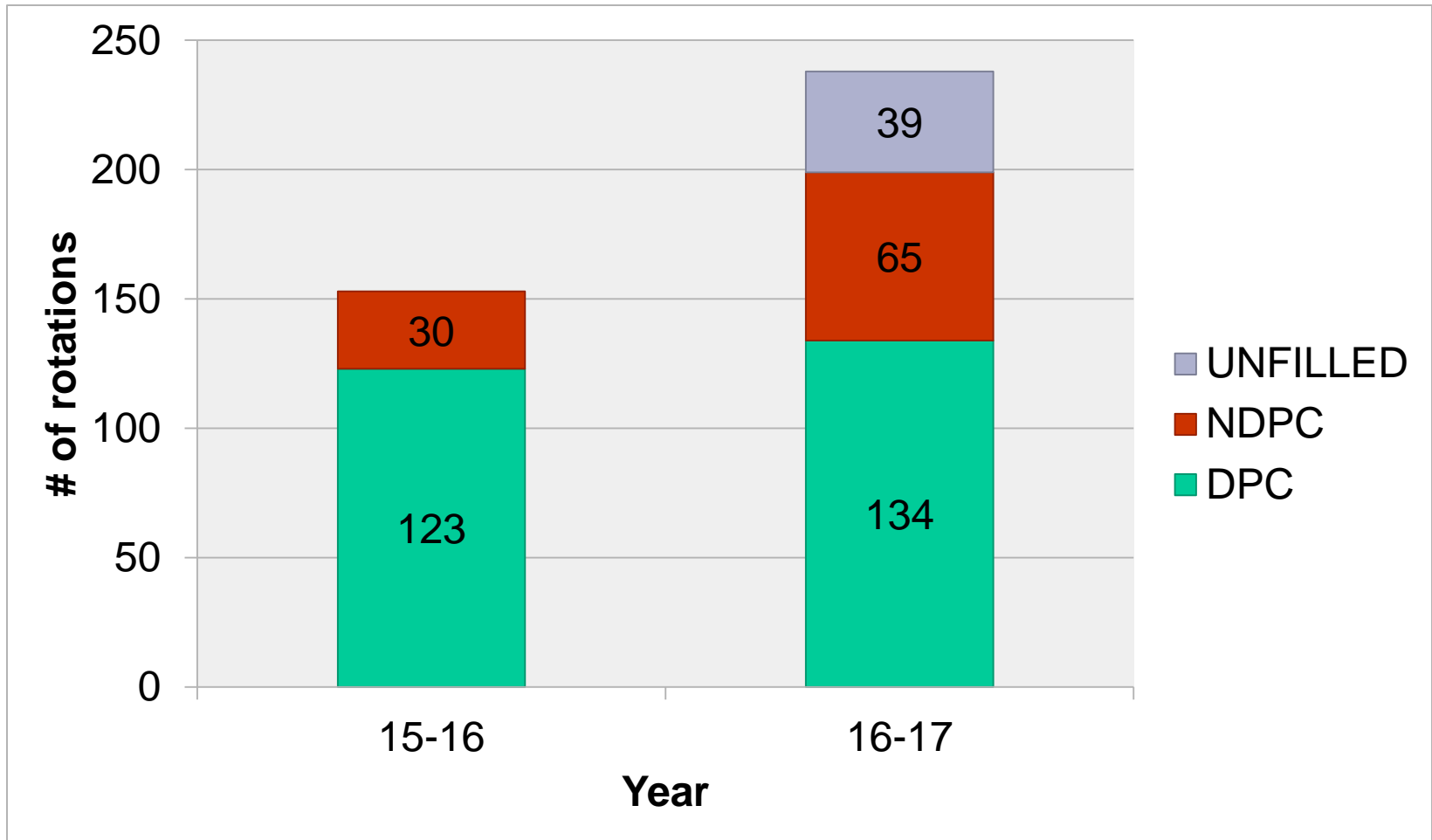
SPEP: Structured Practical Experience Program (BScPhm) EPE: Early Practice Experience  
EPPD: Entry to practice Pharm D NDPC: non-direct patient care DPC: direct patient care

# Experiential Rotation Growth



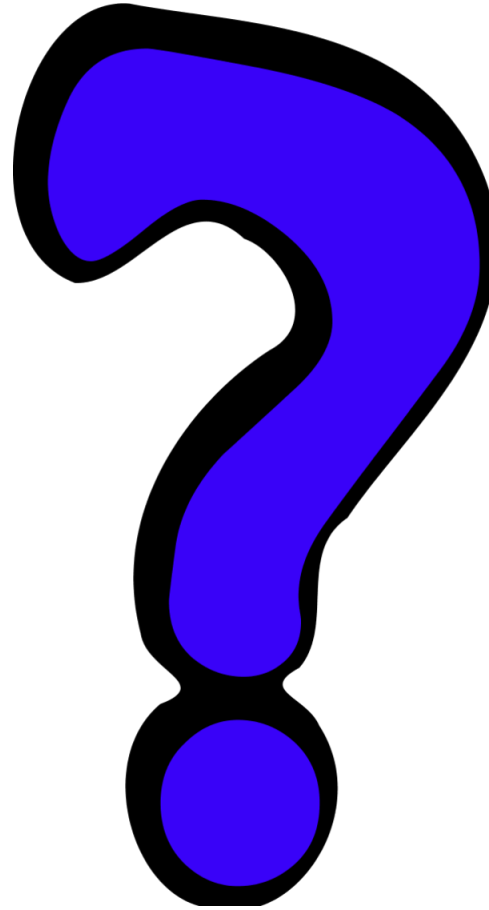
SPEP: Structured Practical Experience Program (BScPhm) EPE: Early Practice Experience  
EPPD: Entry to practice Pharm D

# Rotation Type



DPC=direct patient care NDPC=non-direct patient care

# What about you?



# What is your current role?

- A) student/resident
- B) pharmacist (non-preceptor)
- C) preceptor
- D) education/residency coordinator
- E) manager/director

# Where are you from?

- A) Ontario or Quebec
- B) British Columbia
- C) Saskatchewan or Newfoundland
- D) Alberta or Nova Scotia
- E) Manitoba, Yukon, NWT, NB, PEI



# EPPD:

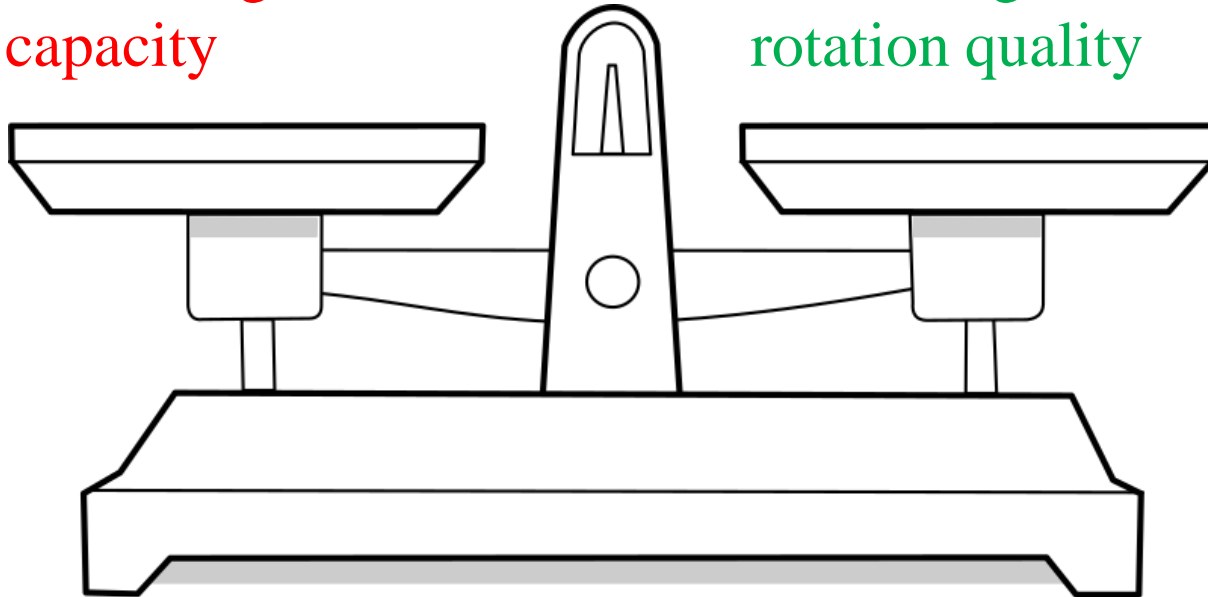
## Implementation by School

<b>Canadian Pharmacy School</b>	<b>Enrolment of First EPPD Class</b>	<b>Grad Year for First EPPD Class</b>
<b>Montreal</b>	Fall 2007	2011
<b>Laval</b>	Fall 2011	2015
<b>Toronto</b>	Fall 2011	2015
<b>Waterloo</b>	January 2014	2015
<b>British Columbia</b>	Fall 2015	2019
<b>Memorial – NFLD</b>	Fall 2017	2021
<b>Saskatchewan</b>	Fall 2017	2021
<b>Alberta</b>	Fall 2018 (proposed)	2022
<b>Dalhousie - NS</b>	Fall 2018 (anticipated)	2022
<b>Manitoba</b>	No specific year yet	-

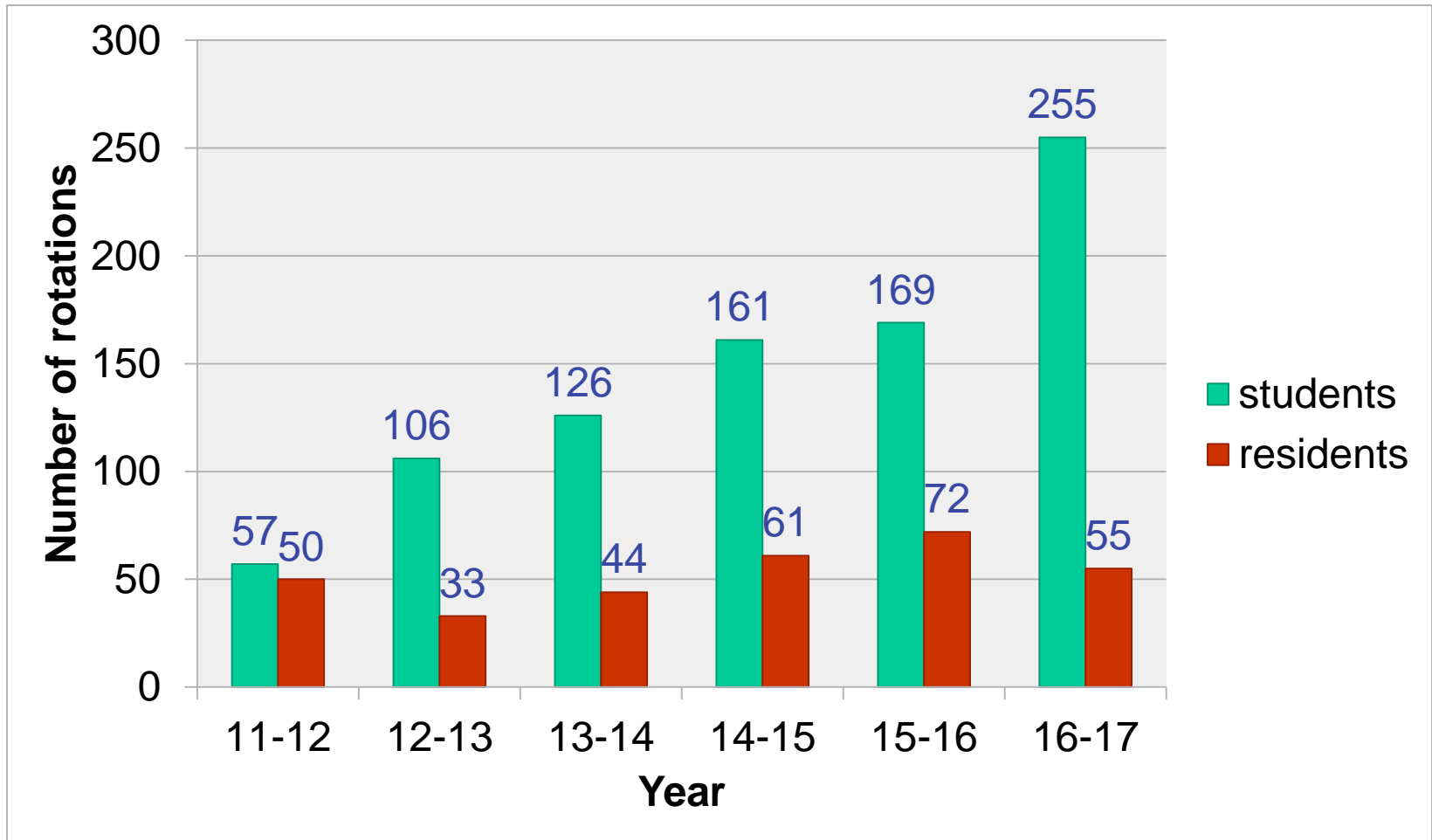
# Today's Issue:

Increasing student  
capacity

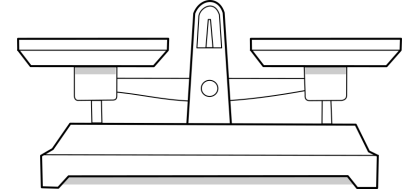
Preserving resident  
rotation quality



# Student vs Resident Rotations



# Increasing student capacity: Issues



Preceptor



Site



Student



# Student issues:

Issue	Potential solutions
Readiness for hospital practice	Curriculum change? (transition week, capstone, integrated cases) EPE2 mandatory hospital
Struggling students	Preceptor development module Faculty support – remediation Education Coordinator support Alternate preceptor opinion
Rotating through different institutions; Lose momentum, re-orientation	10 week same site Maintain students for additional rotations (electives and NDPC)



# Preceptor Issues

- Engage ALL pharmacists as preceptors
- Ensure preceptor competence
- Try non-traditional preceptor models



# Engage everyone!

## UHN Teaching Guideline

**Guideline 1:** The department provides support for staff in preceptor development and teaching.

**Guideline 2:** Requests for UHN pharmacy staff to be involved in teaching activities should be coordinated centrally by the education coordinator

**Guideline 3:** In order to manage “off-site” teaching during hospital (patient care) hours, pharmacists may use designated “off-site” teaching days which should be scheduled in advance similar to vacation days.



**Guideline 4:** All pharmacists working in direct patient care will participate in on-site precepted teaching for a minimum of 8-10 weeks per year.

**Guideline 5:** Payments by external institutions (e.g. Pharmacy Faculties) for teaching activities while pharmacists are being paid by the department will be made to the pharmacy department

**Guideline 6:** All staff pharmacists teaching students at the University of Toronto should have an appropriate faculty appointment.



# Preceptor Competence

- Core faculty preceptor modules
  - <http://cpd.pharmacy.utoronto.ca/pdp/core/modules.html>
- EC support/onsite preceptor development
- Preceptor “debrief” discussions
- UHN Teaching Competencies
- Step-wise approach to teaching

EPE → APPE → Resident





## UHN Competencies for Teaching

Our Education tagline at UHN is: *“We are all teaching. We are all learning”* and we are also, *“all learning to teach”*. Teachers at UHN cross all professions and roles and are embedded within the clinical, research and many other portfolios and programs. While UHN personnel vary in their experience and comfort in teaching, there is also a wide range of teaching and learning that occurs as UHN personnel support learning of students, trainees, healthcare professionals, peers, patients and families, members of the public and many others.

These competencies (adapted from the Competencies for Training and Development Professionals© as the model and reference standard of practice for workplace learning and development professionals) were designed to support development of and building on the foundational knowledge, attitudes and skills needed for teaching at UHN. This model defines competency as *“a cluster of interrelated knowledge, skills, attitudes and values necessary for performing effectively in a particular area”*. These competencies can guide anyone engaged in teaching to reflect on one’s own educational development and be used as a resource to support the UHN Performance Enhancement System process. The competencies are organized under the five broad headings; a summary is listed below with additional details and reflective questions in the following pages. Depending on the scope of your role, you are encouraged to assess yourself against any or all five core competency areas.



# Non-Traditional Models

## Near-peer, peer-peer, pyramid....

- 2 (or more) APPE
- 2 (or more) residents
- APPE + EPE
- Resident + APPE(s)
- Resident(s) + APPE(s) + EPE
- Co-preceptors
- Staggered students/rotations

# Non-Traditional Models: Examples

Rotation	Type	Model	Students
Hemodialysis	DPC	Peer – Peer Staggered start	APPE x 2+
Hemodialysis	DPC	Pyramid	Resident(s) APPE x 2 ± EPE
Medicine	DPC	Peer – Peer Staggered start	APPE x 2
Medicine	DPC	Different preceptors Same pharmacy team	Residents x 2
Surgery-Pre-admit	DPC	Co-preceptor	APPE
Leadership	NDPC	Pyramid	Pharmacist Residents x 5 APPE x 1-2
Teaching- Education	NDPC	Co-preceptor	APPE
Research/Project	NDPC	Peer – peer	APPE



# Barriers to novel preceptor methods:

- a) Preceptors think it isn't "fair" to students
- b) Students think it isn't "fair" to them
- c) It's more work for preceptors
- d) There aren't enough "good" patients for multiple students to see
- e) All of the above



# In reality...preceptors find:

- students help each other
- discussions are more fruitful
- would like to do it again (learn from first experience how to do better)
- many prefer to traditional model
- get over the idea of “perfect” rotation - be **REALISTIC**

# In reality....students:

- Like to have other students around
- Less pressure/shared workload/support
- Better discussions
- Learn about other student's patients
- Many students haven't experienced hospital rotations before so don't have pre-conceived ideas about teaching models

# In reality...there are challenges

- Workspace/computer access
- Expectations/roles need to be clearly defined upfront
- Different levels of learners or pace of improvement
- Competition/friends
- Multiple assessments to complete



# Site issues:

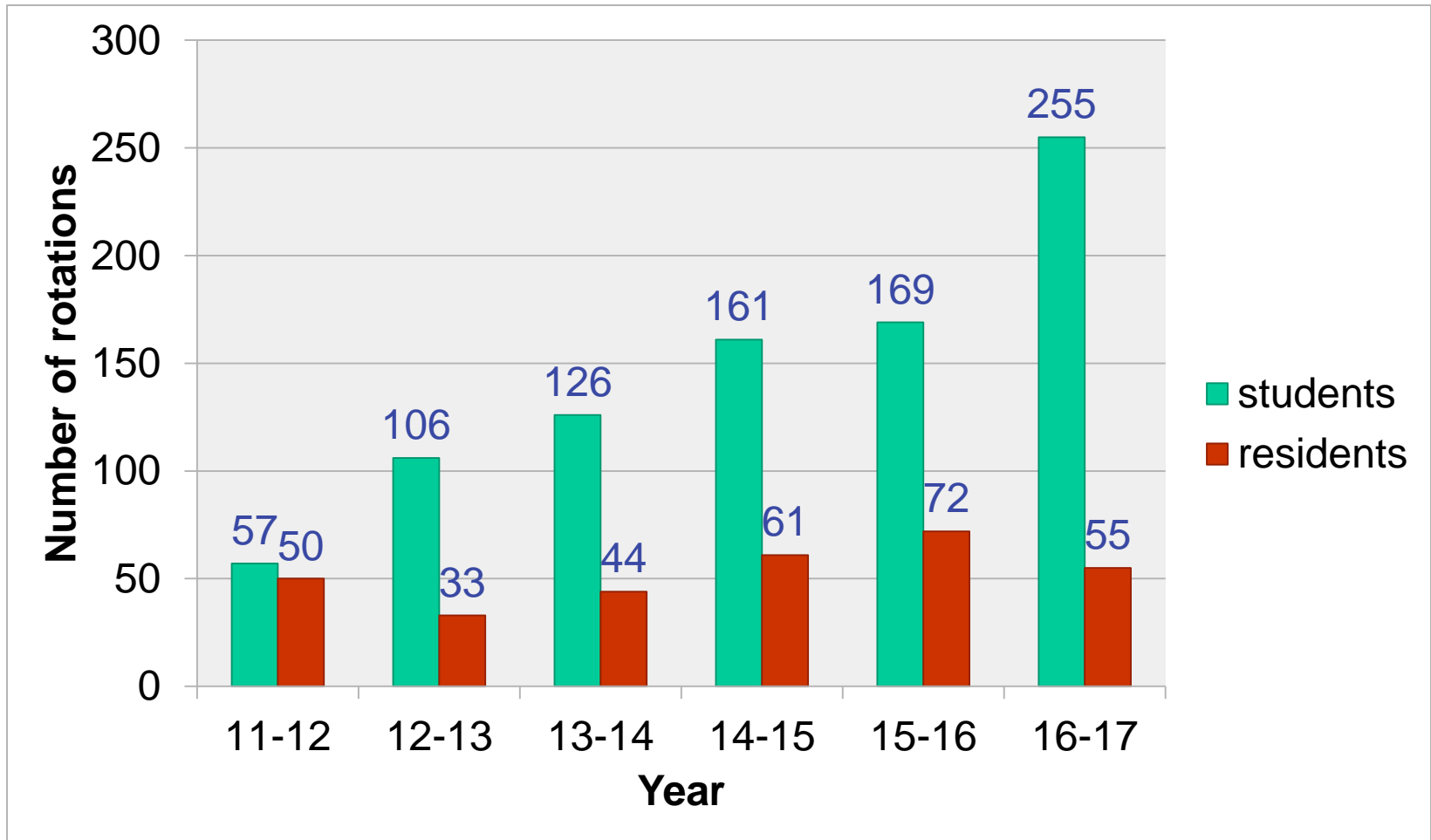
- Space (Workspace (computers), “stuff”, private areas for assessments)
- Orientation/onboarding
- Student roles/extenders: year round
- Other staff responsibilities still exist



# Additional strategies:

- Regular meetings;
  - OEE/TAHSN Education Coordinators
  - Hospital Pharmacy Directors/Dean/Faculty
- 10 week rotations
- Non-traditional rotation days/hours
- Non-direct patient care rotations
- Integrate students into teams
- Year round students

# Student vs Resident Rotations



# What are we worried about?

*The most important concern for residents/programs with increasing experiential APPE students is:*

- A) less rotation/elective availability
- B) preceptor burnout/lack of enthusiasm
- C) less resident mentoring
- D) lower quality rotations
- E) no need for concern

# Impact on residency program

- Increased number of elective rotations
- More residency preceptors
- Preceptor preference for resident rotations
- More flexibility for scheduling
- More structured preceptor development through Faculty
- Opportunities to participate in different preceptor models

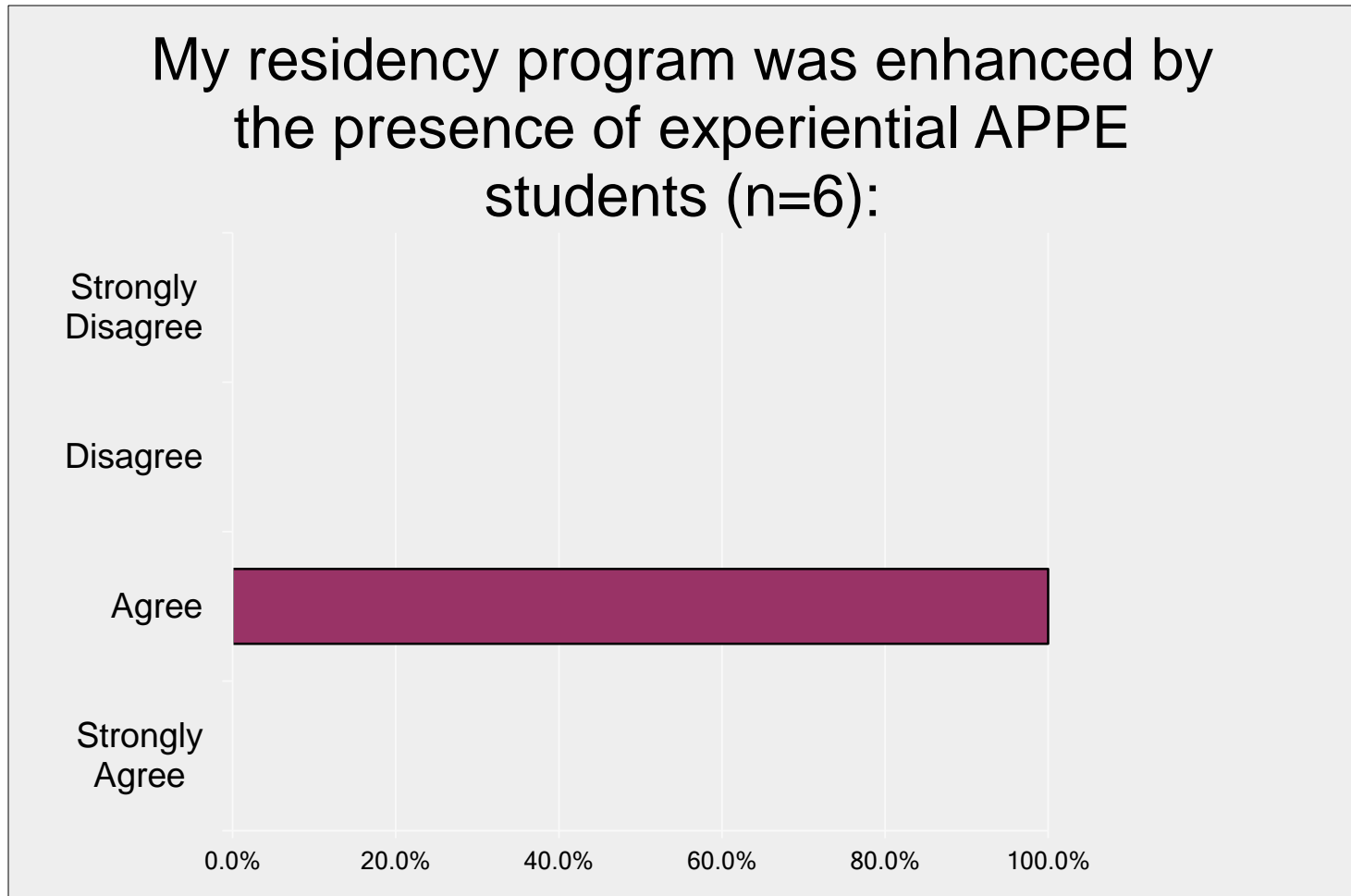
# Impact on residency program

- Leadership opportunities for residents
- Increased teaching opportunities for residents:
  - official and unofficial coaching/mentoring
  - precepting
  - small group teaching
- UHN mentorship program (ongoing)
- **Identify residency candidates**

# Impact on residency: Assessment

- Different assessment forms (APPE/resident)
- Plan to implement provincial OPPCAT form into residency (implemented by UT (May 2016) UW (Jan 2017) and OCP (2016))
- Explore use of same assessment platform (CORE ELMS) used by UW &

# What do residents think?



# The APPE student(s) impacted my residency in the following ways:

- *Although I found great value in having APPE students particularly because it improved my ability to self-assess my own knowledge and skills required for the rotation, I experienced challenges with managing my own time dedicated to my learning on rotation and also dedicating time teaching/mentoring the APPE students.*
- *Provided teaching opportunities to further solidify my understanding of topics as well as identify potential gaps/weaknesses in my own knowledge.*
- *Expanded the number of cases that I was able to learn from without directly following the patient*



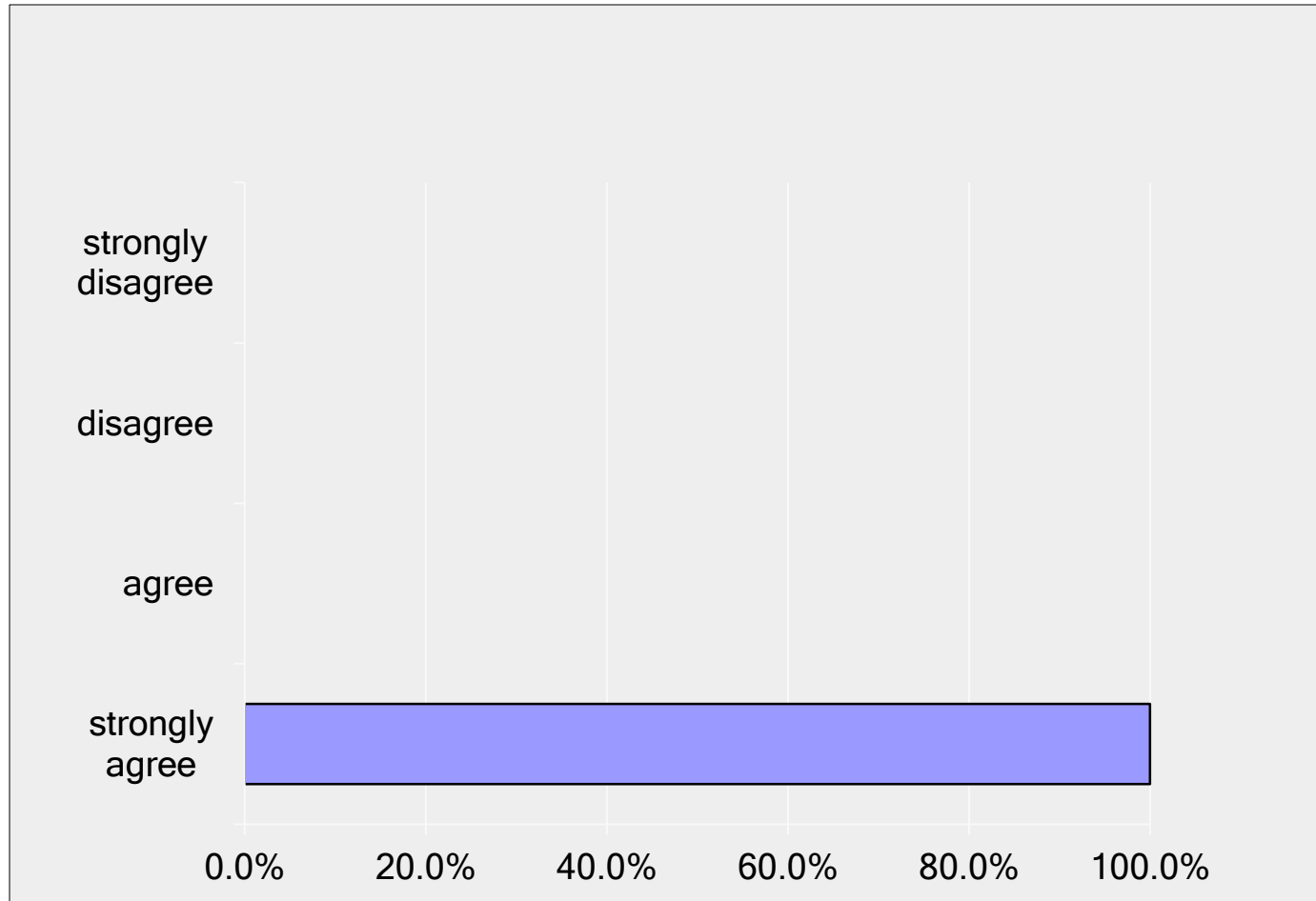
# Resident feedback

I was happy with the electives that I was scheduled:

Answer Options	Response Percent	Response Count
yes	100.0%	6
no	0.0%	0

*“I received all of my top elective choices.”*

# UHN has high quality residency preceptors (n=6):



# Logistics of scheduling rotations

- APPE availability due in Nov. for May start
  - Provide rotations by site/team rather than individual preceptor
- Residents start in September (mid APPE year)
- Elective day April (pick electives)
- Prioritize residency rotations
- Timing resident/APPE rotation start dates optimally is challenging

# Summary

- EPPD increased APPE rotation numbers >> resident rotations
- Increased rotation type and preceptor pool benefits residency program
- Improved flexibility in scheduling
- More opportunities for coaching/mentoring/teaching for residents

# Questions?



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