

Pharmacy Residency Leading Practices Application Process

CPRB defines a leading practice as a noteworthy practice or implementation of a tool that has a positive impact on the delivery or educational outcomes of a Pharmacy Practice Residency Program. They are worthy of recognition for what they contribute to Pharmacy Residency Programs. Many are ingenious in their simplicity and show how innovative strategies can be applied, and excellence achieved.

During the on-site survey visit, surveyors will verify the leading practice information provided. If the practice/tool is approved by CPRB, it is added to the Pharmacy Residency Leading Practices database on the CSHP's website. It is recommended that Pharmacy Residency Leading Practices applications be submitted with the "Request for Accreditation Survey" as part of the pre-survey documents required prior to the survey. However, the Board will accept Pharmacy Residency Leading Practices applications post survey visit with the written comments submitted to the Board within 30 days of receipt of the survey report. Please note that the Pharmacy Residency Leading Practices do not influence the accreditation decision.

Up to three Pharmacy Residency Leading Practices per program may be submitted per accreditation cycle. To be approved as a Pharmacy Residency Leading Practice, the practice or tool must be:

- linked to Accreditation Standards
- creative and innovative
- demonstrates successful results and efficiency in practise
- adaptable by other organizations.

If your program has implemented what you believe to be a leading practice or an effective tool, please provide the following information.

1. Pharmacy Residency Leading Practice Title:

St. Michael's Hospital Pharmacy Residency Program Levels and Ranges Document

2. Please provide a description of the practice or copy of the tool and indicate how this practice/tool is linked to Accreditation Standards.

A residency specific Levels and Ranges document was written to help describe the targeted level of performance across a range of knowledge, skills and attitudes that the resident needs to attain by the end of his/ her training in order to be considered competent relative to the CPRB 2010 Accreditation Standards.

3. Why did your program decide to implement this practice/tool?

Preceptors sometimes struggle with grading of resident performance because of uncertainties around what the "expected" level of proficiency should be. In addition, due to differences in teaching styles, history, level of experience and performance expectations, variation in grading can occur across different preceptors which can be unsettling for the resident and can impede

assessment of overall performance during progression of residency. The Levels and Ranges document has been developed to assist preceptors and coordinators in referencing a common end point against which they can assess resident performance. It also provides residents a clearer picture of the level of performance required by the end of the residency.

4. What makes this practice/tool creative and innovative?

The document describes the big “picture” description of what the end-point competent resident “looks like”. As such, not only does it aid in resident performance assessment, but it also supports curriculum mapping and design, preceptor training and development and revision of rotational goals and objectives.

5. Which processes or educational outcomes has this practice/tool improved in your program?

This practice tool provides more structure and rigour to competency-based assessment performance assessment, resident self-assessment, preceptor training and ultimately helps the residency coordinators determine if the resident is competent at the end of the residency.

6. Which resources are required for this practice/tool to be implemented by other pharmacy residency programs?

Residency co-ordinator time is required to adapt the document to the local residency context and to educate preceptors and residents about how to use the document.

Pharmacy Residency Leading Practices Report

To have this leading practice posted on the CSHP's website; please provide a summary describing and explaining the impact it has had. CPRB reserves the right to edit the information submitted for style, content, and length.

In 2010, pharmacy residency programs across Canada starting moving towards a competency-based framework for resident assessment as mandated by Canadian Hospital Pharmacy Residency Board (CHPRB) 2010 Accreditation Standards. In order to fully assess performance in a competency-based framework, it is essential to have a standard accepted definition of end performance. This equates to the targeted level of performance across a range of knowledge/ skills and attitudes that the resident strives for at the end of his/her training. To this end, a Levels and Ranges document was developed to assist preceptors and coordinators in referencing a common end point against which they can assess resident performance.

Contact name and e-mail address for the person who can be contacted at your organization if others wish to know more about this practice/tool.

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Adapted with permission from Accreditation Canada "Leading Practices Application Template"

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