



Residency Rotation Competency Based Evaluation and Documentation Forms

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

Please see attached documents: Palliative Care Rotation and Internal Medicine Rotation

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

In accordance with the CHPRB mandate of competency-based assessment we started down a road of training our staff to use Bloom's taxonomy and then incorporating this assessment directly into our documents. We also heard from our preceptors that having one form for each rotation was preferable to having separate forms for learning contract, learning objectives and evaluation. Residents and Preceptors use the same document (in two separate electronic files) to assess the resident.

What makes this practice/tool creative and innovative?

The new form has allowed us to incorporate three previously used documents; learning objectives, learning contract and evaluations. We have ensured our outcomes are competency based and linked to CHPRB standards wherever applicable. We have required baseline assessment of skills and areas for growth by the resident so that each rotation can be adjusted to the resident's learning needs while also allowing us to see growth (or areas for improvement) longitudinally across the midterm and final evaluations.

Another benefit is these forms allow for ease of documentation and collation of documentation across multiple preceptors in the cases where there may be more than one preceptor involved in the rotation.

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

Our entire process of evaluation has been streamlined. From the residents' baseline self-evaluation to the preceptor and resident's midterm and final evaluations, the process is quicker and more succinct in providing the feedback required to ensure resident growth across the rotation and year. As we employ drop down boxes that can be chosen for each competency it is quick to fill out the form, leaving more time for examples to be filled in and for actually face to face discussion with the resident. In addition the review and sign off for our Residency Coordinator and Director is more streamlined and quicker.

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

A thorough understanding of Bloom's taxonomy and application to competency assessment is ideal prior to undertaking the process of reworking evaluation forms. The initial time investment to rework the documentation form can be the limiting step. Preceptors need to look at all rotation objectives and determine and ensure they are competency based. Assigning a desired level of Bloom's Taxonomy can also take a bit of time to ensure the levels are appropriate for a Resident level practitioner to achieve in the time allotted for the rotation.

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

The Regina Qu'Appelle Health Region has implemented a single competency-based residency rotation documentation form incorporating not only rotation objectives, CHPRB competency outcomes and desired levels of competency by the resident but also has allowed for assessment at baseline, midterm and final within one continuous document. This process has decreased paper, workload and time while ensuring desired competencies levels and ranges are clear to all involved. It has increased the quality and depth of feedback received and provided by residents.

Contact information if you require more details about these practice/tools.

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Date approved: August 2012

Date: October 2012