

* indicates a mandatory response

Interior Health Pharmacy Practice Residency Program

Direct Patient Care Rotation ITER (In-Training Evaluation of Resident)

Competency-Based Evaluation

Note: If a text box pops-up when you open the evaluation form that says: "Do you want to view only webpage content that was delivered securely?" click NO. This will allow you to view the performance rubrics tables below. Alternatively, these tables can be viewed by clicking the link below.

For information on Evaluation Policies and Resources, including Resident Expected Level of Performance, Knowledge Rubric, Skills Rubric see:
<http://www.ihpharmacy.com/direct-patient-care-rotation-e/>

Resident Expected Level of Performance

| Time Point | Expected Level of Performance (for <u>moderately</u> complex patients and drug therapy problems) | |
|-------------------------------------|---|---|
| Direct Patient Care Rotations 1 - 3 | A. Knowledge B. Skills C. Attitudes and Professional Behaviour | Understanding Advanced Beginner Consistently Exhibits |
| Direct Patient Care Rotations 4 - 6 | A. Knowledge B. Skills C. Attitudes and Professional Behaviour | Applying Competent Consistently Exhibits |
| Direct Patient Care Rotations 7+ | A. Knowledge B. Skills C. Attitudes and Professional Behaviour | Analyzing Proficient Consistently Exhibits |

Knowledge Rubric

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

A. Knowledge

| | | Remembering | Understanding | Applying | Analyzing |
|---|---|---|--|---|---|
| | Not assessed (Explain why not assessed) | Lists basic facts of pathophysiology and common signs & symptoms. | Makes connections between signs & symptoms and specific systems (e.g., cough, tiredness & edema to the cardiovascular system; weakness, tiredness & pallor to hematologic system). | Makes connections between groups of signs & symptoms and specific conditions (e.g., increased WBC count, fever, productive cough & consolidation on CXR may suggest pneumonia). | Relates medical condition knowledge to patient-specific clinical findings and considers this in therapeutic decision making (e.g., therapeutic decisions address the overlap in presentation of HF and pneumonia) |
| *1. Knowledge of Medical Conditions (CPRB 3.1.4.e) | | | | | |
| Pathophysiology, risk factors, etiology and clinical presentation, including symptoms, physical assessment, relevant diagnostics, and laboratory findings | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide evidence to support your rating:

| | | Remembering | Understanding | Applying | Analyzing |
|--|---|---|--|---|---|
| | Not assessed (Explain why not assessed) | Lists basic characteristics of common medication classes. | Makes connections between characteristics of the medication and the medical condition(s) it is intended to treat (e.g. how an ACE inhibitor lowers blood pressure in a patient). | Makes connections between patient-specific factors and medication knowledge (e.g. vancomycin dosing in an older patient with decreased renal function). | Relates medication knowledge to patient-specific factors and considers this in therapeutic decision-making (e.g. initial dosing of antibiotics in a patient with sepsis and unstable renal function). |
| *2. Knowledge of Pharmacotherapeutics (CPRB 3.1.4.e) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pharmacology, pharmacokinetics, pharmaceuticals, evidence-based therapeutics | | | | | |

Please provide evidence to support your rating:

| | | Remembering | Understanding | Applying | Analyzing |
|---|---|---|--|---|--|
| | Not assessed (Explain why not assessed) | Lists common policies & procedures associated with safe medication practices. Requires supervision to write safe medication orders. | Explains the benefit of common policies & procedures associated with safe medication practices. Requires some supervision to write safe medication orders. | Incorporates basic safe medication principles into daily practice. Is able to utilize medication administration policies as they apply to patient care. All medication orders written are safe and appropriate. | Proactively identifies and anticipates medication safety issues for patients. Prevents errors, manages and improves medication use for patients. All medication orders written are safe and appropriate. |
| *3. Knowledge of Safe Medication Practices (CPRB 3.2.5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Safe and appropriate medication ordering & prescribing (using approved abbreviations); medication incident reporting; medication administration policies (e.g. parenteral medications); use of prescribing tools, such as preprinted orders | | | | | |

Please provide evidence to support your rating:

B. Skills (Provision of Pharmaceutical Care)

| | | Novice | Advanced Beginner | Competent | Proficient |
|--|---|---|--|---|---|
| | Not assessed (Explain why not assessed) | Requires intensive coaching to prioritize patients based on their risk for drug therapy problems. | Appreciates varying levels of patient complexity and recognizes patients at higher risk of drug therapy problems some of the time. | Organizes work using a strategy to accommodate varying levels of patient complexity and addresses patients at higher risk of drug therapy problems first. | Organizes and conducts work efficiently. Proactively prepares for and effectively manages and accommodates changing situations. |
| *4. Patient Triage and Prioritization (CPRB 3.1.3) | | | | | |
| Within assigned group of patients or when selecting patients to provide care to, ability to place a high priority on, and be accountable for, selecting and providing care to patients who are most likely to experience drug therapy problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide evidence to support your rating:

| | | Novice | Advanced Beginner | Competent | Proficient |
|--|---|--|--|--|---|
| | Not assessed (Explain why not assessed) | Requires intensive coaching and supervision during patient interactions. | Initiates patient interaction with prompting and guidance. Focuses on information collection and unable to consistently recognize verbal or non-verbal cues. | Establishes a strong rapport and caring relationship. Occasionally may lack refinement in certain patient/caregiver interactions. Able to recognize verbal or non-verbal cues. | Proactively and independently establishes a strong rapport and caring relationship. Adapts to situational differences and patient preferences to enhance the interaction. |
| *5. Relationship with Patient (CPRB 3.1.4.a) | | | | | |
| Ability to establish a respectful, professional, ethical relationship with the patient and/or caregiver(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide evidence to support your rating:

| | | Novice | Advanced Beginner | Competent | Proficient |
|---|---|---|--|---|---|
| | Not assessed (Explain why not assessed) | Very task orientated and struggles to adapt to new clinical scenarios. Requires intensive coaching to gather patient information from a variety of sources. | Gathers information from a variety of sources which is sometimes incomplete and/or irrelevant. Can sometimes explain its significance. | Differentiates between relevant and irrelevant data with some coaching. Gathers information from a variety of sources that is comprehensive and accurate. Can usually explain its significance in relation to a specific patient. | Gathers information in a systematic and thorough manner. Independently differentiates between relevant and irrelevant data. Presents pertinent information and explains its significance in relation to the specific patient. |
| *6. Patient Information Gathering (CPRB 3.1.4.c.d) | | | | | |
| Ability to gather relevant patient information through patient interview and from all appropriate sources including, but not limited to, chief complaint, history of present illness, past medical history, social history, review of systems (labs, physical exam, diagnostics/imaging, microbiology), current medications, etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to provide all pertinent findings and explain their significance. | | | | | |

Please provide evidence to support your rating:

| | | Novice | Advanced Beginner | Competent | Proficient |
|---|---|---|---|--|--|
| | Not assessed (Explain why not assessed) | Requires intensive coaching to identify the chief medical problem(s) as well as other medical problems. Has difficulty prioritizing based on level of acuity. | Identifies chief medical problem(s), but misses some medical problems. Sometimes has difficulty prioritizing, providing only superficial justification. | Identifies the chief medical problem(s) and most other medical problems. Accurately prioritizes based on level of acuity, providing appropriate justification. | Identifies a thorough and comprehensive list of all medical problems, accurately prioritized with appropriate justification. Articulates how the chief medical problem may affect coexisting conditions. |
| *7. Medical Problem List (CPRB 3.1.4.e) | | | | | |
| Ability to develop a prioritized medical problem list. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to describe current active issues that are responsible for the patient's admission or clinic visit. | | | | | |

Please provide evidence to support your rating:

| | | Novice | Advanced Beginner | Competent | Proficient |
|--|---|--|--|--|--|
| | Not assessed (Explain why not assessed) | Requires intensive coaching to identify some actual and potential drug therapy problems. Does not consistently assess medications for appropriateness. | Utilizes relevant data and is developing a systematic approach with some coaching, but unable to consistently identify major actual and potential drug therapy problems. Assesses medications for appropriateness but may miss some patient specific factors at times. | Utilizes a systematic approach to identify major actual and potential drug therapy problems by integrating relevant patient data and therapeutic knowledge, with minimal coaching. Able to prioritize problems based on level of acuity, but may lack refinement at times. | Utilizes a systematic approach to identify all actual and potential drug therapy problems by integrating relevant patient data and therapeutic knowledge. Able to consistently prioritize based on level of acuity, and provide appropriate justification. |
| *8. Drug Therapy Problems (CPRB 3.1.4.b, 3.2.4.a) | | | | | |
| Ability to identify, justify and prioritize patient-specific drug therapy problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to assess medication orders for appropriateness using all available information. | | | | | |

Please provide evidence to support your rating:

| | | Novice | Advanced Beginner | Competent | Proficient |
|--|---|--|--|---|---|
| | Not assessed (Explain why not assessed) | Able to identify some basic desired outcomes. Requires intensive coaching to identify disease-specific outcomes. | Identifies obvious disease-specific outcomes. Requires coaching to make them patient-specific. | Identifies and justifies appropriate desired outcomes that are specific and measurable, and sometimes incorporates the patient's personal values and preferences. | Identifies and justifies appropriate desired outcomes that are specific and measurable and consistently incorporates the patient's personal values and preferences. |
| *9. Goals of Therapy (CPRB 3.1.2) | | | | | |
| Ability to advocate for the patient in meeting their health-related needs and their desired goals of therapy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide evidence to support your rating:

| | | Novice | Advanced Beginner | Competent | Proficient |
|--|---|--|--|--|--|
| | Not assessed (Explain why not assessed) | Requires intensive coaching to integrate relevant patient data and therapeutic knowledge to identify basic therapeutic alternatives. | Able to integrate relevant patient data and therapeutic knowledge to identify some therapeutic alternatives but requires coaching to develop a comprehensive list. | Identifies a comprehensive list of therapeutic alternatives; however justification of choices and anticipation of consequences of each alternative may lack refinement at times. | Incorporates evidence, integrates relevant patient data to identify and justify a comprehensive list of viable therapeutic alternatives. Is able to articulate justification of choices. Anticipates consequences of each alternative. |
| *10. Therapeutic Alternatives (CPRB 3.1.4.e) | | | | | |
| Ability to identify, prioritize, assess, and justify. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to discuss pros & cons of all viable alternatives, considering efficacy, adverse effects, patient factors, administration issues and cost. | | | | | |

Please provide evidence to support your rating:

| | | Novice | Advanced Beginner | Competent | Proficient |
|--|---|---|---|---|--|
| | Not assessed (Explain why not assessed) | Only able to make therapeutic recommendations to the preceptor with intensive coaching. | Makes basic therapeutic recommendations to the preceptor, drawing on superficial therapeutic knowledge and some patient data. Requires coaching to discuss recommendations with the health care team. | Makes recommendations for most important drug therapy problems. Defends recommendations to the preceptor and health care team but lacks refinement. | Makes comprehensive therapeutic recommendations and prioritizes recommendations in the context of the patient. Defends recommendations to the health care team and proactively addresses their questions and concerns. Recommendations are generally accepted by the team. |
| *11. Therapeutic Recommendations (CPRB 3.1.4.e.f) | | | | | |
| Ability to develop, prioritize, justify, defend and implement a list of patient-specific recommendations for identified drug therapy problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide evidence to support your rating:

| | | Novice | Advanced Beginner | Competent | Proficient |
|--|--|---|---|---|---|
| | Not assessed (Explain why not assessed) | Able to design a basic monitoring plan with intensive coaching. Does not recognize education needs of the patient or opportunities for seamless care. | Designs a basic monitoring plan, but unable to consistently integrate patient-specific factors or make sound clinical judgements; requires coaching. Provides basic patient education on the main medication change and sometimes recognizes opportunities for seamless care. | Designs an appropriate and comprehensive patient-specific monitoring plan with minimal coaching, and provides rational justification for these decisions. Usually provides thorough patient education and recognizes opportunities for seamless care. | Designs an appropriate and comprehensive patient-specific monitoring plan, and provides rational justification for these decisions. Anticipates possible outcomes and proactively modifies care plans with new or changing information. Proactively provides seamless care and patient education. |
| *12. Monitoring Plan and Continuity of Care (CPRB 3.1.4.g.h.) | | | | | |
| Ability to recognize implications of recommendations, and identify frequency of monitoring parameters for efficacy and toxicity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to provide patient education and seamless care. | | | | | |

Please provide evidence to support your rating:

| | | Novice | Advanced Beginner | Competent | Proficient |
|--|--|---|---|--|---|
| | Not assessed (Explain why not assessed) | Only able to communicate with patients and health care providers with intensive coaching and supervision. Does not always address the needs of or use appropriate language for the specific audience. | Communicates with patients and health care providers in a professional manner, but does not consistently do so in an organized fashion or in a language that is easily understood by the specific audience. Requires prompting to be timely with communication. | Communicates with patients and health care providers in an organized and professional manner. Uses appropriate language and adequately addresses the needs of the specific audience. Occasionally, the communication of plans could be timelier. | Proactively communicates with patients and health care providers in a focused, organized, professional and convincing manner. |
| *13. Verbal Communication (CPRB 3.1.4.f.i, 3.2.4.c) | | | | | |
| Ability to proactively communicate healthcare issues to the prescriber and/or patient, and make recommendations to resolve those issues. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to verbally communicate care plans routinely. | | | | | |
| Ability to accurately clarify medication orders. | | | | | |

Please provide evidence to support your rating:

| | | Novice | Advanced Beginner | Competent | Proficient |
|---|---|---|---|--|---|
| | Not assessed (Explain why not assessed) | Requires intensive coaching to be able to document in an accurate and organized manner. | Documents when provided with a structured format, but may miss some key information. Requires coaching to keep documentation organized, relevant and concise. | Documents in an accurate, complete and organized manner, but articulation of therapeutic issues may lack refinement. May require coaching to keep documentation focused and concise. | Proactively documents in an organized, relevant and concise manner. Identifies patients for whom documentation is a priority. |
| *14. Documentation (CPRB 3.1.4.e.f.i, 3.2.4.b.c) | | | | | |
| Ability to proactively communicate healthcare issues to the prescriber and/or patient, and make recommendations to resolves those issues. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to routinely communicate care plans in writing. | | | | | |
| Ability to accurately transcribe and clarify medication orders. | | | | | |

Please provide evidence to support your rating:

| | | Novice | Advanced Beginner | Competent | Proficient |
|---|---|---|--|---|--|
| | Not assessed (Explain why not assessed) | Requires intensive coaching to identify typical references to use, as well as respond to most medication- and practice-related questions. | Responds to simple questions but requires time. Has awareness of typical references to use and demonstrates basic literature search skills, but is unable to critically appraise findings. | Effectively responds to most questions. Demonstrates a strategy for searching the literature and sometimes applies critical appraisal skills. | Efficiently triages and responds to all questions using a sophisticated, thorough and directed search strategy. Routinely applies critical appraisal skills. |
| *15. Medication and Practice-Related Education (CPRB 3.5.1.a.b.c.d.e) | | | | | |
| Ability to effectively respond to medication- and practice-related questions, and educate others in a timely manner. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to perform systematic literature searches and critical appraisal of literature, and formulate and communicate response. | | | | | |

Please provide evidence to support your rating:

C. Attitudes and Behaviours (Professional Characteristics)

| | Does Not Consistently Exhibit | Consistently Exhibits |
|--|-------------------------------|-----------------------|
| <p>*16. Responsibility for Own Learning (CPRB 3.4.1)</p> <p>Ongoing refinement of independent prioritization of tasks, critical thinking, problem-solving, and time management skills</p> <p>Self-direction, motivation</p> <p>Modification of behaviour in response to feedback</p> <p>Reliability and follow-through on all tasks assigned</p> | <input type="radio"/> | <input type="radio"/> |

Please provide evidence to support your rating:

| | Does Not Consistently Exhibit | Consistently Exhibits |
|--|-------------------------------|-----------------------|
| <p>*17. Recognizing Role (CPRB 3.1.1, 3.2.2, 3.3.3)</p> <p>Commitment to profession</p> <p>Demonstrates professional and ethical conduct</p> <p>Respectful collaboration and cooperation with other health care professionals in the provision of direct patient care and improvement of medication use</p> <p>Understanding of role within the interprofessional team</p> | <input type="radio"/> | <input type="radio"/> |

Please provide evidence to support your rating:

D. Resident's Own Objectives and/or Rotation Specific Objectives. To be completed and evaluated by the Preceptor/Resident as needed. The resident can be evaluated on these objectives if the resident and/or preceptor feels there are specific objectives not encompassed in the evaluation criteria above. Resident's own objectives can be evaluated here.

1.

| | Not assessed (Explain why not assessed) | Remembering/ Novice | Understanding/ Advanced Beginner | Applying/ Competent | Analyzing/ Proficient |
|----------------------------------|---|-----------------------|----------------------------------|-----------------------|-----------------------|
| *Rotation objective listed above | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide evidence to support your rating:

2.

| | Not assessed (Explain why not assessed) | Remembering/ Novice | Understanding/ Advanced Beginner | Applying/ Competent | Analyzing/ Proficient |
|----------------------------------|---|-----------------------|----------------------------------|-----------------------|-----------------------|
| *Rotation objective listed above | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide evidence to support your rating:

3.

| | Not assessed (Explain why not assessed) | Remembering/ Novice | Understanding/ Advanced Beginner | Applying/ Competent | Analyzing/ Proficient |
|----------------------------------|---|-----------------------|----------------------------------|-----------------------|-----------------------|
| *Rotation objective listed above | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide evidence to support your rating:

Overall Comments/Feedback and Communication of Resident's Continual Progress (CPRB 2.2.3.7.b)

Describe the resident's strengths and progress made on this rotation. Describe areas of focus for further development of resident's knowledge, skills, attitudes and behaviours.

The resident is to forward (via email) the comments from this box on their final evaluation for this rotation to their subsequent direct patient care rotation preceptor to allow for communication of the resident's continual progress over the course of the Program and to individualize each rotation based on previous experience.

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

- Yes
- No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

- Yes
- No