

British Columbia Pharmacy Residency Programs

BC Case Presentation: A Resident's Guide

Provided by the
BC Pharmacy Residency Coordinators Committee
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Overview

The BC Case Presentation is an opportunity for BC residents to present a well-organized case presentation to outline your thought process and develop a care plan to resolve a patient-related issue. This document is provided as a guide to pharmacy residents to assist you in preparing for your BC Case Presentation. Please discuss any questions that you have with our Program Coordinator.

Relevant CPRB Standards and Requirements

Standard 3.1 Provide Evidence-Based Patient Care as a Member of Interprofessional Teams

The resident shall be proficient in providing evidence-based pharmacy care as a member of interprofessional teams.

3.1.1 The resident is proficient in pharmacy practice:

- b) Applies knowledge of clinical and pharmaceutical sciences relevant to pharmacy practice and health care practice in general

3.1.2 The resident shall work effectively with other health care professionals by:

- a) Demonstrating proficiency in identifying, selecting and navigating resources
- b) Accurately appraising the literature as it relates to the clinical situation(s)
- c) Integrating evidence into decision-making

3.1.8 The resident shall perform patient-centred clinical assessments and establish care plans for individual patients by:

- a) Establishing a respectful, professional, ethical relationship with the patient
- b) Confirming or establishing goals of care
- c) Identifying and prioritizing drug-related problems
- d) Eliciting history and performing assessments in an organized, thorough and timely manner
- e) Gathering, appraising, and accurately interpreting relevant patient information from appropriate sources, including the patient, the family or caregivers, other health care professionals and the health record
- f) Preparing a care plan that includes consideration of the patient's goals and the roles of other team members
- g) Implementing the care plan
- h) Proactively monitoring drug therapy outcomes and revising care plans on the basis of new information

Standard 3.5 Provide Medication- and Practice-Related Education

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

3.5.2 The resident shall provide effective education to a variety of audiences and in a variety of instructional settings

1. The resident shall create an effective training/teaching plan that enables successful delivery of instruction to and completion of learning goals by the learner, within the timeframe by:
 - Defining learning goals and objectives
 - Selecting the instructional format and instructional media
 - Communicating effectively with a variety of audiences

BC Case Presentation Goals

- To deliver a well organized case presentation using well developed verbal and non-verbal communication skills
- To demonstrate your thought process in the provision of evidence-based pharmaceutical care by identifying a drug therapy problem of focus, formulating a clinical question from this DTP, assessing the literature as it relates to the clinical question, implementing a care plan to resolve the DTP and defending your recommendation(s).

Timing and Audience

The BC Case Presentations begin in December and occur monthly until March. Residents will be assigned a presentation date by their Program Coordinator at the beginning of the residency year. Residents will present their presentation in-person or via Zoom at the direction of the BC Pharmacy Residency Program.

The audience will consist of fellow BC residents and Program Coordinators.

BC Case Presentation Format and Content

A **20 minute** case presentation that will focus on outlining your care plan to resolve a DTP of focus for a patient that you provided care to while on a direct patient care rotation. The case presentation will consist of the following:

- Learning objectives
- Patient case
- Prioritized medical problems
- Prioritized drug therapy problems
- Drug therapy problem of focus
- Background information to relate DTP of focus to clinical question
- Goals of therapy for DTP of focus
- Therapeutic alternatives for DTP of focus
- Clinical question (PICO)
- Literature selection and appraisal
- Summary of the evidence
- Therapeutic recommendation(s)/care plan to resolve DTP of focus
- Monitoring plan
- Follow-up
- Questions from the audience (fellow residents and Program Coordinators)

Guidance for Developing Your Case Presentation

The following are some tips for developing your case presentation.

1. Selecting a Case Presentation Patient and Identifying a DTP of Focus

An appropriate case presentation patient is a patient that you provided proactive pharmaceutical care to as part of a direct patient care rotation. As part of this process, you identified an actual or potential DTP for this patient that required resolution. This DTP was identified and resolved as part of the proactive direct patient care you provided to this patient. This DTP should lead to a clinical question that you identified from learning about the disease state and therapeutics that relate to this DTP. The clinical question could flow from your assessment of the therapeutic alternatives or from a clinical controversy, such as an adverse event that may be medication-related.

Your case presentation will focus on the identification, assessment and resolution of a DTP of focus. This DTP of focus should have clinical significance and relevance to the patient's care. It does not have to be the primary DTP for your patient, but rather a DTP that you identified that required a thorough assessment for you to resolve the DTP. You should be able to justify and rationalize why you chose this DTP to be the focus of your case presentation.

2. Learning Objectives

Learning objectives should be structured as SMART objectives. SMART objectives are specific, measurable, attainable, realistic and timely and should focus on what your audience (fellow BC Residents and Program Coordinators) should be able to *do* after listening to your presentation and should reflect knowledge, skills and behaviours as they relate your presentation focus.

3. Patient Case Presentation

Pertinent patient information should be systematically presented focusing on the patient ID, chief complaint/reason for clinic visit, history of present illness, past medical history, medications prior to admission/at time of clinic visit, social history, review of systems information (relevant physical exam, laboratory findings, diagnostics), current medications, prioritized medical problem list, prioritized DTPs and identification of DTP of focus.

Given the time constraints of the presentation, it may not be possible to include all patient information in detail. The resident should focus on presenting a snapshot in time for the patient, such as on admission/clinic visit or when you assessed the patient and outlining any relevant information from their course in hospital or course prior to the clinic visit. Review of systems information should be complete and the resident should focus the presentation of this information on what is relevant and pertinent to the DTP of focus.

4. Identifying, Justifying and Formulating a Clinical Question

The assessment of the DTP of focus should result in a clinical question. This clinical question could follow an assessment of the therapeutic alternatives, whereby a clinical question is developed to determine the most appropriate option from multiple alternative options or it may arise from a

clinical controversy, such as an assessment of an adverse event that may be related to the patient's medication (if the DTP of focus related to an adverse event).

The background information in the case presentation is used to support the identification of the clinical question and also to justify and formulate the clinical question and should follow the identification of the DTP of focus. The background information could include information on the disease state and relevant medications related to the DTP focus. This includes an overview of general pathophysiology, etiology/risk factors, clinical presentation, patient-focussed goals of therapy, therapeutic approach (including any relevant guidelines) and an assessment of therapeutic alternatives. The background information should be relevant and focussed providing enough information to rationalize and justify the clinical question and should also take into consideration the knowledge base of your audience. For a common condition, you may not need to provide as much detail on the disease state as would be required for a disease state that is less common, more specialized or less well known.

The clinical question should be formatted as a PICO question. Consider the target population of interest and how you would describe a group of patients similar to your patient. Consider the main intervention that you are interested in assessing. This could be a medication or group of medications. Carefully consider the most appropriate comparator. Finally, consider the outcome by thinking about what do you hope to achieve, improve or impact for your patient based on the goals of therapy and also what risks or safety factors needs to be considered.

5. Literature Selection and Appraisal

To answer your clinical question and ultimately resolve your DTP of focus, a literature search, using all relevant databases, will need to be conducted and your search strategy should be outlined for the audience. This will include an overview of the databases used, search terms and limits, search results and an overview of the studies included in your literature review. As part of this overview, it is also important to explain why you chose the studies to review and also why you chose to exclude particular studies to avoid biasing your audience. If you are unable to exclude literature for a valid reason, this you must include the literature. Using the Hierarchy of Evidence and considering which literature is of highest quality and most relevant to your clinical question can help with this assessment.

The presentation of the literature should include an overview of each study, thinking about the design, population, intervention and comparator (as relevant), major efficacy and safety outcomes, main results (efficacy and safety). An overview of the strengths and limitations and potential consequences of these on your ability to apply this evidence to your patient should be provided. The amount of detail that you are able to present for each study will depend on the number of studies that you are presenting. Some creativity will be required to be able to present the main information for each study for your audience to gain an understanding of the literature.

6. Overview of Thought Process and Care Plan Implementation

After presenting the review of the literature, the major findings should be linked back to your clinical question, which will then be taken into consideration when outlining your thought process in

resolving the DTP of focus. This thought process could include an assessment whether the medication is necessary, efficacy considerations, safety considerations, adherence issues, patient-specific factors and cost. This outline of your thought process will help to support your care plan to resolve this patient's DTP of focus.

The care plan should consist of thorough recommendation(s) and a thorough patient-specific monitoring plan for efficacy and toxicity. Recommendation(s) should be justified and rationalized based on the literature presented and patient-related factors.

Evaluation and Criteria for Successful Completion

The resident will be evaluated by the BC Pharmacy Residency Coordinators using the BC Pharmacy Residency Programs Case Presentation Evaluation. In order to successfully complete the BC Case Presentation, the resident must meet the standard for all "Content" evaluation criteria and also must meet the standard for at least 3 out of 5 "Communication and Visual Aids" evaluation criteria. The standard for each evaluation criterion is outlined in the evaluation.

As outlined in the BC Pharmacy Year 1 Residency Programs: Standards for Program Administration, successful completion of the BC Case Presentation is a requirement for successful completion of the program. If a resident is unsuccessful, they will be required to deliver another case presentation to the BC residency group or group of preceptors at the discretion of the resident's Program Coordinator.

Presentation Logistics

The resident's Program Coordinator will orient the residents to the required slide template and presentation logistics. The BC Resident Representatives will moderate the BC Case Presentations, including communicating deadlines for slides, presentation order, presenter introductions and moderating the question period.