**Commitment to Quality Care**

**Quality Assurance Program**

All clinicians at the {worksite} practice within a quality-of-care framework referred to as our Commitment to Quality Care (CQC). We strive to provide the highest standard of care possible to our patients while continually learning and self-improving.

The CQC program has 4 components: Self-reflection, patient care self-assessment, peer feedback, and case discussions.

**Self-reflection** – Each clinician completes a minimum of 1 self-reflection (which contains 2 parts – positive and negative work situations) every 3 months. This is for the clinician’s own benefit and not typically shared with other team members (Appendix 1).

**Patient Care self-assessment** – Each clinician completes a minimum of 1 self-assessment after a patient encounter every 6 months. This is for the clinician’s own benefit and is discussed with a peer (Appendix 2)

**Peer feedback** – Each clinician is observed in a patient care appointment by a fellow clinician a minimum of once every 6 months to enable exchange of constructive feedback. The team rotates who is being reviewed and who provides feedback. The Peer Feedback tool is provided as Appendix 3. Observation can be provided in-person or virtually (Appendix 4). Standard messaging to patients and clinical colleagues about the peer feedback process is found in Appendix 5.

**Case discussions** – Each clinician prepares and presents a patient case to the clinical team a minimum of once every 6 months. The case should be chosen strategically such that it will stimulate a group discussion, debate and/or valuable learning (Appendix 6).

All new clinicians at the [worksite} will be required to undergo 1 Peer Feedback session and complete 1 Self-Assessment within 1 month of starting their patient care practice.

**Appendix 1**

**Clinician Self-Reflection**

Self-reflection is the process of stepping back from an experience and thinking about why you were feeling a certain way or why you did something. During self-reflection, thought-provoking questions can help to develop a deeper level of understanding about yourself. The framework below will guide you in this process.

Research has demonstrated, individuals who practice self-reflection have increased self-motivation, make fewer mistakes and have increased problem-solving, analytical and critical thinking skills.

Take a moment to reflect following a recent experience. You may choose to record your answers to refer back to as you continue to grow professionally and personally.

* Reflect on a positive experience that you’ve had at work, such as a task or a patient care interaction that went well.
* Reflect on a negative experience that you’ve had at work, such as a mistake that you feel you made or a time when you wish you’d done things differently.

**Self-Reflection on a POSITIVE Work Situation**

|  |
| --- |
| Describe a situation at work where you succeeded: |
| Answer the following questions (if they apply) to identify the factors that contributed to your success:Why did I succeed?Why did I succeed this time as compared to other times?What motivated me to do well?How did I feel after doing well?Did I receive a reward or praise for doing well? (If not, would I have felt more motivated if I had?) |
| Is there anything I would do differently next time for further improvement? |
| What future learning goal(s) did this activity trigger for me? |

**Self-Reflection on a NEGATIVE Work Situation**

|  |
| --- |
| Describe a situation at work where you made a mistake or did not get the results you intended: |
| Answer the following questions (if they apply) to identify the factors that contributed to my lack of success:Why did I not succeed?What factors contributed to me not succeeding? [e.g. Emotional (bad day/distracted/nervous/tired), knowledge gap, lack of preparedness, forgetting to check a reference, unintentional error, lack of experience]Were there any contributing circumstances? [e.g. busy work week, time-constraints, miscommunication.] |
| Did I receive feedback regarding the negative situation? If I hadn’t received negative feedback, would I have still identified it as a negative situation? |
| What future learning goal(s) did this activity trigger for me? |

**Appendix 2
Clinician - Patient Care Self-Assessment**

Pharmacist:

Reviewer:

Date:

Consult type: [ ] Initial [ ] Follow up

Directions for Clinician:

Before your consult, please review the form and take a look at the reflection questions to consider as you prepare for your consult. Provide comprehensive medication management to one of your patients and have your peer provide you with feedback. After the activity, list any learning goals you may have identified and how you plan to achieve them. This will be a focus of your reflection discussion.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Performance Statement** | **Yes** | **Can be improved** | **N/A** | **Notes** |
| Provides a useful explanation of {worksite} services, pharmacist role and collaboration with health care team |  |  |  |  |
| Establishes reason for appointment and reconciles any discrepancies between reason for referral and patient’s chief complaint(s)*Follow up: solicits any new patient concerns* |  |  |  |  |
| Identifies and addresses any patient barriers (e.g. language, cognitive impairment) |  |  |  |  |
| Conducts an effective and efficient interview *Clinician to use their judgement in terms of order and what is appropriate to cover during the consult.* *Not all items may be immediately relevant* |  |  |  |  |
| * Assesses patient’s medication experience: administration, adherence, attitudes/beliefs, preferences and coverage
 |  |  |  |  |
| * PMH
 |  |  |  |  |
| * Social history
 |  |  |  |  |
| * Family history
 |  |  |  |  |
| * Allergies and intolerances
 |  |  |  |  |
| * HPI or CC/RFR focused review of systems*Follow up: history based on goals of therapy*
 |  |  |  |  |
| * Medication history (efficacy and safety)*Follow up: medication updates*
 |  |  |  |  |
| * General RoS *Follow up: RoS relevant to plan*
 |  |  |  |  |
| Conducts appropriate physical assessments and/or point of care testing |  |  |  |  |
| Establishes goals of therapy in collaboration with the patient, including SMART care plans when appropriate |  |  |  |   |
| Communicates identified DTPs/issues/concerns to the patient |  |  |  |  |
| Prioritizes DTPs in collaboration with patient |  |  |  |  |
| Clearly articulates recommendations to patient |  |  |  |  |
| Provides education at an appropriate level for the patients health literacy |  |  |  |  |
| Arranges appropriate follow-up  |  |  |  |  |
| Demonstrates interprofessional collaboration where appropriate and necessary |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Professionalism Performance** | **Yes** | **Can be improved** | **N/A** | **Notes** |
| Is on time for the scheduled consult |  |  |  |  |
| Establishes rapport with the patient (and caregivers if relevant) |  |  |  |  |
| Uses appropriate verbal and non-verbal communication using patient-friendly language |  |  |  |  |
| Encourages patient to ask questions (e.g. pauses and asks) |  |  |  |  |
| Demonstrates empathy when appropriate |  |  |  |  |
| Appropriately uses scheduled consult time |  |  |  |  |
| Takes responsibility (for actions, decisions, errors) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Documentation** | **Yes** | **Can be improved** | **N/A** | **Notes** |
| Structure of note is logical |  |  |  |  |
| Content is clear, concise, accurate, and collegial |  |  |  |  |
| EMR documentation completed in timely manner including * Encounter note within ~24 h

*Within 1 week or earlier if patient is seeing another healthcare professional** BPMH
* Consult note
* DTP tracking
* Billing
* Community pharmacy in healthcare team
 |  |  |  |  |

**Debriefing Self-Reflection Questions**

After the consult and documentation steps have been completed. Please take a moment to reflect on this consult using the prompts below. There are 3 major components to this reflection: what, so what, and now what. These questions are designed to facilitate critical reflection which will lead to actions and improve your consultation skills.

|  |  |  |
| --- | --- | --- |
| **Rolfe’s Reflection Model** | **Consider the following questions during your reflection:** | **Clinician’s Reflection** |
| What? | * What were your feelings immediately after you finished the patient interview? (e.g what felt good and what felt flawed)
* How did your patient respond throughout the consult?
* How do you think your patient felt throughout the consult?
* What were your feelings after you completed your documentation?
 |  |
| So what? | * What was going through your mind as you completed the consult?
* What has this experience taught you about your care process?
* Were any assumptions that you had during the consult that were challenged?
* What could/should you have done to make it better?
* What is your new understanding of consults?
 |  |
| Now what? | * What do you need to do to make things better to improve your consultation skills? Be specific, make goals observable by others
* What broader issues need to be considered?
* What might be the consequences of this action (positive and negative)
* What will do you differently (preparation, consult, recommendations)
 |  |

**Appendix 3
Patient Care Peer Feedback**

Pharmacist:

Reviewer:

Date:

Consult type: [ ] Initial [ ] Follow up

Directions for Reviewer:

While observing an in-person or virtual patient appointment, please rate your peer on the performance statements below as “yes”, “can be improved” or “not observed”. If there are areas that can be improved, please provide constructive feedback. The process is not about laying blame, but instead about identifying opportunities for learning. Please note that all sections may not be relevant for a follow-up.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Performance Statement** | **Yes** | **Can be improved** | **N/A** | **Notes** |
| Provides a useful explanation of Pharmacists Clinic services, pharmacist role and collaboration with health care team |  |  |  |  |
| Establishes reason for appointment and reconciles any discrepancies between reason for referral and patient’s chief complaint(s)*Follow up: solicits any new patient concerns* |  |  |  |  |
| Identifies and addresses any patient barriers (e.g. language, cognitive impairment) |  |  |  |  |
| Conducts an effective and efficient interview *Clinician to use their judgement in terms of order and what is appropriate to cover during the consult.* *Not all items may be immediately relevant* |  |  |  |  |
| * Assesses patient’s medication experience: administration, adherence, attitudes/beliefs, preferences and coverage
 |  |  |  |  |
| * PMH
 |  |  |  |  |
| * Social history
 |  |  |  |  |
| * Family history
 |  |  |  |  |
| * Allergies and intolerances
 |  |  |  |  |
| * HPI or CC/RFR focused review of systems*Follow up: history based on goals of therapy*
 |  |  |  |  |
| * Medication history (efficacy and safety)*Follow up: medication updates*
 |  |  |  |  |
| * General RoS *Follow up: RoS relevant to plan*
 |  |  |  |  |
| Conducts appropriate physical assessments and/or point of care testing |  |  |  |  |
| Establishes goals of therapy in collaboration with the patient, including SMART care plans when appropriate |  |  |  |   |
| Communicates identified DTPs/issues/concerns to the patient |  |  |  |  |
| Prioritizes DTPs in collaboration with patient |  |  |  |  |
| Clearly articulates recommendations to patient |  |  |  |  |
| Provides education at an appropriate level for the patients health literacy |  |  |  |  |
| Arranges appropriate follow-up  |  |  |  |  |
| Demonstrates interprofessional collaboration where appropriate and necessary |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Professionalism Performance** | **Yes** | **Can be improved** | **N/A** | **Notes** |
| Is on time for the scheduled consult |  |  |  |  |
| Establishes rapport with the patient (and caregivers if relevant) |  |  |  |  |
| Uses appropriate verbal and non-verbal communication using patient-friendly language |  |  |  |  |
| Encourages patient to ask questions (e.g. pauses and asks) |  |  |  |  |
| Demonstrates empathy when appropriate |  |  |  |  |
| Appropriately uses scheduled consult time |  |  |  |  |
| Takes responsibility (for actions, decisions, errors) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Documentation** | **Yes** | **Can be improved** | **N/A** | **Notes** |
| Structure of note is logical |  |  |  |  |
| Content is clear, concise, accurate, and collegial |  |  |  |  |
| EMR documentation completed in timely manner including * Encounter note within ~24 h

*Within 1 week or earlier if patient is seeing another healthcare professional** BPMH
* Consult note
* DTP tracking
* Billing
* Community pharmacy in healthcare team
 |  |  |  |  |

## **Debriefing Discussion Questions (for reviewer)**

|  |  |
| --- | --- |
| **Before the consult** | * What did you think might happen or expect during this consult based on your previous experience?
* How did you prepare for this consult?
 |
| **During the consult** | * As you were going through the consult, was it going as you had expected? Were there any surprises?
* Was there anything that you changed in the moment to make the consult more successful? (e.g. order of questions, prioritizing a specific problem, ruling out certain treatment options, etc)
 |
| **After the consult** | * Immediately after the consult, what were your insights? What went well? What could have been done better?
* In retrospect, how did the consult feel for you? What do you think the patient would have felt?
* What did you particularly value during the consult?
* Walk through reflection together
	+ Consider asking specific questions to move from a recounting of events (reflection) to *critical* reflection
		- What assumptions were made about the patient that ended up being correct or incorrect?
		- Consider multiple perspectives. If a prescriber observed the interaction, what do you think they would have valued that you completed?
		- What emotions was the clinician experiencing throughout? What insights may be gained by looking closer at emotional response
		- Comprehensive analysis and meaning making – assist the clinician in coming up with a specific action plan
* Make a specific action plan
 |

**Appendix 4**

**Process for providing peer feedback virtually:**

* Pharmacist being reviewed identifies a suitable patient appointment and schedules review date with peer
* On date of patient consultation:
	+ Pharmacist being reviewed calls or joins the Zoom meeting room with the reviewing pharmacist a few minutes prior to the patient appointment to ensure reliable connection and re-confirm the review process.
	+ Once patient joins appointment, clinician introduces patient to reviewer, explains peer feedback process (Appendix 3) and obtains verbal consent for the reviewer to be present for the appointment.
	+ Clinician makes a note in the EMR that the appointment was observed for CQC purposes and notes the reviewer’s name and modality of observation (i.e. phone or video).
	+ Reviewer then mutes phone line (if telephone or in-person appointment) or mutes and turns off video (if Zoom call and depending on patient preference for video on/off) during consultation.
	+ Note, if reviewer is observing an in-person patient appointment remotely they will observe via videocall or phone. If possible, a dedicated device can be used to video conference in the reviewer such as a smartphone, tablet or alternate laptop to enable optimal viewing of the patient consultation.

 **Appendix 5**

**Peer Feedback messaging to clinical colleagues and patients**

*Key messages for clinical colleagues:*

* Peer to Peer Feedback is part of our ongoing quality assurance initiative at the UBC Pharmacists clinic
* All pharmacists participate in peer feedback at regular intervals
* The process is in the spirit of collegial support and is intended to ensure pharmacists are delivering consistent, high-quality care to patients
* On an individual level, each peer review serves to reinforce strengths and identify areas for improvement with each pharmacist maintaining ongoing learning goals
* The peer pharmacist is only there to observe and will not directly participate in the appointment. They will not have access to patient medical records or personal information
* All information discussed is kept confidential
* Patient verbal consent required to proceed and will be recorded in the encounter note
* If at any point the patient voices they are uncomfortable the observer will leave the appointment immediately

*Key messages for patients:*

* Peer feedback is part of an ongoing quality assurance program for the pharmacist services we are offering you today
* The goal of having another pharmacist present for this appointment is to ensure we are providing a consistent approach to care for all our patients. All pharmacists on our team participate in this process
* The peer pharmacist is only here to observe and will not directly participate in your care
* The peer pharmacist will not have access to your medical records or personal information
* All information discussed is kept confidential
* We will only proceed with your verbal consent and if you feel uncomfortable at any point the other pharmacist will leave or disconnect from the appointment immediately

**Appendix 6**

**Case Discussion Guidelines**

**Overview**

* The purpose of a case presentation is to share a challenging and/or interesting patient case seen in your practice to facilitate learning and stimulate discussion amongst colleagues
* You will be allotted 30 minutes to present. You may use 20 min to present and reserve 10 min for Q&A or integrate discussion and Q&A throughout
* Use of visual aids or a handout is recommended
* Audience participation is encouraged – feel free to pose questions and ask for input as you move through your case, this is meant to be a learning environment for all with opportunity for discussion

**Case examples**

* A specific clinical question requiring an in-depth literature search
* Application of new evidence and/or guidelines into practice
* Management of a rare or lesser-known medical condition
* A challenging patient scenario or interaction
* Effective inter/intraprofessional collaboration in action

**Suggested content outline**

*Depending on the focus of your case and patient factors not all sections may be relevant:*

* Title (creative titles encouraged!)
* Learning objectives/Case outline (pick 2-3 key points you want your audience to walk away with)
* Patient ID: demographics/identifying information (age, gender)
* Chief complaint (CC), reason for referral (RFR)
* History of present illness (HPI)
* Medical and medication history
* Medication management (administration, adherence, attitudes)
* Allergy/intolerance(s)
* Social history
* Family history
* Review of systems
* Labs/diagnostics
* Drug therapy problems identified, prioritized and recommendations/actions
	+ Goals of therapy
	+ Issues identified on follow up, challenges during implementation of therapeutic plan etc.
* Key takeaways, for example:
	+ Implications for practice
	+ Lessons learned
	+ Sharing of useful resources or tools

*The following should be incorporated throughout where appropriate to increase audience understanding and promote learning:*

* Review of relevant background information: therapeutics, pathophysiology, epidemiology, risk factors, pharmacology etc.
* Clinical question (PICO) and summary of literature search, findings with interpretation, limitations and implications