

Completing a Residency Project Involving 2 Residents

In 2012, the Lower Mainland Pharmacy Services Residency Program (British Columbia) saw the successful completion of its first residency project involving 2 residents and multiple health authorities. The project was entitled “Atrial Fibrillation Clinics in BC and the Use of Dronedronone: The ABCD Study”,¹ and some interesting lessons—for residents, researchers, and residency coordinators—can be gleaned from this endeavour.

For the residency program itself, the main advantage of 2 residents working together on a single project is derived from having twice the resident attention to move the project forward. This increase in attention translated into more project weeks, more workload capacity dedicated to the project, and a larger potential study population. In practical terms, a larger, more ambitious project could be undertaken. This situation represents a benefit to the residency project enterprise as a whole, since a larger set of potential projects can be considered, including projects that could not be completed by a single resident during a 12-month residency.

For the residents involved, dual-resident projects have many advantages. In addition to having a partner with whom to share the many tasks associated with completing a research project, each resident has a counterpart for brainstorming and assistance in understanding complex research methods. The presence of 2 residents working through the components of the project and sharing their experiences allows for potential efficiencies to be realized and provides a unique learning opportunity for the residents. Collaborating on a year-long project with a resident colleague requires close communication and forces each resident to clearly articulate his or her thoughts on the project. This experience benefits the residents and should serve them well in future research endeavours. In addition, the scope of the project may allow networking with other health care providers. For example, the broad geographic area covered by the ABCD study population drew attention from health care professionals working in that area and led to opportunities for the 2 residents to present preliminary findings to physicians and nurses at conferences and during an online webinar.

Despite these advantages, dual-resident projects may also have some disadvantages. The constant communication between residents that is vital for the project's success can be fruitful, but when opinions, communication styles, or visions for the project differ, having 2 residents involved may be unwieldy. The residents' personalities and the need for cooperation between them are 2 more variables to include in an already complicated project equation. In the ABCD project, the 2 residents made a concerted effort to communicate consistently

throughout the year, which went a long way to ensuring that both were engaged in the work and that the project itself was relatively well organized. Despite these best efforts, there were a few inevitable breakdowns in communication, but with a voiced focus on cohesiveness, these breakdowns did not derail the project and in fact provided valuable learning opportunities.

During any hospital pharmacy residency, the resident must satisfy the standards of the Canadian Hospital Pharmacy Residency Board² as they pertain to the project:

- “The resident shall be involved in project development, data collection, analysis and interpretation.
- “The resident shall prepare a written report of the project in a format suitable for publication in a peer-reviewed journal.
- “The resident shall present and defend the outcomes of the project.”

With multiple residents working on a project, attention is required to ensure that each resident satisfies all of these program requirements. Many of the project components are time-sensitive, and their completion is, by default, primarily the responsibility of the resident with project time available (i.e., according to the designated project week). As noted above, communication between the residents is vital to ensuring that both contribute to each component of the project. Balancing the degree to which both residents are involved at all stages is particularly challenging.

Another complication of a dual-resident project is that a degree of inter-rater variability is inevitable in projects that involve data collection and clinical interpretation. This is a potential limitation of the results, which must be controlled for as much as possible through communication and cooperation between the residents involved. In the ABCD Study, inter-rater variability during data collection was not assessed, but this issue is something that future dual-resident projects should consider.

When it comes time to evaluate the residents' work on the project, it can be difficult to discern the amount that each resident contributed. Many of the project components are shared, but inevitably the proportion of each component performed by each resident will be unequal. Having the residents record their work and their involvement in specific components could mitigate this difficulty. Another possibility would be to have the residents evaluate each other at the end of the project.

Overall, the first dual-resident, multi-health authority residency project in the Lower Mainland Pharmacy Services was a success. As the 2 residents involved in this project, we can say that the benefits of participating in a project that would have been too large for a single person to complete during a 1-year residency program and the opportunity to develop key communication skills outweighed the perceived disadvantages of undertaking such a project.

References

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2. *Accreditation standards January 2010*. Ottawa (ON): Canadian Hospital Pharmacy Residency Board; 2009 [cited 2012 Jul 12]. Available from: www.cshp.ca/programs/residencytraining/CHPRB_Standards_2010_-_FINAL.pdf

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