LETTER TO THE EDITOR

Formal Psychiatry Resident Rotations with a Clinical Pharmacy Specialist: Preliminary Experience at BC Children’s Hospital

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To the Editor:

Psychiatrists are expected to be the most expert of mental health professionals in the optimal clinical application of psychopharmacological treatments (Gardner, 2014). Training in the safe and effective use of psychotropics is insufficient and merits review at the undergraduate, post-graduate, and continuing professional development levels, and increased efforts are needed to enhance clinical training and knowledge in psychopharmacology among trainees (Gardner, 2014). We report our experience in the Child and Adolescent Psychiatry (CAP) subspecialty residency training program at BC Children’s Hospital where CAP residents complete a formal rotation in the role of the clinical pharmacist with a clinical pharmacy specialist preceptor.

First recognized as a subspecialty by the Royal College of Physicians and Surgeons of Canada in 2009, subspecialty CAP training has been offered through the residency program at BC Children’s Hospital since 2014. Learning to safely prescribe psychotropics for children and adolescents adds an extra layer of complexity above general adult psychopharmacology, with significant differences in treatment response, tolerability, regulatory approval, dosing strategies and monitoring requirements compared to adults. A review of formalized annual feedback shows that CAP residents consistently requests more training in child and adolescent psychopharmacology.

The impetus for this novel rotation followed a request from a CAP resident to spend time learning with the clinical pharmacist. During the rotation, CAP residents perform the functions of the clinical pharmacist under supervision, including: patient workups from the clinical pharmacy lens, identification and prioritization of drug therapy problems (including, but not limited to: use of unnecessary drugs, non-optimized drug dosage, adverse drug reactions, adherence difficulties and untreated indications), development and selection of appropriate alternatives, communication of recommendations to the treatment team, followup monitoring, and patient and family counselling. Additional rotation activities include frequent topic discussion with preceptors and co-learners of child and adolescent psychopharmacotherapy topics including: pharmacokinetic principles and pharmacotherapeutic approach to conditions such as anxiety disorders, depression, bipolar disorder, schizophrenia, obsessive-compulsive disorder, irritability of autism spectrum disorder and insomnia. CAP residents also participate in development and delivery of educational materials such as journal club seminars, case presentations, patient medication groups, and development of educational posters on...
psychopharmacology. Clinical pharmacists specializing in CAP are relatively rare in Canada. It takes time to develop expertise in this area, to truly appreciate that children are not just “little adults” and to gain mastery of the many differences between pharmacotherapeutic approaches in children and adolescents as compared to adults. Pharmacist training of physicians can improve residents’ competence and confidence in managing complex medication regimens, and also teach residents how to collaborate with pharmacists after they have entered practice (Jorgensen, Muller, Whelan & Buxton, 2011).

To undertake such a teaching role, it would be an asset for potential pharmacist preceptors to be well experienced and practice in a dedicated specialized role in CAP, and have prior experience precepting of pharmacy students in a hospital residency or post-residency doctor of pharmacy program. Clinical pharmacists and psychiatrists are natural partners for a number of reasons. The drugs used in psychiatry are powerful and complex, with a multiplicity of adverse effects and clinically significant drug interactions involving other drugs used in psychiatry as well as those used in general medicine (Alderman & Lucca, 2017).

Silos and barriers to inter-professional collaboration remain. One of the largest hurdles is compensation to the pharmacist for the extra teaching burden. While at present, no payment flows directly to the pharmacy department from the Department of Psychiatry, the teaching burden to the pharmacist may be minimized by matching the psychiatry resident rotation time to the times when the pharmacist is already precepting other pharmacy learners.

This pairing of a pharmacy learner on rotation with a psychiatry resident has many other advantages as well. It promotes multi-disciplinary collaboration and offers opportunities for the students to teach each other, with the pharmacy learners conferring knowledge and skills regarding drug information search, pharmacokinetics, and critical literature appraisal skills, while CAP residents can share their approach to diagnostic considerations and the principles behind non-pharmacologic treatments such as cognitive-behavioral therapy.

CAP resident feedback regarding the rotation has been extremely positive, and in 2017, the clinical pharmacist was awarded the Psychiatry Residents Association Annual Award for Teaching Excellence in Child and Adolescent Psychiatry for Post-Graduate Subspecialty Education. CAP residents’ comments in post-rotation evaluations include: I participated in inpatient rounds, patient/family education, academic rounds, and answering drug information and therapeutic questions raised by hospital staff. This rotation was an intellectually rewarding educational experience. I was encouraged to think critically about my clinical choices, challenged to utilize evidence-based approaches and to consider issues of sustainability and fiscal responsibility in the health care system. This was one of the most important rotations of my residency. This was an amazing rotation! The gradual step up of responsibility was excellent.

Eight CAP resident rotations have been completed using this model. We have demonstrated that interdisciplinary psychopharmacology training of CAP residents by clinical pharmacy specialists is feasible. As clinical pharmacy specialists become more commonplace in CAP units and programs gain more experience with formalized interdiscipli- ary cross-training, payment models should be re-evaluated to recognize and compensate this valuable teaching work.

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References