

**Geriatrics I Learning Experience:**

**Preceptor: Autumn Mittleider, PharmD, BCPS**

**PGY1 Ambulatory Care Track Residency Coordinator – CFVHS / SRAHEC**

**Office: Senior Health Services**

**Hours: 8am-430pm**

1. **General Description**

The Geriatrics I learning experience is a required, four week rotation at Senior Health Services. The Senior Health Services team consists of three nurses, a clinical medical assistant, three medical assistants, three physicians, one mid-level provider, a social worker, a clinical pharmacist, and pharmacy/medical students. Senior Health Services sees an average of 120 patients per week. The clinic is designed to provide a collaborative practice experience in an ambulatory care setting. The clinical pharmacist works closely with various members of the healthcare team and patients to ensure optimal patient outcomes, medication safety and efficacy, and improvement in patients’ health status. The clinical pharmacy service provides geriatric pharmacotherapy interventions through Annual Wellness Visits, Transition of Care medication reconciliation and education, polypharmacy evaluations, chronic disease state management, Chronic Care Management, Medication Therapy Management, and educational services to patients and medical staff.

The geriatrics rotation will provide the resident with the opportunity to further develop and refine advanced pharmacotherapeutic management skills required for the provision of care in an ambulatory care clinic. The resident will have the opportunity to work in collaboration with pharmacists, providers, nurses, and clinic staff to ensure proper care and education of patients. The resident will engage in active learning and develop pharmacotherapeutic skills in the prevention, identification, and resolution of drug therapy problems in the elderly. The resident will also be responsible for patient interviews and education as well as developing, initiating, and modifying evidence-based treatment strategies and assigning appropriate monitoring/follow-up parameters. The resident will be expected to gain pharmacotherapeutic competency in managing common disease states through literature review, topic discussions, and direct patient care experiences. Disease states covered may include, but are not limited to: depression/anxiety, insomnia, diabetes, hypertension, hyperlipidemia, asthma, COPD, anticoagulation, heart failure, and tobacco dependence. The resident will be expected to document interventions daily in an online database. The resident will participate in learning activities for medical staff and students and contribute to quality improvement initiatives of the clinic. As the rotation progresses, resident responsibilities and duties will increase as the resident achieves the rotation goals and objectives and is able to perform independently.

The role of the preceptor will depend on the resident’s performance and progression towards achieving the rotation objectives. During Geriatrics I, direct instruction and modeling of practice skills by the preceptor will be utilized during the beginning of the rotation. As the rotation progresses, the preceptor will transition to a coaching role in which the resident will be observed performing clinic duties and patient interviews/interactions. The preceptor will provide constructive feedback in both verbal and written format as necessary to foster professional growth and development. By the end of the Geriatrics I rotation, the resident is expected to be able to perform clinic duties independently and appropriately initiate, manage, and follow-up on all patient care activities with only facilitation from the preceptor. The preceptor will be available, if needed, for any issues/concerns and to complete a debriefing at the end of each day.

1. **Disease States**

Common disease states in which the resident will be expected to gain proficiency through literature review, topic discussion, and/or direct patient care experience include but are not limited to:

1. Cardiovascular disorders
   1. Hypertension
   2. Heart failure
   3. Hyperlipidemia
   4. Myocardial infarction
   5. Stroke
   6. Atrial Fibrillation
2. Endocrinologic disorders
   1. Diabetes
   2. Thyroid disorders
3. Respiratory disorders
   1. COPD
   2. Asthma
   3. Allergic rhinitis
   4. Upper respiratory infections
4. Neurological disorders
   1. Diabetic peripheral neuropathy
   2. Headaches
   3. Pain management
5. Infectious diseases
   1. Urinary tract infections
   2. Otitis media
   3. Sinusitis
   4. Pneumonia
   5. Skin and soft tissue infections
6. Gastrointestinal disorders
   1. GERD
   2. Diarrhea, constipation, and irritable bowel syndrome
   3. Nausea/vomiting
7. Kidney disease (acute/chronic)
8. Psychiatric disorders
   1. Depression
   2. Anxiety
   3. Bipolar disorder
   4. Dementia, Alzheimer’s Disease
   5. Insomnia
9. Hematologic disorders
   1. Anemia
   2. Coagulation disorders
10. Urologic disorders
    1. Urinary incontinence
    2. Erectile dysfunction
    3. Benign prostatic hypertrophy
11. Rheumatologic disorders
    1. Osteoporosis
    2. Rheumatoid arthritis
    3. Osteoarthritis
    4. Gout
12. **Goals and Objectives**

The goals and objectives to be taught and evaluated during this learning experience include:

R1.1.1: Interact effectively with health care teams to manage patients’ medication therapy

R1.1.2: Interact effectively with patients, family members, and caregivers

R1.1.3: Collect information on which to base safe and effective medication therapy

R1.1.4: Analyze and assess information on which to base safe and effective medication therapy

R1.1.7: Document direct patient care activities appropriately in the medical record or where appropriate

R1.2.1: Manage transition of care effectively

R3.1.2: Apply a process of ongoing self-evaluation and personal performance improvement

R4.1.1: Design effective educational activities

R4.1.2: Use effective presentation and teaching skills to deliver education

1. **Preceptor Interaction**

Daily: 0800-0815 Morning clinic huddle

0815-1200 Patient appointments, preceptor available as needed

1:00-4:00 Patient appointments, preceptor available as needed

4:00-5:00 Daily wrap-up, patient work-ups for following day, charting, feedback sessions

Twice weekly: 1200-1300 Topic discussions, guidelines reviews, journal articles, and/or

presentations

1. **Communication**
2. Daily scheduled meeting times: resident to prioritize questions and problems to discuss during scheduled meeting times as listed above
3. Email: residents are expected to read emails at the beginning, middle, and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems
4. Office extension: appropriate for urgent questions pertaining to patient care
5. Personal phone number (call or text): provided to resident at time of learning experience for easy access to preceptor

**Expected progression of resident responsibility on this learning experience:**

**(Length of time preceptor spends in each of the phases will be customized based upon resident’s abilities and timing of the learning experience during the residency training year)**

Day 1: Preceptor will review learning activities and expectations with resident.

Week 1: Resident to spend time with pharmacy preceptor while he/she models the pharmacist’s role on the health care team for the clinic. Resident will learn the computer system during this time.

Week 2: Resident will be responsible for half of the daily patient encounters, with coaching and facilitating by the preceptor. The preceptor will be available daily to review patients and discuss problems.

Weeks 3-4: Resident able to assume independence and responsibility for all patient encounters, with facilitating from the preceptor. Resident will continue to discuss identified problems with the preceptor daily as needed.

1. **Evaluation Strategy**

PharmAcademic will be the primary mode of evaluation documentation (see chart below). The resident is to complete the midpoint performance evaluation, a summative self-evaluation, preceptor evaluation, and learning experience evaluations. The preceptor will complete the summative evaluation of the resident. For all end of learning experience evaluations completed in PharmAcademic, the resident and the preceptor will complete them independently and save as a draft. A face to face evaluation will take place at the end of the learning experience to discuss the resident’s performance on the rotation and to discuss and compare evaluations. This discussion will also provide feedback on both performance of activities and accuracy of resident’s self-assessment skills. For areas marked as “Needs Improvement” or “Achieved”, both the resident and preceptor are to comment on why this rating was selected. Evaluations will be signed in PharmAcademic following the discussion. Throughout the month, verbal feedback will be given and the preceptor has the option of using PharmAcademic (“Provide Feedback to Resident” on individual resident page) to provide insight into the performance of patient care activities and/or administrative activities and skills. Formative feedback on resident progression towards achievement of goals will be used to adjust future rotation plans and activities.

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| **Type of Evaluation** | **Who Completes the Evaluation** | **When is the Evaluation Completed** |
| Written and Verbal Formative Feedback | Preceptor | Throughout rotation based on activities; resident to place written feedback into electronic portfolio |
| Self-evaluation | Resident | Midpoint |
| ASHP Preceptor Evaluation | Resident | End of learning experience |
| ASHP Learning Experience Evaluation | Resident | End of learning experience |
| Summative Self-evaluation | Resident | End of learning experience |
| Summative Evaluation | Preceptor | End of learning experience |