



## **Island Health Pharmacy Practice Residency AMBULATORY CARE - GERIATRICS ROTATION**

### **Preceptor**

Cathy Li, BSc(Pharm), ACPR  
Clinical Pharmacist, Seniors Health  
Royal Jubilee Hospital – Memorial Pavilion

**Office:** Memorial Pavilion – HW 101

**Phone:** 250-519-5300 ext. 13560

**Mobile:** 250-514-2873

**Email:** cathy.li@viha.ca

---

### **ROTATION DESCRIPTION**

The clinical rotation in ambulatory care – geriatrics is based at the Seniors Outpatient Clinic (SOPC) located at the Royal Jubilee Hospital – Memorial Pavilion. SOPC serves seniors who are living in the community who have cognitive or mobility issues or are medically complex. SOPC has an interdisciplinary approach. The team includes the following clinicians: geriatricians, geriatric psychiatrists, nurse practitioner, registered nurses, nurse aid, pharmacist, occupational therapists, physiotherapists, rehabilitation assistants, social workers, and a dietician. Each clinician is involved with clients in whom s/he has received a referral for. Clients are referred to the pharmacist for a comprehensive assessment and management of drug related issues. Interactions with clients are achieved through clinic visits, home visits and phone visits. Please note that access to a vehicle/transportation for home visits may be required during rotation.

This rotation provides the pharmacy resident with training and experience in the various aspects of geriatric pharmacotherapy and chronic disease management. This may include, but is not limited to, management of polypharmacy, Parkinson's disease, pain, behavioural and psychological symptoms of dementia and other chronic diseases. The majority of the rotation time is spent on direct patient care activities, which includes comprehensively assessing a client and identifying his/her medication issues, implementing, monitoring, adjusting, and educating of a client's medication plan, full SOAP note documentation of all client interactions, liaising with appropriate team members in regards to care plan and participating in interdisciplinary rounds as appropriate. The remainder of the time is comprised of working on assigned projects and/or presentations and participating in scheduled therapeutic discussions. The resident is provided with informal feedback on a daily basis and is formally evaluated at the rotation midpoint and at the end of rotation.

## **ROTATION GOALS AND OBJECTIVES**

**Goal 1:** Develop and integrate the knowledge required to provide direct patient care as a member of the interprofessional team.

### **Objectives:**

The resident will be able to:

1. Relate knowledge of the pathophysiology, risk factors, etiology and clinical presentation of common medical conditions, including symptoms, physical assessment, relevant diagnostics, and laboratory findings, to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations. (CPRB 3.1.4.e)
2. Relate knowledge of pharmacology, pharmacokinetics, pharmaceuticals, and evidence-based therapeutics to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations. (CPRB 3.1.4.e)
3. Acquire and utilize knowledge of safe medication practices to manage and improve medication use for patients. (CPRB 3.2.5)

**Goal 2:** Demonstrate the necessary clinical skills to provide direct patient care as a member of the interprofessional team.

### **Objectives:**

The resident will be able to:

1. Establish a respectful, professional, ethical relationship with the patient and/or their caregiver(s). (CPRB 3.1.4.a)
2. Gather relevant patient information through patient interview and from all appropriate sources. (CPRB 3.1.4.c.d)
3. Develop a prioritized medical problem list and describe the currently active issues that are responsible for the patient's admission or clinic visit. (CPRB 3.1.4.e)
4. Identify, justify, and prioritize a list of patient-specific drug therapy problems. (CPRB 3.1.4.b)
5. Advocate for the patient in meeting their health-related needs and their desired goals of therapy. (CPRB 3.1.2)
6. Identify, prioritize, assess, and justify a list of reasonable therapeutic alternatives and discuss pros/cons of each, considering efficacy, safety, patient factors, administration issues, and cost. (CPRB 3.1.4.e)
7. Develop, prioritize, justify, defend and implement a list of patient-specific recommendations for identified drug therapy problems. (CPRB 3.1.4.e.f)
8. Design and implement monitoring plans and/or plans for continuity of care that accommodate new or changing information. (CPRB 3.1.4.g)
9. Proactively provide patient education and seamless care. (CPRB 3.1.4.h)
10. Proactively communicate healthcare issues (including medication order clarifications) and care plans verbally to the appropriate team members and/or patient, as appropriate. (CPRB 3.1.4.f.i, 3.2.4.c)

11. Proactively document healthcare issues (including medication order transcriptions/clarifications) and care plans, as appropriate (CPRB 3.1.4.e.f.i, 3.2.4.b.c)
12. Effectively respond to medication- and practice-related questions and educate others in a timely manner, utilizing systematic literature search, critical appraisal skills and appropriate means of communication (verbal or written, as appropriate). (CPRB 3.5.1.a.b.c.d.e)

**Goal 3:** Demonstrate the attitudes and behaviours that are hallmarks of a practice leader and mature professional.

**Objectives:**

The resident will:

1. Demonstrate responsibility for own learning, through the refinement and advancement of critical thinking, scientific reasoning, problem-solving, decision-making, time management, communication, self-directed learning, and team/interprofessional skills. (CPRB 3.4.1)
2. Demonstrate commitment to the profession, collaboration and cooperation with other healthcare workers, and an understanding of the role of the pharmacist in the interprofessional team in the improvement of medication use for patients. (CPRB 3.1.1, 3.2.2, 3.3.3)

**Goal 4:** Develop and apply knowledge and clinical skills specifically related to this rotation.

**Rotation-Specific Objectives:**

1. The resident will demonstrate an understanding of each clinician's role at SOPC and be able to discuss with the preceptor when it is appropriate to refer assessed clients to a certain clinician for further evaluation or monitoring purposes
2. The resident will demonstrate a working knowledge of the pathophysiology and pharmacotherapy of common medical conditions managed in geriatrics (eg. Dementia/cognitive impairment, behavioural and psychological disturbances of dementia, chronic pain, depression, incontinence, Parkinson's disease, polypharmacy)

**REQUIRED ACTIVITIES**

1. Provide a list of three specific and evaluable personal learning objectives for rotation
2. Assume full responsibility for the pharmacotherapy management of all patients assigned by the preceptor
3. Present patient cases to preceptor on a daily basis and discuss appropriate management.
4. As appropriate, prepare for and attend patient care multi-disciplinary rounds

5. Discuss select therapeutic disease states including pathophysiology and treatment.
6. Prepare and present an in-service to allied health care members and/or facilitate a Geriatric Journal Club
7. Shadow various SOPC clinicians to understand their role in the clinic (eg. physiotherapy assessment, occupational therapist home visit, etc.) and discuss when it is appropriate to refer to them

### **PRECEPTOR CONTACT TIME**

1. The preceptor will spend a minimum of one hour per day with the resident discussing patient cases and approaches to identification, prevention, and resolution of drug-related problems, development of therapeutic plans, and development of monitoring plans.
2. The preceptor will spend a minimum of one hour per week with the resident discussing select therapeutic disease states.

### **EVALUATIONS**

The resident and preceptor shall complete and review together the mid-point and final evaluations. The mid-point evaluation should be completed at the half-way point of the rotation. Final evaluations shall be completed at the end of the rotation.

#### **Mid-point evaluations:**

- preceptor's evaluation of the resident

#### **Final evaluations:**

- resident's self-evaluation
- resident's evaluation of the rotation and preceptor
- preceptor's evaluation of the resident (Direct Patient Care Rotation In-Training Evaluation of Resident, or ITER)