



Island Health Pharmacy Practice Residency AMBULATORY CARE - GERIATRICS ROTATION

Preceptor

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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, pharmacist, occupational therapists, physiotherapists, rehabilitation assistant and social workers. 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.

REQUIRED ACTIVITIES

1. Provide a list of three specific and evaluable personal learning objectives for rotation, which is emailed to preceptor prior to the 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. This will not include time spent with the resident during patient care rounds.
2. The preceptor will spend a minimum of one hour per week with the resident discussing select therapeutic disease states.

EVALUATIONS & ASSESSMENTS

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 (Formative):

- resident's self-assessment & preceptor's assessment of the resident

Final evaluations (Summative):

- resident's self-evaluation and evaluation of the preceptor and rotation
- preceptor's evaluation of the resident
- preceptor's self-evaluation (Annually)

RESIDENTS PERSONAL LEARNING OBJECTIVES FOR ROTATION

Prior to the start of the rotation the resident will enter three to five personal learning objectives into their one45 procedure log. The resident and preceptor will review these personal learning objectives together on the first day of the rotation. Once the preceptor has read and discussed these personal learning objectives with the resident they will sign off in the procedure feedback log. The preceptor will then take steps to integrate learning activities into the rotation to help the resident achieve these learning objectives.

The achievement of these objectives will be assessed and documented in section D. of both the midpoint and final evaluation forms.

DIRECT PATIENT CARE ROTATION GOALS AND OBJECTIVES

- Goal 1.** To develop and integrate the knowledge required to provide evidence-based patient care as a member of the interprofessional team.
- Goal 2.** To demonstrate the necessary skills required to perform patient-centred clinical assessments and establish evidence-based care plans incorporating principles of shared decision-making in collaboration with other health care professionals.
- Goal 3.** To demonstrate the attitudes and behaviours characteristic of a mature health care professional.
- Goal 4.** To demonstrate the necessary skills to manage their own practice of pharmacy, effectively carry out professional duties and advance their learning.

DIRECT PATIENT CARE ROTATION OBJECTIVES

The resident will be able to:

1. Relate knowledge of pathophysiology, risk factors, etiology and clinical presentation of common medical conditions including symptoms, physical assessment, relevant diagnostics and laboratory findings to patient-specific findings to make appropriate clinical assessments and care plans. [2018 CPRB 3.1.1.b]
2. Relate knowledge of pharmacology, pharmacokinetics and therapeutics to patient-specific findings and integrate best available evidence to make appropriate clinical assessments and care plans. [2018 CPRB 3.1.1.b, 3.1.2.a.b.c]

3. Apply safe medication practices to clarify, manage and improve medication use for individual patients and groups of patients. [2018 CPRB 3.2.5, 3.2.6, 3.3.2]
4. Place a high priority on and be accountable for selecting and providing appropriate care to patients who are most likely to experience drug therapy problems. [2018 CPRB 3.1.1.1a, 3.1.7]
5. Establish a respectful, professional and ethical relationship with the patient and/or their caregivers, by engaging in empathetic, compassionate, non-judgemental, culturally safe and tactful conversations. [2018 CPRB 3.1.4, 3.1.8.a]
6. Accurately gather, evaluate and interpret relevant patient information from all appropriate sources in an organized, thorough and timely manner, including effectively eliciting patient history and performing assessments. [2018 CPRB 3.1.8.d.e]
7. Develop a prioritized medical problem list and describe the active issues that are responsible for the patient's admission or clinic visit. [2018 CPRB 3.1.8.f]
8. Identify, prioritize and justify a list of patient-specific drug therapy problems. [2018 CPRB 3.1.8.c, 3.2.4]
9. Establish and incorporate the patient's desired outcome(s) of therapy and advocate for the patient in meeting their health-related needs. [2018 CPRB 3.1.5, 3.1.8.b]
10. Identify, assess and justify a list of reasonable therapeutic alternatives and integrate best available evidence into clinical decision-making with consideration of drug efficacy, safety, patient factors, administration issues and cost. [2018 CPRB 3.1.2.c, 3.1.8.f]
11. Establish a patient care plan and implement recommendation(s) that include consideration of the patient's goals and the roles of other team members; and incorporates the principles of shared decision making. [2018 CPRB 3.1.1.d, 3.1.6, 3.1.8.f.g]
12. Proactively monitor drug therapy outcomes and revise patient care plans on the basis of new information. [2018 CPRB 3.1.8.h]
13. Establish and maintain effective inter- and intra-professional working relationships for collaborative care and provide safe and effective transfer of responsibility during care transitions. [2018 CPRB 3.1.3.a.c.f, 3.2.2]
14. Proactively share and document information about care plans and any additional measures to optimize clinical decision-making, patient education and patient safety both verbally and in writing to team member(s), patient and/or caregiver(s), as appropriate. [2018 CPRB 3.1.1.d, 3.1.8.i]
15. Effectively respond to medication- and practice-related questions and educate others in a timely manner, select and navigate resources, utilize systematic literature search and critical appraisal skills to formulate a response shared verbally or in writing, as appropriate. [2018 CPRB 3.1.2.a.b.c, 3.5.1.a.b.c.d.e]
16. Demonstrate responsibility for own learning through refinement and advancement of critical thinking, scientific reasoning, problem solving, decision making and interprofessional skills to manage one's own clinical

practice and effectively carry out professional duties. [2018 CPRB 2.1.5.3, 2.1.5.4, 3.1.1.c, 3.4.1]

17. Demonstrate commitment to the profession, collaboration and cooperation with other health care workers and an understanding of the role of the pharmacist in the interprofessional team in the improvement of medication use for patients. [2018 CPRB 2.1.5.6, 3.1.3.a.b.c.d, 3.2.2, 3.3.4]