Geriatrics Rotation Description PGY1

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Learning Experience Description
The purpose of this rotation is to allow the PGY1 resident to build a basic foundation of knowledge and clinical skills in the area of geriatrics. The PGY1 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 achieve a level of comfort in the pharmacotherapy of geriatrics patients to allow them to assume the role of a clinical pharmacist in the multidisciplinary care of the senior adult patient.

The Geriatric rotation is conducted in an environment that encourages the PGY1 resident to combine baseline pharmacology and pathophysiology knowledge with current evidence-based medicine and developing clinical skills. The Senior Care Service treats patients from area long term care facilities and the geriatric medicine clinics. The service also provides care to patients that reside in facilities for the mentally impaired with whom the gerontologist has a working relationship.

The typical day begins with preparation for multidisciplinary rounds which commence at 8:30 am and last 2-3 hours, depending on the census. The patient problem lists and work up of new admissions, along with literature retrieval/evaluation occurs commonly between 12 PM to 2 PM daily. One afternoon a week will be spent in the geriatric internal medicine clinic. The PGY1 resident meets with the preceptor for afternoon rounds to discuss patients and educational topics or literature evaluations. The resident should provide prompt feedback to the preceptor of topics not being properly explained, and areas for improvement.

Potential Topics to be reviewed During the Geriatrics Rotation
- Age-related Changes in Pharmacokinetics and Pharmacodynamics
- Medication Errors and Adverse Events
- Pneumonia, community acquired and hospital acquired
- Osteoporosis
- Hypertension
- Congestive heart failure
- COPD
- Polypharmacy
- Chronic disease management

Learning Experience Goals
R1.4: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.
R1.5: Provide concise, applicable, comprehensive, and timely responses to requests for drug information from patients and healthcare providers.
R2.1: As appropriate, establish collaborative professional relationships with members of the healthcare team.
R2.2: Place practice priority on the delivery of patient-centered care to patients.
R2.3: As appropriate, establish collaborative professional pharmacist-patient relationships.
R2.4: Collect and analyze patient information.
R2.5: When necessary, make and follow up on patient referrals.
R2.6: Design evidence-based therapeutic regimens.
R2.7: Design evidence-based monitoring plans.
R2.8: Recommend or communicate regimens and monitoring plans.
R2.9: Implement regimens and monitoring plans.
R2.10: Evaluate patients’ progress and redesign regimens and monitoring plans.
R2.11: Communicate ongoing patient information.
R2.12: Document direct patient care activities appropriately.
R3.1: Exhibit essential personal skills of a practice leader.
R6.1: Utilize medical informatics.
E6.1: Identify a core library, including electronic media appropriate for the practice setting.
E2.5: Resolves conflicts through negotiation.
E7.2: Communicates effectively.
E7.3: Balance obligations to oneself, relationships; and work in a way that minimizes stress.
E7.4: Manage time to effectively fulfill practice responsibilities.

**Daily Schedule**

**Required hours**

7 AM to 5 PM; as patient care requires, the above listed times may vary.

**Required meetings**

- Daily meetings with preceptor in the afternoon.
- Geriatric Interest Group meetings on the 2nd and 4th Tuesday of the month.
- ACE unit meetings on the 1st and 3rd Tuesday of the month.
- Geriatric Journal Club monthly.

**Learning Experience Activities**

- Effectively use the institution’s technology and automation systems (StarPanel, HEO, HMM, AdminRx) to collect, analyze, and monitor patient data relating to pharmacotherapy (R6.1).
- Collect and assess patient laboratory values and vital signs daily. (R2.4; R1.4)
- Generate patient-specific databases (e.g. past medical history, prior therapy, etc.) that allows the resident to make rationale drug therapy recommendations. Additionally, the resident should assess the patient’s medication history for appropriateness. (R2.4; R2.6; R2.7)
- Review the patient’s drug therapy to determine the appropriateness of the drug, its indication, the dosage regimen, route/method of administration, compliance, the presence of any therapeutic duplications, therapeutic outcomes, cost, and avoidance of adverse drug events and other negative interactions each day. (R2.4; R2.6)
- Round with the medical team each morning and provide pharmacotherapeutic recommendations. (R1.4; R2.1; R2.2; R2.3; R2.8; R2.10; R2.11; R3.1; E7.2; E2.5)
- Design therapeutic regimens to achieve the pharmacotherapeutic goals for the patients utilizing evidence-based medicine. (R2.6)
- Design monitoring plans that effectively measure the achievement of pharmacotherapeutic goals and take into account patient-specific factors (R2.7; R2.8; R2.9; R2.10)
● Ensure the continuity of pharmaceutical care to and from the acute setting.  
  (R2.11)
● Review patients with preceptor daily and assure all aspects of patient care as it relates to pharmacy are addressed.  
  (R1.4; E7.4; E7.3; E7.2; R3.1; E6.1; R2.1-2.11)
● Document clinical activities performed by the resident and report adverse drug events.  Obtain familiarity with and assure compliance to institutional policies and procedures for drug use evaluation guidelines and restricted drugs.  
  (R2.12; E7.2; R2.11; R2.12)
● Provide timely responses to drug information requests from your team, nursing staff, other pharmacists, preceptor, and other health care providers.  
  (E6.1; R1.5)
● Counsel patients on new treatment regimens.  
  (R2.8; R2.9; E7.2)
● Prioritize rotation responsibilities and additional requirements of the residency program (e.g. set up time for residency project at beginning of the month)  
  (R3.1; E7.3; E7.4)
● Exhibit professional behavior (e.g. appropriate dress/language, prepared for rounds/discussions, etc.) throughout the month.  
  (R3.1)
● Document clinical activities in the medical record as appropriate and report adverse drug reactions in VERITAS II.  
  (R2.12)

**Required presentations**
● Critical review of primary literature and general topic review and discussion on two disease states of particular interest in the geriatric patient  
  (E6.1)
● Patient case presentations including problem lists and pharmacotherapeutic plans daily  
  (R2.2-2.10; E7.2)

**Required readings**
● A packet of reading and reference material is available
● Literature relevant to the disease states and therapies for geriatric patients

**Optional: (PGY1 Residency Requirements)**

- Drug Therapy Problem Solving with Self Evaluation  
  (R1.2; R1.4; RE 2.5)
- Patient Counseling with Self Evaluation  
  (E7.2)
- Documentation with Self Evaluation  
  (R2.12)
- Researched Drug Information  
  (R1.5)
- Care Plan with Self Evaluation  
  (R2.1-2.10; E7.2; E6.1)

**Method of Evaluation**
Evaluation of residents will be based on the Resident Learning System (RLS). Evaluation will consist of a summative evaluation upon rotation completion, in addition to any criteria-based checklists submitted by the resident. The specific goals and objectives, on which the resident will be evaluated, will be provided at the beginning of the rotation. Residents will be requested to complete a self-evaluation for all evaluations. Residents will also be required to complete a learning experience evaluation and a preceptor evaluation. Evaluations are completed in the evaluation database. All work to be evaluated on rotation must be turned in for review no later than the last day of the rotation.