Rotation Title: PGY2 Geriatric Clinic/Nursing Home Consulting (Pharmacotherapy)
Rotation Length: 3 weeks

Primary Preceptors Names:
Robert Hoel, PharmD
Jeff Armon, PharmD
Phone: ext 8-8433 (R. Hoel)
Pager: 127-02512 (R. Hoel)

General Description:
Geriatric Clinic
- Geriatric practice includes provision of pharmaceutical care as it applies to ambulatory geriatric patients being seen in Geriatric Clinic by Community Internal Medicine.
- Patients are seen in Geriatric Clinic by Primary Community Internal Medicine Fellows in Geriatric Practice or by the Internal Medicine residents of Community Internal Medicine (PCIM).
- Patients cared for include those with a wide variety of disorders often found in the elderly, including cardiovascular diseases – HF, HTN, CAD, neurologic disorders, psychologic problems, endocrine diseases such as diabetes, osteoporosis, acute and chronic pain.

Long-Term Care (Nursing Home)
- Long term care practice includes pharmaceutical care and pharmacist consulting for Skilled Nursing Facilities (SNF), Sub-acute care SNF beds, and Assisted-Living Beds.
- Patients are admitted to Mayo’s Charter House by the attending Internal Medicine groups of Community Internal Medicine (CIM) and Inpatient Internal Medicine (IIM). Nurse practitioners are primary care providers and the internal medicine staff physicians are the primary care givers for the team.
- Pharmacist consults in long term care provide resident patients review of medications, identification of drug therapy issues, alerting care providers to issues specific to long term care, quality indicator requirements by federal and MN Department of Health regulation and documentation expectations.

The PGY2 Pharmacotherapy resident provides review of patient’s current medications, identification of drug therapy issues as well as discussing those potential issues with care providers.
Chronic Disease States In the Elderly- include, but not limited to:

- Cardiovascular
  - Heart Failure
  - Hypertension
  - Coronary Artery Disease
  - Dyslipidemia
- Psychiatric
  - Dementia and Behavioral Dyscontrol in Dementia
  - Depression
  - Anxiety
  - Insomnia
- Endocrine
  - Diabetes
  - Osteoporosis
  - Thyroid disorders
- Neurologic
  - Pain
- Other
  - Incontinence (Urinary and Bowel)
  - Vitamin Deficiencies
  - Falls

Goals Selected:

R2.1: Develop collaborative professional relationships with members of the health care team.
- OBJ R2.1.2: Implement a strategy that effectively develops cooperative, collaborative, and communicative working relationships with members of the outpatient interdisciplinary health care team.

R2.2: For a caseload of patients, prioritize the delivery of pharmaceutical care.
- OBJ R2.2.1: Appropriately prioritize the care of patients if given limited time and multiple patient care responsibilities.

R2.3: Establish collaborative pharmacist-patient and pharmacist-caregiver relationships.
- OBJ R2.3.1: Implement a strategy that effectively establishes a patient-centered pharmacist-patient and pharmacist-caregiver relationship.

R2.4: Collect and analyze patient information.
- OBJ R2.4.1: Collect and organize all patient-specific information needed by the pharmacotherapy specialist to anticipate, prevent, detect, and/or resolve medication-related problems and to make appropriate evidence-based, patient-centered medication therapy recommendations as part of the interdisciplinary team.
- OBJ R2.4.2: Determine the presence of or potential for all clinically significant problems in the patient’s current medication therapy.
- OBJ R2.4.3: Using an organized collection of patient-specific information, summarize the patient’s health care needs.

R2.5: Appropriately triage patients.
- OBJ R2.5.1: When presented with a patient with health care needs that cannot be met by the pharmacotherapy specialist, request a consult by the appropriate health care provider based on the patient’s acuity and the presenting problem.
- OBJ R2.5.2: Devise a plan for follow-up on a consult for a patient.

R2.6: Design evidence-based therapeutic regimens.
- OBJ R2.6.1: Specify therapeutic goals for a patient incorporating the principles of evidence-based
medicine that integrate patient-specific data, disease and medication-specific information, ethics, and quality-of-life considerations.

- **OBJ R2.6.2**: Design a patient-centered regimen that meets the evidence-based therapeutic goals established for the patient; integrates patient-specific information, disease and drug information, ethical issues and quality-of-life issues; and considers pharmacogenomic and pharmacoeconomic principles.

**R2.7**: Design evidence-based monitoring plans.

- **OBJ R2.7.1**: Design a patient-centered, evidenced-based monitoring plan for a therapeutic regimen that effectively evaluates achievement of the specified therapeutic goals.

**R2.8**: Recommend regimens and monitoring plans.

- **OBJ R2.8.1**: Recommend a patient-centered, evidence-based therapeutic regimen and corresponding monitoring plan to other members of the interdisciplinary team in a way that is systematic, logical, accurate, timely, and secures consensus from the team.
- **OBJ R2.8.2**: Discuss the proposed patient-centered, evidence-based therapeutic regimen and corresponding monitoring plan with the patient and/or caregiver in a way that is systematic, logical, accurate, timely, sensitive, and secures consensus from the patient and/or caregiver.

**R2.9**: Design education for a patient’s regimen and monitoring plan.

- **OBJ R2.9.1**: Accurately identify what education will be essential to the patient’s or caregiver’s understanding of the therapeutic regimen and monitoring plan; how to adhere to it; and the importance of adherence.
- **OBJ R2.9.2**: Design an effective and efficient plan for meeting the educational needs of the patient, including information on medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.

**R2.10**: Implement regimens and monitoring plans.

- **OBJ R2.10.1**: When appropriate, initiate the patient-centered, evidence-based therapeutic regimen and monitoring plan for the patient according to the organization's policies and procedures.
- **OBJ R2.10.2**: When appropriate, exercise skill in the administration or supervision of the administration of a patient’s therapeutic regimen.
- **OBJ R2.10.3**: When necessary, contribute to the work of the team that secures access for drugs used in a patient’s regimen.
- **OBJ R2.10.4**: Use effective patient education techniques to provide counseling to patients and caregivers, including information on the disease state, medication therapy, adverse effects, compliance, appropriate use, handling, storage, medication administration, and any other therapeutic interventions.
- **OBJ R2.10.5**: Use a working knowledge of the organization’s referral process to make any necessary patient referrals.
- **OBJ R2.10.6**: Make follow-up appointments as specified in the monitoring plan.

**R2.11**: Evaluate patient progress and redesign regimens and monitoring plans.

- **OBJ R2.11.1**: Accurately assess the patient’s progress toward the therapeutic goal (s).
- **OBJ R2.11.2**: Redesign the patient’s regimen and monitoring plan as necessary, based on evaluation of monitoring data and therapeutic outcomes.

**R2.12**: Communicate pertinent patient information to facilitate continuity of care.

- **OBJ R2.12.1**: Ensure that accurate and timely patient-specific information reaches those who need it at the appropriate time.
- **OBJ R2.12.2**: Formulate a strategy for continuity of pharmaceutical care across all applicable treatment settings.
- **OBJ R2.12.3**: When given a patient who is transitioning from one health care setting to another, communicate pertinent pharmacotherapeutic information to the receiving health care professionals.

**R2.13**: Document direct patient-care activities appropriately.

- **OBJ R2.13.1**: Appropriately select direct patient-care activities for documentation.
- **OBJ R2.13.2**: Write timely and authoritative consults and notes according to the organization’s policies and procedures.
<table>
<thead>
<tr>
<th>Activities:</th>
<th>Goals:</th>
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<tbody>
<tr>
<td>• Be able to review all records/clinical notes of the patients to be seen, and systematically review patient history of diseases, medication orders and therapy plans.</td>
<td>R2.2, R2.4</td>
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<td>• Conduct pharmaceutical care interviews of patients including uncovering problems and compliance issues.</td>
<td>R2.3, R2.4, R2.9</td>
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<tr>
<td>• Identify and monitor drug therapy and lab data and consider possible alterations/improvements as needed.</td>
<td>R2.6, R2.7, R2.8, R2.11</td>
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<tr>
<td>• Document a pharmacist drug therapy review, drug therapy problems, and suggestions to care givers as well as the responses to suggested therapy alterations using current documentation systems.</td>
<td>R2.12, R2.13</td>
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<tr>
<td>• Review and document drug therapy issues and changes for positive or negative patient outcomes.</td>
<td>R2.1, R2.5, R2.13</td>
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<td>• Answer drug information requests from physicians, patients and nurses.</td>
<td>R1.5</td>
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<td>• Report and document adverse drug reactions.</td>
<td>E2.1</td>
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<td>• Counsel patients about their use of medications.</td>
<td>R2.3, R2.9</td>
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<td>• Meet with the rotation preceptor (or topic reviewer) weekly to discuss patients and to review assigned drug therapy topics.</td>
<td>R2.6, R2.7, R2.8, R2.10</td>
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<tr>
<td>• Present one patient pharmaceutical care case to preceptor or others (nurses, pharmacy staff, students or residents) or present and discuss a related article for Journal Club Review as approved with preceptor</td>
<td>R4.1</td>
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**Preceptor Interaction:**
• Meet with the rotation preceptor at least 3 times a week to discuss patients and to review drug therapy topics.

**Evaluation Strategy**
ResiTrak will be used for documentation of formal evaluations. For evaluations, resident and preceptor will complete the evaluations separately. Prior to signing the evaluation, the preceptor and the resident will compare and discuss the evaluations. This discussion will provide feedback for both the resident and preceptor on their performance.

<table>
<thead>
<tr>
<th>What type of evaluation</th>
<th>Who</th>
<th>When</th>
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<tbody>
<tr>
<td>Snapshot(s)</td>
<td>Preceptor, Resident</td>
<td>As necessary</td>
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<tr>
<td>Mid-point Evaluation</td>
<td>Preceptor, Resident</td>
<td>Middle of learning experience</td>
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<tr>
<td>Summative</td>
<td>Preceptor, Resident</td>
<td>End of learning experience</td>
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<tr>
<td>Summative Self-evaluation</td>
<td>Resident</td>
<td>End of learning experience</td>
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<tr>
<td>Preceptor, Learning Experience Evaluation</td>
<td>Resident</td>
<td>End of learning experience</td>
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