

**Geriatrics**

**Peace Arch Hospital – White Rock**

**Rotation Manual**

**DESCRIPTION**

Peace Arch Hospital is a community hospital that services patients for the communities of White Rock and South Surrey. It has 175 acute care beds and 300 extended care beds. Services provided include emergency, palliative care, maternity, psychiatry, medicine, surgery, as well as a small intensive care unit.

The Geriatrics rotation will focus on providing pharmaceutical care to patients on both the ACE Unit (Acute Care for the Elderly) as well as residents in long-term care at the Dr. Al Hogg Pavilion.

The ACE Unit is an 18 bed acute medical unit providing comprehensive care of the medically complex geriatric patient by a specialized interdisciplinary team. The pharmacist works as a team member with geriatricians, family physicians, hospitalist physicians, occupational and physiotherapists, nurses, social workers, and advanced practice nurses specializing in the care of the older adult. The Resident will have the opportunity to integrate with the multidisciplinary team on the unit and provide pharmaceutical care to the patients admitted there.

Medication Reconciliation is performed on admission and on discharge for all patients on the ACE Unit and the resident will be expected to learn and participate in this process with the patient and the team members.

# GOALS OF ROTATION

Per those listed for all LMPS Direct Patient Care (DPC) Rotations, available on our Evaluation Outcomes page at <http://www.lmpsresidency.com/residents/resident-manual/evaluation-outcomes>

The expected level of resident performance by the completion of this 4-week rotation is outlined in the Direct Patient Care In-Training Evaluation of Resident (ITER).

**ROTATION-SPECIFIC OBJECTIVES**

1. Demonstrate the ability to integrate/apply their knowledge, including the pathophysiology, clinical presentation, therapeutics and associated pharmacotherapy, of the following disease states/processes through patient care work-ups and activities, and therapeutic discussions:

* Dementia
* Delirium
* Osteoporosis
* Polypharmacy
* Parkinson’s Disease
* Other common medical conditions encountered in the elderly including: pneumonia, UTI’s, CHF, Atrial Fibrillation, incontinence, BPH, COPD, CAD, Stroke, Diabetes, arthritis, pain management, sleep disorders, anxiety and depression

 To provide a broad experience for the resident in the application & management of medications in the treatment of geriatric patients; to appreciate and understand the unique challenges that face the elderly including medication dosing.

 To allow the resident to establish a relationship with the patient & work cooperatively with other health care providers in the provision of pharmaceutical care.

 To increase the Resident’s knowledge & skills in:

* patient interviewing (using collateral sources of information when needed);
* developing a patient database
* identifying patients most likely to experience DRPs
* prioritizing DRPs
* using knowledge of drugs & disease states to provide pharmaceutical care
* applying basic principles of pharmacokinetics & laboratory test interpretation in the

care of patients

* effectively assessing a patient
* developing & implementing a pharmacy care plan
* documenting pharmaceutical care activities in the health record
* performing a follow-up evaluation of patient outcomes.

 To develop the Resident’s organizational & communication skills (verbal & written) as they proceed through the rotation.

 To appreciate unique communication barriers that may be present in the elderly and to develop skills to overcome these challenges.

 To individualize the rotation to the Resident’s needs, taking into account their previous knowledge & skills (learning portfolio).

**RESIDENT’S OWN OBJECTIVES**

Residents will identify several of their own learning objectives for the rotation. These should be documented in their ePortfolio prior to the start of the rotation, discussed with the preceptor on day 1 of the rotation, and assessed at the various evaluation points throughout the rotation.

# REQUIRED ACTIVITIES

The Resident will:

 Attend and participate in daily patient care rounds on the ACE Unit contributing to the care of the patients that he/she is following.

 Attend and participate in interdisciplinary weekly care conferences and medication reviews for selected residents of the Dr. Al Hogg Pavillion.

 Gather information about the resident from the interdisciplinary team, the chart, the family, and review all medications for efficacy, safety and convenience of administration

 Provide pharmaceutical care to all assigned patients on the ACE Unit as per the objectives above. Patient load will be determined based on the Resident’s previous experience and proficiency and will be modified at the discretion of the preceptor.

 Participate in Admission and Discharge Medication Reconciliation for patients under his/her care (i.e. medication histories on all patients, provide medication counselling and discharge facilitation when appropriate).

 Complete the on-line Med Rec FHA training module.

 Document all clinical activities in the patient’s health record. Notes should be discussed with the preceptor BEFORE placing them in the chart.

 Attend PAH medical grand rounds and geriatric rounds as scheduled during their rotation.

 Prepare/review one to two topics per week. These may include topics pre-selected by the preceptor as well as specific topics about which the student would particularly like to expand their knowledge base. These topics may be incorporated into patient discussions with the preceptor. Didactic discussions are optional.

 Meet daily with preceptor to discuss the patients being followed, issues of interest, therapeutic or ethical controversies, ongoing evaluation, and specific topics.

# COMMUNICATION EXPECTATIONS

1. The resident will discuss all recommendations with the preceptor prior to implementation, unless otherwise arranged with the preceptor.
2. The Resident will discuss all written chart notes with the preceptor prior to placing them in the chart, with the exception of medication histories and allergy clarifications, unless otherwise arranged with the preceptor.
3. The Resident will notify the preceptor in advance of required off-site activities and absences.
4. The Resident is encouraged to provide on-going feedback to the preceptor to assist in enriching his or her own learning experience throughout the course of the rotation.

# PRECEPTOR RESPONSIBILITIES

1. Meet with the resident on day 1 of the rotation to discuss the goals and objectives of the rotation and work with the resident to develop a schedule for all rotation-specific activities and therapeutic discussions.
2. Clearly communicate expectations of the resident at the start of the rotation and throughout the rotation as required.
3. Provide the resident with a brief orientation and introduction to the pharmacy department, ward, and health care team.
4. Meet with the resident briefly every morning to triage and identify patients for work-up.
5. Meet with the resident daily (for 1 to 2 hours) to discuss and review all patients under the resident’s care, incorporating clinical and therapeutic topic discussions at least 2-3 times per week.
6. Be available to the resident in person or by phone at all times during the rotation.
7. Schedule a presentation date and time with the department and assist the resident in selecting their topic for their journal club/nursing in-service/case presentation at least 2 weeks in advance of the scheduled date.
8. Review and provide feedback on any relevant procedure logs submitted by the resident via one45 during the course of the rotation.
9. Provide informal feedback to the resident on their performance on a daily basis, and complete and discuss all required written evaluations with the resident by the completion of the rotation.

# EVALUATION PROCESSES

Guidance on Evaluation Policies and workflow are available at <http://www.lmpsresidency.com/residents/resident-manual/evaluation-policies>

1. The resident will receive a written, formative evaluation at the midpoint of the rotation. This evaluation will take into account the rotation-specific objectives and the resident’s own learning objectives.
2. The resident will receive a written, summative evaluation at the end of their rotation. This evaluation will take into account the rotation-specific objectives and the resident’s own learning objectives.
3. The resident will receive continuous feedback throughout the rotation and this will be considered part of the evaluation process.
4. The resident will provide written evaluations of both the preceptor and the rotation and complete a written self-evaluation prior to the last day of the rotation.
5. The preceptor and resident will discuss their respective evaluations in person at midpoint and on the last day of the rotation.

**REQUIRED READING & RESOURCES**

**Before rotation:**

Preceptor will contact resident by email with link to provide link to online collection of reference materials.