Preceptor:
Experiential Site:
Current semester/year:
Office:
Office Phone:
Email:
COURSE Prerequisites: Fourth Year Status
Credit hours: 6

Description
The geriatrics pharmacy experience is a six week (240 hours), full-time program specialized training involving the elderly population. The program will emphasize the clinical aspects of geriatric pharmacy. Major emphasis is on the interdisciplinary nature of geriatric practice. Each discipline has specialized knowledge which is integrated into a care plan that addresses all the important areas of geriatric care. Pharmacists are expected to assess not only the pharmacotherapy and appropriateness of drugs, but also determine how safely and effectively a patient can self-administer the therapy, and to implement plans to ensure such safe and effective use. Through this exposure, the student will be expected to utilize, refine and apply his or her knowledge base of pharmacology, pharmacokinetics, pathophysiology and therapeutics to enhance the quality of pharmaceutical care of the elderly.

Justification
Given that the elderly population is growing more rapidly than any other age group the clinical Geriatric Pharmacy Experience was established and is designed to provide the pharmacy student with the knowledge and experience to meet the needs of the geriatric patient.

Introduction
The geriatric population is increasing faster than any other age group. In 1900 those over 65 years of age made up 4% of the population, in 1979 they made up over 11% of the population, in 1986 approximately 12% of the population was composed of people over 65; and in the year 2025 it is estimated that 23% of the population will be greater than 65 years of age (Gerontologist 1979, US Bureau of Census 1988 and 1996). Between 1990 and 2020 elderly between 65-74 will increase 74% and those less than 65 years of age will increase 24% (US Bureau of Census 1996). National statistics indicate that the population is aging because most acute threats to health have been overcome or controlled. There has also been a significant decrease in the average number of children born. Therefore, people are living longer at a time when there are fewer family members to help care for frail, elderly relatives. Older people have more illnesses and hospitalizations with longer periods of acute care. So it is not surprising that both the frequency of drug therapy and the average number of drugs taken per person progressively increases with age. Geriatric patients take more medications because they have more diseases than younger and middle aged patients.
Course Goals and Objectives:

1. Describe the biology of aging and discuss common theories of aging. 
2. Be able to gather relevant data from an elderly patient interview and resolve pharmacological care problems prevalent in geriatric populations. 
3. Demonstrate ethical conduct in all activities related to pharmacy practice and evaluate all rational therapeutic options. 
4. Collect relevant information from a medical record and organize it into a useable format and adapt pharmaceutical care plans to meet the emotional and cultural needs and expectations of elderly patients. 
5. Design, implement, monitor, evaluate, and recommend modifications to determine the best pharmaceutical care plan for patients, including use of sound clinical judgment when data are incomplete. 
6. Evaluate clinical judgment as to the continuing effectiveness of individualized therapeutic plans and establish patient-specific therapeutic outcomes. 
7. Evaluate medication orders and laboratory test of geriatric patients and accurately and efficiently identify all drug-related issues. 
8. Identify geriatric patients at risk for adverse drug reactions and interactions. 
9. Demonstrate the ability to use the medical literature to provide an evidence-based approach to geriatric patient-centered pharmaceutical care. 
10. Provide accurate and useful drug information by defining the needs of the requestor, evaluating information using all appropriate resources and effectively communicating a response. 
11. Demonstrate the ability to articulate and justify patient-specific recommendations. 
12. Use specific information to apply pharmacokinetic and/or pharmacodynamic principles and patient data to determine the most appropriate dosing regimen and/or drug delivery system for the elderly patient. 
14. Effectively communicate with elderly patients using appropriate communication skills on all aspects of their past and present social history, disease states and pharmacotherapy. 
15. Adapt pharmaceutical care for culturally diverse geriatric patients and recognize health care disparities and assure that individual members of a patient population receive appropriate pharmaceutical care services. 
16. Use appropriate counseling techniques in interactions with geriatric patients, their families/caregivers including proper instructions for the safe and effective use of medications and devices. 
17. Be familiar with the pharmaceutical care system’s process for reporting and managing medication errors, adverse reactions and interactions. 
18. Communicate and interact in a professional and culturally sensitive manner including demonstrating respect and sensitivity for others, being open-minded and nondiscriminatory and maintain patient confidentiality. 
19. Demonstrate professional behavior including, but limited to, punctuality, reliability, meeting deadlines, dress and assuming responsibility for one’s actions. 
20. Participate actively and effectively in educational activities and as a member of an interdisciplinary health care team. 
21. Always maintain high standards with regard to moral, ethical and legal conduct. 
22. Demonstrate a commitment to professional growth and life-long learning including the ability to self-assess, accept and utilize feedback, and learn independently.
Demonstrate minimum competency by recognizing patient-specific problems and emphasizing those problems with direct relationship to medications. The problems may include, but are not limited to, any of the following:

- Polydiagnoses/polypharmacy
- Incontinence
- Constipation/diarrhea
- Pain
- Insomnia
- Cardiovascular
- Stroke/TIA
- Malnutrition
- Dementia/Confusion
- Depression/CNS disorders
- Diabetes
- Parkinson's disease
- COPD
- Rheumatoid/Osteoarthritis
- Osteoporosis
- Pressures ulcers

Demonstrate minimum competency by recognizing patient-specific problems and emphasizing those problems with direct relationship to medications. The problems may include, but are not limited to:

- Ethics, realization of ethical and social values, religious beliefs.
- Restrains, falls—how these affect quality of life
- OBRA regulations, federal, state, JCAAHIO, skilled nursing facility regulations
- Activities of daily living, including assessment of self-medication Independence.
- Consent to treatment, living wills, advanced directives.
- Rehabilitation limitations, expectations.

**Preceptors Responsibilities:**

1. Orientation to the rotation at the beginning of the APPE
   a. Required objectives, activities and expectations
   b. Starting and ending times
   c. Policies and procedures
   d. HIPAA compliance
   e. Introduction to appropriate health care professionals and staff
   f. Tour of the facility

2. Assign student to responsibilities consistent with the rotation objectives.

3. Provide supervision of the student’s activities and monitor achievement of required tasks to assess related student competencies.

4. Have those qualities which foster a positive professional role model.

5. Possess appropriate communications skills and have the ability to facilitate learning.

6. Supervise all written and verbal recommendations made by the student.

7. Never assume a student’s competency, but determine it by reviewing their work profile, discussion and experience.

8. Provide the student with mid-point performance evaluation during 3rd week.
   a. Specific recommendations for improvement if needed.
   b. Any failing mid-point evaluation should be reported to the Experiential Director.


10. Communicate with Experiential Director regarding any significant irregularities in student behavior:
    a. Irregular attendance
    b. Unprofessional appearance
    c. Violation of facility policies
    d. Unprofessional behavior or inappropriate communications with health professionals, patients, customers or staff
Student Responsibilities:
1. Contact preceptors, 2 weeks in advance, to coordinate first day arrival plans
2. Maintain a high standard of professional behavior:
   a. Appropriate attire and appearance for the professional setting.
   b. Effective verbal and written communications.
   c. Compliance with all site policies and procedures.
   d. Consistent and punctual attendance.
   e. Use of cell phones or other electronic devices is prohibited except with the express permission of the preceptor.
3. Since the primary objective of the rotation is learning, the student needs to be proactive, not passive. This requires active participation and communication.
4. Maintain patient confidentiality in compliance with HIPAA regulations.
   a. All information concerning patients/customers and patient care is to remain confidential. Any documents or notes with patient-related information should be shredded at the end of the rotation.
5. Actively participate in the professional and technical functions of the site, relative to the rotation objectives.
6. Develop and revise professional and personal goals for each rotation according to the objectives of the particular clerkship.
   a. Professional and personal goals should be within the scope of the rotation.
7. Satisfy the rotation attendance requirements (240 hours) within the rotation time period.
8. Complete the rotation and preceptor evaluation forms.
9. The student’s rotation schedule is at the discretion of the preceptor.
   a. This may be nights, weekends, holidays, etc.
10. Must conduct themselves in a professional manner at all times.
    a. Unprofessional actions could cause removal from the rotation site and failure of the rotation.
11. Must inform preceptor in advance of any expected absence or tardiness.

Methods of Learning:
The preceptor will assess professional outcome abilities throughout the APPE by involving the student in specific activities and tasks. These may include:
1. Reviewing and properly documenting in patient charts
2. Assessing appropriateness of drug therapy by means of patient interviews, drug utilization evaluations, and identification of drug interactions or adverse effects
3. Performing selected aspects of physical assessment
4. Effectively communicating with patients and their caregivers
5. Effectively communicating with health care providers
6. Participating in daily inpatient medicine rounds
7. Discharge counseling
8. Learning issues assigned on rounds
9. Recommending changes in therapy based on medical literature and assuming responsibility for the outcome
10. Serving as a patient and health professional educator. This may include oral and/or written projects such as:
   a. Case presentations
   b. Journal club presentations
   c. Research projects
   d. Inservices
   e. Administrative projects
   f. Grand rounds presentations
   g. SOAP or PHARME write-ups
   h. Seminars
   i. Clinical intervention logs
   j. Drug information responses
   k. Clinical conferences
   l. Lab Indices
Academic Dishonesty/Professionalism:
Consistent with University regulations, academic dishonesty will not be tolerated. Students found guilty of infractions will be removed from the course. Likewise, consumption of alcohol or other substances of abuse during the experiential component will be grounds for dismissal. Any student asked to leave an APPE site for any reason will fail the rotation and be called before the Progressions Committee.

Compensation Prohibited:
Pharmacy students, while participating in any experiential activities to satisfy required hours stated in the College curriculum, shall not, under any circumstances, receive financial remuneration or compensation for hours obtained from experiential sites. Any hours in which the student is paid will not count toward fulfillment of the experiential experience.

Grounds for APPE Failure:
Students will be dismissed from the APPE for any of the following:
1. Poor performance in clinic
2. Unprofessionalism
3. Inappropriate behavior
4. Failure to complete all written and oral assignments satisfactorily
5. Lack of attendance
6. Violation of patient confidentiality
7. Informing a patient to change or discontinue a drug without consulting provider
8. Providing inappropriate information to patients, providers, or other staff (including guessing or agreeing with irrational pharmacotherapy)
9. Lack of active participation
10. Academic/professional dishonesty
11. Plagiarism
12. Consumption of alcohol or other substances of abuse
13. Any failure to comply with HIPPA

Absence Policy:
Mandatory attendance is required for all Advanced Pharmacy Practice Experiences (APPEs). Each APPE consist of six weeks and each week consist of 40 hours at the designated experience for a total of 240 hours. Students are required to be at the practice facility in accordance with the schedule for each particular site, including nights and weekends. Absences may be excused in the event of unforeseen emergencies, unusual circumstances, illnesses, or severe weather. Any foreseeable absences must be pre-approved by the principal preceptor. All absences are expected to be made up as directed by the preceptor. Continual unexcused absences or tardiness are grounds for failure of the rotation. The only designated holiday during the year is during the Christmas break.

Students With Disabilities:
The Americans with disabilities Act (ADA) is the civil rights guarantee for persons with disabilities in the United States. It provides protection for individuals from discrimination on the basis of disability. Idaho State University, in the spirit and letter of the law, will make every effort to make reasonable accommodations, according to section 504 of the Rehabilitation Act of 1973 and the ADA. Students with disability related needs should contact the Director of the Center for Students with Disabilities, Campus Box 8118, 208-282-3599. TTY 1-800-377-3529. In addition the student must supply copies of official correspondence from the Center for Students with Disabilities to the Associate Dean of the College of Pharmacy. Arrangements will then be made to notify individual module directors of the student’s special needs.
Assessment:
The College has an ongoing assessment program. A requirement for accreditation, the program is designed to assure curricular effectiveness. The assessment program at the College of Pharmacy employs a variety of measures from students, faculty, and preceptors. Throughout the curriculum, students participate in assessments that are embedded as required components of courses and practice experiences. Participation in these assessment activities is required. Assessment is a required component of all pharmacy courses.

Confidentiality:
Pharmacy students must be in compliance with the Health Information Portability and Accountability Act (HIPAA). The Office for Civil Rights enforces the HIPAA Privacy Rule, which protects the privacy of individually identifiable health information; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information; and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety (US Department of Health & Human Services, HSS.gov).

All patient information, names, medical records, social security numbers, date of birth, and other identifiers will not be used, removed, or discussed for any reason outside the facility. Any breach of HIPPA will be grounds for removal from the facility and failure of the rotation. See Student Handbook under HIPPA.

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Mid-Point Performance Evaluation:
Preceptors must provide the student with a mid-point performance evaluation during the 3rd week of the six week rotation. Preceptors will provide specific recommendations for areas of improvement if necessary. Preceptors should report any student failing the mid-point evaluation to the Director of Experiential Education.

End Point Competencies:

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<tr>
<th>Based on College of Pharmacy Endpoint Competencies 2010</th>
<th>Ensure Appropriate Pharmacotherapy and Health Outcomes</th>
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<tbody>
<tr>
<td>1. Collect relevant information from a medical record and organize it into a usable format.</td>
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<td>2. Efficiently gather relevant data from a patient interview.</td>
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<td>3. Perform basic aspects of physical assessment.</td>
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<td>4. Accurately assess the patient’s/caregiver’s self-management skills (i.e., medication adherence and/or ability to correctly use their drug regimen or device). Recognize the patient’s/caregiver’s level of health literacy.</td>
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<td>5. Identify patients at risk for adverse drug reactions.</td>
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<td>6. Accurately and efficiently identify all drug-related issues.</td>
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<td>8. Evaluate all rational therapeutic options.</td>
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<td>9. Determine the best pharmaceutical care plan for patients, including use of sound clinical judgment when data are incomplete.</td>
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<td>10. Articulate and justify patient-specific recommendations.</td>
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<td>11. Apply pharmacokinetic and/or pharmacodynamic principles and patient data to determine the most appropriate dosing regimen and/or drug delivery system for the patient.</td>
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<td>12. Appropriately utilize clinical literature to provide an evidence-based approach to patient-centered pharmaceutical care.</td>
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<td>13. Identify patient-specific monitoring parameters for all drug therapies.</td>
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<td>15. Provide accurate and useful drug information by defining the needs of the requestor, evaluating information using all appropriate resources, and effectively communicating a response.</td>
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<td>16. Recognize health care disparities and assure that individual members of a patient population receive appropriate pharmaceutical care services.</td>
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<td>17. Retain previously covered information and demonstrate level-appropriate knowledge base.</td>
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<td>Dispense Medications and Devices</td>
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<td>18. Provide counseling to patients and/or caregivers including proper instructions for the safe and effective use of medications and devices.</td>
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<th>Manage Health Systems</th>
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<td>19. Contribute to the pharmaceutical care system’s process for reporting and managing medication errors and adverse drug reactions</td>
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<th>Promote Health and Disease Prevention</th>
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<td>20. Identify and provide effective health promotion and disease prevention services including educating patients about behaviors that promote health, maintain wellness, prevent and control disease.</td>
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<th>Display Professionalism</th>
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<td>21. Accept responsibility for individual patient outcomes and give priority to patient well-being and safety even if it means making personal sacrifices.</td>
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| Communicate and interact in a professional and culturally sensitive manner including demonstrating respect and sensitivity for others, being open-minded and nondiscriminatory, and maintaining patient confidentiality. |

| Demonstrate professional behavior including, but not limited to, punctuality, reliability, meeting deadlines, dressing appropriately, and assuming responsibility for one’s actions. |

| Participate actively and effectively in educational activities and as a member of an interdisciplinary health care team. |

| Maintain high standards with regard to moral, ethical and legal conduct. |

| Demonstrate a commitment to professional growth and life-long learning including the ability to self-assess, accept and utilize feedback, and learn independently. |