



# Geriatric Pharmacy Curriculum Guide



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SECOND EDITION



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## INTRODUCTION

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The American Society of Consultant Pharmacists (ASCP) Geriatric Pharmacy Curriculum Guide is a tool for pharmacists and student pharmacists who are seeking guidance to direct their professional development in senior care pharmacy regardless of practice setting. In providing this Curriculum Guide, ASCP seeks to foster and support the continuous development of the senior care pharmacist's practical and clinical skills. The Curriculum Guide is also a tool for pharmacy educators to use in evaluating their curricula and in planning further development of educational programs to enhance their students' knowledge and skills in senior care pharmacy. This Curriculum Guide is designed to be flexible and change as practices in geriatrics and geriatric pharmacotherapy advance.

### Background

In keeping with the vision, mission and goals of the ASCP Strategic Framework, the ASCP Geriatric Core Curriculum Work Group convened in 2000 to develop a "matrix" senior care pharmacists could use to guide them in maintaining and strengthening their competencies in practice. The matrix was based upon the Commission for Certification in Geriatric Pharmacy (CCGP) content map and numerous pharmacy and geriatrics textbooks.

In 2001, the Educational Affairs Council was charged with refining the matrix. This included: prioritizing the curricular content to reflect senior care pharmacy practice, developing competencies for each core curricular topic and identifying existing resources from both ASCP and non-ASCP sources that support each area of the core curriculum. The first edition of the Curriculum Guide was published in 2002.

In 2006, the ASCP Geriatric Academicians Roundtable was charged with reviewing and revising the Curriculum Guide. The task force surveyed members, pharmacy educators and student pharmacists to develop the second edition. Updates include a reorganization of the general categories, updated competencies, and removal of defined priorities for the categories.

### The Matrix

The ASCP *Geriatric Pharmacy Curriculum Guide* is divided into three general categories:

- I. General Principles of Aging**
- II. General Principles of Caring for Seniors**
- III. Senior Care Specific Activities**

Users are encouraged to review the competencies entirely and determine priorities as they pertain specifically to their senior care pharmacy practice and for educators, their priorities in teaching and in their curriculum. The third column, the priority column, is left blank intentionally to allow for the user to personalize their continuing professional development.

There are three appendices to the matrix. Two of the appendices relate to Section II of the Curriculum Guide disease states most common to older individuals in Appendix A and syndromes and other special problems of older individuals in Appendix B. Appendix C references geriatric-related resources to support the content of the Curriculum Guide.

### How to Use the *Curriculum Guide*

A pharmacist who wants to demonstrate Continuous Professional Development (CPD) in geriatrics and geriatric pharmacotherapy may use the Curriculum Guide as a tool to plan and evaluate competency in this area. In the spirit of life-long learning embodied in CPD, the Curriculum Guide provides the pharmacist with a simple tool to assess learning needs and create a personal learning plan. Once a pharmacist creates a personal learning plan, he or she can identify areas for development and seek out educational programs, journal articles, traineeships, and other resources to assist with mastering the competency. The Curriculum Guide can be used as a checklist to document attainment of each competency. In reviewing the Curriculum Guide, a pharmacist should consider the following:

- Is this applicable to my practice?
  - Have I attained this competency?
  - Which competencies are most appropriate to my practice?
  - What can I do to achieve this competency?
- Colleges of Pharmacy and/or pharmacy educators may use the Curriculum Guide to evaluate their curriculum's content in senior care and to assist in the development of elective courses in geriatrics or incorporation of geriatric topics into the core curriculum.
  - A student pharmacist may use the Curriculum Guide to recognize competencies in geriatrics and seek further education or training as necessary.
  - ASCP will use the Curriculum Guide to develop educational initiatives for pharmacists and other health care professionals interested in geriatric pharmacotherapy and as an advocacy tool to promote the specialized knowledge and skills senior care pharmacists possess related to geriatrics, geriatric pharmacotherapy and the unique medication related needs of the elderly.

# GERIATRIC PHARMACY CURRICULUM GUIDE

## Priority:

Use the priority column to identify your needs and priorities in your geriatric practice.

	Competency	Priority
<b>I. GENERAL PRINCIPLES OF AGING</b>		
<b>A. Demographics</b>	<p>Define the demographic and economic characteristics of seniors (e.g., gender, ethnicity, geographic, socioeconomic, and population).</p> <p>Recognize the heterogeneity of the senior population.</p>	
<b>B. Biology of Aging</b>	<p>Recognize the spectrum of aging from healthy aging to frailty.</p> <p>Describe the biology of aging and discuss common theories of aging.</p> <p>Discuss the physiologic changes associated with aging and how they impact medication therapy.</p> <p>Apply the knowledge of aging physiology to the clinical use of medications.</p>	
<b>C. Socioeconomics of Aging</b>		
1. Social Issues	<p>Describe the interrelationship between social issues and aging (e.g., family, cultural, community, housing, access to care, policy issues).</p> <p>Recognize signs of substance and medication misuse/abuse in seniors.</p> <p>Identify and manage the social issues of medication use for individual patient's therapy.</p>	
2. Ethics Competency Autonomy Informed Consent	<p>Recognize and resolve ethical dilemmas through a systematic decision-making process based on clearly articulated ethical theories and principles.</p> <p>Facilitate the resolution of ethical dilemmas in the provision of optimal patient-centered care.</p>	
3. Elder Abuse	<p>Define elder abuse/neglect (e.g., physical, psychological, and financial).</p> <p>Recognize the signs of elder abuse/neglect.</p> <p>Identify resources to assist in prevention and treatment of elder abuse/neglect.</p>	

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	Competency	Priority
4. Economic Issues	<p>Describe Medicare and Medicaid coverage and benefits. Include payment for medications, medication therapy management services, DME supplies, physician care, outpatient and institutional care.</p> <p>Describe other third party payment mechanisms for senior care benefits.</p> <p>Consider financial/reimbursement issues (e.g., formularies, insurance coverage) when making therapeutic recommendations.</p>	
5. Cultural Competencies  Ethnic/racial Religion Age-related Language	<p>Understand cultural competencies relevant to the senior population.</p> <p>Describe differences in healthcare beliefs that may exist between patients and senior care pharmacists.</p> <p>Evaluate potential barriers to and opportunities for cultural competency in senior care pharmacy practice.</p> <p>Apply cultural competency terms, concepts, and guidelines when assessing senior patients.</p> <p>Resolve communication challenges that may occur in cross-cultural situations.</p>	
<b>D. Communication</b>  Patients Caregivers Interprofessional Care Team	<p>Demonstrate skill in communicating drug and adherence information (verbal and written) to senior patients, their caregivers and the interprofessional care team.</p> <p>Demonstrate proficiency to interview and counsel seniors with varying degrees of cognitive and communication abilities.</p> <p>Recognize barriers to effective communication (e.g., cognitive, sensory, cultural, and language).</p>	
<b>E. Continuum of Care</b>	<p>Define the continuum of care available to geriatric patients, such as community resources, home care, caregivers, assisted living facilities, nursing facilities, subacute care facilities, hospice care, and hospitals.</p> <p>Participate in interprofessional decisions regarding appropriate levels of care for individual patients.</p> <p>Facilitate medication reconciliation across the continuum of care.</p> <p>Describe advanced directives, the role of power of attorney, and living wills.</p>	



	<b>Competency</b>	<b>Priority</b>
1. Wellness and Health Promotion	Describe and advocate health care initiatives relative to wellness and health promotion (e.g., diet, medication adherence, immunizations, exercise, health screenings).	
2. End of life care	Define the philosophy and processes of hospice/palliative care.  Identify and demonstrate the ability to discuss end of life issues as they relate to medication appropriateness.	
<b>II. GENERAL PRINCIPLES OF CARING FOR SENIORS</b>		
<b>A. Epidemiology</b>	Describe incidence and prevalence of diseases in seniors.	
<b>B. Pathophysiology</b>  Common signs and symptoms Natural clinical course of disease Atypical presentations Differential diagnosis	Recognize the clinical presentation of the common diseases found in seniors.  Describe the normal progression of common diseases in seniors.  Identify atypical presentations of disease that may occur in seniors.  Recognize medication-induced disease.  Differentiate between normal progression, atypical presentation, and medication-induced disease.	
<b>C. Geriatric Assessment</b>  1. Obtaining clinical data Medication/Medical History Physical Assessment Labs Assessment Instruments Functional Mental Status Disease specific	Identify basic psychiatric and physical assessments for common diseases of the elderly.  Demonstrate the ability to conduct basic psychiatric and physical assessments for common diseases of the elderly.  Apply knowledge of geriatric syndromes when interpreting assessment results.  Obtain and interpret the medication history in relation to patient's current health status.  Recognize the relationship between geriatric syndromes/diseases and medication-related problems.  Appropriately recommend and interpret laboratory results for the senior patient.  Apply principles of pharmacokinetic and pharmacodynamic changes associated with aging to the design of the pharmacotherapy regimen.	

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	Competency	Priority
2. Functional Barriers/Limitations	<p>Identify and recognize potential functional barriers to the geriatric patient (e.g., transportation, housing, economics, social support structure).</p> <p>Identify potential environmental causes of decline in activities of daily living (ADL) and cognitive functions.</p>	
3. Prioritizing Care Needs	<p>Develop a problem list and prioritize care based upon severity of illness, patient preference, quality of life, and time to benefit.</p> <p>Identify patients who need referrals to other health and non-health professionals.</p>	
<p><b>D. Treatment</b></p> <p>Design and implement a therapeutic regimen</p> <ul style="list-style-type: none"> <li>Non-medication therapy</li> <li>Medication therapy and selection</li> <li>Medication appropriateness</li> <li>Dosage</li> <li>Comorbidity</li> <li>Cost considerations</li> </ul>	<p>Define therapeutic goals incorporating patient-specific principles (e.g., age, functionality, patient preference).</p> <p>Evaluate standards of practice/treatment guidelines for appropriateness in the geriatric population.</p> <p>Determine therapeutic options and the risk/benefit to the patient (e.g., no treatment, non-pharmacologic interventions, non-prescription medications, complementary and alternative medicine, prescription medications).</p> <p>Design and recommend age/patient specific regimen including medication, dose, dosage form, dosing interval, and route of administration.</p> <p>Resolve and/or prevent medication-related problems in a given geriatric patient.</p> <p>Develop and maintain a list of senior care experts for referrals as needed.</p>	
<p><b>E. Monitoring</b></p> <ul style="list-style-type: none"> <li>Efficacy</li> <li>Toxicity</li> <li>Frequency</li> </ul>	<p>Develop and implement a patient-specific monitoring plan (including frequency and identification of responsibility for efficacy and prevention of toxicity).</p> <p>Recommend revisions to therapeutic plans based upon changes in patient status.</p>	
<p><b>F. Education</b></p> <ul style="list-style-type: none"> <li>Patient/Caregiver</li> <li>Interprofessional team</li> </ul>	<p>Utilize educational material appropriate to the specific patient/caregiver.</p> <p>Ensure understanding of medication use and its role in the overall treatment plan.</p> <p>Educate patient/caregiver regarding potential problems with patient care management and administration of medications.</p> <p>Assist the patient/caregiver in identifying, procuring, and utilizing adherence devices.</p>	

	<b>Competency</b>	<b>Priority</b>
	Demonstrate skill by presenting formalized training to the interprofessional team.	
<b>G. Document Actions and Outcomes</b>	<p>Recognize that proper documentation of care plan recommendations reduces medication errors and medication-related problems secondary to poor communication.</p> <p>Write a progress/consult note to document rationale, actions, and outcomes from medication therapies.</p>	
<b>III. SENIOR CARE SPECIFIC ACTIVITIES</b>		
<b>A. Research</b>	<p>Recognize tools and methods for determining medication appropriateness in seniors.</p> <p>Apply the tools and/or conduct drug utilization evaluations to assure safe and effective medication use in seniors.</p> <p>Evaluate and apply research outcomes pertinent to seniors.</p> <p>Evaluates the relevancy of clinical practice guidelines and standards of care as they relate to seniors.</p>	
<b>C. Regulatory</b>	<p>Identify agencies and organizations integral in the development and enforcement of geriatric public policy.</p> <p>Identify and adopt geriatric site-specific regulations.</p> <p>Develop awareness of regulatory changes, the impact on senior care pharmacy, and potential business opportunities.</p>	
<b>D. Economics and Access</b>	<p>Assess, develop, and implement formulary management/protocols as they pertain to seniors.</p> <p>Interpret pharmacoeconomic data relevant to seniors.</p> <p>Evaluate costs/benefits issues that influence access to medications or therapy for seniors.</p> <p>Demonstrate knowledge of procedures to receive payment for services rendered.</p>	

## APPENDIX A — DISEASE STATES

Senior Care Pharmacists are knowledgeable regarding medications as causes or contributing factors to conditions. Senior Care Pharmacists make safe, effective medication choices for their geriatric patients.

Disease State	Priority
<b>Cardiovascular</b>	
Acute Coronary Syndrome (e.g. myocardial infarction, angina)	
Arrhythmias	
Cardiomyopathy	
Coronary Artery Disease	
Heart failure	
Hyperlipidemia	
Hypertension/Hypotension	
Peripheral Vascular Disease	
Thromboembolic Disorder	
<b>Dermatology</b>	
Common skin disorders (e.g. eczema, dermatitis, xerosis, seborrhea)	
Pressure ulcers	
Psoriasis	
<b>Endocrine</b>	
Adrenal disorders	
Diabetes mellitus	
Disorders of the hypothalamic pituitary adrenal axis (e.g. SIADH)	
Erectile/Sexual dysfunction	
Hormone therapy (e.g. estrogen testosterone)	
Menopause	
Paget's disease	
Thyroid disorders	
<b>Gastrointestinal Disorders</b>	
Constipation	
Diarrhea	
Diverticular disease	
Fecal incontinence	
Gastroesophageal Reflux Disease	
Hepatic disorders	

Disease State	Priority
Inflammatory Bowel Disease (e.g. ulcerative colitis, crohn's disease)	
Irritable bowel syndrome	
Nausea and vomiting	
Pancreatitis	
Peptic Ulcer Disease	
<b>Hematologic Disorders</b>	
Anemias	
Disorders of hemostasis	
Disorders of platelets	
Disorders of white blood cells	
<b>Infectious Diseases</b>	
AIDS/HIV	
Bone and joint	
Endocarditis	
Genitourinary	
GI infections	
Hepatitis	
Herpes Zoster	
Influenza	
Meningitis	
Nosocomial infections	
Ophthalmic infections	
Pneumonia	
Sexually Transmitted Diseases	
Skin and soft tissue	
Tuberculosis	
Upper Respiratory Infection	
<b>Musculoskeletal Diseases</b>	
Foot disorders	
Fractures	
Gout/hyperuricemia	
Osteoarthritis	
Osteoporosis	

## Appendix A — Disease States

Disease State	Priority
Rheumatoid Arthritis	
Systemic inflammatory diseases (e.g. systemic lupus erythematosus)	
Tendonitis, bursitis and related disorders	
<b>Neurologic Disorders</b>	
Alzheimer's disease	
Amyotrophic Lateral Sclerosis	
Cerebrovascular Accident/ Transient Ischemic Attack	
Dementias	
Headache	
Huntington's Disease	
Lewy Body Dementia	
Movement disorders	
Multiple sclerosis	
Muscular Dystrophy	
Neuropathies	
Other Dementias	
Other movement disorders (essential tremor, restless leg syndrome)	
Other neurodegenerative diseases	
Parkinson's disease	
Seizure disorders	
Traumatic Brain Injury	
Vascular dementia	
<b>Nutrition/Hydration Disorders</b>	
Fluid and electrolyte disorders	
Malnutrition	
<b>Oncology</b>	
Brain	
Breast	
Colorectal	
Gynecologic	

Disease State	Priority
Hepatic/Pancreatic	
Lung	
Prostate	
Skin	
<b>Ophthalmology</b>	
Blepharitis	
Cataracts	
Dry eyes	
Glaucoma	
Macular Degeneration	
Retinopathy	
<b>Psychiatric Disorders</b>	
Anxiety disorders	
Bipolar disorder	
Depression and mood disorders	
Schizophrenia	
Sleep disorders	
Substance misuse/abuse	
<b>Renal and Urologic Disorders</b>	
Acid-base disorders	
Acute renal failure	
Benign Prostatic Hyperplasia	
Chronic kidney disease (e.g. ESRD, Chronic renal insufficiency)	
Erectile dysfunction	
Urinary Incontinence	
<b>Respiratory</b>	
Asthma	
Chronic Obstructive Pulmonary Disease	
Cough/cold/allergy	
Pulmonary hypertension	
Sleep Apnea	

# APPENDIX B — SYNDROMES AND SPECIAL PROBLEMS

“Approach to the patient with.....”

Syndrome/Special Problem	Priority
Falls/gait disorders	
Dizziness	
Weakness	
Delirium	
Incontinence – fecal, urinary	
Functional decline	
Cognitive decline	
Sensory deficit	
Agitation	

Syndrome/Special Problem	Priority
Behavioral & Psychological Symptoms of Dementia	
Appetite/weight disorders	
Dysphagia	
Antimicrobial	
Medication-induced disease	
Frailty syndrome	
Syncope	
Pharmacokinetic/Pharmacodynamic changes	

## APPENDIX C — REFERENCES

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There are many geriatric resources available to support the Curriculum Guide. This list is not meant to be exhaustive. As the Curriculum Guide develops, ASCP will continue to add and update resources for specific topics on our website.

- Abrams WB, Beers MH et al., eds. Merck manual of geriatrics. 3rd edition. Whitehouse Station: NJ, Merck & Company; 2000.
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## GERIATRIC PHARMACY CURRICULUM GUIDE SURVEY

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ASCP strives to continually improve the *Geriatric Pharmacy Curriculum Guide*. We welcome your comments. Please take a few minutes to complete this survey and fax it to the ASCP Educational Affairs Department at (703) 739-1500 or mail it to the ASCP Educational Affairs Department, 1321 Duke Street, Alexandria, VA 22314.

1. Do the topics described in the *Curriculum Guide* define the educational needs in your practice?

Yes                       No

Please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Will you use this *Curriculum Guide* as a guide for your professional development?

Yes                       No

Please explain. \_\_\_\_\_

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3. What topics would you suggest incorporating into this *Curriculum Guide*?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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4. What topics would you suggest deleting from the *Curriculum Guide*?

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5. Do you know of additional resources that ASCP should include in the reference section?

If yes, please list below.

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\_\_\_\_\_  
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6. Please describe your pharmacy practice.

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\_\_\_\_\_  
\_\_\_\_\_

Name (optional): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_





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