

Default Question Block

I am currently enrolled in the:

- FNP Program
- A-GNP Program.

Rate your current level of confidence when reviewing a geriatric patient's med list for potentially inappropriate medications

- Very Poor
- Poor
- Fair
- Good
- Very Good

Rate your current level of confidence when prescribing and managing psychotropic medications in a geriatric patient

- Poor
- Fair
- Good
- Very Good
- Excellent

Based on your current confidence level, rank the following barriers when treating persistent pain in older adults from most confident (first) to least confident (last): (Please drag and drop each item to place in your chosen order)

- Pain assessment in patients with dementia

- Drug-to-drug interactions

- Lack of confidence prescribing

- Risk of worsening polypharmacy

- Multiple co-morbid conditions

Rate your ability to safely prescribe new medications for a geriatric patient

- Poor
- Fair
- Good
- Very Good
- Excellent

Which of the following best describes your approach to opioid therapy in older adults with persistent pain?

- I refer all older persons to a pain specialist if opioids are needed
- I defer use of opioids in older persons with persistent pain because the risk outweighs the benefit
- Opioids are a first-line treatment option for pain management in the elderly
- Opioids are appropriate in the treatment of geriatric pain when non-opioid medication trials have failed.

When prescribing a medication for a geriatric patient, rank the importance of each of the following factors: (Please drag and drop the item in the chosen order)

- Cost
- Quality of Life
- Co-morbid Conditions
- Cognitive Status

How often do you refer to the BEERs list when reviewing and/or amending an elders' medications?

- Never
- Rarely
- Sometimes
- Most of the Time
- Always

How often do you currently use the STOPP and START criteria when reviewing geriatric patients' medications?

- Never
- Rarely
- Sometimes
- Most of the Time
- Always

Identify the statement that best describes your current practice in regard to discontinuing medications that are potentially inappropriate according to the BEERs list:

- I do not currently review medications according to the BEERs list
- I would rather someone with more experience discontinue medications
- I do not discontinue medications if my geriatric patient is stable and tolerating them
- I will decrease and discontinue medications that are potentially inappropriate for my geriatric patient

An 80 year old female has a past medical history of HTN, atrial fibrillation, HF (EF: 50%), DM Adult onset, Hyperlipidemia; Hypothyroidism; Alzheimer's Disease, mild; osteoporosis; depression; peripheral neuropathy (idiopathic), overactive bladder (wet), osteoarthritis, and Stage III CKD. She has had 3 falls in the past month. She has documented drug allergies to sulfa antibiotics (hives) and codeine (vomiting).

Please select any the following you would consider potentially inappropriate and a possible contributing factor to her falls (more than one response is allowed).

- cardvedilol 6.5mg PO BID
- citalopram 20mg PO q am
- Warfarin 2 mg PO q HS on M, W, F & 3 mg on Tu, Th, & Sat
- hydrocodone/APAP 5/325mg 1/2 tablet q 6 hours PRN pain
- lisinopril 40mg PO q am
- lorazepam 0.5mg PO BID PRN
- donezepil 5mg PO q hs
- furosemide 20mg PO q am
- atorvastatin 20mg PO q hs
- metformin 750mg PO BID
- alendronate 35mg PO q week
- omeprazole 20mg PO q am
- Oxybutinin 5mg PO TID
- Zolpidem 5mg PO q hs PRN
- levothyroxine 75mcg PO q am

A 90 year old female patient is prescribed levofloxacin 750mg daily x 7 days for the treatment of LLL CAP. Her current weight is 124 pounds; Serum creatinine is 1.0; Serum albumin is 4.0. Has this medication been properly dosed based on her renal function?

- Yes
- No

Rank the following chronic conditions in order of most challenging to least challenging in your current practice with geriatric patients:

- Cardiac Disease
- Chronic Pain

- Moderate to Severe Dementia

- Depression

- Anxiety

Program Evaluation

To assist us in improving future Geriatric Prescribing Series, please provide your feedback

The "Geriatric Prescribing Series Part I: Psychotropic Medications" session was helpful in preparing me to provide evidence-based care to my elder patients with heart failure

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

The "Geriatric Prescribing Series Part II: Pain Management" session was helpful in preparing me to provide evidence-based care to my elder patients with heart failure

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

The "Geriatric Prescribing Series Part III: Geriatric Prescribing Considerations" session was helpful in preparing me to provide evidence-based care to my elder patients with heart failure

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

The reference handouts within Blackboard were helpful

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

The faculty presented the information in a manner I could understand.

All of the Time Often Sometimes Rarely Never

The faculty allowed for student participation during the series.

All of the Time Often Sometimes Rarely Never

As a whole, what was your experience with the Geriatric Prescribing Series

Far exceeds expectations Exceeds expectations Equals expectations Short of expectations Far short of expectations

The American Pain Society booklet is a valuable tool in management of chronic pain in the geriatric population

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

The BEERs List Pocket Card is a valuable tool in identifying potentially inappropriate medications for geriatric patients.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Please give us your feedback regarding the session as a whole.

Would you be willing to answer this survey again in 6 months?

- No
- Yes (Please provide your personal (not ECU) email address to be used for distribution of the survey, and thank you!)