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
- omprazole 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

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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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

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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

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The reference handouts within Blackboard were helpful

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

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The faculty allowed for student participation during the series.

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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!)