BCC 7174
Primary Care Geriatrics Clerkship
2019-2020

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Overview

Description

Primary Care Geriatrics is a four-week required fourth-year clerkship designed to provide students with an in-depth and qualitative exposure to the intricacies, subtleties, barriers, and obstacles to high-quality primary medical care for older adults. This experience takes place in available settings throughout the community, with an emphasis on continuity across a transition, in the site of care, for patients. This curriculum is competency-based and focuses on the functional approach to complex patients with multiple comorbidities; patients that often 'fall through the cracks'. We assist each student in their process of developing life long and adult learner skills by helping them identify their own specific educational goal for this clerkship. The curriculum also utilizes a self-directed learning approach with specific content areas described under the components section. These content areas detail geriatric competencies supplementing the student's clinical experiences under the guidance, direction, and supervision of selected primary care practitioners.

Each student may require a different number of specific 'learning opportunities' to attain the expected level of proficiency. If the number or type of patient followed during the clerkship does not present sufficient opportunity for the student to achieve required competencies, their clinical experience will be supplemented with additional online or on paper 'virtual patients'.

Orientation and Syllabus Review

Students mush view the Primary Care Geriatrics Orientation video and read the orientation PowerPoint prior to the first day of the clerkship. Students are required to review the syllabus prior to the first day of the clerkship. In addition to review of the syllabus, students are required to meet the Clerkship Director for an in-person orientation prior to clinical work. A site-specific orientation will occur at the assigned clinical site prior to or at the initiation of clinical activities. Students are responsible for communicating with Clerkship Faculty prior to the start date of the clerkship.

Scheduled Hours/On-Call

Students should plan to be involved in required clinical activities at least 9 hours per day, 5 days per week. It is estimated that clerkship activities require approximately 180 hours per rotation to achieve proficiency in the competencies. Each student is scheduled for a minimum of one session per week with their Clerkship Director or designee in order to review patient encounters data, listen to a presentation of cases and receive didactic instruction to remain actively engaged in learning. There is no mandated night call, but students are expected to supplement with after-hours and/or weekend time as necessary to maintain continuity, knowledge of patient progress and their active role in their patient's care.

A *student's specific schedule is determined by their Clerkship Director* to maximize opportunities for patient care and clinical education, using the varied and unique resources available at that regional campus. It is expected, after orientation, that students will take responsibility for knowing their schedule (e.g. knowing contact numbers, verifying when/where to show up, whom to report to, and finding an appropriate time to follow-up on their continuity visits.)

A general weekly schedule is provided here only as an example, as local schedules will vary.

	MON	TUES	WED	THURS	FRI
AM	Hospital Care: Morning Report, In-patient Rounds, Reading/Study	Ambulatory Care	Hospital Care: Morning Report, In-patient Rounds, Reading/Study	Ambulatory Geriatric Care	Hospital Care: Morning Report, In-patient Rounds, Reading/Study
NOON	Working Lunch, Conference with Clerkship Director	Noon Conference	Q/A, Utilization Review **or** Rehabilitation Team Meeting	Care Planning Meeting **or** Noon Conference	Working lunch, Conference with Clerkship Director
PM	Teaching Conference: Skilled Nursing Facility **or** Rehab Rounds	Patient Care	Rehabilitation Facility	Other Community Care Setting (Independent Living, Retirement Center, Home Visit, Assisted Living Facility, Hospice)	Didactics/Case Based Learning, Online/ Independent Study, Extended Care/SNF **or** Rehabilitation Facility

Student Workhour Policy and Documentation

The FSU College of Medicine adheres to the ACGME requirements regarding clinical work and education. This includes working no more than 80 hours per week and no more than 24 hours continuously, except an additional 4 hours may be added to the 24 to perform activities related to patient safety, such as transitions of care or education. Additional patient care responsibilities must not be assigned during this time. Students will have at least one out of every 7 days off, completely free from clinical and educational duties, when averaged over 4 weeks.

Students will use the Encounter Tracking System (ETS) to document by self-reporting their daily work hours. Students must enter daily work hours that includes both clinical experience (includes clinical care and documentation in medical record) and assigned educational activities (clerkship meetings, interdisciplinary meetings). Failure to report work hours is considered a breach of professionalism.

Hours that should not be included in self-reported work hours include reading about patient conditions and procedures, self-directed study for clerkships/courses, work completed for assignments, learning modules and assigned reading.

Absences

Extended absences from the clerkship are not permitted. Any absence from the clerkship must be **pre-approved by the regional campus dean** prior to the beginning of the clerkship, using the student absence request form. Even with an excused absence, the student will complete the scheduled work as outlined.

The Clerkship Faculty, Clerkship Director and Education Director must be notified of any absence in advance by the student. In the case of illness or other unavoidable absence, follow the same procedure outlined above, and notify everyone as soon as possible. **Unapproved absences during the clerkship will result in a grade of "incomplete" until remediated, and may result in a grade of "fail" for the clerkship.**

Components

Required Assignments by Week

1. Lifelong Learning Goal (Week 1)

Students will identify and record one lifelong learning goal by end of day three of the clerkship.

- **Submission Guideline**: Students will submit their lifelong learning goal as a Microsoft Word document and upload to Student Academics by **5 p.m. on the first Wednesday of the clerkship**.

For the following required review assignments (Medication, Functional Assessment and Advanced Illness) students will submit one of the following three written assignments weekly, in any order they choose. **All submissions MUST be received by midnight on the Friday of weeks 1, 2 and 3.**

2. Medication Review (Week 1, 2 or 3)

Students will perform a medication review including a patient-centered analysis of general efficacy including therapeutic target and goal for each medication, specific risk/benefit analysis, calculation of estimated GFR, calculation of remaining life expectancy using eprognosis.org and comparison with time to benefit for each medication, reasoning out a person-centered therapeutic plan. Include a patient summary as well as acknowledgement of particular geriatric patient risks using Beer's list, common and severe cautions in older patients, drug interactions, anticholinergic burden, etc.

- **Submission Guideline**: Students will submit **one** medication review as a single Microsoft Word document and upload to Student Academics by **midnight on one of the first 3 Fridays of the clerkship**.

3. Functional Assessment Review (Week 1, 2 or 3)

Students will demonstrate proficiency in detecting and describing functional impairment by detailing the patient's premorbid status, the events leading to the observed functional changes and a brief description of the functional changes, physical exam of function (including neurologic exam, if appropriate) and proposed plans for rehabilitation. The goals of the patient must be included in the write-up. Students must document a complete functional assessment in the encounter tracking system (ETS).

- **Submission Guideline**: Students will submit **one** written functional assessment review as a Microsoft Word document and upload to Student Academics by **midnight on one of the first 3 Fridays of the clerkship.**

4. Advanced Illness Review (Week 1, 2 or 3)

Students will write an essay on 'reflections at the end of life' using a patient summary, patient and family goals, plan of care, efficacy of existing care plan, recommendations for proposed changes, critique of the healthcare delivery system and description of any ethical issues.

- **Submission Guideline**: Students will submit **one** written functional assessment review as a Microsoft Word document and upload to Student Academics by **midnight on one of the first 3 Fridays of the clerkship.**

5. Transition in Care (Week 4)

Students will demonstrate knowledge and understanding of the key components of a safe and comprehensive discharge/admission plan for an older adult. Students will complete a case presentation to their Clerkship Director that includes plans to assist the patient in maintaining or improving function including nutrition assessment. During case discussion, students will demonstrate understanding of required reading on transitions in care. Students will write a case summary and a set of discharge or admission orders on a patient who has recently or is about to undergo a transition in site of care.

- **Submission**: Students will submit their transition in care case summary and discharge (or admission) orders as a Microsoft Word document and upload to Student Academics by **Monday at midnight during the final week of the clerkship.**

6. Lifelong Learning Goal Reflection (Week 4)

Students will write a reflection on their personal learning goals before the end of clerkship.

- **Submission:** Students will submit their lifelong leaning goal reflection as a Microsoft Word document and upload to Student Academics by **5 p.m. by the last Thursday evening of the clerkship**. *Submissions received after your exam will not be accepted.*

7. Community Presentation

Students will provide a presentation to a faculty member, an audience of non-physician professionals, or a community audience of older persons. The content will focus on one of the following topics: falls, brain health, heart health, or advance directives appropriate to a lay audience in a local community setting. When multiple students are on the same rotation, they will share responsibilities for the presentation. The details of these community presentations, including the potential audience, will be determined by your Clerkship Director. The PowerPoint presentations and presenter instructions will be emailed to students by the Academic Coordinator.

Demonstration of Clinical Skills and Knowledge Acquisition
Students will demonstrate the following clinical skills under the supervision of Clerkship Director or designated faculty and document in ETS.

- **Delirium and Dementia Assessment** Demonstrate the ability to assess for both acute (delirium) and chronic cognitive impairment (dementia, mild cognitive impairment) using the appropriate screening tools (CAM for delirium, and Mini-COG, MMSE, or MoCA for chronic cognitive impairment) with correct interpretation of results (observation of part of a screen and a case discussion). Students are also required to complete a module on this topic as described below.
- **Differential Diagnosis for Mood Disorder** Discuss the differential diagnosis for mood disorder including treatment options. Discuss this after screening using appropriate assessment tools (GDS or PHQ9) and interpretation of the results.
- **Fall Risk Assessment** Demonstrate and discuss the ability to perform multifactorial fall risk assessment with correct interpretation of results, including gait assessment.
- **Atypical Presentation of Illness** Discuss a case of atypical presentation of illness based on normal aging physiology.

Expected Patient Care and Shadow Charts
Students are expected to follow at least one patient across a transition in their site of care, as well as carry a panel of 4 to 6 patients continuously. Students on this clerkship are expected to participate in admission and discharge assessment and planning, and in at least one patient-focused team meeting. Where applicable, students will maintain "shadow charts" (HIPAA compliant student generated records of patient care, orders discharge summaries, etc.) for their continuity patients. It is expected that students will complete the following types of documentation for their continuity of care patients as appropriate: routine progress notes, on-service (admission) and off-service (discharge) notes where appropriate, admission work-ups, discharge summaries and transfer/transition notes. All forms of documentation should be readily available for critique by the faculty and Clerkship Director. Example forms are available on Canvas.

Patient Log (ETS)
Students are expected to document **a minimum of 40 encounters** during the clerkship, with about half completed by the mid-point to demonstrate sufficient progress. **At least 80%** of the encounters must be at the full level of participation in patient care. In addition, at least 4 of the encounters must demonstrate continuity of care (i.e. not "first visit"). The "first time visit" question ***must*** be accurately answered as it is used to monitor continuity of care. When caring for a patient receiving any type of rehabilitation (e.g. physical therapy, occupational therapy, speech therapy) in a skilled nursing facility, document the location of service as rehabilitation. When documenting type of visit, choose the most specific rather than using "rounds" for most patients. Students should record no more than one encounter per patient per day at any clinical site.

Required Problems - Minimum 1 of each

- Atypical Presentation of Disease
- Delirium
- Alzheimer's Dementia or Dementia, Other
- Frailty
- Hearing Loss
- Immobility/Deconditioning
- Incontinence, Urinary
- Macular Degeneration
- Major Depressive Disorder
- Polypharmacy

Required Procedures - Minimum 1 of each

- Cognitive assessment Mini-COG
- Confusion Assessment Method (CAM)
- Creatinine Clearance Calculation or Creatinine Clearance Calculation (Cockcroft-Gault)

Required Screenings - Minimum 1 of each

- Cognitive Assessment, MoCA or Cognitive Assessment, Other
- Depression screening
- Functional Assessment, Comprehensive
- Gait Assessment
- Get Up and Go Test
- Incontinence Assessment
- Medication Review Comp.
- Nutritional Assessment Comp.

Level of participation in patient care is determined by the effort a student puts forth during the data-gathering phase, assessment and development of a treatment plan. Typically, the data-gathering phase includes history, physical examination and review of diagnostic tests available. The assessment phase includes creating a problem list, as well as developing a prioritized differential diagnosis for a problem. The treatment plan includes therapeutics, diagnostic evaluation, patient education and follow-up. The complexity of these components will vary, but for the purposes of choosing a level of participation, three basic tasks have been created. These include gathering history, performing a physical exam (full or focused/targeted), and developing assessment and plan of care. For "Level of Participation in Patient Care" the levels have been defined as follows:

- Minimal: perform one of the aforementioned tasks (either history or physical)
- Moderate: perform two of the aforementioned tasks (both history AND physical)
- Full: perform all three tasks

Meetings with Clerkship Directors

Students will meet weekly with Clerkship Directors to review patient log, educational tasks and assignments. Meetings will take place in various settings, depending on the educational needs of the students and what needs to be monitored.

1. Following 4 to 6 patients continuously; may be Skilled Nursing Facility, Assisted Living Facility, Rehab or other residential setting.
2. Transition planning in any setting for at least 1 patient, including a patient summary, written orders.
3. Utilization Review (UR), Care Planning (CP) or Rehabilitation Team meeting in any care facility at least once.
4. Nursing / Rehabilitation Facility Admission or Discharge with Discharge planning.
5. The student will participate in "end-of-life care" for at least one patient in *any* setting during the rotation.
6. Student will participate in a 'learning/teaching supervision conference' with the clerkship director at least weekly and additionally as necessary.

Interprofessional Activities

The course competencies are met by participation in educational activities, completion of selected readings, conferences and rounds with various professionals (e.g. clerkship faculty, clerkship director, ARNPs, occupational therapists, physical therapists, social workers, speech therapy, pharmacists, nutritionists, dieticians) over the course of the clerkship. Students are required to attend at least one interprofessional team meeting for one of their patients. Those meetings typically occur in skilled nursing and rehabilitation facilities but may occur in hospitals, hospice, and other settings. Ample time is provided within the clerkship schedule for student self-directed study, transportation between clinical settings, and gathering of geriatric-specific patient-care history/exam details.

- Students are **required** to recognize effective interprofessional teamwork by watching a module on managing behavior disturbances in dementia. URL: Determining Cause and Effective Treatment for Responsive Behavior in Persons with Dementia: Part 2

End of Clerkship Exam

On the last day of the Clerkship, students will take a web-based Geriatrics examination. While there are required reading materials, the course objectives tested on the exam are the same as objectives accomplished in the course of performing the educational activities and screenings in the course of caring for your older patients during the four weeks. Practice exam questions are available on Canvas.

Learning Resources

Readings

The following **required** textbooks and articles are available through the COM Library's Geriatrics Subject Guide.

1. Geriatrics At Your Fingertips 2017 by Reuben DB, Herr KA, Pacala JT, et al.
2. Essentials of Clinical Geriatrics 2017, by Resnick B, Kane RL, et al.
3. Chapters 1-3, 6-10, 14-16, 18
4. Kim CS, Flanders SA; "Transitions of Care" Annals of Internal Medicine, 2013; 158:ITC3-1
5. Halasyamani L, Kriplani S, Coleman E, et al.; "Transition of Care for Hospitalized Elderly Patients- Development of a Discharge Checklist for Hospitalists," Journal of Hospital Medicine 1(6)Nov-Dec 2006
6. Kriplani S, Jackson A, Schnipper J, Coleman E; "Promoting Effective Transitions of Care at Hospital Discharge: A Review of the Key Issues for Hospitalists," Journal of Hospital Medicine 2(5)Sept-Oct 2007:314-323

Electronic Resources

The **Geriatric Review Syllabus 2019** is an excellent resource and is available on the Geriatrics Subject Guide. The following chapter titles are basic, serving as a primary reference. Concepts are summarized through images to make reading easier.

- Biology of Aging/Frailty
- Dementia/Delirium
- Geriatric Assessment/Rehabilitation
- Falls/Gait and Balance
- Hospital Care/Perioperative Care
- Palliative Care/Persistent Pain
- Pharmacotherapy
- Malnutrition/Frailty
- Nursing-Home Care
- Depression

The Canvas site includes supplemental readings with review articles to be perused at your discretion depending on individual educational goals and needs. Although not required, you may find it useful to skim the abstracts. Also included are PowerPoint editions of the GRS chapters listed above. You are expected to utilize these resources according to your needs, wishes and learning style. Please explore geriatric-specific resources and new resources that may be new and unfamiliar to you.

Institutional Resources

The COM Charlotte Edwards Maguire Medical Library is primarily a digital library that is available 24/7 through secure Internet access. Library resources that support this course are available under "Subject Guides" under the *Resources by subject* from the main menu on the library website. In addition, many of the point-of-care resources are available for full download to mobile data devices. Upon student request, items not found in the library collection may be borrowed through interlibrary loan.

Evaluation and Grading

Mid-Clerkship Feedback

The mid-clerkship evaluation is completed at the mid-point of the Clerkship by the Clerkship Director and will provide feedback to the student on progress in the clerkship. This will include progress toward achievement of clerkship objectives, competencies, assignments and required encounters.

Encounter data are monitored by the Clerkship Directors to assure that students are meeting clerkship requirements. If it becomes apparent that a student is not encountering the expected patient conditions, efforts will be made to specifically select the needed patients needed to be seen. If these opportunities for specific patient encounters do not

occur, the student will be exposed to the conditions/diseases secondarily through reading assignments, completion of online modules or discussions with the Clerkship Director.

Evaluation

An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship. A final summative report will be completed by the Clerkship Director at the end of the clerkship. The Education Director will review all components of the clerkship and include an assessment of each in the final grade summary.

Clerkship Specific Grading

The standardized clerkship policy can be found on the Office of Medical Education website.

Passing this course requires demonstration of required competency areas. An honors performance is demonstrated by comprehensive performance *above and beyond* those minimum competency expectations. Geriatric-specific *knowledge*; history/physical exam with assessment/procedure *skills*, and *attitudes* about caring for the older adult patient are assessed as follows.

1. If any remediation is required, the student is no longer eligible for honors, and will be assigned an initial grade of IR (Incomplete Remediation) until remediation has been completed
2. Any breach in professionalism renders a student ineligible for honors
3. Demonstrated clinical performance as evaluated by each clinical faculty member and the Clerkship Director.
4. Timely submission of all written assignments which meet "expectations for graduation" in the guidelines (pass/fail).
5. Record a minimum of 40 patient encounters (20 at midpoint) in ETS, 80% of which must be full involvement and 20% representing continuity of care (pass/fail).
6. Completion of required encounters, problems, procedures, screenings (pass/fail).
7. Pass the end of clerkship Geriatrics examination with a score of 70% or higher.
8. Clinical performance must be exemplary to be considered for honors
9. To be considered for honors, a student must
    a. Attain a very high ranking on developmental milestones by **each** faculty member
    b. Receive an overall high performance assessment by the Clerkship Director
    c. Exceed "expectations for graduation" for at least two of the written assignments
    d. Score at least 86% on the end of clerkship Geriatrics examination.

Policies

Student Mistreatment Policy

If you feel you are being mistreated, please refer to the Student Mistreatment Policy in the FSUCOM Student Handbook and report the incident as soon as possible.

College of Medicine Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See FSUCOM Student Handbook for details of attendance policy, notice of absences and remediation. Students must use the absence request form that is located on Student Academics.

Academic Honor Policy

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to "...be honest and truthful and...[to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at http://fda.fsu.edu/academic-resources/academic-integrity-and-grievances/academic-honor-policy.

Americans with Disabilities Act

Students with disabilities needing academic accommodation should: (1) register with and provide documentation to the Student Disability Resource Center; and (2) bring a letter to the instructor indicating the need for accommodation and what type.

Please note that instructors are not allowed to provide classroom accommodation to a student until appropriate verification from the Student Disability Resource Center has been provided. This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center
874 Traditions Way
108 Student Services Building
Florida State University
Tallahassee, FL 32306-4167
(850) 644-9566 (voice)
(850) 644-8504 (TDD)
sdrc@admin.fsu.edu
http://www.disabilitycenter.fsu.edu/

College of Medicine Student Disability Resources

Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine's Director of Student Counseling Services and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

Competencies

The following table outlines the **Primary Care Geriatrics** clerkship competencies and assessment method for each, intended to be used as a guide for student learning.

Each clerkship objective/competency is mapped to the FSU COM Educational Program Objectives (EPOs) and ACGME Core Entrustable Professional Activities (EPAs). To view the complete table and for an overview of the curricular map for the clinical years at the Florida State University College of Medicine, please visit the syllabi page of the Office of Medical Education website.

Clerkship Competency	Assessment						
Primary Care Geriatrics	Final Exam	Observation by faculty	Observation by clerkship director	Online module	Oral presentation	Patient documentation	Project
Formulate a plan for the medical, psychological, social, and spiritual needs of patients with advanced illness and their family members linking these identified needs with the appropriate interdisciplinary team members. Consider the unique aspects of the patient as a person.	x	x	x	x	x	x	x
Gather essential information about geriatric patients and their condition through history taking (including collateral sources) physical examination, and appropriate geriatric assessment procedures. Include level of urinary continence. Include the events leading to a change in the patient's status. Specifically include mood, cognitive, functional, and history and physical elements of fall risk assessment. Include the examination of a functionally frail or bedbound patient and nutrition assessment.	x	x	x	x	x	x	x
Counsel patients and their families to empower them to participate in their care showing considerations for their perspective throughout treatment. Include goals of care for each medication, goals of care for treatment to improve physical function or reduce fall risk, and preferences for care near the end of life.	x	x	x	x	x	x	x
Conduct a comprehensive therapeutic review and medication reconciliation based and patient and/ or family goals of care for each treatment, geriatric specific risks for the patient based on up to date scientific evidence, the Beers list, individual patient specific characteristics, evidence based targets for treatment, and a risk/benefit analysis justifying continuation or discontinuation of each medication based on clinical judgement.	x	x	x	x	x	x	x
Formulate an appropriate management plan for a patient exhibiting functional deficits including adaptive interventions and utilizing appropriate interdisciplinary team members.	x	x	x	x	x	x	x
Document the key components of a safe and effective discharge plan including a clinical summary and written admission or discharge orders of a patient who has undergone or is about to undergo a transition in care between providers or settings. Include plans for home or alternative institutional sites and appropriate follow up care.	x	x	x	x	x	x	x
Demonstrate an investigative and analytic approach to medication review. Look up and recognize potential adverse effects for each medication that are particularly problematic for the elderly. Determine drug-drug interactions using a point of care tool. Calculate estimated creatinine clearance based upon ideal body weight, serum creatinine and age and know which medications require adjustment for renal function. Enter patient characteristics into e-prognosis.org estimate life expectancy. Determine which medications on the Beers list for potentially inappropriate medications in the older person are present in a given patient's medication list. Discuss clinical guidelines for appropriate targets for each medication and justify continuation or discontinuation of each medication based on those guidelines and patient characteristics.	x	x	x	x	x	x	x

Apply knowledge of physiologic changes associated with aging and the concept of challenge to homeostasis of an organ system to demonstrate recognition of atypical presentation of diseases and discuss this from a pathophysiologic viewpoint. Recognize the contribution of this disruption of homeostasis in differential diagnosis of confusion, immobility, incontinence, falls, and other atypical presentations of disease.	x	x	x	x	x	x	x
Apply knowledge of clinical factors contributing to fall risk in describing the fall risk of a particular patient at risk for falls. Apply knowledge of normal physical function and frailty to recognize normal function and functional impairment in the geriatric patient. Apply this knowledge to suggest recommendations preserve and/or improve functional status. Apply knowledge of the clinical factors contributing to a safe and effective transition in care, for example, high risk medications and polypharmacy.	x	x	x	x	x	x	x
Apply knowledge of epidemiologic factors like age, education, hearing impairment, visual impairment, vascular risks, alcohol, genetics and exercise to recognizing the risk factors in a particular patient at risk for cognitive impairment who should be screened.	x	x	x	x	x	x	x
Apply knowledge of social behavioral sciences to a differential diagnosis of a patient who has a positive mood disorder screen. Apply knowledge of behavioral and medical treatment of mood disorders to a patient with a mood disorder. Apply knowledge of social and behavioral sciences to identify barriers to adherence to a comprehensive plan of care for functional improvement and a plan for transition between sites of care.	x	x	x	x	x	x	x
Identify gaps in one's knowledge and expertise in the care of the geriatric patient. Identify gaps in knowledge about medications in the geriatric patient based on performing medication review exercises and feedback on those medication review exercises from faculty.	x	x	x	x	x	x	x
Set one learning goal based upon gaps in knowledge and expertise in geriatrics as a whole and discuss that goal with faculty and other students on the rotation.	x	x	x	x	x	x	x
Identify and perform learning activities based upon gaps in knowledge and expertise in geriatrics	x	x	x	x	x	x	x
Justify continuation, adjustment, or discontinuation of medications using targets based on evidence.	x	x	x	x	x	x	x
Use point of care references to calculate estimated creatinine clearance, discover potential side effects of medications, and estimate prognosis when reviewing geriatric patients' medications.	x	x	x	x	x	x	x
Match patient and family goals with appropriate non-physician providers in plans to improve function or provide care in advanced illness (i.e. PT, OT, Speech, Hospice, etc.).	x	x	x	x	x	x	x
Access your patients' electronic records to obtain patients' medication lists, serum creatinine, weight, and patient characteristics to conduct a thorough medication review.	x	x	x	x	x	x	x
Apply established standards or protocols for fall risk assessment in patients. Identify, apply, and analyze guidelines for targets for medication therapy.	x	x	x	x	x	x	x
Communicate with patients and families in gathering information, and establishing goals of care concerning medication review, functional assessment, cognitive assessment, transitions in care, and advanced illness.	x	x	x	x	x	x	x
Gather input from speech, occupational therapy, physical therapy, palliative care team members as appropriate. Incorporate that input into assessment and plan and reflect on that input in one written assignment.	x	x	x	x	x	x	x
Observe and participate in a team care conference in a rehabilitation, advanced illness care setting, or other setting.	x	x	x	x	x	x	x
Write a comprehensive functional assessment including premorbid and current function, physical exam, and care plan. Write a transition in care summary and orders.	x	x	x	x	x	x	x
Assess a patient's and family's goals of care in a case of advanced illness or end of life care.	x	x	x	x	x	x	x

Assess a patient with an abnormal mood screen and discuss your impressions with faculty and or Clerkship Director.	x	x	x	x	x	x	x
Demonstrate compassion, integrity, and respect for patient, peers on rotation, faculty, and professional staff.	x	x	x	x	x	x	x
Showing up on time for patient rounds.	x	x	x	x	x	x	x
Keep HIPPA compliant shadow charts and written assignments.	x	x	x	x	x	x	x
Keep up to date logs of visits, geriatric conditions/ syndromes, and required procedures. Submit all written assignments by due dates.	x	x	x	x	x	x	x
Assess medical, personal, psychosocial, spiritual, and other patient family needs in advanced illness.	x	x	x	x	x	x	x
Assess effectiveness of the existing care plan in meeting the medical, personal, cultural, psychosocial, and spiritual needs in advanced illness.	x	x	x	x	x	x	x
Accompany one patient through a transition in care or an impending transition in care. Accompany a patient exhibiting functional deficits through treatment observe adaptive interventions and utilize interprofessional team members from the requisite disciplines.	x	x	x	x	x	x	x
Match patient needs with the appropriate physician and non-physician providers and settings.	x	x	x	x	x	x	x
Observe and participate in one interprofessional team conference on one of your patients.	x	x	x	x	x	x	x
Communicate with non-physician members of the team.	x	x	x	x	x	x	x
Identify medications of particular risk for the geriatric patient or those medications no longer meeting patient goals.	x	x	x	x	x	x	x
Match needs of patient with the care plan.	x	x	x	x	x	x	x
Cooperate with non-physician team members with dignity, respect, diversity, ethical integrity, and trust to enhance team function and serve the patient's needs.	x	x	x	x	x	x	x
Communicate results of cognitive assessment, functional assessment, and fall risk assessment, advanced illness discussions, and care plans with the patient, family, physician, and non-physician team members.	x	x	x	x	x	x	x
Seek help based on self-awareness of needs to use resources in library, syllabus, video orientation, canvas course management system, practice exams, and faculty to meet those needs.	x	x	x	x	x	x	x
Meet all of the above objectives in a timely manner and, if unable discuss with faculty, clerkship director, course director, and Regional Campus Dean. Have all time off clerkship approved by your Regional Campus Dean. Discuss remediation of missed time on clerkship with Clerkship Director and if needed Education Director and Regional Campus Dean.	x	x	x	x	x	x	x