BCC 7174
Primary Care Geriatrics Clerkship
2020-2021

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Overview

Course 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. The curriculum utilizes a self-directed learning approach with specific content areas described in this syllabus. These content areas detail geriatric competencies supplementing the student's clinical experiences under the guidance, direction, and supervision of selected primary care practitioners. 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.

Orientation and Syllabus Review
Students **MUST** view the [Primary Care Geriatrics Orientation video](#) and read the orientation documents located on the Geriatrics Canvas site home page 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.)

Required Assignments

Required Assignment 1: Lifelong Learning Goal & Reflection
Students will identify and record one lifelong learning goal by end of day three of the clerkship. Clerkship directors and faculty will 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.
- **Submission**: Students will submit as a Microsoft Word document to be uploaded to Student Academics by **5 p.m. on the first Wednesday of the clerkship**.

At the end of the clerkship, students will write a reflection on their personal learning goals.
- **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 <u>last</u> Thursday evening of the clerkship**. *Submissions received after your exam will not be accepted.*

Required Assignment 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. Include

the cost of the medication as available in electronic resources.

- **Submission**: Students will submit **one** medication review as a single Microsoft Word document to be uploaded to Student Academics by **midnight on one of the first 3 Fridays of the clerkship**. Students must document the complete medication review as a procedure in the ETS.

Required Assignment 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. Match patient and family goals with appropriate non-physician providers in plans to improve function.

- **Submission**: Students will submit **one** written functional assessment review as a Microsoft Word document to be uploaded to Student Academics by **midnight on one of the first 3 Fridays of the clerkship.** Students must document the complete functional assessment as a procedure in ETS.

Required Assignment 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. Link identified needs with the appropriate interdisciplinary team members.

- **Submission**: Students will submit **one** written functional assessment review as a Microsoft Word document to be uploaded to Student Academics by **midnight on one of the first 3 Fridays of the clerkship.** Students must document the advanced illness in as a problem in ETS.

Required Assignment 5: Interprofessional Collaborative Engagement

Students will document engagement with one non-physician professional by writing a short paragraph about the contribution of as it relates to expertise, collaboration and improvement in the quality of the patient's care. This can be based on an interprofessional experience related to any one of the assignments.

- **Submission**: Students will submit as a Microsoft Word document and upload to Student Academics by **Monday at midnight during the final week of the clerkship.**

Required Assignment 6: 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. Match patient and family goals with appropriate non-physician providers in plans to improve function. 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.**

Required Assignment #6: Interprofessional Care in Dementia

In the care of elders, particularly those with dementia, and interprofessional approach involving various healthcare professionals is used to improve quality of care and enhance patient safety. Students will view a module on managing behavior disturbances in dementia, focusing on the effective interprofessional teamwork. The module will prepare students for required attendance of at least one interprofessional team meeting for one of their patients. Meetings typically occur in skilled nursing and rehabilitation facilities but may occur in hospitals, hospice, and other settings. Following the interprofessional team meeting, students will meet with clerkship director to share their observations and discuss how engagement with other professionals helped enhance patient safety and maximize quality of care.

- **Submission**: Students will record this in ETS as an Educational Activity "[GER] Completion of Dementia Interprofessional Module on Canvas"

Patient Care

Overview

Students will participate in the care of older adults in the Primary Care Geriatrics Clerkship, with competency in several key areas as the focus of their educational experience. Students will care for patients in several settings, including skilled nursing facilities, inpatient rehabilitation, inpatient hospital, ambulatory clinics, home visits, hospice and assisted living facilities. Students will participate in the care of a patient undergoing a transition in care, a discharge or admission planning session for rehab or long-term care facility and attend interprofessional team meetings during the 4-week clerkship. Required problems and procedures are not site dependent. Occasionally, students may not achieve the expected level of competency even when they document the required number of encounters, types of problems and procedures. If that happens, the Clerkship Director will supplement with alternative educational experiences to augment the required curriculum to promote a successful clerkship.

Any notes a student retains must be HIPAA compliant, but should have enough detail (functional status, cognitive status, medications, goals of care, gait analysis) for an in-depth discussion with the faculty or Clerkship Director. Examples of shadow chart tools are available on Canvas.

Patient Log Requirements using the Encounter Tracking System (ETS)

Students should enter patient encounter data into the Encounters Tracking System (ETS) on a *daily* basis. 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. **Four of these patient encounters must represent continuity of care** (not a first visit).

Minimum Required	Problems/ Conditions	Location of Service	Level of Participation		
			Observe	Assist	Perform
1	Atypical Presentation of Disease	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic **OR** Skilled Nursing Facility			x
1	Delirium	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic **OR** Skilled Nursing Facility			x
1	Dementia (any type)	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic **OR** Skilled Nursing Facility			x
1	Frailty	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic **OR** Skilled Nursing Facility			x
1	Immobility/ Deconditioning	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic **OR** Skilled Nursing Facility			x
1	Major Depressive Disorder	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic **OR** Skilled Nursing Facility			x
1	Polypharmacy	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic **OR** Skilled Nursing Facility			x
1	Hearing Loss	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic **OR** Skilled Nursing Facility		x	
1	Incontinence, Urinary	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic **OR** Skilled Nursing Facility		x	
1	Macular Degeneration	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic **OR** Skilled Nursing Facility		x	

Minimum Required	Procedures	Level of Participation		
		Observe	Assist	Perform
1	Cognitive assessment Mini-COG			x
1	Cognitive Assessment, MoCA or Cognitive assessment, other			x
1	Confusion Assessment Method (CAM)			x
1	Creatinine Clearance Calculation or Creatinine Clearance Calculation (Cockcroft-Gault)			x
1	Depression screening (any instrument)			x
1	Functional assessment, comprehensive			x
1	Gait assessment			x
1	Get Up and Go Test or Fall Risk screening (any type)			x
1	Medication review comprehensive			x
1	Nutritional assessment comprehensive			x
1	Incontinence assessment		x	

Patient Log (ETS) Monitoring Policy
Encounter data are monitored by the Clerkship Directors to assure that students are meeting clerkship requirements. If it becomes apparent that students are not encountering the required patient conditions, efforts will be made to specifically select the needed patients for you to see. 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 Aquifer Cases, or discussions with the Clerkship Director.
Level of participation in patient care is determined by the student involvement during the history, physical exam, assessment and treatment plan. The complexity of these components will vary, but for the purposes of choosing a level of participation, three categories have been created, *all of which include supervision of the medical student.* The student will select the level of participation that most closely describes their involvement in the patient encounter.

- **Observe** should be selected when the student observes a clinician conducting the patient encounter.
- **Assist** should be selected when the student assists a clinician in conducting the patient encounter.
- **Perform** should be selected when the student leads or conducts the patient encounter.

Alternate Educational Experiences
Should the student be unable to complete and record a required clinical encounter or other clerkship requirement due to circumstances beyond their control, the education director will determine an appropriate alternative educational experience. The student will record as instructed in ETS. Utilization of alternative educational activities is monitored by the curriculum committee on a regular basis.

Online Curriculum

Online Cases
In the event of a situation beyond the student control where the student cannot see actual patients, such as in the COVID-19 pandemic, an addendum to this syllabus will be sent to students to outline of daily case presentations and other activities. Through these designated educational activities all course objectives, required problems and procedures can be satisfied and remain unchanged regardless of direct patient care or virtual training opportunities.

Course Meetings and Lectures

Students will participate in morning rounds, noon conferences and other educational meetings when available. Students may be asked to present to residents at one of the educational meetings, and specific topics may be assigned.
Students are required to **communicate weekly with Clerkship Director** throughout the clerkship; this may be via in-person meetings, email or telephone. This real or virtual meeting will include discussion on clinical experiences, progress on documentation of patient encounters, personal educational goal, educational tasks/assignments and any challenges or concerns. competencies. Weekly meetings will include the following:

1. Discuss following **one** patient continuously (in Skilled Nursing Facility, Assisted Living Facility, Rehab or other residential setting) and complete a transition planning including a patient summary and written orders.
2. Discuss attending at least one Utilization Review (UR), Care Planning (CP) or Rehabilitation Team meetings.
3. Discuss a Nursing/Rehabilitation Facility Admission or Discharge with Discharge planning.
4. Discuss participate in "end-of-life care" for at least one patient in *any* setting during the rotation.
5. Discuss participate in a 'learning/teaching supervision conference' at least weekly and additionally as necessary.

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 exams and pre-test questions are located on the Geriatrics Canvas homepage.

Learning Resources

Institutional Resources
The Maguire Medical Library offers 24/7 remote access to online resources that support the **core clerkships.** They

include [Mobile Resources](), [Point of Care](), and [Subject Guides.]()

Required Reading
Specific resources that are required for this clerkship include:
1. Geriatrics at Your Fingertips 2019 by Reuben DB, Herr KA, Pacala JT, et al.
2. Essentials of Clinical Geriatrics 2017, by Resnick B, Kane RL, et al. *Chapters 1-3, 6-10, 14-16, 18*
3. Kim CS, Flanders SA; "Transitions of Care" Annals of Internal Medicine, 2013; 158: ITC3-1
4. 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
5. 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

Recommended Reading
Specific resources that are recommended for this clerkship include:
1. **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.
2. Numerous supplemental readings with review articles to be perused at your discretion depending on individual educational goals and needs are available on the Geriatrics Canvas site. 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.

Evaluation

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 and satisfactory performance on all required assignments (pass/fail)
5. Record a minimum of 40 patient encounters in ETS (pass/fail)
6. Completion of required encounters, problems and procedures (pass/fail)
7. Follow one patient in a transition of care and participate in at least one patient-focused team meeting (pass/fail)
8. Clinical performance must be exemplary to be considered for honors
9. At least two written assignments must "exceed expectations for graduation" to be considered for honors
10. Geriatrics exam score must be 86% or higher to be eligible for honors consideration and must be at 70% or higher to pass the clerkship

Evaluation
1. *Formative.* A 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. See the Canvas M.D. Clerkships AY 2020-2021 site for student user workflow guide.
2. *Summative.* 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.

Grade Assignment

The final grade is assigned by the Education Director and is based on all aspects of the clerkship, including clinical performance, attitude and performance during the weekly meetings with the Clerkship Director, and the results of the end of clerkship exam. There are no grade quotas, and it is possible for any student to earn the grade of honors.

Course Objectives

The following table outlines the clerkship objectives and assessment method for each, intended to be used as a guide for student learning. Each clerkship objective 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 clerkship years at the Florida State University College of Medicine, please visit the syllabi page of the Office of Medical Education website.

Clerkship Objectives	Assessment						
Primary Care Geriatrics	End of Clerkship Exam	Faculty Observation	Clerk Director Observation	Oral Presentation	Patient Documentation	Assignments	Online Module
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	
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	
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	
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 and cost/benefit analysis justifying continuation or discontinuation of each medication based on clinical judgement.	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	
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	
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. Include the cost of each treatment.	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	
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	
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	
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	
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	
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	
Identify and perform learning activities based upon gaps in knowledge and expertise in geriatrics	x	x	x	x	x	x	
Justify continuation, adjustment, or discontinuation of medications using targets based on evidence.	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	
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	
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	
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	
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	
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	
Observe and participate in a team care conference in a rehabilitation, advanced illness care setting, or other setting.	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	
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	
Assess a patient with an abnormal mood screen and discuss your impressions with faculty and or Clerkship Director.	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	
Showing up on time for patient rounds.	x	x	x	x	x	x	
Keep HIPPA compliant shadow charts and written assignments.	x	x	x	x	x	x	

Objective							
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	
Assess medical, personal, psychosocial, spiritual, and other patient family needs in advanced illness.	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	
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	
Match patient needs with the appropriate physician and non-physician providers and settings.	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	
Match needs of patient with the care plan.	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	
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	
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	
Utilize/enhance expertise by engaging other professionals to enhance team performance and maximize quality of patient care.		x	x		x	x	
Engage with others on interprofessional patient care teams.		x	x		x	x	
Work in interprofessional teams to enhance patient safety/improve patient care.		x	x		x	x	

Policies

Absence and 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.

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.**

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 Office of Accessibility Services; 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 Office of Accessibility Services 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:

> Office of Accessibility Services
> 874 Traditions Way
> 108 Student Services Building
> Tallahassee, FL 32306-4167
> (850) 644-9566 (voice)
> (850) 644-8504 (TDD)
> Email: oas@fsu.edu
> https://dsst.fsu.edu/oas

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.

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.

Student Work Hours Policy

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.

Documentation of work hours: Students will use ETS to document by self-report their daily work hours. Students must enter daily work hours that includes both clinical experience and educational activities. Failure to report work hours is considered a breach of professionalism.

- Clinical care, including documentation in medical record
- Required educational meetings (i.e. Doctoring 3, clerkship meetings, educational meetings at residency programs)

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.