



BCC 7174
Primary Care Geriatrics Clerkship
2022-2023

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Contents

Overview	3
Course Description	3
Orientation and Syllabus Review	3
Scheduled Hours/On-Call	3
Required Assignments	3
Required Assignment 1: Clerkship Learning Goals and Reflection	3
Required Assignment 2: Medication Review	4
Required Assignment 3: Functional Assessment Review	4
Required Assignment 4: Advanced Illness Reflection	4
Required Assignment 5: Interprofessional Collaborative Engagement Reflection	4
Patient Care	4
Overview	4
Patient Log Requirements using the Encounter Tracking System (ETS)	5
Patient Log (ETS) Monitoring Policy	5
Alternate Educational Experiences	6
Online Curriculum	6
Online Cases	6
Meetings	6
Clerkship Director Meeting	6
Clerkship Exams	6
Formative	6
Summative	6
Learning Resources	7
Institutional Resources	7
Required Reading	7
Recommended Reading	7
Evaluation	7
Clerkship Specific Grading	7
Formative Evaluation	7
Summative Evaluation	8
Grade Assignment	8
Course Objectives	8
Policies	10
Absence and Attendance Policy	10
Academic Honor Policy	10
Americans with Disabilities Act	10
Clinical Experience and Education (formerly Duty Hours or Work Hours) Policy	11
Office of Student Counseling Services	11
Student Mistreatment Policy	11
Syllabus Change Policy	11

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. 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 Directors, ARNPs, occupational therapists, physical therapists, social workers, speech therapists, pharmacists, nutritionists, dieticians) over the course of the clerkship.

Orientation and Syllabus Review

Students are required to view the [Primary Care Geriatrics Orientation video](#) and read the syllabus to be familiar with clerkship expectations before beginning the clerkship. A site-specific orientation will occur at the assigned clinical site before the initiation of clinical activities. Students are responsible for communicating with their Clerkship Faculty before the start date of the clerkship to coordinate meetings.

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 to review patient encounter data, present 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. Student schedules are 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). Work hours are to be documented in ETS daily.

Required Assignments

Required Assignment 1: Clerkship Learning Goals and Reflection

Students will identify and record one clerkship learning goal by end of day three of the clerkship. Clerkship Directors and faculty will assist each student in the process of developing lifelong and adult learner skills by helping them identify their own specific educational goals for this clerkship.

Submission

- Students will upload their clerkship learning goals to the "Project Documents" tab for the course in Student Academics by **5:00 PM on the first Wednesday of the clerkship**.
- Students will also document this as an **Educational Activity in ETS** by selecting "[GER] Completion of Clerkship Learning Goal" in the drop-down menu.

At the end of the clerkship, students will write a reflection of their clerkship learning goals created in week 1.

Submission

- Students will upload their lifelong learning goal reflection as a Word document to the "Project Documents" tab for the course in Student Academics by **5:00 PM Friday on the last day of the clerkship**. Submissions received after your exam will not be accepted.
- Students will also document this as an **Educational Activity in ETS** by selecting "[GER] Completion of Clerkship Learning Goal Reflection" in the drop-down menu.

For **required assignments 2, 3, and 4**, one assignment per week must be submitted, and the order may be determined by the student and patient encounters available.

Required Assignment 2: Medication Review

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 acknowledgment 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 upload one medication review as a Word document to the "Project Documents" tab for the course in Student Academics by **midnight on Friday in either week 1, 2, or 3**.
- Students will also document this as an **Educational Activity in ETS** by selecting "[GER] Completion of Medication Review" in the drop-down menu.

Required Assignment 3: Functional Assessment Review

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, a 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 upload one functional assessment review as a Word document to the "Project Documents" tab for the course in Student Academics by **midnight on Friday in either week 1, 2, or 3**.
- Students will also document this as an **Educational Activity in ETS** by selecting "[GER] Completion of Functional Assessment Review" in the drop-down menu.

Required Assignment 4: Advanced Illness Reflection

Students will write an essay on 'reflections at the end of life' using a patient summary, patient and family goals, plan of care, the 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 upload one advanced illness review as a Word document to the "Project Documents" tab for the course in Student Academics by **midnight on Friday in either week 1, 2, or 3**.
- Students will also document this as an **Educational Activity in ETS** by selecting "[GER] Completion of Advanced Illness Reflection" in the drop-down menu.

Required Assignment 5: Interprofessional Collaborative Engagement Reflection

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

Submission

- Students will upload one interprofessional collaborative engagement as a Word document to the "Project Documents" tab for the course in Student Academics by **midnight on Monday of week 4**.
- Students will also document this as an **Educational Activity in ETS** by selecting "[GER] Completion of Interprofessional Collaborative Engagement Reflection" in the drop-down menu.

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 attend interprofessional team meetings by 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 the [AY2022-23 MD Clerkship Org Site](#) Geriatrics homepage.

Patient Log Requirements using the Encounter Tracking System (ETS)

Students should enter patient encounter data into the Encounters Tracking System (ETS) daily. 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. Students are encouraged but not required to seek at least four (4) opportunities to see patients a second time and develop continuity (document as “not a first visit” in ETS). The table below lists the required procedures and problems, including the location of service and expected level of participation. The problems and procedures marked with an asterisk* must be completed in the clinical setting and require direct patient contact.

Minimum Required	Problems/ Conditions	Location of Service	Minimum 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		Minimum 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 patients with the required conditions. The level of participation in the care of patients is determined by the student's 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, and will receive credit for documented participation at the required level or higher.

- **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 requirements due to circumstances beyond their control, the Education Director will determine an appropriate alternative educational experience. Students may be exposed to the conditions/diseases secondarily through reading assignments, completion of Aquifer or OnlineMedEd cases, or discussions with the Clerkship Director, and will record as instructed in ETS. The utilization of alternative educational activities is monitored by the curriculum committee regularly.

For students that do not have an opportunity to perform a **Confusion Assessment Method** exam in a clinical setting, there are two online delirium cases:

1. <https://pogoe.org/content/9933>
2. <https://pogoe.org/content/9929>

Online Curriculum

Online Cases

There are 27 Aquifer Geriatrics cases as well as a similar number of Access Medicine Geriatrics cases that may augment the student learning experience. Additional cases under supplemental readings on the Geriatrics pages in the [AY2022-23 MD Clerkship Org Site](#) include links to two delirium cases and several transition paper cases. This extra material is not required but may be used to supplement a student's educational experience. In some circumstances, it may be strongly encouraged by the Clerkship Director.

Meetings

Clerkship Director Meeting

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 **meet weekly with Clerkship Director** throughout the clerkship; this may be via in-person meetings, zoom, or telephone. This meeting will include a discussion on clinical experiences, progress on documentation of patient encounters, personal educational goals, educational tasks/assignments, and any challenges or concerns regarding meeting clerkship objectives. Weekly meetings will include the following:

1. Discuss attending at least one Utilization Review (UR), Care Planning (CP), or Rehabilitation Team meeting.
2. Discuss an admission or discharge plan to or from any setting with their Clerkship Director (i.e., nursing home, rehabilitation, hospital, assisted living).
3. Discuss participation in "end-of-life care" for at least one patient in *any* setting during the rotation.
4. Discuss participating in a 'learning/teaching supervision conference' at least weekly and additionally as necessary.

Clerkship Exams

Formative

There are two formative exams available to students on [AY2022-23 MD Clerkship Org Site](#) Geriatrics homepage; a 64-question, and 77-question version.

Summative

At the end of the clerkship, students will take an 80-question Geriatrics exam. This exam contains questions that align with the course objectives selected from the NBME question bank by the Education Director.

Learning Resources

Institutional Resources

The [Maguire Medical Library](#) offers 24/7 remote access to online resources such as [Mobile Resources](#), [Point of Care](#), and [Subject Guides](#) to support the **core clerkships**.

Required Reading

Specific resources that are required for this clerkship include:

1. Geriatrics at Your Fingertips 2021 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*

Recommended Reading

Specific resources that are recommended for this clerkship include:

1. **Geriatric Review Syllabus 2020** is an excellent resource and is available in the [Geriatrics Subject Guide](#). The 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 the discretion of the student, depending on individual educational goals and needs are available on the [AY2022-23 MD Clerkship Org Site](#) Geriatrics homepage. Although not required, students may find it useful to skim the abstracts. Students are expected to utilize these resources according to their needs, wishes, and learning style
3. [GeriKit](#) is a free online app currently available for the [iPhone](#) and will soon be available on android devices. The app contains tools for evaluating cognition, depression, function, strength, falls, nutrition, medication review, and advanced care planning.

Evaluation

Clerkship Specific Grading

The standardized clerkship policy can be found on the [Office of Medical Education website](#). Passing this course requires a 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. **Any assignments that are submitted late or require remediation renders the student ineligible for honors** and will result in the assignment of an initial grade of IR (Incomplete Remediation) until remediation has been completed
2. **Any breach in professionalism renders a student ineligible for honors**
3. **Failure to document work hours timely and accurately renders a student ineligible for honors**
4. Document a minimum of **40** patient encounters in ETS (pass/fail)
5. Satisfactory completion and documentation of required encounters, problems, and procedures (pass/fail)
6. Satisfactory and timely submission of clerkship learning goals and goal reflection (pass/fail)
7. Satisfactory and timely submission of medication review (pass/fail)
8. Satisfactory and timely submission of functional assessment review (pass/fail)
9. Satisfactory and timely submission of advanced illness reflection (pass/fail)
10. Satisfactory and timely submission of interprofessional collaborative engagement reflection (pass/fail)
11. Active participation in Clerkship Director meetings (pass/fail)
12. Satisfactory faculty and Clerkship Director evaluations documenting competency in all required domains
13. At least **two (2)** written assignments must “exceed expectations” to be considered for honors
14. Clinical performance must be exemplary to be considered for honors
15. Geriatrics exam score must be at or above 86% to be eligible for honors consideration and must be at 70% or higher to pass the clerkship

Formative Evaluation

A mid-clerkship evaluation is completed by the Clerkship Director to provide feedback to students on their progress in the clerkship. This will include progress toward the achievement of clerkship objectives, competencies, assignments, and required encounters. A student workflow guide is available on the [AY2022-23 MD Clerkship Org Site](#).

Summative Evaluation

An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship, as well as by the resident the student worked with during 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 final exam. There are no grade quotas, and any student can earn a 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.

Primary Care Geriatrics Clerkship Objectives	Educational Program Objectives (EPOs)	Entrustable Professional Activities (EPAs)	Assessment
Formulate and assess the effectiveness of a care plan that addresses medical, psychological, social, and spiritual needs in advanced illness.	1.1, 5.6, 7.1, 7.2, 9.1, 9.2	5, 13	<ul style="list-style-type: none"> • Clerkship Director observation • Education Director evaluation of assignments • End of clerkship exam • Faculty observation • Online modules • Oral Presentation • Patient documentation
Gather essential information about geriatric patients' urinary continence, functional status, mood, cognition, fall risk, and nutrition through history taking, physical, and geriatric assessment procedures.	1.3	1, 5	
Counsel patients and their families to empower them to participate considering their perspective throughout treatment. Include goals of care for medications, mobility, and care at the end of life.	1.5, 9.2	5, 11	
Conduct a comprehensive therapeutic review and medication reconciliation based on goals of care, geriatric-specific risks for the patient based on scientific evidence, the Beers list, and patient characteristics.	1.6, 6.3	5, 7, 12	
Formulate an appropriate management plan for a patient exhibiting functional deficits including adaptive interventions.	1.7, 6.2	5, 9	
Demonstrate and investigate an analytic approach to medication review that includes adverse effects, drug-drug interactions, and creatinine clearance; be sure to reference Beer's list and use e-prognosis.org to estimate life expectancy when considering medications.	2.1, 6.3, 6.5	5, 7	
Recognize the contribution of disruption of homeostasis to atypical presentations of disease.	2.2	2, 5, 7	<ul style="list-style-type: none"> • Clerkship Director observation • End of clerkship exam • Faculty observation • Online modules • Oral Presentation
Apply knowledge of clinical factors, like frailty, contributing to fall risk when describing the fall risk of a patient.	2.3	5, 8, 13	
Apply knowledge of epidemiologic factors like age, education, hearing impairment, visual impairment, vascular risks, alcohol, genetics, and exercise when screening a patient for cognitive impairment.	2.4, 9.1	3, 5, 11, 12	
Apply knowledge of social behavioral sciences to a differential diagnosis and treatment of a patient who has a positive mood disorder screen.	2.5	2, 5, 6, 8, 9, 13	
Apply knowledge of social and behavioral sciences to identify barriers to adherence to a plan of care.	2.5, 4.1, 6.2	2, 5, 6, 8, 9, 13	

Identify gaps in knowledge about medications in the geriatric patient based on a medication review exercise and feedback.	3.1	5	
Apply established standards or protocols for fall risk assessment.	3.1	5	
Create and implement one learning goal based upon gaps in knowledge, then discuss it with faculty and other students.	3.2		<ul style="list-style-type: none"> • Clerkship Director observation • Education Director evaluation of assignments • End of clerkship exam • Faculty observation • Oral Presentation
Justify continuation, adjustment, or discontinuation of medications using targets based on evidence.	3.6	5, 7	<ul style="list-style-type: none"> • Clerkship Director observation • Education Director evaluation of assignments • End of clerkship exam • Faculty observation • Online modules • Oral Presentation • Patient documentation
Use the point of care references to calculate estimated creatinine clearance, discover potential side effects of medications, and estimate prognosis when doing a medication review.	3.7	5, 7	
Match the needs of the patient with the care plan including non-physician clinical team members as appropriate.	3.8, 6.6, 9.1, 9.2	5, 9, 11, 13	<ul style="list-style-type: none"> • Clerkship Director observation • Education Director evaluation of assignments • Faculty observation • Online modules • Oral Presentation • Patient documentation
Access your patients' electronic records to obtain their medication lists, serum creatinine, weight, and clinical data s to conduct a thorough medication review.	3.9	5, 12	<ul style="list-style-type: none"> • Clerkship Director observation • Education Director evaluation of assignments • Faculty observation • Online modules • Oral Presentation • Patient documentation
Communicate with patients and families in gathering information.	4.1, 9.1	5, 8	<ul style="list-style-type: none"> • Clerkship Director observation • Education Director evaluation of assignments • End of clerkship exam • Faculty observation • Online modules • Oral Presentation • Patient documentation
Gather input from and communicate with non-physician clinical professional team members in assessments and communicate results to patients, families, and other team members.	4.2, 7.3	5, 9	<ul style="list-style-type: none"> • Clerkship Director observation • Education Director evaluation of assignments • Faculty observation • Patient documentation
Observe and participate in a team care conference.	4.3	9	<ul style="list-style-type: none"> • Education Director evaluation of assignments • Faculty observation • Online modules • Oral Presentation
Write a comprehensive functional assessment including premorbid and current function, physical exam, and care plan.	4.5	4, 12	<ul style="list-style-type: none"> • Clerkship Director observation • Education Director evaluation of assignments • End of clerkship exam • Oral Presentation • Patient documentation
Assess a patient's and family's goals of care in a case of advanced illness.	4.6, 9.1	12	<ul style="list-style-type: none"> • Clerkship Director observation • Education Director evaluation of assignments • End of clerkship exam • Faculty observation • Online modules • Oral Presentation • Patient documentation
Discuss a patient with an abnormal mood screen with faculty.	4.7	2, 6, 12	<ul style="list-style-type: none"> • Clerkship Director observation • End of clerkship exam • Faculty observation • Online modules • Oral Presentation
Demonstrate compassion, integrity, and respect for patients, peers, faculty, and clinical staff.	5.1	9	<ul style="list-style-type: none"> • Clerkship Director observation • Faculty observation • Oral Presentation
Demonstrate professionalism by showing respect for patients and clinical team members, completing tasks on time, and maintaining confidentiality.	5.4	12	<ul style="list-style-type: none"> • Clerkship Director observation • Oral Presentation • Patient documentation

Assess medical, psychosocial, and spiritual needs in advanced illness.	5.5, 9.1	1	<ul style="list-style-type: none"> • Clerkship Director observation • Education Director evaluation of assignments • End of clerkship exam • Faculty observation • Online modules • Oral Presentation • Patient documentation
Match patient needs with the appropriate physician and non-physician providers and settings.	6.2, 9.2	9	
Identify medications of particular risk for the geriatric patient or medications no longer meeting patient goals.	6.5	13	
Communicate effectively and collaborate with non-physician team members with dignity, respect, diversity, ethical integrity, and trust to enhance team function and serve the patient's needs.	6.6, 7.1	9	<ul style="list-style-type: none"> • Clerkship Director observation • Education Director evaluation of assignments • Faculty observation • Online modules • Oral Presentation • Patient documentation
Work collaboratively in interprofessional teams, utilizing the expertise of other healthcare professionals to enhance team performance, maximize the quality of patient care and improve patient safety.	7.4	9, 13	<ul style="list-style-type: none"> • Clerkship Director observation • Education Director evaluation of assignments • Faculty observation • Patient documentation
Seek help based on self-awareness of needs to use resources in the library, syllabus, video orientation, canvas course management system, practice exams, and faculty to meet those needs.	8.1		<ul style="list-style-type: none"> • Clerkship Director observation • Education Director evaluation of assignments • Faculty observation • Oral Presentation
Promptly communicate anticipated shortfalls in the ability to meet clerkship objectives and excused absences to faculty, Clerkship Director, and Course Director.	8.3		<ul style="list-style-type: none"> • Patient documentation

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 the attendance policy, a notice of absences, and remediation. Students must use the [student absence request form](#) that is located on Student Academics. Extended absences from the clerkships are not permitted. Any absence from the clerkships must be **pre-approved by the Regional Campus Dean** before the beginning of the clerkship, using the student absence request form. The Clerkship Faculty, Clerkship Director, and Education Director must be notified of any absence in advance by the student, once approved by the campus dean. Under no circumstances should a student arrange with the Clerkship Faculty or elective faculty to be away from the rotation without first obtaining the approval of the campus dean. Any approved absence from a required clerkship may result in the student receiving a grade of "incomplete" and the student is expected to make up missed time and/or complete alternative/additional assignments before a final grade will be assigned. **Unapproved absences during the clerkship are considered unprofessional behavior, will result in a grade of "incomplete" until remediated, and may result in a grade of "fail" for the clerkship.** In the case of illness or other unavoidable absence, follow the same procedure outlined above, and notify everyone as soon as possible.

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

Florida State University (FSU) values diversity and inclusion; we are committed to a climate of mutual respect and full participation. Our goal is to create learning environments that are usable, equitable, inclusive, and welcoming. FSU is committed to providing reasonable accommodations for all persons with disabilities in a manner that is consistent with academic standards of the course while empowering the student to meet integral requirements of the course. To receive academic accommodations, a student: (1) must register with and provide documentation to the Office of Accessibility Services (OAS); (2) must provide a letter from OAS to the instructor indicating the need for accommodation and what type; and, (3) should communicate with the instructor, as needed, to discuss recommended accommodations.

A request for a meeting may be initiated by the student or the instructor. Please note that instructors are not allowed to provide classroom accommodations 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, Florida State University, Tallahassee, FL 32306-4167; (850) 644-9566 (voice); (850) 644-8504 (TDD), oas@fsu.edu, <https://dsst.fsu.edu/oas/>

Clinical Experience and Education (formerly Duty Hours or Work Hours) Policy

The FSU COM uses the ACGME requirements regarding clinical experience and education as a guideline for our policy. Our goal is to provide a structure that supports patient safety and student education and facilitates personal-professional balance and well-being.

- Clinical experience and scheduled educational activities must be limited to no more than 80 hours per week when averaged over 4 weeks.
- Students must have at least one day out of every 7 completely free from clinical duties and required educational activities when averaged over 4 weeks.
- Clinical experience must not exceed 24 hours of continuously scheduled assignments, with the exception that up to 4 hours of additional time may be used for effective transitions of care or student education. No additional patient care responsibilities may be undertaken during these 4 hours. After 24 hours continuously on call, students must have at least 14 hours free of clinical work and scheduled educational activities.
- Students should have 8 hours off between scheduled clinical experience and education periods.

Documentation of time spent on clinical experience and education:

Students will use ETS to document by self-report their daily work hours on required clerkships and courses. Students must enter daily hours to include both clinical experience and required educational activities. Failure to report work hours is considered a breach of professionalism.

Students will report the following:

- Clinical experience, including documentation in the medical record
- Required educational meetings (i.e. Doctoring 3, clerkship meetings, meetings with clerkship faculty, 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.

Office of Student Counseling Services

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 the [Office of Student Counseling Services](#) and the FSU [Office of Accessibility Services](#) (OAS) to determine whether they might be eligible to receive accommodations needed 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 a medical degree.

Student Mistreatment Policy

"Mistreatment" arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age or sexual orientation. If a student feels they are being mistreated, the student should report this concern to the Division of Student Affairs (Student Support Coordinator, Assistant or Associate Dean for Student Affairs or the Regional Campus Dean). We treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind. Please refer to the Student Mistreatment Policy in the [FSUCOM Student Handbook](#) and [report incidents of mistreatment](#) as soon as possible.

Syllabus Change Policy

Except for changes that substantially affect the implementation of the evaluation (grading) statement, this syllabus is a guide for the course and is subject to change with advance notice.