



**BCC 7174**  
**Primary Care Geriatrics Clerkship**  
**2023-2024**

**Education Director**

**Niharika Suchak, MBBS, MHS**

Florida State University College of Medicine

Department of Geriatrics

1115 West Call Street, Suite 4311

Tallahassee, FL 32306

Office Phone: 850-645-8440

Fax: 850-645-8441

Email: [niharika.suchak@med.fsu.edu](mailto:niharika.suchak@med.fsu.edu)

**Academic Coordinator**

**Michelle Martin (Carter)**

Office Phone: 850-645-1512

Email: [michelle.carter@med.fsu.edu](mailto:michelle.carter@med.fsu.edu)

<b>Campus</b>	<b>Clerkship Director</b>
Daytona	Neil Oslos, MD
Fort Pierce	Jimmy Lockhart, MD
Orlando	Ariel Cole, MD
Pensacola	Dennis Mayeaux, MD
Sarasota	Adrian Torres, MD
Tallahassee	Mridul Mazumder, MD

# Contents

Overview .....	3
Course Description .....	3
Orientation and Syllabus Review .....	3
Scheduled Hours/On-Call .....	3
Required Assignments .....	3
Required Assignment 1: Clerkship Learning Goal.....	3
Required Assignment 2: Medication Review.....	4
Required Assignment 3: Functional Assessment.....	4
Required Assignment 4: Advanced Illness Reflection .....	4
Required Assignment 5: Interprofessional Collaborative Engagement Reflection .....	5
Required Assignment 6: Clerkship Learning Goal Reflection .....	5
Patient Care.....	5
Overview.....	5
Patient Log Requirements using the Encounter Tracking System (ETS).....	6
Written Documentation of Patient Encounters .....	6
Alternate Educational Experiences.....	7
Online Curriculum .....	7
Clerkship Director Meeting .....	7
Clerkship Examinations .....	7
Summative.....	7
Optional Formative Self-Assessment .....	7
Learning Resources .....	7
Institutional Resources .....	7
Required Reading .....	7
Recommended Reading.....	7
Evaluation .....	8
Formative Evaluation.....	8
Summative Evaluation .....	8
Grading.....	8
Years 3 and 4 Grading Policy .....	8
Clerkship-Specific Grading Criteria .....	8
Course Objectives .....	9
Policies .....	12
Absence and Attendance Policy .....	12
Academic Honor Policy .....	12
Americans with Disabilities Act .....	12
Clinical Experience and Education Policy (formerly Duty Hours or Work Hours) .....	13
Office of Student Counseling Services.....	13
Patient Log (ETS) Monitoring Policy .....	13
Student Mistreatment Policy.....	14
Syllabus Change Policy.....	14

# 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, APRNs, occupational therapists, physical therapists, social workers, speech therapists, pharmacists, dieticians) over the course of the clerkship.

## **Orientation and Syllabus Review**

Students are required to view the Geriatrics orientation video and read the syllabus located on the [Office of Medical Education](#) to become familiar with expectations before beginning the clerkship. Students will also use the [Canvas M.D. Clerkships AY2023-2024](#) site Geriatrics page to access course material. A site-specific orientation will occur at the assigned clinical site before the initiation of clinical activities. Students are responsible for communicating with 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 must be documented in the [Encounter Tracking System \(ETS\)](#) daily.**

## **Required Assignments**

There are six required written assignments for this clerkship. See below for submission and evaluation information. Instructions and guidelines for the three major assignments (medication review, functional assessment and advanced illness reflection) are located on the [Canvas M.D. Clerkships AY2023-2024](#) Geriatrics page.

- All assignments should reflect a student's personal effort and personal reflection based on patients that the student has personally seen and discussed with faculty during the clerkship.
- Students should not share their written work with other students, and should not duplicate work created by others.
- All students are expected to be able to complete the written assignments successfully based on information provided in the syllabus and assignment instructions and guidelines for the three major assignments (medication review, functional assessment and advanced illness reflection) located on the [Canvas M.D. Clerkships AY2023-2024](#).

### **Required Assignment 1: Clerkship Learning Goal**

Students will identify and record their future specialty choice(s) and at least one clerkship learning goal by end of day three of the clerkship. The clerkship learning goal(s) should be based upon self-identified gaps in geriatrics knowledge and may relate to their future specialty choice(s). 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

- Upload clerkship learning goal to the “Project Documents” tab for the course in Student Academics by **5:00 PM on the first Wednesday of the clerkship**. Students should refresh their screen to confirm submission was received. If there is a problem uploading the assignment, students should email their Clerkship Director a copy of the completed assignment.
- Document completion as an **Educational Activity in ETS** by selecting “[GER] Completion of Clerkship Learning Goal” in the drop-down menu.

## Evaluation

This assignment will be reviewed by Clerkship Director and evaluated by the Education Director. Completion of this assignment in a satisfactory fashion and timely submission is a clerkship requirement.

At the end of the clerkship, students will write a reflection on their clerkship learning goals they created in week 1. **Refer to Required Assignment 6.**

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 Major Assignment 2: Medication Review**

See corresponding assignment instructions and guidelines document posted on [Canvas M.D. Clerkships AY2023-2024](#) Geriatrics site.

#### Submission

- Upload one (1) medication review to the “Project Documents” tab for the course in Student Academics by **midnight on Friday in either week 1, 2, or 3**. Students should refresh their screen to confirm submission was received. If there is a problem uploading the assignment, students should email their Clerkship Director a copy of the completed assignment.
- Document completion as an **Educational Activity in ETS** by selecting “[GER] Completion of Medication Review” in the drop-down menu.

#### Evaluation

This assignment will be reviewed by Clerkship Director and evaluated by the Education Director. Completion of this assignment in a satisfactory fashion and timely submission is a clerkship requirement.

### **Required Major Assignment 3: Functional Assessment Review**

See corresponding assignment instructions and guidelines document posted on [Canvas M.D. Clerkships AY2023-2024](#) Geriatrics site.

#### Submission

- Upload one (1) functional assessment review to the “Project Documents” tab for the course in Student Academics by **midnight on Friday in either week 1, 2, or 3**. Students should refresh their screen to confirm submission was received. If there is a problem uploading the assignment, students should email their Clerkship Director a copy of the completed assignment.
- Document completion as an **Educational Activity in ETS** by selecting “[GER] Completion of Functional Assessment Review” in the drop-down menu.

#### Evaluation

This assignment will be reviewed by Clerkship Director and evaluated by the Education Director. Completion of this assignment in a satisfactory fashion and timely submission is a clerkship requirement.

### **Required Major Assignment 4: Advanced Illness Reflection**

See corresponding assignment instructions and guidelines document posted on [Canvas M.D. Clerkships AY2023-2024](#) Geriatrics site.

#### Submission

- Upload one (1) advanced illness review to the “Project Documents” tab for the course in Student Academics by **midnight on Friday in either week 1, 2, or 3**. Students should refresh their screen to confirm submission was

received. If there is a problem uploading the assignment, students should email their Clerkship Director a copy of the completed assignment.

- Document completion as an **Educational Activity in ETS** by selecting “[GER] Completion of Advanced Illness Reflection” in the drop-down menu.

### **Evaluation**

This assignment will be reviewed by Clerkship Director and evaluated by the Education Director. Completion of this assignment in a satisfactory fashion and timely submission is a clerkship requirement.

### **Required Assignment 5: Interprofessional Collaborative Engagement Reflection**

See corresponding assignment instructions and guidelines document posted on [Canvas M.D. Clerkships AY2023-2024](#) Geriatrics site.

### **Submission**

- Upload one (1) interprofessional collaborative engagement to the “Project Documents” tab for the course in Student Academics by **midnight on Monday of week 4**. Students should refresh their screen to confirm submission was received. If there is a problem uploading the assignment, students should email their Clerkship Director a copy of the completed assignment.
- Document completion as an **Educational Activity in ETS** by selecting “[GER] Completion of Interprofessional Collaborative Engagement Reflection” in the drop-down menu.

### **Evaluation**

This assignment will be reviewed by Clerkship Director and evaluated by the Education Director. Completion of this assignment in a satisfactory fashion and timely submission is a clerkship requirement.

### **Required Assignment 6: Clerkship Learning Goal Reflection**

At the end of the clerkship, each student will write a personal reflection of their clerkship learning goal(s) created in week 1.

### **Submission**

- Upload learning goal reflection to the “Project Documents” tab for the course in Student Academics by **5:00 PM Friday on the last day of the clerkship**. Late submissions which are received after your end of clerkship examination will not be accepted. Students should refresh their screen to confirm submission was received. If there is a problem uploading the assignment, students should email their Clerkship Director a copy of the completed assignment.
- Document completion as an **Educational Activity in ETS** by selecting “[GER] Completion of Clerkship Learning Goal Reflection” in the drop-down menu.

### **Evaluation**

This assignment will be reviewed by Clerkship Director and evaluated by the Education Director. Completion of this assignment in a satisfactory fashion and timely submission is a clerkship requirement.

## **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, for example, skilled nursing facilities, inpatient rehabilitation, inpatient hospital, ambulatory clinics, home visits, hospice, and assisted living facilities. Students will attend at least one interprofessional team meeting during this clerkship and discuss with their clerkship director. 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 (for example: functional status, gait analysis, cognitive status, medications, goals of care) for an in-depth discussion with the faculty or Clerkship Director. Examples of shadow chart tools are available on the [Canvas M.D. Clerkships AY2023-2024](#) Geriatrics homepage under the Screening Tools and Shadow Chart tab.

**Patient Log Requirements using the Encounter Tracking System (ETS)**

Students should enter patient encounter data into the [Encounter Tracking System \(ETS\)](#) daily. A **minimum of 40 patient encounters** are required with about half completed by the mid-point to demonstrate sufficient progress in the clerkship. Clerkship Directors may, therefore, expect to see an average of ten or more encounters entered into ETS per week. The table below lists the required problems and/or procedures including location of service and expected level of participation. Students are encouraged *but not required* to seek at least four (4) opportunities to see patients a second time to develop continuity, such encounters should be documented as “not a first visit” in ETS.

- Students who have difficulty seeing a patient within a problem or procedure category should notify their Clerkship Director with sufficient time to **enable remedial action**.
- The problems and/or procedures marked with an asterisk\* in the below table must be completed in the clinical setting and requires direct patient contact. The remaining conditions should be seen in the clinical setting but may be fulfilled by alternate educational activities as determined by the Education Director.

Min. Req.	Problem/Condition	Location of Service	Min. Level of Participation		
			Observe	Assist	Perform
1	Atypical Presentation of Disease	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic <b>OR</b> Skilled Nursing Facility			X
1	Delirium	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic <b>OR</b> Skilled Nursing Facility			X
1	Dementia (any type)*	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic <b>OR</b> Skilled Nursing Facility			X
1	Frailty	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic <b>OR</b> Skilled Nursing Facility			X
1	Immobility/Deconditioning	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic <b>OR</b> Skilled Nursing Facility			X
1	Major Depressive Disorder	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic <b>OR</b> Skilled Nursing Facility			X
1	Polypharmacy	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic <b>OR</b> Skilled Nursing Facility			X
1	Hearing Loss	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic <b>OR</b> Skilled Nursing Facility		X	
1	Incontinence, Urinary	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic <b>OR</b> Skilled Nursing Facility		X	
1	Macular Degeneration	Home Visit/Assisted Living Facility, Inpatient Hospital, Inpatient Rehabilitation, Outpatient Clinic <b>OR</b> Skilled Nursing Facility		X	
Min. Req.	Procedures/Screening		Min. 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	

**Written Documentation of Patient Encounters**

Students will document patient encounters in the appropriate format (e.g. admission note, SOAP note, discharge summary) either in the electronic health record or in a Word document submitted to their clerkship faculty for review. Evaluation of students’ patient encounter documentation will be done by the clerkship faculty member during patient care activities. Students are expected to participate in and be evaluated on their interprofessional communication, including requesting consultations.

### ***Alternate Educational Experiences***

For students unable to complete and record a required clinical encounter or other clerkship requirements due to circumstances beyond their control, the Clerkship Director in consultation with the Education Director will determine an appropriate alternative educational experience. Additional clinical encounters are the preferred method to complete the requirements of this clerkship. Students may be exposed to the conditions or diseases secondarily through reading assignments, completion of Aquifer or Access Medicine Geriatrics case files, or discussions with the Clerkship Director, and will record as instructed in the ETS, and only under the direction of the Education Director. The utilization of alternative educational activities is monitored by the curriculum committee regularly.

## **Online Curriculum**

[Aquifer Geriatrics](#) has 28 cases developed in collaboration with the American Geriatrics Society (AGS) and is available as a resource along with other pertinent case resources. Additional Geriatric cases are located on the [Canvas M.D. Clerkships AY2023-2024](#) Geriatrics supplemental reading page, 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 Meetings***

Students are required to **meet weekly with the 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 in ETS, personal educational goals, educational tasks/assignments, and any challenges or concerns regarding meeting clerkship objectives. Students should be prepared to discuss:

1. Attendance at least one Utilization Review (UR), Care Planning (CP), or Rehabilitation Team meeting.
2. An admission or discharge plan to or from any setting (i.e., nursing home, rehabilitation, hospital, assisted living).
3. Participation in serious illness conversations or advanced illness care for at least one patient in *any* setting during the rotation.

### ***Additional Educational Meetings***

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.

## **Clerkship Examinations**

### ***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.

### ***Optional Formative Self-Assessment***

There are two formative exams available to students on [Canvas M.D. Clerkships AY2023-2024](#) Geriatrics homepage; a 64-question, and 77-question version.

## **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 are located on the [Geriatrics Subject Guide](#):

1. Geriatrics at Your Fingertips 2022 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 2022** 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 [Canvas M.D. Clerkships AY2023-2024](#) 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

### **Formative Evaluation**

A mid-clerkship evaluation is completed by the Clerkship Director to provide feedback on student progress toward the achievement of clerkship objectives, competencies, assignments, and required encounters. A student workflow guide is available on the [Canvas M.D. Clerkships AY2023-2024](#) homepage.

### **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.

## Grading

### **Years 3 and 4 Grading Policy**

The standardized Years 3 and 4 Grading Policy for clerkships and courses is located on the [Office of Medical Education](#) site. The final grade is assigned by the Education Director and is based on all aspects of the clerkship, including clinical performance, attitude, performance during weekly Clerkship Director meetings, and the results of the NBME Clinical Subject Exam. There are no grade quotas, and any student can earn a grade of honors.

### **Clerkship-Specific Grading Criteria**

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 breach in professionalism renders a student ineligible for honors
2. Any assignment submitted late or which requires 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
3. Failure to document timely and accurate work hours renders a student ineligible for honors
4. Clinical performance and content knowledge must be exemplary to be considered for honors or high pass
5. Geriatrics end of clerkship examination must be at the
  - a. 86% or higher to be eligible for Honors final grade
  - b. 80% or higher to be eligible for High Pass final grade
  - c. 70% or higher for Pass final grade
6. Active participation in weekly Clerkship Director meetings (pass/fail)
7. Satisfactory Clerkship Faculty and Clerkship Director evaluations documenting competency in all required domains

---

8. Satisfactory documentation of at least 40 patient encounters at the specified location of service in ETS (pass/fail)
9. Satisfactory completion and documentation of all required encounters, problems, and procedures at the indicated level of participation in ETS (pass/fail)
10. At least two (2) of the three (3) major required written assignments (medication review, functional assessment and advanced illness reflection) MUST be "above expectations" to be considered for honors or high pass
11. Satisfactory completion and timely submission of clerkship learning goal in Student Academics and document as



- an Educational Activity in ETS (pass/fail)
12. Satisfactory completion and timely submission of medication review in Student Academics and document as an Educational Activity in ETS (pass/fail)
  13. Satisfactory completion and timely submission of functional assessment review in Student Academics and document as an Educational Activity in ETS (pass/fail)
  14. Satisfactory completion and timely submission of advanced illness reflection in Student Academics and document as an Educational Activity in ETS (pass/fail)
  15. Satisfactory completion and timely submission of interprofessional collaborative engagement reflection in Student Academics and document as an Educational Activity in ETS (pass/fail)
  16. Satisfactory completion and timely submission of clerkship learning goal reflection in Student Academics and document as an Educational Activity in ETS (pass/fail)

## Course Objectives

The following tables outline clerkship objectives and assessment methods for each, and are intended to be used as a guide for student learning. Each clerkship objective is mapped to the [FSU COM Educational Program Objectives \(EPOs\)](#) and the [ACGME Core Entrustable Professional Activities \(EPAs\)](#).

GERIATRICS CLERKSHIP COURSE OBJECTIVES		EPO
GER-1	1. Demonstrate proficiency in information gathering from multiple sources including older adult patients and their families/caregivers and documentation about multiple domains of relevance in the geriatric population including functional status, fall risk, mood, cognition, nutrition, and urinary continence through history taking, physical examination, and geriatric assessment procedures.	1.2, 4.1, 9.4
GER-2	1. Demonstrate proficiency in use of appropriate assessment tools for screening and to support diagnosis in multiple domains of relevance in the geriatric population including functional status, fall risk, mood, and cognition.	1.2, 9.4
GER-3	1. Develop diagnostic, treatment, and management plans, as part of an interprofessional team, appropriate to geriatric presentations that incorporate the preferences of patients and their caregivers/families by applying the concept of shared decision making.	1.5, 1.6, 9.4
GER-4	1. Identify and share relevant community resources, and counsel and educate older adult patients and their caregivers/families while empowering them to participate in their care, showing consideration for their perspective and goals of care throughout treatment.	1.5, 4.3, 9.2, 9.4
GER-5	1. Apply principles of social-behavioral sciences to provision of geriatric patient care, including assessment of the impact of psychosocial-cultural influences on adherence to care plans and barriers to care.	2.5
GER-6	1. Perform, discuss, and document appropriate, comprehensive, person-centered medication reviews for older adults with application of key geriatrics principles of care.	1.1, 1.5, 9.4
GER-7	1. Perform, discuss, and document appropriate, comprehensive, person-centered functional status assessments and create care plans for older adults with application of key geriatrics principles of care utilizing the expertise of other healthcare professionals and relevant community resources.	1.1, 1.5, 1.6, 5.1, 7.1, 7.2, 9.2, 9.4
GER-8	1. Assess, address, discuss, and document medical, psychological, social, and spiritual needs of older adults with advanced illness utilizing the expertise of other healthcare professionals, and formulate and/or assess the effectiveness of a care plan that matches those needs and incorporates patient's and family's goals of care.	1.1, 1.5, 1.6, 4.4, 5.1, 5.3, 7.1, 7.2, 9.1, 9.2
GER-9	1. Communicate and work effectively and collaboratively with individuals from other health professions and in interprofessional teams with dignity, respect, diversity, ethical integrity, and trust, utilizing the expertise of other healthcare professionals to enhance team performance, serve the patient's needs, improve patient safety, and maximize the quality of geriatric patient care.	7.1, 7.2, 9.4
GER-10	1. Recognize and apply compassion, integrity, and respect for patients, peers, faculty, and clinical staff as core values and principles of medical professionalism to provide person-centered care to the geriatric population.	5.1
GER-11	1. Demonstrate the ability to identify, address, and manage learning needs, comfort with ambiguity as part of geriatrics clinical health care, patient privacy and confidentiality, professional accountability, balance between personal and professional responsibilities, and personal health and wellness while recognizing	3.2, 3.3, 5.2, 5.3, 5.4, 8.1,

	their impact on professional conduct and quality of geriatric patient care. Seek support, utilize available resources based on self-awareness of needs and responsibilities, and incorporate feedback to improve performance and optimize professional accountability and quality of geriatric patient care.	8.2, 8.3
--	--	----------

Component	Learning Objective	Assessment
General Patient Care	<ol style="list-style-type: none"> <li>1. Apply knowledge of clinical factors, like frailty, when performing functional status assessment of the geriatric patient.</li> <li>2. Recognize the contribution of disruption of homeostasis to atypical presentations of disease in older adults.</li> <li>3. Perform, discuss, and document appropriate, comprehensive, person-centered medication reviews for older adults with application of key geriatrics principles of care.</li> <li>4. Perform, discuss, and document appropriate, comprehensive, person-centered, interprofessional functional status assessments and care plans that may include adaptive interventions for older adults with application of key geriatrics principles of care.</li> <li>5. 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.</li> <li>6. Discuss, and document appropriate, comprehensive, person-centered, interprofessional care plans for older adults with advanced illness with application of key geriatrics principles of care.</li> <li>7. Observe and participate in a team care conference.</li> <li>8. Match patient needs with the appropriate physician and non-physician providers as appropriate.</li> <li>9. Perform and discuss screening/ assessment for functional status including fall risk, cognition, and mood in the geriatric patient with use of appropriate standardized assessment tools and discuss with faculty.</li> <li>10. Apply knowledge of social behavioral sciences to a differential diagnosis and treatment of a geriatric patient who has a positive mood disorder screen and discuss with faculty.</li> <li>11. Apply knowledge of social behavioral sciences and key geriatrics principles of care to a differential diagnosis and treatment of a geriatric patient who has a positive cognition screen and discuss with faculty.</li> <li>12. Apply knowledge of social and behavioral sciences to identify barriers to adherence to a plan of care.</li> <li>13. Communicate and work effectively and collaboratively with individuals from other health professions and in interprofessional teams with dignity, respect, diversity, ethical integrity, and trust, utilizing the expertise of other healthcare professionals to enhance team performance, serve the patient’s needs, improve patient safety, and maximize the quality of geriatric patient care.</li> <li>14. Recognize and apply compassion, integrity, and respect for patients, peers, faculty, and clinical staff as core values and principles of medical professionalism to provide person-centered care to the geriatric population.</li> </ol>	<ul style="list-style-type: none"> <li>• Faculty observation</li> <li>• Oral Presentation</li> <li>• Patient documentation</li> <li>• Online modules</li> <li>• Clerkship Director observation</li> <li>• Education Director evaluation of assignments</li> <li>• End of clerkship exam</li> </ul>
Required Patient Encounters	<ol style="list-style-type: none"> <li>1. Document at least 40 patients</li> <li>2. Document the following problems at the specified minimum number and level of participation: Atypical Presentation of Disease, Delirium, Dementia (any type), Frailty, Immobility/Deconditioning, Major Depressive Disorder, Polypharmacy, Hearing Loss, Incontinence, Urinary, Macular Degeneration</li> <li>3. Document the following procedures at the specified minimum number and level of participation: Cognitive assessment, Confusion Assessment Method (CAM), Creatinine Clearance Calculation, Depression screening (any instrument), Functional assessment, comprehensive, Gait assessment, Get Up and Go Test or Fall Risk screening (any type), Medication review comprehensive, Nutritional assessment comprehensive, Incontinence assessment</li> </ol>	<ul style="list-style-type: none"> <li>• Weekly review of patient log in ETS by Clerkship Director</li> </ul>

Required experience AND assignment: Clerkship Learning Goal	<ol style="list-style-type: none"> <li>1. Create and implement at least one clerkship learning goal based upon gaps in geriatrics knowledge and future specialty choice and, then discuss it with faculty and other students.</li> <li>2. Utilize available resources based on self-awareness of needs and responsibilities, and incorporate feedback to improve performance and optimize professional accountability and quality of geriatric patient care.</li> </ol>	<ul style="list-style-type: none"> <li>• Clerkship Director review</li> <li>• Education Director evaluation</li> </ul>
Required experience AND major assignment: Medication Review	<ol style="list-style-type: none"> <li>1. Demonstrate and document an investigative and analytic approach to medication review for the geriatric patient that includes therapeutic goals and targets, side effects experienced by the patient, potential relevant adverse effects, drug interactions, renal/hepatic status including estimated creatinine clearance, anticholinergic burden using the calculator at <a href="https://www.acbcalc.com/">https://www.acbcalc.com/</a>, comparison with Beers list, other geriatrics specific risks based on scientific evidence, patient characteristics, estimated life expectancy using mortality risk indices at <a href="https://eprognosis.ucsf.edu/">https://eprognosis.ucsf.edu/</a>, and justification for continuation, adjustment, or discontinuation of medications (that considers therapeutic targets based on evidence, life expectancy, functional status, time to benefit, and patient's goals).</li> <li>2. Identify gaps in knowledge about medications in the geriatric patient based on a medication review exercise and feedback.</li> <li>3. 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 for the geriatric patient.</li> <li>4. Identify medications of particular risk for the geriatric patient or medications no longer meeting patient goals.</li> <li>5. Identify medications that are not listed on the patient's medication list but may be of particular benefit to the geriatric patient and/or medications that address patient goals.</li> </ol>	<ul style="list-style-type: none"> <li>• Clerkship Director review and feedback</li> <li>• Education Director evaluation and feedback</li> </ul>
Required experience AND major assignment: Functional Assessment	<ol style="list-style-type: none"> <li>1. Demonstrate and document an investigative and analytic approach to functional status assessment of the geriatric patient utilizing the expertise of other healthcare professionals and by including events leading to and description of the observed functional status changes, current activities of daily living (ADL) status, physical exam of function (including functional, musculoskeletal, and neurologic physical exam), application of standardized tools for gait, balance, mobility, and fall risk assessment, and screening/assessment for cognition, and depression as well as vision, hearing, and nutrition, rehabilitation potential, and proposed care plans for rehabilitation to improve function that include the patient and family/caregiver goals.</li> </ol>	<ul style="list-style-type: none"> <li>• Clerkship Director review and feedback</li> <li>• Education Director evaluation and feedback</li> </ul>
Required experience AND major assignment: Advanced Illness Reflection	<ol style="list-style-type: none"> <li>1. Demonstrate and document in a reflection an investigative and analytic approach to assessment and care planning of the geriatric patient with advanced illness utilizing the expertise of other healthcare professionals and by including events leading to and description of the current stage of the serious/ advanced illness, relevant patient summary, patient and family goals, patient's needs (physical, emotional, spiritual), plan of care, the efficacy of existing care plan, recommendations for proposed changes, unique aspects of the patient and the situation, and description of any ethical issues.</li> <li>2. Link identified patient needs of the geriatric patient with advanced illness with the appropriate interdisciplinary team members.</li> </ol>	<ul style="list-style-type: none"> <li>• Clerkship Director review and feedback</li> <li>• Education Director evaluation and feedback</li> </ul>
Required experience AND assignment: Interprofessional Collaborative Engagement Reflection	<ol style="list-style-type: none"> <li>1. Discuss and 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 geriatric patient care.</li> </ol>	<ul style="list-style-type: none"> <li>• Clerkship Director review</li> <li>• Education Director evaluation</li> </ul>

Required experience AND assignment: Clerkship Learning Goal Reflection	<ol style="list-style-type: none"> <li>1. After the clerkship, self-assess progress on achievement of clerkship learning goal(s).</li> <li>2. Utilize available resources based on self-awareness of needs and responsibilities, and incorporate feedback to improve performance and optimize professional accountability and quality of geriatric patient care.</li> </ol>	<ul style="list-style-type: none"> <li>• Clerkship Director review</li> <li>• Education Director evaluation</li> </ul>
Weekly Clerkship Director Meetings	<ol style="list-style-type: none"> <li>1. Demonstrate oral presentation skills</li> <li>2. Demonstrate clinical reasoning skills</li> <li>3. Demonstrate time management skills through work hours</li> <li>4. Demonstrate completion of course objectives and learning objectives through discussion of: clinical experiences, progress on documentation of patient encounters, personal learning goals, educational tasks/assignments, and any challenges or concerns regarding meeting clerkship objectives.</li> </ol>	<ul style="list-style-type: none"> <li>• Weekly verbal feedback from Clerkship Director</li> <li>• Review of work hours</li> <li>• Mid-rotation feedback by Clerkship Director</li> <li>• End of clerkship summary evaluation by Clerkship Director</li> </ul>
NBME CAS end of clerkship exam	<ol style="list-style-type: none"> <li>1. Demonstrate knowledge and clinical reasoning to analyze clinical scenarios and answer basic, clinical, behavioral, and social science questions about older adult patients by applying key geriatric principles of care.</li> </ol>	<ul style="list-style-type: none"> <li>• Minimum score of 70%</li> </ul>

## 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 the [FSU COM Student Handbook](#) for details of the attendance policy, a notice of absences, and remediation. Students must use the [student absence request form 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 student's 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 the academic standards of the course while empowering the student to meet the 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 an 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 Policy (formerly Duty Hours or Work Hours)***

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 the 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.

### ***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 to choose 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 a 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.

***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 [FSU COM 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.