



The Florida State University
College of Medicine

BCC 7174

Primary Care Geriatrics Clerkship

2012-2013

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Instructors

Education Director

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Clerkship Directors

Campus	Director
Fort Pierce	Dr. Michael Gilels
Daytona	Dr. Neil Oslos
Orlando	Dr. Ariel Cole
Pensacola	Dr. Donna Jacobi
Sarasota	Dr. Bruce Robinson
Tallahassee	Dr. John Agens

Course Overview

Description

BCC 7174 Primary Care Geriatrics is a four week required 4th year clerkship designed to provide the medical student with an in-depth and qualitative exposure to the intricacies, subtleties, barriers and obstacles to high quality primary medical care for older adults in available settings throughout the community. This is a **web-based curriculum** which specifically sets forth expectations by way of self-directed learning modules for each of eight (8) required competencies and one Lifelong Learning Project. The online modules provide standardization of the curriculum across our six regional campuses insuring comparability. The modules detail *geriatric* competencies supplementing the student's clinical experiences under the guidance, direction and supervision of selected primary care practitioners.

The student on this rotation has the opportunity to participate in the care of older patients in ambulatory, acute inpatient, adult daycare, nursing facility, rehabilitation center and assisted living facility sites. This required 4th year clerkship strives to be the capstone geriatric experience meeting the individual needs of each student in achieving basic performance proficiencies consistent with the **AAMC Consensus Competencies** for medical students.

Continuity is a very important component of this experience requiring that each student follow *at least* two (2) patients across transitions in their sites of care. Students are expected to carry a panel of 4 – 6 patients as continuously as possible throughout the month with a goal of 30 -50% continuity encounters. This curriculum focuses on the functional approach to complex patients with multiple comorbidities; patients that often 'fall through the cracks' in routine medical care. Completion of comprehensive therapeutic reviews and assessment of function by each learner for transitioning and continuity patients is a regular part of this experience. In addition to usual student involvement in taking histories, performing physical

examinations, reviewing patient hospital records, and communicating with families, students on this clerkship are expected to participate in admission and discharge assessment and planning, and in patient-focused team meetings. Where applicable, students will maintain “shadow charts” (HIPAA compliant student generated records of patient care, orders discharge summaries, etc.) for their continuity patients. The written report completed at the end of each competency learning module allows you to demonstrate whether you have achieved the competency. The quality of these written reports—together with the final exam and the faculty evaluation—determine your final clerkship grade.

The participating clinical facilities are located within reasonable driving distance of the regional campuses, or when distant, housing accommodations are provided for the student, e.g. the Advent Christian Village Continuous Care Retirement Community in Dowling Park, FL a rural geriatrics site. During the clerkship, the student has the opportunity to interact with geriatricians, physiatrists, internists, family physicians, and multiple other health professionals such as nurse practitioners, occupational, speech/swallow and physical therapists, social workers, pharmacists, and others involved in the care of their older patients.

Required as part of this clerkship is an original PowerPoint presentation on a geriatric topic of the student's choosing. There must be at least one reference utilized from the geriatric literature. The purpose of this project is to enhance the student's skill in presenting medically sophisticated information to a less medically sophisticated audience. While the topic must include geriatric information, students are encouraged to integrate new information about the older adult into their own discipline of interest. Additionally, the setting of personal goals with a plan for accomplishing them over the course of this clerkship is required. Likewise, it is expected that the student will incorporate aspects of topics of personal interest into their aims for geriatric learning. These projects reflect the intention of this clerkship to be student centered.

Course Components

Skill	Learning Activity	FSUCOM Competency
1. Compiling Comprehensive Geriatric Histories	Complex information management; identifying and collecting collateral information; navigating medical records to identify and extract pertinent information	Patient Care (HX)
2. Interviewing Patients/Caregivers/Families	Communicating with patients with cognitive and/or hearing impairment; Eliciting collateral information	Communication Skills
3. Presenting patient summaries	Organizing presentations; Summarizing “illness/hospital course”; Integrating geriatric assessments and care principles into routine	Patient Care, Medical Knowledge, Communication Skills
4. Performing physical exams (esp. neuro & mus-skel) and geriatric assessments (functional, cognitive, depression, falls, incontinence, nutrition)	Working with physically and or cognitively impaired patients; performing effective and efficient exams of bedbound patients	Patient Care (PE)
5. Assessing transitions across care settings	Compose a safe and comprehensive transition plan; matching patient care needs with resources and appropriate settings	System based Practice, Pt Care (Pt-Centeredness)
6. HIPAA-compliant shadow charting	Geriatric Care documentation, notes, orders, interdisciplinary notes, transitional notes (admission/discharge/transfer) which reflect geriatric principles	Pt Care (documentation) System based learning
7. Transdisciplinary Care, participation in team meetings (Rehab, NH or Hospice)	Matching patient needs with appropriate non-MD care provider services (PT, OT, Speech-swallow, Soc Work, nutrition, pharmacy, nursing, PA’s & ARNP’s)	Professionalism, Communication, Practice-based learning
8. Approach to Therapeutics	Critical evaluation of a medication regimen; establishing optimal goals and targets of therapy, assessing med efficacy, risk/benefit and patient adherence	System based learning, Medical knowledge, Patient Care
9. Patient/Family Education and Advocacy	Observe/share in transitions of care from the patient/family perspective and the perspective of the receiving provider/facility; Elicit patient and family goals of care.	Professionalism, Communication (Patient-centeredness)
10. Managing Assignments, Schedules and responsibilities	Accepting ownership of clerkship responsibilities, being accountable for learning, timeliness and completeness, attending to details, managing complexity	Professionalism

These projects and written assignments are critical in demonstrating the proficiency of the student in basic care of very complex patients. The Clerkship Director coordinates and monitors student activity with assistance from clerkship faculty, local staff, and the Academic Coordinator for the Department of Geriatrics, with oversight and evaluation of submissions by the Education Director.

Guidelines for the recording of Patient Encounters in CDCS

1. The following guidelines are to be used when determining the “level of educational participation” to assign to each encounter:
 - a. **Minimal-** Limited contact with patient
 - b. **Moderate-** Some components history and/or physical exam/assessment
 - c. **Full-** History and physical exam, assessment and evidence of clinical reasoning, i.e. differential diagnosis and/or treatment plan
2. Students should record no more than one encounter per patient per day, per clinical site, i.e. NH, rehab, ALF, etc.
3. The “first time visit” question **must** be accurately answered as it is used to monitor continuity of care
4. Students should take care to record specific geriatric problems (mainly found in the “general” category) in CDCS. It should be readily apparent by reviewing the CDCS data that you were ‘thinking geriatrically’. CDCS documentation is critical in verification that required geriatric assessment procedures were performed and that a full spectrum of geriatric syndromes and specific problems were encountered. It is expected that overall documentation will look distinctly different than the usual for an internal medicine or family medicine clerkship.

Schedules

This clerkship adheres to ACGME rules regarding the workweek, which includes *not more than* 80 hours per week, no more than 24 hours continuously. There is no mandated night call, but students are expected to supplement normal hours with after-hour and/or weekend time as necessary to maintain continuity, knowledge of patient progress and their active role in their patient’s care. All students have at least one of every 7 days completely off from educational activities.

This clerkship is 4 weeks in duration and students should plan to be involved in required clinical activities at least 9 hours per day. Thus, it is estimated that clerkship activities

require approximately 180 hours per rotation to achieve proficiency in the competencies (9 hours per day, five days per week), inclusive of some reading and study time. Each student has scheduled a minimum of three hours with the clerkship director or designee in order to review CDCS patient encounter data, listen to presentation of cases, and receive didactic instruction, thereby assuring breadth of experience, opportunity to demonstrate proficiency in competencies, and overall active engagement in learning. Considerable effort is made to 'tailor' the educational experiences to meet the specific needs and overall educational goals of the student, while maintaining the same general rotation schedule across all regional campuses.

There are regular faculty development meetings for clerkship faculty, clerkship directors, and associated health care professionals, who are made aware of the clerkship goals and competency performance standards and FSUCOM standards for grading, treatment of students, and provision of feedback.

Instructional Methods

The Clerkship is offered at the Daytona Beach, Fort Pierce, Pensacola, Orlando (Melbourne), Sarasota, and Tallahassee (Advent Christian Village- Dowling Park and Thomasville) campuses. Students are expected to work with patients of multiple attendings during the rotation as primary geriatric care tends to lack attending continuity across sites. A general weekly schedule is provided here as an example. The student's specific schedule is determined by each clerkship director to maximize every student's opportunities for patient care and clinical education, using the varied and unique resources available at that regional campus.

Sample Schedule: 4TH YEAR Primary Care Geriatrics Clerkship

	MON	TUES	WED	THURS	FRI
AM	Hospital Care- morning report, <u>in-patient rounds</u> Reading/Study	Ambulatory Care	Hospital Care- morning report, <u>in-patient rounds</u> Reading/Study	Ambulatory geriatric Care	Hospital Care- morning report, <u>in-patient rounds</u> Reading/Study
NOON	Working lunch, conference with Clerkship Director	Noon conference	Q/A, UR or rehab meeting	Care planning meeting or Noon conference	Working lunch, conference with Clerkship Director
PM	Teaching Conference <hr/> NH or Rehab Rounds	Patient Care	Rehab Facility	Other Community Care Setting (Hospice, independent living/ retirement center, home visit, Assisted Living Facility	Didactics/ Case based learning online/Independent study <hr/> Extended Care/SNF or Rehabilitation facility

Competencies-Objectives-Assessment

Clinical Problems/Diagnoses/Geriatric Syndromes

Clinical competencies comprise the curriculum for this clerkship. Students are expected to have the number of encounters relative to each competency to provide sufficient opportunity to gain proficiency in each competency area. The patients with whom the students will have encounters will have one or more of the following problems/diagnoses/geriatric syndromes:

1. Calorie depletion, borderline and frank malnutrition, failure to thrive
2. Functional impairment
3. Frailty
4. Acute functional decline
5. Urinary incontinence
6. Balance/gait abnormality, impaired ambulation
7. Depression
8. Dementia
9. Behavioral Problems
10. Delirium
11. Medication Misadventure
12. Falls
13. Short term immobility , deconditioning
14. Advanced / end stage Illness, End of Life

Each student may require a different number of specific 'learning opportunities' to attain the expected level of proficiency. If the number, or type of patient followed during the clerkship does not present sufficient opportunity for the student to achieve required competencies, their clinical experience will be supplemented with additional online or on paper 'virtual patients'. This geriatric clerkship is designed to maximize and individualize student learning experiences to meet each student's most pressing educational need. We assist each student in their process of developing life long and adult learner skills by helping them identify their *own specific educational goals* for this clerkship. *We specifically target deficiencies in their attainment of comprehensive geriatric curriculum goals.* Every effort will be made to provide student-identified and student-centered opportunities to meet needs and achieve goals.

Course Competencies

It is presumed that the medical student will have made satisfactory progress in attaining the COM competencies in general and the integrated geriatric curriculum specifically and will have accumulated pre-requisite knowledge, skills, attitudes and behaviors (KSAB's) as evidenced by successful completion of the previous 3 years of medical school. The competencies for this course are displayed in the below table as they relate to and/or support the general competencies and learning objectives of Florida State University College of Medicine. These competencies will require you to provide “*evidence*” of your growth and development over the course of this clerkship. This “*evidence*” might be provided by demonstration of a skill, direct observation by faculty, oral or written presentation, or other formal evaluation i.e. testing.

How the Course Will Achieve These Objectives

Students on this clerkship will be exposed to multiple opportunities to learn. The hallmark of clinical education is exposure to real patients in the clinical setting. Additionally, clinical environments themselves afford educational opportunity, as do lectures, conferences, or other didactics, and of course, individual reading and study by the student.

Educational Activities to be included in the required clerkship and monitored by the clerkship directors:

1. Following at least 2 patients across **transitions**.
2. Following 4 – 6 patients continuously, may be NH, ALF, Rehab or other residential setting.
3. Transition Planning in any setting for at least 1 patient.
4. Utilization Review (UR), Care Planning (CP) or Rehabilitation Team meeting in any care facility at least once.
5. Nursing / Rehabilitation Facility Admission.
6. Spend **no more than three (3) half days per week seeing patients in an ambulatory clinic**.
7. The student will participate in “end-of-life care” for at least one patient in *any* setting during the rotation.
8. Student will participate in a ‘learning/teaching supervision conference’ with the clerkship director at least weekly and additionally as necessary.

The course competencies will be met by participation in these educational activities, completion of selected readings, conferences and rounds with clerkship faculty, the clerkship director and facility health professionals of various disciplines including social work, physical and occupational therapy, advanced practice nursing (ARNP), speech therapy, pharmacy, and nutrition/dietary over the course of the rotation. Ample time is provided within the clerkship schedule for student self-directed study and transportation between clinical settings.

Students will maintain a shadow chart in a manner compliant with HIPPA regulations, for all of their 'continuity' patients as applicable. It is expected that students will complete the following types of documentation for their continuity of care patients as appropriate: routine progress notes, on-service (admission) and off-service (discharge) notes where appropriate, admission work-ups, discharge summaries and transfer/transition notes. All forms of documentation should be readily available for critique by the faculty and clerkship director.

Students will also electronically document their patient encounters in the CDCS system in totality and in a timely manner, i.e. daily with all entries completed by the end of the clerkship by 6PM on the last clerkship day.

Policies

Americans with Disabilities Act

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.

[The Office of Student Counseling Services](#)

Medical Science Research Building G146

Phone: (850) 645-8256 Fax: (850) 645-9452

This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center

97 Woodward Avenue, South

Florida State University

Tallahassee, FL 32306-4167

Voice: (850) 644-9566

TDD: (850) 644-8504

sdrc@admin.fsu.edu

<http://www.fsu.edu/~staffair/dean/StudentDisability>

Academic Honor Code

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. (Florida State University [Academic Honor Policy](#))

Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. **See page 30** of [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation.

Library Policy

The [COM Maguire Medical Library](#) is primarily a digital library that is available 24/7 through secure Internet access. Library resources that support this course are available under “Course Pages” on the library website. In addition, many of the point-of-care resources are available for full download to mobile data devices. Upon student request, items not found in the library collection may be borrowed through interlibrary loan.

Required Materials

2010 Geriatrics at Your Fingertips 12th Edition; Reuben et al; Blackwell Publishing (Point of Care reference)

Designated articles posted on the Primary Care Geriatrics website.

Suggested Materials

The following chapters are very basic and serve well as sources of general reference. There are abundant charts, graphs and tables to help summarize concepts included in these chapters.

Geriatric Review Syllabus. American Geriatrics Society, 7th ed, 2011-2012

<http://www.geriatricsreviewsyllabus.org/>

GRS Chapter	2,	Biology of Aging/Frailty
GRS Chapter	6, 17	Geriatric Assessment /Rehabilitation
GRS Chapter	16, 13	Hospital Care/Perioperative Care
GRS Chapter	10	Pharmacotherapy
GRS Chapter	18	Nursing-Home Care
GRS Chapter	32, 33, 34	Dementia/Delirium

GRS Chapter	30, 29	Falls/Gait and Balance
GRS Chapter	14, 15	Palliative Care/Persistent Pain
GRS Chapter	26, 27, 21	Malnutrition/Frailty
GRS Chapter	37, 38	Depression

Supplemental Reading:

The Readings, Resources and References section of each competency area include review articles to be perused at your discretion. They are not required reading, but you might be well advised to scan through 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. The clerkship was designed such that the 'average' student would spend at least 90 minutes each day reviewing/reading/studying these materials to gain proficiency in the required competencies.

While you might certainly use whatever resources you wish, general Internal Medicine and/or Family Medicine resources **are not** recommended, e.g. Up-To-Date, etc.

Grading

Grading policies for all Clerkships are standardized and can be found in the **Academic Policies** section of the [FSUCOM Student Handbook](#) -page 39.

Issues of specific importance for the Primary Care Geriatrics Clerkship include ***timely submission*** of written assignments. One of the assignments is due each of the first three clerkship weeks, *no exceptions!* This will provide the requisite time for faculty/ Education Director review/ feedback and student modification of submission, as necessary, within the 4 week time allotted for this clerkship. Each submission *must meet, or exceed expectations as detailed* in the Guideline for Completion of Report/Grading located in the assignment folder of each competency area on the Bb site. Please note, for the end of rotation Geriatrics exam: Students who earn 70% or better on the exam may receive a passing grade. A score of 86% or better contributes to eligibility for the Honors designation.