



The Florida State University
College of Medicine

BCC 7174

**Primary Care Geriatrics
Clerkship**

2014-2015

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Instructors

Education Director

Dr. John E Agens, MD

Phone 850-459-7847 (preferred phone)

Office 850-644-2250

Fax 850-645-2824

Email john.agens@med.fsu.edu

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 required 4th year clerkship strives to be the capstone geriatric experience meeting the individual needs of each student. The curriculum is **web-based** which specifically sets forth expectations by way of self-directed learning modules for each of eight (8) required competencies. These are basic performance proficiencies consistent with the AAMC Consensus Competencies for medical students. In addition, the student must set and reflect on personal goals for the clerkship. 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.

Briefly, the clerkship-specific competencies are:

- Identify and record lifelong learning goals by end of day three of clerkship. Reflect on personal learning goals before end of clerkship and upload this written reflection to Blackboard, email Education Director, and cc Clerkship Director.
- Perform a medication review including a patient-centered analysis of general efficacy, specific risk/benefit analysis, calculation of remaining life expectancy (using eprognosis.org) and comparison with time to benefit for each medication, reasoning out a person-centered therapeutic plan. Upload one review to Blackboard, e-mail Education Director, and cc Clerkship Director. Document four medication reviews in e-value.
- Demonstrate to Clerkship Director or designated faculty the ability to assess for cognitive impairment using the appropriate screening tools (CAM, Minicog, MMSE or MoCA observation) with correct interpretation of results (case discussion). Document the use of these tools in e-value.
- Correctly screen for mood disorder using appropriate assessment tools (GDS or PHQ9) and correctly interpret the screening results during observation by Clerkship Director or designated faculty. Document use of depression screening tool in e-value.
- Demonstrate proficiency in detecting and describing functional impairment detailing the patient's premorbid status, the events leading to the observed functional changes and a brief description of the functional changes, exam, and proposed plans for rehabilitation. The goals of the patient must be included. Upload one written functional assessment to Blackboard, e-mail Education Director, and cc Clerkship Director. Document Functional Assessment, Comp. in E*Value.
- Discuss post-fall assessment and demonstrate to Clerkship Director or designated faculty the ability to perform fall risk assessment with correct interpretation of results, including gait assessment. Document "get up and go" or similar gait assessment in E*Value.
- Discuss with Clerkship Director or designated faculty a case of atypical presentation of illness based on normal aging physiology.

- Demonstrate knowledge and understanding of the key components of a safe and comprehensive discharge/admission plan for an older adult. A case presentation to Clerkship Director that includes plans to assist the patient in maintaining or improving function including nutrition. During case discussion demonstrate understanding of required reading on transitions in care.
- Submit 'reflections at the end of life' using a patient summary, patient and family goals, plan of care, efficacy of existing care plan, recommendations for proposed changes, critique of the healthcare delivery system and description of any ethical issues. Upload this document to Blackboard, email Education Director, and cc Clerkship Director.

Details are under the corresponding competency tab in Blackboard

The student accomplishes the competencies with proactive attitudes and behaviors in taking advantage of opportunities to participate in the care of older patients in ambulatory, acute inpatient, adult daycare, nursing facility, rehabilitation center and assisted living facility sites. The participating clinical facilities are located within reasonable driving distance of the regional campuses, or when distant, housing accommodations are provided for the student. 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.

Continuity is a very important component of this experience requiring that each student follow *at least* one patient across a transition in their site of care and present one transition in care case to the Clerkship Director. 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.

Expectations of professionalism during activities described above include, but are not limited to, timely and accurate documentation of patient care and student experiences (includes **E*Value**), timely submission and authentic authorship of the three organized assignments **medication review, functional assessment, and advanced illness reflection** in conformance to the specific guidelines provided for each. The student must have sufficient data on hand through shadow charting to orally present complete case histories to faculty and tell the patient story in assignments. This is particularly true when presentation of a case rather than observation of the student is required to demonstrate competency: **transition in care, atypical presentation of disease, post fall assessment, cognitive assessment**. It remains important to have sufficient patient data on hand when being observed by faculty performing **mood assessment, fall risk assessment (including gait), and assessment of cognitive status** (application of a CAM and/or MoCA) in order to discuss interpretation of the results. Students must demonstrate their clinical reasoning when presenting these cases or completing and observed

assessment. Both professionalism and clinical performance are important. Students who intend to perform at the “honors” level will be careful to meet, and strive to exceed all of the expectations described above.

Blackboard uploads with simultaneous email to ED cc Clerkship Director are due as follows:

- **Personal goals** for the clerkship by 5PM on the first Wednesday of the clerkship
- One of three following written assignments, medication review, functional assessment, and advanced illness reflection each Friday at midnight of the first three Fridays of the clerkship. It is the students’ choice of which to submit each week.
- **Reflection on personal goals** by Thursday evening of last week of clerkship; submissions after the completion of your final exam will not be accepted.

The student should contact the Education Director if they are unable to upload to Blackboard by the deadline due to technical problems to discuss alternatives.

Course Components

The listed skills are the ones you are expected to utilize and become proficient in, as you care for your assigned patients. The Clerkship Director coordinates and monitors student activity with assistance from clerkship faculty, local staff, OME staff, and the Academic Coordinator for the Department of Geriatrics, with oversight and evaluation of submissions by the Education Director.

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,	Working with physically and or cognitively impaired patients; performing effective and efficient exams of bedbound patients	Patient Care (PE)

incontinence, nutrition)		
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

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 one session per week with the clerkship director or designee in order to review E*Value 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 (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

Guidelines for the recording of Patient Encounters in E*Value

The following guidelines are to be used when determining the “level of educational participation” to assign to each encounter:

Minimal- Limited contact with patient

Moderate- Some components history and/or physical exam/assessment

Full- History and physical exam, assessment and evidence of clinical reasoning, i.e. differential diagnosis and/or treatment plan

The vast majority of the encounters, including continuity encounters should be at the higher levels.

Students should record no more than one encounter per patient per day, per clinical site, i.e. NH, rehab, ALF, etc.

When documenting site of service, when rehabilitation is being done in a nursing home (PT, OT, speech therapy) it should be coded as rehabilitation.

When documenting type of visit, if another type of visit other than ‘Rounds’ describes the visit better, use the alternate type.

The “first time visit” question ***must*** be accurately answered as it is used to monitor continuity of care

Students should take care to record specific geriatric problems located under the geriatric problem/syndrome/complaint section in E*Value. It should be readily apparent by reviewing the E*Value data that you were ‘thinking geriatrically’. E*Value documentation is critical in verification that required geriatric assessment procedures were performed (**Calculate Creatinine Clearance, Depression Screening Tool, Incontinence Assessment, Nutritional Assessment, Perform Therapeutic Review, Functional Assessment, CAM, Cognitive Assessment with MoCA/ MMSE, Mini-Cog, Get up and Go/Falls screen**) and that a full spectrum of geriatric syndromes and specific problems were encountered (**for example: delirium, dementia, drug side effects, frailty, fall, hearing loss, immobility/deconditioning, incontinence, macular degeneration, osteoporosis, polypharmacy**). It is *expected that overall documentation will look distinctly different than the usual for an internal medicine or family medicine clerkship.*

Detailed E*Value documentation instructions can be found at the following link:

http://med.fsu.edu/userFiles/file/E-Value_Instructions_M3_M4.pdf

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 Geriatrics Problems and Procedures list as posted in E*Value can be found on Blackboard under the “Intro & Syllabus” content area.**

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 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 one patient across a **transition**.
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.

Further detail of clerkship activities and assignments can be found on the Primary Care Geriatrics Blackboard site under 2014-15 Course Competencies and Assignments Map.

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. Students should make time and effort to attend at least one interdisciplinary team meeting for one of their patients. Those meeting typically occur in skilled nursing and rehabilitation facilities, but may occur in hospitals, hospice, and other settings. Ample time is provided within the clerkship schedule for student self-directed study 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 E*Value system in totality and in a timely manner, i.e. daily, with all entries **completed by the end of the clerkship by 5PM 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 [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

2014 Geriatrics at Your Fingertips 16th Edition; Reuben et al; Blackwell Publishing (Point of Care reference)

Designated articles posted on “Course Pages” and Primary Care Geriatrics website:

Kim CS, Flanders SA; “Transitions of Care” *Annals of Internal Medicine* 158 (5) ITC 2-16

Halasyamani L, Kriplani S, Coleman, E, et al *Journal of Hospital Medicine* 1(6)Nov-Dec 2006

Kriplani S, Jackson A, Schnipper J, Coleman E; *Journal of Hospital Medicine* 2(5)Sept-Oct 2007

A supplemental, but not required text, ‘Essentials of Clinical Geriatrics, 7th ed.’ Kane, Ouslander, Abrass, Resnick, is provided under the COM Medical Library [Course Pages](#).

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, 8th ed, 2013.

<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

Passing this course requires demonstration of basic competence in each of the required competency areas outlined in the syllabus and delineated under the Course Competencies and Assignments tab in Blackboard. An honors performance in this course is demonstrated by comprehensive performance above and beyond minimum competency expectations. The geriatric knowledge, history/physical exam/and assessment procedure skills, as well as attitudes about caring for the older adult patient that are assessed in this competency-based clerkship to determine your grade include:

- Demonstrated clinical performance evaluated by clinical faculty/clerkship director
- Timely submission of all written assignments which meet 'expectations for graduation' in the guidelines is required to pass. Students need to exceed the 'graduation expectations' in the guidelines for at least 2 of the written assignments to be eligible for honors
- Performance on the final exam. Students need to earn 70% or better on the final exam to pass or a score of 86% or better to be eligible for honors

The standardized clerkship [policy](#) can be found on the [Office of Medical Education website](#).