



The Florida State University
College of Medicine

BCC 7174

Primary Care Geriatrics Clerkship

2015-2016

Updated 12/22 for CoM
Library Subject Guides

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Instructors

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Clerkship Directors

Campus	Director
Fort Pierce	Dr. Michael Gilels
Daytona	Dr. Neil Oslos
Orlando	Dr. Ariel Cole
Pensacola	Dr. Dennis Mayeaux
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 Clerkship Director, and cc Education Director.
- Perform a medication review including a patient-centered analysis of general efficacy including therapeutic target and goal for each medication, specific risk/benefit analysis, calculation of remaining life expectancy (using eprognosis.org) and comparison with time to benefit for each medication, reasoning out a person-centered therapeutic plan. Include a patient summary as well as acknowledgement of particular geriatric patient risks using Beer's list, Epocrates-common and severe cautions in older patients, Epocrates drug interactions, anticholinergic burden, etc. Upload one review to Blackboard, e-mail email Clerkship Director, and cc Education Director. Document four medication reviews in e-value and 4 creatinine clearance calculations.
- Demonstrate to Clerkship Director or designated faculty the ability to assess for both acute (delirium) and chronic cognitive impairment (dementia, mild cognitive impairment) using the appropriate screening tools (CAM for delirium and Minicog, MMSE, or MoCA for chronic cognitive impairment) with correct interpretation of results (observation of part of a screen and a case discussion). Document the use of these tools in e-value.
- Discuss the differential diagnosis for mood disorder plus treatment options with the Clerkship Director or designated faculty. Discuss this after screening using appropriate assessment tools (GDS or PHQ9) and interpretation of the results. 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, physical exam of function (including neurologic exam, if appropriate), and proposed plans for rehabilitation. The goals of the patient must be included. Upload one written complete functional assessment to Blackboard, email Clerkship Director, and cc Education Director.
- Demonstrate to Clerkship Director or designated faculty the ability to perform multifactorial fall risk assessment with correct interpretation of results, including gait assessment observed by Clerkship Director or designated faculty and discussion of a multifactorial fall risk assessment

with Clerkship Director or designated faculty. 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 assessment. During case discussion, demonstrate understanding of required reading on transitions in care. Additionally write case summary and set of discharge or admission orders on a patient who has recently or is about to undergo a transition in site of care. Email these to your Clerkship Director. These orders do not need to be uploaded to Blackboard.
- 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 Clerkship Director, and cc Education Director.

Details are under the corresponding competency tab in Blackboard. For example, see STEADI Pocket Guide, Preventing Falls in Older Adults cdc.gov under the Geriatric Falls Syndrome tab.

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, because of reduced caseload compared to other clerkships, the student has the opportunity to interact with geriatricians, physiatrists, internists, family physicians, and multiple other health professionals. For example, nurse practitioners, occupational, speech/swallow and physical therapists, social workers, pharmacists, and others. On this clerkship there is more time per patient to drill down into geriatrics details.

Continuity is a very important component of this experience. If possible, each student should follow *at least* one patient across a transition in their site of care. Students will present one transition in care case to the Clerkship Director, write a case summary on that patient with a set of admitting or discharge orders, and email those to the Clerkship Director. If not possible to see a patient on both sides of a transition, then use a patient who is about to make, or has recently had a transition. Students are expected to carry a panel of 4 – 6 patients *as continuously as possible* throughout the month with a goal of 20 -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 at least one patient-focused team meeting. Where applicable, students will maintain “shadow charts” (HIPAA compliant student generated records of patient care, orders discharge summaries, etc.) for their continuity patients. Intensity and depth of involvement is as

important as numbers of encounters. It typically takes 40-60 encounters demonstrate competency in the required areas (20-30 by midpoint to show sufficient midpoint progress).

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 and uploading to Blackboard 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 summary in assignments. This includes the case summary associated with the admission/discharge order set that is e-mailed to your clerkship director and discussed **transition in care case**, but not uploaded to blackboard. Having HIPAA-compliant data on hand is particularly key when presentation of a case rather than observation of the student is required to demonstrate competency: **transition in care, atypical presentation of disease, multifactorial fall risk assessment, cognitive assessment, and mood disorder differential diagnosis and treatment options**. It remains important to have sufficient patient data on hand when being observed by faculty performing **gait assessment (as part of fall risk assessment)**, and **physical exam portion of assessing cognitive status** (application of either the Minicog, MoCA, or Mini-mental status exam). Patient data is needed 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 strive to exceed all of the expectations described above.

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

- **Personal goals** for the clerkship by 5 PM 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.

Transition case summary and discharge (or admit) orders need be e-mailed to the Clerkship Director cc Education Director, **not uploaded to blackboard**. Due date is determined by your Clerkship Director, but no later than Thursday evening of last week of clerkship.

The student should contact the Education Director and their Clerkship Director if they are unable to upload to Blackboard by the deadlines. Contact your Clerkship Director before the deadline unable to achieve a minimum of 20 encounters by midpoint and 40 by the end of clerkship (includes continuity encounters).

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. Evaluation of submissions is by your Clerkship Director as overseen 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, 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 (including care summary and orders); 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, Tallahassee (Thomasville, Dowling Park), and Immokalee 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. It is expected, after orientation, that the student will take responsibility for knowing the schedule at their campus, asking questions if anything is unclear, knowing contact numbers to verify when/ where to show up, and who to report to. Finally students should take responsibility for finding out appropriate time for doing continuity visits, follow up on patients assigned by CD or designated faculty.

Sample Schedule: 4TH YEAR Primary Care Geriatrics Clerkship (local schedules will vary)

	MON	TUES	WED	THURS	FRI
AM	Hospital Care- morning report, <u>in-patient</u> <u>rounds</u> Reading/Study	Ambulatory Care	Hospital Care- morning report, <u>in-patient</u> <u>rounds</u> Reading/Study	Ambulatory geriatric Care	Hospital Care- morning report, <u>in-patient</u> <u>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/Indepen dent 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 considering that cognitive and functional exams have history, physical, clinical reasoning, and treatment plan components. This is often true even if the patient has been previously seen, as status changes. 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.

It is *expected that overall documentation will look distinctly different than the usual for an internal medicine or family medicine clerkship*. You should be able to view your own entries, including geriatric specific conditions and procedures, from the FSUCOM webpage, Secure Apps.

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 Complete; CAM; Cognitive Assessment with MoCA/ MMSE, or Mini-Cog; Get up and Go/ Gait Assessment**) 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**). Detailed E*Value documentation instructions can be found [here](#).

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’. For example, there is a paper case: Transitions in Care Medication Reconciliation Exercise, under the Transitions of Care, Transitions Assignment tab in Blackboard. The geriatrics 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 4 – 6 patients continuously as possible, may be NH, ALF, Rehab or other residential setting.
2. Transition Planning in any setting for at least 1 patient, including a patient summary, written orders
3. Utilization Review (UR), Care Planning (CP) or Rehabilitation Team meeting in any care facility at least once.
4. Nursing / Rehabilitation Facility Admission.
5. Spend ***no more than three (3) half days per week seeing patients in an ambulatory clinic.***
6. The student will participate in “end-of-life care” for at least one patient in *any* setting during the rotation.
7. 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 2015-16 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 meetings 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, transportation between clinical settings, and gathering of geriatric specific patient-care history/exam details. Competency specific assessment tools (for example CAM and MoCA-Montreal Cognitive Assessment tools for acute and chronic Cognitive Impairment, respectively) are both in under the specific competency tab in Blackboard and in the Appendix in Blackboard.

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. Sample forms are in the Appendix in Blackboard.

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 5 PM 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](#)

874 Traditions Way

108 Student Services Building

Florida State University

Tallahassee, FL 32306-4167

Voice: (850) 644-9566

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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](#) details of attendance policy, notice of absences and remediation.

Library Policy

The [COM Charlotte Edwards 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 “Subject Guides” found under the *Resources by Subject* from the main menu 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)

Essentials of Clinical Geriatrics, 7th ed.’ Kane, Ouslander, Abrass, Resnick, is provided under the COM Medical Library [Course Pages](#) Chapters 1, 2, 3, 6, 7, 8, 9, 10, 14, 15, 16, 18

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

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. Please explore geriatrics specific resources and new resources that may be unfamiliar to you.

Grading

Passing this course requires demonstration of basic competence in each of the required competency areas as 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* those minimum competency expectations. Geriatrics specific *knowledge*; history/physical exam/assessment/procedure *skills*, and *attitudes* about caring for the older adult patient are assessed in this competency-based clerkship as follows:

- Demonstrated clinical performance as evaluated by each clinical faculty member and the clerkship director
- For honors performance, a very high ranking on developmental milestones by each faculty member evaluating the student is necessary as well as overall high performance as assessed by the 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 those written assignments to be eligible for honors
- Timely entry of minimum encounters in e-value, 20 at midpoint, 40 at endpoint
- Exceed minimum data entry in e-value 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](#).