



BCC 7174

Primary Care Geriatrics

2018-2019

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Overview

Description

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 proficiency consistent with the AAMC Consensus Competencies for medical students. In addition, the student must set and reflect on one personal goal for the clerkship. The online modules provide standardization of the curriculum across our six regional campuses and rural sites insuring comparability. The modules detail geriatric competencies supplementing the student's clinical experiences under the guidance, direction and supervision of selected primary care practitioners.

Continuity is a very important component of this course, so students are expected to follow at least one patient across a transition in their site of care. They are also expected to carry a panel of 4-6 patients as continuously as possible. This curriculum focuses on the functional approach to complex patients with multiple comorbidities; patients that often 'fall through the cracks' in routine medical care. 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.

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. 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 Competency Folder in Canvas. 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 goal for this clerkship. We specifically target deficiencies in their attainment of comprehensive geriatric curriculum goals. Effort will be made to provide student-identified and student-centered opportunities to meet needs and achieve goals.

Orientation

Students are expected to view the [Primary Care Geriatrics Orientation video](#) and read the orientation PowerPoint prior to the first day of the clerkship. Both are located on Canvas. Each student will meet with regional campus Clerkship Director for an in-person orientation prior to clinical work.

Scheduled Hours/On-Call

The Geriatrics Clerkship is four weeks in duration 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 encounter tracking system 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 expectations across all regional campuses. 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.

A general weekly schedule is provided here only 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 and follow up on patients assigned by Clerkship Director or designated faculty.

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

	MON	TUES	WED	THURS	FRI
AM	Hospital Care: Morning Report, In-patient Rounds, Reading/Study	Ambulatory Care	Hospital Care: Morning Report, In-patient Rounds, Reading/Study	Ambulatory Geriatric Care	Hospital Care: Morning Report, In-patient Rounds, Reading/Study
NOON	Working Lunch, Conference with Clerkship Director	Noon Conference	Q/A, Utilization Review or Rehabilitation Team Meeting	Care Planning Meeting or Noon Conference	Working lunch, Conference with Clerkship Director
PM	Teaching Conference: Skilled Nursing Facility or Rehab Rounds	Patient Care	Rehabilitation Facility	Other Community Care Setting (Hospice, Independent Living/Retirement Center, Home Visit, Assisted Living Facility)	Didactics/Case Based Learning, Online/ Independent study, Extended Care/SNF or Rehabilitation Facility

Student Workhour Policy

The FSU College of Medicine adheres to the ACGME requirements regarding clinical work and education. This includes working no more than 80 hours per week and no more than 24 hours continuously, except an additional 4 hours may be added to the 24 to perform activities related to patient safety, such as transitions of care or education. Additional patient care responsibilities must not be assigned during this time. Students will have at least one out of every 7 days off, completely free from clinical and educational duties, when averaged over 4 weeks.

Absences

Extended absences from the sub-internship are not permitted. Any absence from the clerkship must be **pre-approved by the regional campus dean** prior to the beginning of the clerkship, using the student absence request [form](#). Even with an excused absence, the student will complete the scheduled work as outlined.

The Clerkship Faculty, Clerkship Director and Education Director must be notified of any absence in advance by the student. In the case of illness or other unavoidable absence, follow the same procedure outlined above, and

notify everyone as soon as possible. **Unapproved absences during the clerkship will result in a grade of “incomplete” until remediated, and may result in a grade of “fail” for the clerkship.**

Components

Introduction

Primary Care Geriatrics is a competency-based clerkship that is comprised of several educational activities. These are coordinated by the Clerkship Director and monitored by the Clerkship Faculty, with assistance from the Academic Coordinator in the Department of Geriatrics. Further details are available on Canvas.

Lifelong Learning Goal

Identify and record one lifelong learning goal by end of day three of the clerkship. Reflect on personal learning goals before end of clerkship.

- Upload this written reflection to Student Academics.

Medication Review

Perform a medication review including a patient-centered analysis of general efficacy including therapeutic target and goal for each medication, specific risk/benefit analysis, calculation of estimated GFR, calculation of remaining life expectancy (using eprognosis.org) and comparison with time to benefit for each medication, reasoning out a person-centered therapeutic plan. Include a patient summary as well as acknowledgement of particular geriatric patient risks using Beer’s list, common and severe cautions in older patients, drug interactions, anticholinergic burden, etc.

- Upload one review to Student Academics.
- Document four medication reviews and 4 creatinine clearance calculations in the encounter tracking system (ETS).

Delirium and Dementia Assessment

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 the encounter tracking system (ETS).

Differential Diagnosis for Mood Disorder

Discuss the differential diagnosis for mood disorder including 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 the encounter tracking system (ETS).

Functional Impairment

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 Student Academics.
- Document function history, function exam, and complete functional assessment in the encounter tracking system.

Fall Risk Assessment

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” and gait assessment in encounter tracking system.

Atypical Presentation of Illness

Discuss with Clerkship Director or designated faculty a case of atypical presentation of illness based on normal aging physiology.

- Document atypical presentation of disease condition in encounter tracking system.

Transition in Care

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.

- Upload to Student Academics.

End of Life

Write an essay on '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 assignment to Student Academics.

Assignment Due Dates

The student should contact the Education Director and Clerkship Director if unable to upload to Student Academics by the deadline, and in the event Student Academics is not functioning, submit assignment to the Clerkship Director and Education Director via email. Upload to Student Academics when it is functioning again.

- Personal goals for the clerkship need to be uploaded to Student Academics 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
- Transition case summary and discharge (or admit) orders by **Monday at midnight week 4**
- Reflection on personal goals by **Thursday evening of last week** of clerkship; submissions after the completion of your final exam will not be accepted.

Community Presentation

Students will provide a presentation to a faculty member, an audience of non-physician professionals, or a community audience of older persons. The content will focus on falls, brain health, heart health, or advance

directives appropriate to a lay audience in a local community setting. When multiple students are on the same block they will share responsibilities for the presentation. The details of these community presentations, including the potential audience, will be determined by your Clerkship Director with the assistance of Michelle Carter the Academic Coordinator via emailing instructions, times, and facility location.

- PowerPoint presentations and presenter instructions will also be emailed to students by the Academic Coordinator.

Patient Log (ETS)

Students are expected to document at minimum of 40 encounters (range 40-60) during the clerkship, with about half completed by the mid-point to demonstrate sufficient progress. At least 80% of the encounters must be at the full level of participation in patient care. In addition, at least 20% of total encounters should demonstrate continuity of care (i.e. not “first visit”). The “first time visit” question **must** be accurately answered as it is used to monitor continuity of care.

Level of participation in patient care is determined by the effort a student puts forth during the data-gathering phase, assessment and development of a treatment plan. Typically, the data-gathering phase includes history, physical examination and review of diagnostic tests available. In the Geriatrics Clerkship, the functional exam is considered part of the physical examination. The assessment phase includes creating a problem list, as well as developing a prioritized differential diagnosis for a problem. The treatment plan includes therapeutics, diagnostic evaluation, patient education and follow-up. The complexity of these components will vary, but for the purposes of **choosing a level of participation, three basic tasks have been created. These include gathering history, performing a physical exam (full or focused/targeted), and developing assessment and plan of care.** For “Level of Participation in Patient Care” the levels have been defined as follows:

- Minimal: perform one of the aforementioned tasks (either history or physical)
- Moderate: perform two of the aforementioned tasks (both history AND physical)
- Full: perform all three tasks

When caring for a patient receiving any type of rehabilitation (physical therapy, occupational therapy, speech therapy) in a skilled nursing facility, document the location of service as rehabilitation. When documenting type of visit, choose the most specific rather than using “rounds” for most patients. Students should record no more than one encounter per patient per day at any clinical site.

Required Problems	Required Procedures	Required Screenings
Atypical Presentation of Disease	Cognitive Assessment, MOCA or Cognitive Assessment, Other	Functional Assessment, Comprehensive
Delirium	Confusion Assessment Method (CAM)	Functional Exam
Alzheimer's Dementia or Dementia, Other	Creatinine Clearance Calculation or Creatinine Clearance Calculation (Cockcroft-Gault)	Functional History
Frailty		Gait Assessment
Hearing Loss		Get Up and Go Test
Immobility/Deconditioning		Medication Review Comp.
Incontinence, Urinary		Mini-COG
Macular Degeneration		Nutritional Assessment Comp.
Major Depressive Disorder		Screening for Depression
Polypharmacy		

Documentation of Workhours

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

- Clinical care, including documentation in medical record
- Required educational meetings (i.e. Doctoring 3, clerkship meetings, 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.

Shadow Chart

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 available in Canvas.

Meetings with Clerkship Directors

Students will meet weekly with clerkship directors to review patient log, educational tasks and assignments. Meetings will take place in various settings, depending on the educational needs of the students and what needs to be monitored.

1. Following 4 – 6 patients continuously; may be Skilled Nursing Facility, Assisted Living Facility, 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 or Discharge with Discharge planning.
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.

Exam

Students will take a web-based Geriatrics Examination at the end of the clerkship. A score of 70% correct or greater is passing and a score of 86% is required for honors. Practice exam questions are on Canvas.

While there are required reading materials, the course objectives tested on the exam are the same as objectives accomplished in the course of performing the educational activities and screenings in the course of caring for your older patients during the four weeks.

Readings

There are several required and suggested readings, all available on the COM Medical Library website on the [Geriatrics Subject Guide](#).

Required Readings and Articles:

- Geriatrics At Your Fingertips 2017 by Reuben DB, Herr KA, Pacala JT, et al.
- Essentials of Clinical Geriatrics 2017, by Resnick B, Kane RL, et al
 - Chapters 1-3, 6-10, 14-16, 18
- Kim CS, Flanders SA; "Transitions of Care" Annals of Internal Medicine, 2013; 158:ITC3-1
- Halasyamani L, Kriplani S, Coleman E, et al.; "Transition of Care for Hospitalized Elderly Patients- Development of a Discharge Checklist for Hospitalists," Journal of Hospital Medicine 1(6)Nov-Dec 2006
- Kriplani S, Jackson A, Schnipper J, Coleman E; "Promoting Effective Transitions of Care at Hospital Discharge: A Review of the Key Issues for Hospitalists," Journal of Hospital Medicine 2(5)Sept-Oct 2007:314-323

Learning Resources

The [Geriatric Review Syllabus](#) is an excellent resource, and the following chapter titles are basic, serving as a primary reference. Concepts are summarized through images to make reading easier.

Biology of Aging/Frailty	Dementia/Delirium
Geriatric Assessment /Rehabilitation	Falls/Gait and Balance
Hospital Care/Perioperative Care	Palliative Care/Persistent Pain
Pharmacotherapy	Malnutrition/Frailty
Nursing-Home Care	Depression

Canvas includes supplement readings with review articles to be perused at your discretion depending on individual educational goals and needs. Although not required, you may find it useful to skim 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. Please explore geriatrics specific resources and new resources that may be new and unfamiliar to you.

Institutional Resources

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" 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.

Evaluation and Grading

Mid-Clerkship Feedback

The mid-clerkship evaluation is completed at the mid-point of the Clerkship by the Clerkship Director, and will provide feedback to the student on progress in the clerkship.

Evaluation

An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of 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 clerkship and include an assessment of each in the final

grade summary.

College of Medicine Standard Clerkship Grading Policy

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

Clerkship Specific Grading

Passing this course requires demonstration of basic competence in each of the required competency areas. 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.

1. If any remediation is required, the student is no longer eligible for “honors”, and will be assigned an initial grade of “IR” until remediation has been completed
2. Any breach in professionalism renders a student ineligible for honors
3. Demonstrated clinical performance as evaluated by each clinical faculty member and the clerkship director
4. Timely submission of all written assignments which meet “expectations for graduation” in the guidelines (pass/fail)
5. To be considered for honors, a student must achieve
 - a. Very high ranking on developmental milestones by **each** faculty member
 - b. Overall high performance as assessed by the clerkship director
 - c. Must exceed “expectations for graduation” for at least two written assignments
6. Timely entry of encounters in patient log: 20 at midpoint, 40 at endpoint (pass/fail)
7. Geriatrics exam score must be at least 86% to be eligible for honors consideration and 70% correct for passing.

Policies

College of Medicine 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. Students must use the absence request [form](#) that is located on Student Academics.

Academic Honor Policy

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to "...be honest and truthful and...[to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at <http://fda.fsu.edu/academic-resources/academic-integrity-and-grievances/academic-honor-policy>).

Americans with Disabilities Act

Students with disabilities needing academic accommodation should: (1) register with and provide documentation to the Student Disability Resource Center; and (2) bring a letter to the instructor indicating the need for accommodation and what type.

Please note that instructors are not allowed to provide classroom accommodation to a student until appropriate

verification from the Student Disability Resource Center has been provided. This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center
 874 Traditions Way
 108 Student Services Building
 Florida State University
 Tallahassee, FL 32306-4167
 (850) 644-9566 (voice)
 (850) 644-8504 (TDD)
sdrc@admin.fsu.edu
<http://www.disabilitycenter.fsu.edu/>

College of Medicine Student Disability Resources

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.

Competencies

The following table outlines the Primary Care Geriatrics clerkship competencies and the assessment method for each, intended to be used as a guide for student learning. For a more detailed view on how these competencies map to the educational program objectives (EPO) and entrustable professional activities (EPA), as well as an overview of the curricular map for the clinical years at the Florida State University College of Medicine, please follow this link: <https://med.fsu.edu/index.cfm?page=medicalEducation.syllabi#clerkships>.

Clerkship Competency	Assessment						
<i>Primary Care Geriatrics</i>	NBME/End of Clerkship Exam	Observation by Faculty	Observation by Clerkship Dir.	Online Module	Oral Presentation	Patient Documentation	Project/Written Assignment
Formulate a plan for the medical, psychological, social, and spiritual needs of patients with advanced illness and their	x	x	x	x	x	x	x

family members linking these identified needs with the appropriate interdisciplinary team members. Consider the unique aspects of the patient as a person.							
Gather essential information about geriatric patients and their condition through history taking (including collateral sources) physical examination, and appropriate geriatric assessment procedures. Include level of urinary continence. Include the events leading to a change in the patient's status. Specifically include mood, cognitive, functional, and history and physical elements of fall risk assessment. Include the examination of a functionally frail or bedbound patient and nutrition assessment.	x	x	x	x	x	x	x
Counsel patients and their families to empower them to participate in their care showing considerations for their perspective throughout treatment. Include goals of care for each medication, goals of care for treatment to improve physical function or reduce fall risk, and preferences for care near the end of life.	x	x	x	x	x	x	x
Conduct a comprehensive therapeutic review and medication reconciliation based and patient and/ or family goals of care for each treatment, geriatric specific risks for the patient based on up to date scientific evidence, the Beers list, individual patient specific characteristics, evidence based targets for treatment, and a risk/benefit analysis justifying continuation or discontinuation of each medication based on clinical judgement.	x	x	x	x	x	x	x
Formulate an appropriate management plan for a patient exhibiting functional deficits including adaptive interventions and utilizing appropriate interdisciplinary team members	x	x	x	x	x	x	x
Document the key components of a safe and effective discharge plan including a clinical summary and written admission or discharge orders of a patient who has undergone or is about to undergo a transition in care between providers or settings. Include plans for home or alternative institutional sites and appropriate follow up care.	x	x	x	x	x	x	x
Demonstrate an investigative and analytic approach to medication review. Look up and recognize potential adverse effects for each medication that are particularly problematic for the elderly. Determine drug-drug interactions using a point of care tool. Calculate estimated creatinine clearance based upon ideal body weight, serum creatinine and age and know which medications require adjustment for renal function. Enter patient characteristics into e-prognosis.org estimate life expectancy. Determine which medications on	x	x	x	x	x	x	x

the Beers list for potentially inappropriate medications in the older person are present in a given patient's medication list. Discuss clinical guidelines for appropriate targets for each medication and justify continuation or discontinuation of each medication based on those guidelines and patient characteristics.							
Apply knowledge of physiologic changes associated with aging and the concept of challenge to homeostasis of an organ system to demonstrate recognition of atypical presentation of diseases and discuss this from a pathophysiologic viewpoint. Recognize the contribution of this disruption of homeostasis in differential diagnosis of confusion, immobility, incontinence, falls, and other atypical presentations of disease.	x	x	x	x	x	x	x
Apply knowledge of clinical factors contributing to fall risk in describing the fall risk of a particular patient at risk for falls. Apply knowledge of normal physical function and frailty to recognize normal function and functional impairment in the geriatric patient. Apply this knowledge to suggest recommendations preserve and/or improve functional status. Apply knowledge of the clinical factors contributing to a safe and effective transition in care, for example, high risk medications and polypharmacy.	x	x	x	x	x	x	x
Apply knowledge of epidemiologic factors like age, education, hearing impairment, visual impairment, vascular risks, alcohol, genetics and exercise to recognizing the risk factors in a particular patient at risk for cognitive impairment who should be screened.	x	x	x	x	x	x	x
Apply knowledge of social behavioral sciences to a differential diagnosis of a patient who has a positive mood disorder screen. Apply knowledge of behavioral and medical treatment of mood disorders to a patient with a mood disorder. Apply knowledge of social and behavioral sciences to identify barriers to adherence to a comprehensive plan of care for functional improvement and a plan for transition between sites of care.	x	x	x	x	x	x	x
Identify gaps in one's knowledge and expertise in the care of the geriatric patient. Identify gaps in knowledge about medications in the geriatric patient based on performing medication review exercises and feedback on those medication review exercises from faculty.	x	x	x	x	x	x	x
Set one learning goal based upon gaps in knowledge and expertise in geriatrics as a whole and discuss that goal with faculty and other students on the rotation.		x	x	x	x	x	x

Identify and perform learning activities based upon gaps in knowledge and expertise in geriatrics.	x	x	x	x	x	x	x
Justify continuation, adjustment, or discontinuation of medications using targets based on evidence.	x	x	x	x	x	x	x
Use point of care references to calculate estimated creatinine clearance, discover potential side effects of medications, and estimate prognosis when reviewing geriatric patients' medications.	x	x	x	x	x	x	x
Match patient and family goals with appropriate non-physician providers in plans to improve function or provide care in advanced illness (PT, OT, Speech, Hospice, etc.).		x	x	x	x	x	x
Access your patients' electronic records to obtain patients' medication lists, serum creatinine, weight, and patient characteristics to conduct a thorough medication review.		x	x	x	x	x	x
Apply established standards or protocols for fall risk assessment in patients. Identify, apply, and analyze guidelines for targets for medication therapy.	x	x	x	x	x	x	x
Communicate with patients and families in gathering information, and establishing goals of care concerning medication review functional assessment, cognitive assessment, transitions in care, and advanced illness.	x	x	x	x	x	x	x
Gather input from speech, occupational therapy, physical therapy, palliative care team members as appropriate. Incorporate that input into assessment and plan and reflect on that input in one written assignment.	x	x	x	x	x	x	x
Observe and participate in a team care conference in a rehabilitation, advanced illness care setting, or other setting.		x	x	x	x	x	x
Write a comprehensive functional assessment including premorbid and current function, physical exam, and care plan. Write a transition in care summary and orders.	x	x	x	x	x	x	x
Assess a patient's and family's goals of care in a case of advanced illness or end of life care.	x	x	x	x	x	x	x
Assess a patient with an abnormal mood screen and discuss your impressions with faculty and or Clerkship Director (CD).	x	x	x	x	x	x	x

Demonstrate compassion, integrity, and respect for patient, peers on rotation, faculty, and professional staff.		x	x	x	x	x	x
Showing up on time for patient rounds.		x	x	x	x	x	x
Keep HIPPA compliant shadow charts and written assignments.		x	x	x	x	x	x
Keep up to date logs of visits, geriatric conditions/ syndromes, and required procedures. Submit all written assignments by due dates.		x	x	x	x	x	x
Assess medical, personal, psychosocial, spiritual, and other patient family needs in advanced illness.	x	x	x	x	x	x	x
Assess effectiveness of the existing care plan in meeting the medical, personal, cultural, psychosocial, and spiritual needs in advanced illness.	x	x	x	x	x	x	x
Accompany one patient through a transition in care or an impending transition in care. Accompany a patient exhibiting functional deficits through treatment observe adaptive interventions and utilize interprofessional team members from the requisite disciplines.	x	x	x	x	x	x	x
Match patient needs with the appropriate physician and non-physician providers and settings.	x	x	x	x	x	x	x
Observe and participate in one interprofessional team conference on one of your patients.		x	x	x	x	x	x
Communicate with non-physician members of the team.	x	x	x	x	x	x	x
Identify medications of particular risk for the geriatric patient or those no longer meeting patient goals.	x	x	x	x	x	x	x
Match needs of patient with the care plan.	x	x	x	x	x	x	x
Cooperate with non-physician team members with dignity, respect, diversity, ethical integrity, and trust to enhance team function and serve the patient's needs.	x	x	x	x	x	x	x
Communicate results of cognitive assessment, functional assessment, and fall risk assessment, advanced illness	x	x	x	x	x	x	x

discussions, and care plans with the patient, family, physician, and non-physician team members.							
Seek help based on self-awareness of needs to use resources in library, syllabus, video orientation, canvas course management system, practice exams, and faculty to meet those needs.		x	x	x	x	x	x
Meet all of the above objectives in a timely manner and, if unable discuss with faculty, clerkship director, course director, and Regional Campus Dean. Have all time off clerkship approved by your Regional Campus Dean. Discuss remediation of missed time on clerkship with Clerkship Director and if needed Education Director and Regional Campus Dean.		x	x	x	x	x	x