Geriatrics Clerkship

Department of Medicine
MS 410
2021-2022

Clerkship Director: Megan Young, MD
Assistant Clerkship Director: Leah Taffel, MD
Clerkship Coordinator: Jessica Restrepo, MPH
Geriatrics Syllabus

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| **B** - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism) | B.1 - Apply principles of social-behavioral sciences to provision of patient care; including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care. (2.5)  
B.2 - Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)  
B.3 - Demonstrate compassion, integrity, and respect for others. (5.1)  
B.4 - Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. (5.5) |
| **U** - Uses the science of normal and abnormal states of health to prevent disease, to recognize and diagnose illness and to provide and appropriate level of care. (Medical Knowledge and Patient Care) | U.1 - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)  
U.2 - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2p)  
U.3 - Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4)  
U.4 - Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgement. (1.5)  
U.5 - Develop and carry out patient management plans. (1.6)  
U.6 - Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9)  
U.7 - Demonstrate an investigatory and analytic approach to clinical situations. (2.1)  
U.8 - Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)  
U.9 - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)  
U.10 Recognizes that ambiguity is a part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty. (8.8) |
| **C** - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care) | C.1 - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2h)  
C.2 - Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making. (1.7)  
C.3 - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)  
C.4 - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (4.1)  
C.5 - Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (4.2, see also 7.3)  
C.6 - Maintain comprehensive, timely, and legible medical records. (4.5)  
C.7 - Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics. (4.6)  
C.8 - Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations. (7.3) |
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<th>INSTITUTIONAL LEARNING OBJECTIVE</th>
<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
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| A - Acts in accordance with highest ethical standards of medical practice (Professionalism) | A.1 - Demonstrate responsiveness to patient needs that supersedes self-interest. (5.2)  
A.2 - Demonstrate respect for patient privacy and autonomy. (5.3)  
A.3 - Demonstrate accountability to patients, society, and the profession. (5.4)  
A.4 - Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations. (5.6)  
A.5 - Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. (7.1)  
A.6 - Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients. (8.5) |
| R - Reviews and critically appraises biomedical literature and evidence for the purpose of ongoing improvement of the practice of medicine. (Practice-Based Learning and Improvement and Medical Knowledge) | R.1 - Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations. (2.4)  
R.2 - Locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems. (3.6)  
R.3 - Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes. (3.10) |
| E - Exhibits commitment and aptitude for life-long learning and continuing improvement (Practice-based Learning) | E.1 - Identify strengths, deficiencies, and limits in one’s knowledge and expertise. (3.1)  
E.2 - Set learning and improvement goals. (3.2)  
E.3 - Identify and perform learning activities that address one’s gaps in knowledge, skills, and/or attitudes. (3.3)  
E.4 - Incorporate feedback into daily practice. (3.5)  
E.5 - Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care. (3.9)  
E.6 - Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors. (8.1)  
E.7 - Manage conflict between personal and professional responsibilities. (8.3) |
| S - Supports optimal patient care through identifying and using resources of the health care system. (Systems-Based Practice and Patient Care) | S.1 - Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings and following up on patient progress and outcomes. (1.8)  
S.2 - Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement. (3.4)  
S.3 - Use information technology to optimize learning. (3.7)  
S.4 - Work effectively with others as a member or leader of a health care team or other professional group. (4.3, see also 7.4)  
S.5 - Work effectively in various health care delivery settings and systems relevant to one's clinical specialty. (6.1)  
S.6 - Coordinate patient care within the health care system relevant to one’s clinical specialty. (6.2)  
S.7 - Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care. (6.3)  
S.8 - Advocate for quality patient care and optimal patient care systems. (6.4)  
S.9 - Use the knowledge of one’s own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served. (7.2)  
S.10 - Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable. (7.4) |
Geriatrics Clerkship Learning Objectives
(Linked to Medical Education Program Objectives in parentheses)

By the end of the fourth year Geriatrics clerkship, the BUSM IV student will be able to:


2. Distinguish the roles and responsibilities of other team members (nursing, case management, social work, physical therapy) (B.2, C.5, C.8, A.5, S.4, S.5, S.6, S.8, S.9, S.10)

3. Describe the roles and responsibilities of resources available through community agencies such as visiting nurses, home health aides, home care agency case managers, home delivered meals, and adult day health (U.5, U.6, S.1)

4. Evaluate and incorporate cognitive, psychosocial and functional status into the overall assessment of the older patient (B.1, B.2, U.1, U.2, U.5, C.1)

5. When evaluating an older patient’s medication list, describe strategies for optimizing medication regimens, and deprescribing those medications which are potentially inappropriate, high risk, or lack a current indication. (U.4, R.1)

6. For older patients, particularly for those with cognitive, sensory, or functional impairment, use communication techniques to demonstrate cultural sensitivity and respect, including appropriate body language and thoughtful seating arrangements (U.2, C.1, A.1)

7. Demonstrates awareness of one's own emotions and attitudes, and coping strategies for managing stress and uncertainty when caring for seriously ill patients (B.2, B.4)

8. Define and explain the philosophy and role of palliative care, and differentiates hospice from palliative care (C.2, C.3, C.4, C.7, C.8)

9. Elicit what matters most to an older adult, and work with the patient and team to honor these priorities. (A.1, A.2, B.3, C.5, U.4, S.9)

10. Identify how structural and social determinants of health impact health outcomes and healthcare access for older adults and those who care for them. (A.5, B.1, B.3, B.4, S.10)
Contact Information

Clerkship Director
Megan Young, MD
Assistant Professor of Medicine
Telephone: (617) 638-8940
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Pager: 7131
Office: Robinson 2008
Office Hours: Email directly to schedule an appointment.

Assistant Clerkship Director
Leah Taffel, MD
Instructor of Medicine
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Pager: 0376
Office: Robinson 2312
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Clerkship Coordinator
Jessica Restrepo, MPH
Telephone: (617) 638-6155
Email: jrestrep@bu.edu
Office: Robinson 2700
Office Hours: 8-4 PM
Clerkship Curriculum Description
This four-week clerkship provides students with the basic knowledge and skills to participate in the care of older adults. Students will learn about common geriatric syndromes, understand, and use functional assessment in the evaluation of older adults, work with an interdisciplinary team to develop care plans, learn about home care and what is possible to provide medically for older patients living in the community. Students will participate in clinic, nursing home visits and home visits with clinicians to provide medical care for older patients. In addition, students will complete on-line assignments, attend lectures, prepare a narrative focused on My Life My Story (MLMS), complete a Social Determinants of Health (SDOH) worksheet, create an end of life (EOL) project, and prepare an evidence-based medicine (EBM) assignment.

Clerkship Changes Made Based on Feedback
- Increased number of clinical activities

Diversity, Equity, and Inclusion Initiatives
- Added the Social Determinants of Health Worksheet
- Updated Low Vision/OT Module to include diverse images

Other Recent Changes to the Clerkship
- Added “Hard to swallow” didactic session
- Added two, independent learning modules on transitions of care and frailty

Site Information
Site maps indicating the availability of student resources at our affiliate hospitals can be found under the Clinical Sites section of the Medical Education Office’s Student Resources page at http://www.bumc.bu.edu/busm/education/medical-education/student-resources/#siteinfo.

Boston University Section of Geriatrics encompasses three practices:
- Home Care Program – Comprised of several primary care teams (physicians, nurse practitioners, nurse care managers) who work together to care for homebound patients over the age of 70 living in Boston.
- Geriatrics Ambulatory Clinic – This primary care clinic in Shapiro Building at Boston Medical Center (BMC) serves ambulatory patients living in the Boston area. Specialized care includes: Chronic heart or lung disease, chronic pain, dementia and memory loss, depression, diabetes, falls, frailty, multiple medications and urinary incontinence
- Nursing Home Practice –Delivers primary care to those 65 and older at five nursing homes located in Boston and BU geriatrics providers are specially trained to provide care in both short-term rehabilitation and long-term care settings.

Nursing Homes

Bostonian Nursing Care & Rehabilitation Center
337 Neponset Ave.
Dorchester, MA 02122
Site Director: Rossana Lau-Ng, MD, (617) 265-2350

The Bostonian is a skilled nursing and rehabilitation center that provides a full range of nursing care and social services for both long term and short-term care. Each unit has a charge nurse and/or supervising nurse, two floor nurses, and therapy staff. The facility has a parking lot and street parking available.
Students will see patients who are there for short term rehabilitation as well as those patients who are long
term care residents. Students generally see the patients on their own first and present the case to the
preceptor and then see the patient together. The student is expected to write a note to be reviewed by the
preceptor - details to be determined by preceptor.

**Laurel Ridge Rehabilitation & Skilled Care Center**
174 Forest Hills St.
Jamaica Plain, MA 02130
Site Director: Irina Vovnoboy, MD, (617) 731-2400, Irina.Vovnoboy@bmc.org

Laurel Ridge is a skilled nursing facility that offers skilled nursing care, memory care, long-term care, subacute
rehabilitation to older adults (50+) in and around the Boston area. The infrastructure includes an
administrator, a director of nursing, assistant director of nursing, a rehab director, and activities director.
There is parking available in the back and adjacent to the building in the parking lot next door.

Students will see patients who are there for short term rehabilitation as well as those patients who are long
term care residents. Students generally see the patients on their own first and present the case to the
preceptor and then see the patient together. The student is expected to write a note to be reviewed by the
preceptor - details to be determined by preceptor.

**Marian Manor**
130 Dorchester St.
South Boston, MA 02127
(617) 268-3333
Site Director: Nicole Mushero, MD, PhD, Nicole.Mushero@bmc.org

Marian Manor is a non-profit skilled nursing and rehabilitation center that offers specialized rehabilitation
services, as well as our respite care, long-term residential care, and pastoral care. The facility is associated
with a Catholic Church. There is no parking at this facility.

Students will see patients who are there for short term rehabilitation as well as those patients who are long
term care residents. Students generally see the patients on their own first and present the case to the
preceptor and then see the patient together. The student is expected to write a note to be reviewed by the
preceptor - details to be determined by preceptor.

**Saint Joseph Rehabilitation & Skilled Nursing Center**
321 Centre St.
Dorchester, MA 02122
Site Director: Lisa Caruso, MD, (617) 825-6320, Lisa.Caruso@bmc.org

Saint Joseph’s is a rehab and nursing center that offer short-term rehabilitation, long term care, post-surgical
recovery care, wound care, respite care, pain management, and hospice care. The facility was previously a
Catholic nursing home but is now privately owned by Landmark, a for profit company. The ratio of
rehabilitation care to long term care patients is 2 to 8. The facility specializes in cardiothoracic surgery and
recovery.
The facility has two teams on each floor consisting of There is one nurse for each team, a nurse manager, and a few aides to provide ADL assistance. On the 2nd floor (subacute), there is a desk nurse. There are also therapy specialists. There is a parking lot on the premises and some street parking.

Students will see patients who are there for short term rehabilitation as well as those patients who are long term care residents. Students generally see the patients on their own first and present the case to the preceptor and then see the patient together. The student is expected to write a note to be reviewed by the preceptor - details to be determined by preceptor.

Sherrill House
135 South Huntington Ave.
Jamaica Plain, MA
Site Director: Irina Vovnoboy, MD, (617) 731-2400, Irina.Vovnoboy@bmc.org

Sherrill House is an independent, not-for-profit, skilled nursing and rehabilitation center that offers short-term and long-term care. The ratio of rehabilitation care to long-term care is about 1 to 3.

The first floor of the facility is a certified dementia care unit and second floor is a sub-acute rehab unit for acutely ill patients participating in skilled therapy. Third and fourth floor are generally long-term care. Each floor has 2-3 nurses for each shift (8-hour shifts), 4-5 aides, a unit coordinator, a nurse manager, a social worker, and housekeepers. The facility has a therapy department with PT/OT/ speech. There is parking available at the side of the building and in the garage.

Curriculum Overview

Block Schedule
Block schedule dates for all clerkships can be located on the Medical Education website: http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/

Holidays
Holidays by Clerkship can be viewed on the Medical Education website at: http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/#clerkhols

Learning Schedule
See schedule on Blackboard Learn (learn.bu.edu) for the clinical and didactic schedule.

Clinical Experiences

Clinical activities occur Monday-Thursday between 8:00am and 3:00pm (approximately).

Note: The clerkship schedule is subject to change. For changes that occur in less than 24 hours, you can expect an email and/or a phone call from the Clerkship Coordinator. All other reminders are courtesies. Students are responsible for checking their BU e-mail daily for schedule changes.

Telehealth Visits
Due to the COVID pandemic, students might have clinical experiences with patients through telehealth visits. Students will learn advanced communication skills by performing structured telehealth visits focused on
performing a geriatrics review of systems and modifying the visit to meet the cognitive, sensory and language needs of the patient or caretaker.

**Suggestions for succeeding in telehealth visits:**

- Review assigned patient charts beforehand (including telephone and progress notes)
- Create an agenda to discuss with the patient (usually 3-4 active/chronic issues)
- Talk with the preceptor before the phone call about what you want to discuss. Ask them for any tips when talking to this patient or family member.
- When starting the phone visit, ask the patient/family member if there is anything concerning them that they want to make sure to discuss during the call. This allows you to understand their concerns and tailor your agenda accordingly.
- Remember Geriatric ROS!
- Complete notes in Word Document and email the preceptor(s) by 5 PM after your telehealth visit.

**Home Visits (HV) Protocol and Student Expectations**

Home visits provide a valuable experience to help students to appreciate the patient’s values, supports, and environmental factors. The following are student expectations during HVs:

- **Be on time.** Students are expected to arrive at the time the preceptor has emailed them.
- **Safety is important!** Watch the “Safety in the Field” on Echo360 and familiarize yourself with the handout on Blackboard Learn.
- **Be prepared.** Check with the preceptor to ensure you have all the materials that may be needed for the visit (e.g., N95 masks). Please notify the preceptor if you have allergies to pets, as you might encounter cats or dogs on visits.
- **Be conscious of infection control while on home visits.** Use antiseptic hand wash before and after examining the patient. (Hand wash will be in preceptor’s equipment bags). Be sure to bring your fit-tested mask.
- **In the case of accidents** (such as a needle stick), notify the Clerkship Coordinator at 617.638.6155 immediately. Upon return to BMC, you should directly report to the Occupational Health located in Shapiro (4th Fl) - Suite 4B.
- **Clinical expectations during home visits:** During home visits, medical students assume the role of primary care provider and are expected to:
  - Attend to the patient’s acute and chronic medical and psychosocial problems. For acute problems, the focus will be on one problem with attention to associated chronic problems as necessary. Judicious and efficient use of time will be necessary to cover the patient’s new and pertinent chronic problems and ensure their appropriate management until the next visit.
  - Review the patient’s medications and document them on the medication list which the preceptor will have with them. Assess compliance, inquire about side-effects and consider the possibility of drug interactions. Note any refills needed and discuss with the attending.
  - During routine follow-up visits, if time permits, a health maintenance examination should be performed as indicated.
- **Documenting Notes:** Following each home visit, students are expected to complete a student note on each assigned patient via Word Document. Notes should be completed by 5 pm following the home visit and emailed using BMC email to the preceptor.
- **Alternative Schedules to Home Care:** If a student cannot participate in home visits for medical or personal reasons please contact the clerkship coordinator for alternative clinical experiences.
• **Early departures:** Students who need to leave early from home visits should notify the clerkship coordinator 72 hours before the visit and obtain approval (for interviews, mandatory meetings, teaching doctoring, medical appointments etc.). The student must then notify the preceptor 48 hours before the visit and review expectations for note and follow up before.

**Nursing Home (NH) Visit Protocol and Student Expectations**

Students will be visiting patients in nursing homes under the supervision of nurse practitioners or attending physicians.

**A. Arrival**

Students are expected to report directly to all nursing homes and skilled nursing facilities (SNFs). Check the arrival/departure grid to find each preceptor’s specific arrival times for each nursing home. The grid is available on Blackboard Learn.

**B. Nursing Home Addresses & Directions**

Addresses to specific NH locations can be found under “Site Information” on page 9-11. Additional directions to certain NH may also be found on Blackboard Learn >Site Information. Students traveling by public transportation may want to use http://mbta.com/ for planning their trips. Do not Google or use any other web browser search for nursing home addresses as many have multiple locations – make sure to report only to the address in the syllabus or on the arrival/departure grid.

**C. Be Prepared**

All students should bring his/her white coat, ID badge, and medical equipment (see below) to the nursing home. In some cases, you will be asked not to wear your white coat and only wear your ID. The medical equipment to bring includes:

- Stethoscope
- Reflex Hammer
- Tuning Forks
- Flashlight or Penlight
- Oto-ophthalmoscope

**D. What to Expect during the Visit**

The attending physician or nurse practitioner will orient students to the facility and the activities for the day, which will be either independent patient visits or joint visits with the preceptor. Students will be expected to obtain a complete history from multiple sources including the patient, the chart, nurses, nursing assistants, physical and occupational therapy, flow sheets, bowel and weight books and present this in a concise fashion to the preceptor. The student should discuss any clinical issues raised or discuss pending lab work with the preceptor regarding assessment and plan and collaborate as necessary.

There will be onsite screening at every facility prior to entry. Always wash your hands upon entry into the nursing facility. Identify yourself as a medical student working with your preceptor. Wear your mask upon entry into the facility. Your temperature will be checked. You will be screened for COVID-19 symptoms. You may be asked to provide a recent COVID test or be prepared to be tested onsite and bring a copy of their vaccination card (if available) to show when asked. Students should ask about any COVID precautions with your preceptor in the beginning of the day. When inside the nursing facility,
there will be clear signage at the patient door/unit/floor of which PPE to use, but please feel free to ask your preceptor to double check.

E. Documenting Patient Notes
Notes should be written to reflect the student’s participation in the visit, and to document the student’s impression and clinical management suggestions. **Students are expected to complete notes in Word Document and email the notes to the preceptor by 5 pm after the visit**

Ambulatory Clinic Visit Protocol and Student Expectations
The Geriatrics Ambulatory practice is located on Shapiro 9A. The attending will meet you at the clinic and orient you to your activities for the day.

**Expectations:**
- Be on time. Students are expected arrive at the time the preceptor has emailed them.
- Bring your ID and stethoscope.
- All patient charts are on Epic.
- Complete notes in Word Document and email the preceptor(s) by 5 pm after clinic.

Assessment and Grading
Clerkship Grading Policy

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<thead>
<tr>
<th>HOW MUCH EACH PART OF YOUR GRADE IS WORTH FOR THE ENTIRE CLERKSHIP:</th>
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<tbody>
<tr>
<td>Clinical Grade Percentage</td>
<td>65%</td>
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<tr>
<td>Shelf/Exam Percentage</td>
<td>25%</td>
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<tr>
<td>“Other” Components Percentage</td>
<td>10%</td>
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<tr>
<th>HOW YOUR FINAL WORD GRADE IS CALCULATED FOR THE CLERKSHIP:</th>
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<tbody>
<tr>
<td>Honors</td>
<td>90-100 total points</td>
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<tr>
<td>High Pass</td>
<td>80-&lt;90 total points</td>
</tr>
<tr>
<td>Pass</td>
<td>70-&lt;80 total points</td>
</tr>
<tr>
<td>Fail</td>
<td>&lt;70 total points; or &lt;70 clinical grade; or professionalism issues</td>
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**SHELF/EXAM GRADING**
Exam minimum passing (percentile) 70%

**What is “Other” and what percentage is it worth?**

**EBM Paper** 10%

* EBM papers that are late will lose 10% for every late day

**Other components that need to be completed in order to pass the clerkship**

- Duty Hour log
- End of Life (EOL) Project
- FOCuS Forms (Physical Exam & Interviewing Technique)
- Independent Learning Modules
- My Life, My Story
- Patient log (14 patient encounters)
- Social Determinants of Health (SDOH) Worksheet

**Standard Clerkship Clinical Grading Procedures/Policies**
- Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. Preceptors DO NOT determine the final “word” grade. You are encouraged to regularly ask for
specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component.

- The CSEF form will be used to numerically calculate your clinical grade: 1 to 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 4th year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g. if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator.

- CSEF Clinical Grade Calculations should be made using the 0.1 decimal point in each domain (though the rounded number will be checked off on the final CSEF) to give a final number.
  - Any average of <1.5 in any domain = an automatic fail for the clerkship
  - Any average of < 2.5 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching
  - >2.5 in all domains, standard rounding will be used
    - <2 = Clinical fail which will = a fail for the clerkship
    - 2-3.4 = Clinical pass
    - 3.5-3.9= Clinical high pass
    - 4.0-5=Clinical honors
  - The clinical grade will be reported in the CSEF final narrative

**Clerkship Specific Clinical Grade Procedures/Policies**

Guiding Principles: We strive to provide a grading system that is:

- **Fairly applied** - a system that we follow for all students.
- **Transparent** – students can clearly see the process by which the grade is derived.
- **Discriminating** - the HONORS grade represents a performance of true distinction.
- **Based on absolute performance** - there is no ‘curve’ or fixed percentages who can/cannot get HONORS.
- **Performance-based** – the grade is based on what the student does and is reported – not based on potential.

The CSEF score will be converted to a score out of 100 to generate the clinical grade.

The CSEF grade is complemented by the narrative description on the eValue form and by other observations conveyed by instructors.

The final exam is graded using Qualtrics.

The EBM paper is graded using standardized grading rubric that is available to students for full grading transparency.

To achieve a final grade of HONORS, the student must achieve >90 total points and an average score of >4 in all CSEF categories.

To achieve a HIGH PASS, the student must achieve 80-<90 total points, and an average score of >3.5 in all CSEF categories.

To achieve a final grade of PASS, the student must achieve 70-79 total points, an average score of > 2 in all CSEF categories.
Professional Conduct and Expectations

Evaluation of a medical student’s performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Student expectations include those listed below in professional comportment sections. If a student does not meet the professionalism expectations of the clerkship, they will fail the clerkship. If there are significant professionalism concerns while the student is on the clerkship, the student will not be eligible to receive honors on the clerkship. Any professionalism lapses resulting in either a clerkship fail or ineligibility to receive honors will require narrative comments by the clerkship/sub-I/elective director in the professionalism comment section of the final evaluation.

Professionalism will be reviewed at the mid-rotation feedback session and student will be given feedback when professionalism concerns are identified on the clerkship/sub-I/elective. If students are not meeting professionalism expectations of the clerkship/sub-I/elective or there are significant professionalism concerns, students will be made aware of the concerns noted by the directors, coordinator, faculty or residents.

Clerkship Specific Clinical Grade Procedures/Policies

Standard Policies/Procedures:
If a student receives a score of 1-1.9 (averaged score across evaluators) in any CSEF domain, this may result in a failure.

Clerkship Specific Policies/Procedures:
Clinical Fail - If the student fails the clinical portion of the clerkship (earns <70 points for the CSEF grade), the student will be required to retake the clerkship in entirety.

Professionalism Fail - If the student does not meet the minimum standards for professionalism, the student will be required to retake the clerkship in entirety.

Exam Fail - If the student fails the exam, the student will be allowed to retake the final exam and will be ineligible to receive honors. If the student fails a second time, they must retake the clerkship in entirety.

BUSM Grade Review Policy

BUSM’s Grade Reconsideration Policy is located in the Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students: http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/.

Formative Assessments

The purpose of formative assessment is to improve student learning by providing feedback on how well they are learning skills and content during the clerkship. Formative assessments are not included in the calculations of students’ final grades. Each clerkship has required FOCuS (Feedback based on Observation of Clinical UME Student) forms which must be completed by the mid/end of the clerkship. These forms will provide formative assessment through direct observation of CSEF behaviors. Each student is required to complete one interviewing technique and one physical exam FOCuS form on each clerkship.

Formative Assessment and Feedback Policy

Boston University School of Medicine (BUSM) ensures that each medical student is provided with formative assessment early enough during each required course or clerkship to allow sufficient time for remediation. Formative assessment occurs at least at the midpoint of each required course or clerkship four or more weeks in length.

**Mid-Clerkship Check-In**

You and your clerkship director or assistant clerkship director will complete the BUSM Mid-clerkship Evaluation form at the mid-clerkship point remotely.

The purpose of this evaluation is to give the student a chance to understand both their strengths as well as opportunities to improve. The feedback received at the mid-clerkship check-in is intended to allow the student to improve their clinical skills in real time.

The student will meet with one of the Clerkship Directors on the Friday of week 2 or Monday of week 3 for mid-clerkship check-in. Schedules for mid-clerkship reviews are located in Blackboard, under Course Information, Midclerkship Check-In.

**Students should have and be prepared to discuss at least one completed FOCuS form and their progress with their required patient encounters to the mid-clerkship review session.**

Topics for discussion during the mid-clerkship review may also include but are not limited to: solving any logistical problems with the clerkship to date; review of patient logs and required patient encounters; review of duty hours; review of completed FOCuS forms; feedback on clinical skills from preceptors; feedback on teaching/presentation skills from Clerkship Directors; plans for EBM paper, Social determinants of Health Worksheet, My Life, My Story, and EOL project.

**Final Summative Assessments**

The final summative assessment will be based on the clerkship grading policy and include a final narrative describing your overall grade, clinical grade, based on the CSEF (Clinical Student Evaluation Form), and other assessments, depending on the clerkship. The summative narrative must include a final summative statement regarding your professionalism on the clerkship (meet expectations or did not meet expectations) per the AAMC MSPE requirements. The final grade form summative narrative appears in your MSPE and is based on aggregate comments from your individual CSEFs and is written by a site director/clerkship director and is reviewed by the clerkship director before submission.

**Roles and Responsibilities**

**Clerkship Director**
- Oversee the design, implementation, and administration of the curriculum for the clerkship
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Ensure student and faculty access to appropriate resources for medical student education
- Orient students to the clerkship, including defining the levels of student responsibility necessary for required diagnoses and procedures
- Oversee teaching methods (e.g. lectures, small groups, workshops, clinical skills sessions, and distance learning)
- Develop faculty involved in the clerkship
- Evaluate and grade students
  - Develop and monitor assessment materials
  - Use required methods for evaluation and grading
  - Assure mid-clerkship meetings and discussion with students
  - Ensure students are provided with feedback on their performance
Submit final evaluations for students via eValue

- Evaluate faculty and programs via peer review and reports from the Medical Education Office and national reports
- Support each student’s academic success and professional growth and development, including working with students experiencing difficulties
- Participate in the BUSM clerkship peer review process
- Ensure LCME accreditation preparation and adherence
- Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Clerkship Coordinator

- Support the clerkship director in the responsibilities provided above
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Maintain student rosters and clinical schedules
- Coordinate orientations and didactic sessions
- Liaise with site directors and administrators to coordinate student experiences across all sites
- Verify completion of clerkship midpoint and final evaluations for each student
- Monitor students’ reported work hours and report any work hours violations to the clerkship director
- Coordinate and proctor clerkship exams

Primary Clinical Faculty/Preceptors/Trainees

- Set and clearly communicate expectations to students
- Supervise students by observing history taking and physical exam skills, and document it on the FOCuS form
- Delegate increasing levels of responsibility to the student within clerkship expectations
- Maintain appropriate levels of supervision for students at site.
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Recognize student learning or professional difficulties and communicate to clerkship director directly in real time in person or via email or phone
- Give students appropriate and timely formative feedback
- Assess students objectively using the CSEF form
- Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Supervision

Initially, the primary clinical faculty members should designate time to observe you performing: 

**history taking, focused physical exam, clinical problem-solving and interaction with patients and patient education.**

Once the supervisor establishes the student’s level of confidence and competency, the student should be delegated increasing levels of responsibility in patient care, as appropriate. Although students may initiate a particular patient encounter on their own and without direct supervision, the faculty must at some point review the encounter with the student and inform the patient in-person that the student’s assessment and management plan has been reviewed and approved by the faculty. The faculty is ultimately responsible for the evaluation, treatment, management, and documentation of patient care. If students have concerns regarding their clinical supervision, the site director and clerkship director should be immediately notified. Any supervision concerns should also be immediately submitted through the ATM link or directly to the Associate Dean of Medical Education.
Supervision and Delegating Increasing Levels of Responsibility

It is expected that the level of student responsibility and supervision will be commensurate with student’s competency and level of confidence. When the student arrives to a new setting, a faculty may wish to observe you for the first session. Thereafter, you should begin to see patients on your own. In the outpatient setting, the student should initially perform 4-5 focused visits per day in the first week, increasing to 6-12 thereafter. In the inpatient setting, the student should initially follow 1-2 patients and increased to 3-4 thereafter. When a student feels that they are being asked to perform beyond their level of confidence or competency, it is the responsibility of the student to promptly inform the preceptor. It is then the preceptor’s responsibility to constructively address the student’s concerns and appropriately restructure the teaching encounter to address the student’s learning needs.

Under no circumstances should the following occur:

- Patient leaves the office/hospital with never having had a direct face-to-face encounter with clinical faculty/supervising resident.
- Primary faculty gives “prior approval” for student to perform intervention (order labs, prescribe meds) without satisfactory review.
- Patient leaves office/hospital without being informed that assessment/management plan has been directly reviewed and approved by the faculty.
- Learning in which a student is expected to perform an intervention or encounter without the prerequisite training and/or adequate supervision.
- Student note provides the only record of the visit. Although all faculty see all patients, faculty must document that they were actually the person responsible for seeing and examining the patient.

Intimate Exam Policy

Students participating in an intimate exam with a patient (which includes, pelvic, genitourinary and rectal exam) must have a chaperone with them, irrespective of the gender of the patient or the student. Permission to participate in an intimate exam must be obtained by the supervisor in advance of the examination itself. The patient has the right to decline student attendance at any examination. If a student is unable to perform any intimate exam due to patient preference, the student’s evaluation will not be impacted and if necessary the clerkship director will provide an alternative experience.

Physical Exam Demonstrations

The demonstration of the physical examination on students should not be done by any supervisor of students including residents and attending faculty. Practicing the physical examination on students places them in a position where they may feel pressure to consent to something they may not feel comfortable with.

Fourth Year Student

- Attend all the virtual/in-person clinical and didactic sessions
- Complete all self-study work
- Complete all assignments

Professional Comportment

Students are expected to adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations, located on the Policies page, under “Academic Policies and Information” (http://www.bumc.bu.edu/busm/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf)

Students are expected to be aware of and follow the site expectations on professional comportment, including, but not limited to, dress code and the use of phones, pagers, and laptops. Students must arrive on
time at their site and for any scheduled sessions. Any missed sessions and absences must adhere to the Attendance & Time Off Policy.

Further, below are expectations for student professional conduct and behavior in the core clerkship curriculum. These include, but are not limited to:

- Treating and communicating with the clerkship team in a respectful manner.
- Engaging in the curriculum and participating respectfully with peers and colleagues at all times.
- Arriving at scheduled sessions (e.g. Zoom meetings) on time and being present throughout sessions.
- Requesting faculty and resident evaluations in a timely manner.
- Reviewing and responding to emails in a timely manner (within 48 hours).
- Returning borrowed clerkship materials on time.
- Handing in all assignments on time.
- Completing all logs and FOCuS forms by the clerkship specific deadline.
- Informing clerkship leadership and supervising faculty/residents of absences in advance of the absence.

Professional conduct will be reviewed at the mid-clerkship check-in session and students will be given feedback when professionalism concerns are identified on the clerkship. If students are not meeting expectations for professional conduct and behavior in the clerkship or there are concerns, students will be made aware of the concerns noted by the clerkship directors, clerkship coordinator, faculty or residents.

**Ethical Behavior for Examinations and Mandatory Sessions**

- Refrain from leaving your computer camera view at any point during the examination. Any time where a student cannot be viewed, may result in failure of the examination.
- Don’t seek or receive copies of the examinations.
- Signing in classmates, or signing in yourself and not staying for mandatory sessions is considered cheating and violations will be referred to Medical Student Disciplinary Committee.
- If you are aware of any violations of the ethical standards listed above, within the Student Disciplinary Code of Academic and Professional Conduct, or otherwise, report it to the Clerkship Director.

**Student Evaluation of the Clerkship**

Student feedback is a highly valued, critical resource for helping us continually improve our curriculum. Evaluation of learning experiences is a requirement of the Liaison Committee on Medical Education. To ensure that we have a representative amount of data on our courses and clerkships, all students are expected to complete an evaluation via eValue (www.e-value.net) for each of the courses/modules and their instructors. All evaluations are anonymous and aggregate data is only released to clerkship directors after grades have been submitted for the blocks. Please comment freely and honestly about your experience.

**Blackboard**

Students will have access to a Blackboard site for the clerkship. The site is listed under “Current Courses” as Geriatrics on your Blackboard landing page. If you cannot find the site, search for “00cwr_Geriatrics” and click on the star to place the course under “Favorites”.

The clinical and didactic schedule for the entire block is posted on Blackboard Learn → Course Information → Current Block Schedules.

Students who have questions about the Blackboard site or find that they do not have access to the site should contact the Clerkship Coordinator for assistance.
Blackboard Learn: [https://learn.bu.edu/](https://learn.bu.edu/)

**Assignments**

The schedule of readings and assignments are incorporated into the clinical activity schedule.

**Exam**

The final exam is based upon all the lectures (except Pt./Dr. Relationship, Letter to Self & Hospice Virtual Tour) and independent learning modules. The final exam will be held virtually the morning of the final day of clerkship. Students will be given 90 minutes to complete this exam.

**Study Day**

Students will be given the Thursday prior to the final exam as a study day to review all the lecture learning objectives, PowerPoints and online modules for the exam. No clinical experiences will occur on this day unless required as a makeup day.

**Exam Policies**


**Testing Center Policies**


**Make-Up Exams**

Students needing to make up the exam or remediate only the exam portion of the clerkship must contact the Clerkship Coordinator to arrange for a make-up/remediation date.

**My Life, My Story**

Students are expected to complete an extended social narrative (a free form written story of a person, usually about 1 page) on one patient during the rotation. This narrative helps us and other clinicians that are on various care teams obtain insight into the patient and what makes up the person we are caring for. Having this insight can improve the care that is provided to patients by allowing us to understand who they are from their previous experiences. This type of information gathering can also help us to learn about and understand the diverse cultures that part of the mission and identity of Boston Medical Center. Understanding cultural cues and norms can aid us to provide culturally sensitive care and can help with challenging discussions.

**Social Determinants of Health (SDOH) Worksheet:**

The learning objective of this exercise is to identify and discuss the current patients’ social risk factors and how those factors contribute to the patient’s health. Students will complete a structured worksheet during and after one of their home visits which focuses on the home environment, neighborhood and social context which the patient lives in. This worksheet is structured around the Geriatric 5Ms (Tinetti M, Huang A, Molnar F. The Geriatrics 5M's: A New Way of Communicating What We Do. J Am Geriatr Soc. 2017 Sep;65(9):2115. doi: 10.1111/jgs.14979. Epub 2017 Jun 6. PMID: 28586122.). This worksheet is not graded but required.

**End of Life Project Presentations**

On the final day of the block, you will email your small project focused on End of Life (EOL) to the clerkship coordinator. Before starting your EOL project, please read the article above to help get you thinking about end of life.
Expectations:

- Demonstrate understanding of the objectives outlined in the Good Death Talk (bullets below).
  - Identify factors influencing a patients/family’s decisions at the end of life
  - Contrast a good from a bad death from a personal point of view
  - Develop an approach to setting goals of care for your patients
- Demonstrates awareness of one's own emotions and attitudes and coping strategies for managing stress and uncertainty when caring for seriously ill patients.
- Turn-in a product at the end of the session (see below for examples)
- Spend 1-2 hours in preparation for your presentation
- Students are encouraged to openly discuss patients and families, their own culture, medical culture, and to bring in creative elements. This is not graded but must be completed to pass the clerkship.

Suggestions for Final Projects:

- First and foremost - Be Creative!
- Feel free to draw from literature, poetry, movies, fine art, and other media. Role-plays are an excellent way to work as a team and can elicit very interesting discussion amongst your classmates. These can be used to display best-case and worst-case scenarios; and to open a discussion about the challenges presented in your scene.
- You can present a case discussion from this clerkship, other settings, or your own life experience.

Blackboard Modules

Please complete the following online modules found on Blackboard Learn:

1. Dementia
2. Delirium
3. Elder Mistreatment
4. Frailty: What is it? And What can we do about it?
5. Geriatric Screening
6. Mental Health Module
7. Low Vision/OT
8. Transitions of Care for Patients
9. Urinary Incontinence

Evidence Based Medicine Paper

Students are to develop a clinical question that is based upon a patient experience that you have had during this clerkship. It can be from any setting (home care, nursing home or clinic). Search the medical literature to find an article (2005+) that addresses the clinical question that you have chosen. Do NOT use UpToDate, Meta analyses or medical texts as a primary source, though students may use their bibliography to help direct you towards a journal article. Briefly summarize and critically appraise the article you have chosen. Below are guidelines that will help you appraise an article that involves therapy (or treatment).

EBM Paper Format:

- The paper should not be more than 2 pages single-spaced
- Start with a brief summary of the clinical case (1 paragraph)
- State your clinical question
- Briefly summarize the article you have chosen to address your question.
- Critically appraise the article you have chosen. You may use the guide to help with this. You may also ask your preceptor for guidance
- State how you would use the information you have learned to answer your clinical question
- Go to a point of care resource such as Dynamed or Essential Evidence and see how your article compares to the body of data from these resources

**Timeline:** Please pick your case and try to develop your clinical question by the second week so that you can review this at your midsession feedback session.

**Grading Rubric (Total Points: 100):**
You will be graded on the following areas:

<table>
<thead>
<tr>
<th>Question</th>
<th>Detailed description of patient in term of medical problems and function (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identify the patient’s problem and their goals or concerns (5)</td>
</tr>
<tr>
<td></td>
<td>Clearly define intervention (5)</td>
</tr>
<tr>
<td>Article</td>
<td>Peer reviewed original research (5)</td>
</tr>
<tr>
<td></td>
<td>Research question that is reasonably close to meeting patient concern (5)</td>
</tr>
<tr>
<td></td>
<td>Not a meta-analysis, review article or guidelines summary (5)</td>
</tr>
<tr>
<td>Assessment</td>
<td>Review results and statistical significance if available (5)</td>
</tr>
<tr>
<td></td>
<td>Cite strengths of paper (5)</td>
</tr>
<tr>
<td></td>
<td>Cite weakness or biases of paper (5)</td>
</tr>
<tr>
<td></td>
<td>Describe if a patient would have been part of the study and impact of possible exclusion criteria (5)</td>
</tr>
<tr>
<td></td>
<td>Compare article to the body of data (Dynamed or Essential Evidence) (10)</td>
</tr>
<tr>
<td>Management</td>
<td>Definite statement of choice of intervention (7.5)</td>
</tr>
<tr>
<td></td>
<td>Defend your choice of treatment based on evidence and patient preferences (10)</td>
</tr>
<tr>
<td></td>
<td>Description how you would implement it (7.5)</td>
</tr>
<tr>
<td>Overall</td>
<td>Grammatically correct, proofread (5)</td>
</tr>
<tr>
<td></td>
<td>Medical facts correct or appropriate for level of education (5)</td>
</tr>
<tr>
<td></td>
<td>Concern about plagiarism (student will be contacted and will be considered professionalism issue)</td>
</tr>
</tbody>
</table>

*Please note that the reference librarians in the Alumni Medical Library are available as resources to assist you with your literature search and search strategies.*

**Patient Encounters/Case Logs**

**Required Patient Encounters**

[http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/](http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/)

Students are expected to log their patient encounters in eValue ([www.e-value.net](http://www.e-value.net)). Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. The student may see more than one diagnosis in a patient and is encouraged to document multiple diagnoses. The directions on how to log patient encounters can be found on the eValue help page [http://www.bumc.bu.edu/evlue/students/](http://www.bumc.bu.edu/evlue/students/). Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

The required patient diagnoses to be documented in the logs are:
- a. Congestive Heart Failure
b. Chronic Kidney Disease
c. COPD/Emphysema
d. Depression/Anxiety
e. Difficulty swallowing
f. Disability
g. Fall/Gait Disorder
h. Hearing changes
i. Incontinence
j. Memory Difficulties
k. The Dying Patient
l. Weight Loss
m. Vision changes

**Alternative Patient Encounters**

If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. In this clerkship, the alternative experiences are found below and on *Blackboard Learn ➔ Final Day Deliverables.*

<table>
<thead>
<tr>
<th>Patient Encounter</th>
<th>Make-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHF</td>
<td>Didactic Session: The Good Death</td>
</tr>
<tr>
<td>CKD</td>
<td>Article</td>
</tr>
<tr>
<td>COPD</td>
<td>Article 1; Article 2 (Download the PDF)</td>
</tr>
<tr>
<td>Depressed/Anxiety</td>
<td>Independent Learning Module: Mental Health</td>
</tr>
<tr>
<td>Difficulty swallowing</td>
<td>Article</td>
</tr>
<tr>
<td></td>
<td>Didactic Session: Hard to swallow</td>
</tr>
<tr>
<td>Disability</td>
<td>Didactic Session: Pressure Injury, Orientation Session: Intro. To Home Care</td>
</tr>
<tr>
<td>Fall/Gait Disorder</td>
<td>Didactic Session: Falls &amp; Hazard of Hospitalization, Polypharmacy</td>
</tr>
<tr>
<td></td>
<td>Independent Learning Module: Frailty</td>
</tr>
<tr>
<td>Hearing Changes</td>
<td>Orientation Session: Intro. To Home Care</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Independent Learning Module: Urinary Incontinence</td>
</tr>
<tr>
<td>Memory Difficulties</td>
<td>Independent Learning Module: Delirium &amp; Dementia</td>
</tr>
<tr>
<td>The Dying Patient</td>
<td>Didactic Session: The Good Death</td>
</tr>
<tr>
<td>Weight Loss</td>
<td>Independent Learning Module: Elder Mistreatment</td>
</tr>
<tr>
<td>Vision Changes</td>
<td>Independent Learning Module: Low Vision/OT</td>
</tr>
</tbody>
</table>

**Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students**


**Collaborative Student Assessment System**

Student Disciplinary Code of Academic and Professional Conduct
http://www.bumc.bu.edu/busm/faculty/medical-student-disciplinary-code/

Attendance Policies
On-site hours must be limited to 80 hours per week, averaged over a two-week period. Violations should be reported directly to the clerkship director or to an Associate Dean (Medical Education or Student Affairs). Time off requests must comply with the Attendance & Time Off Policy.

- Work Hours: http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/
- Religious Observance: https://www.bu.edu/chapel/religion/religiouslifepolicies/

BUSM Policies
In addition to the expectations listed above, all students are expected to adhere to BUSM and Boston University policies.
http://www.bumc.bu.edu/busm/education/medical-education/policies/

BU Policies and Student Support Services

Appropriate Treatment in Medicine
Boston University School of Medicine (BUSM) is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the BUSM community to respect each person’s worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel.

BUSM has a **ZERO** tolerance policy for medical student mistreatment.

Students who have experienced or witnessed mistreatment are encouraged to report it using one of the following methods:

- Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Robert Vinci, MD, directly by email (bob.vinci@bmc.org)
- Submit an online Incident Report Form through the online reporting system https://www.bumc.bu.edu/busm/student-affairs/atm/report-an-incident-to-atm/

These reports are sent to the ATM chair directly. Complaints will be kept confidential and addressed quickly.

Appropriate Treatment in Medicine website: http://www.bumc.bu.edu/busm/student-affairs/atm/
Needle Sticks and Exposure Procedure
http://www.bumc.bu.edu/bmus/student-affairs/additional-student-resources/needle-stickexposure/

Boston University Sexual Misconduct/Title IX Policy

Boston University Social Media Guidelines
http://www.bu.edu/policies/information-security-home/social-media-guidelines/

Learning Strategies and Tools

Recommended Texts

eValue Student Resources
http://www.bumc.bu.edu/evulate/students/

Echo360/Technology
Echo360 may only be used for streaming captured lecture videos; the videos may not be downloaded. Taking smartphone or digital pictures or videos of any part of the lecture in class, or at home, is similar to downloading and is not allowed. There are a number of reasons for this, including that students and/or the University may be liable for violations of federal copyright and privacy laws as a result of the use of copied material.

If you experience any technical problems, please report the issue in one of the following ways to generate an IT ticket:

- **Echo360 Related Issues:** Create a ticket on the Ed Media site (http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/): sign in and provide pertinent information that will enable an effective response. Have a link to the problematic video ready to copy/paste into this form.

- **Educational Technology Related Issues:** For assistance with technology supported by BUMC’s Educational Media (e.g. ExamSoft), tickets can be created via their website at: http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-technology-issue/

- **Other Technology Related Issues:** For assistance with BU-wide technology, such as Blackboard, email an example (e.g. picture or very brief phone video) to ithelp@bu.edu with a descriptive subject line and give as many details as possible on the what, where, how you are using the service and what type of computer, browser, etc. along with type of student (i.e. BUSM III). Always include link(s) to or screen shots of where the issue is occurring.

Tutoring
Peer tutors may be requested via the Office of Academic Enhancement’s Peer Tutoring Program at: http://www.bumc.bu.edu/busm/student-affairs/office-of-academic-enhancement/academic-enhancement/peer-tutoring-program/

Office of Disability Services
Boston University is committed to providing equal and integrated access for individuals with disabilities. The Office of Disability Services provides services and support to ensure that students are able to access and participate in the opportunities available at Boston University. https://www.bu.edu/disability/accommodations/

Session Learning Objectives and Notes

Falls & Hazards of Hospitalization
Megan Young, MD
By the end of Falls & Hazards of Hospitalization, students will be able to:
• Define a fall
• Describe the components of a falls assessment and tools to assess fall risk
• Identify interventions that reduce the occurrence of falls in community dwelling elders
• Identify ways to be part of improving the quality of care for the hospitalized older adult
• Define why the hospital is a dangerous place for older adults

Hard to swallow
Nicole Mushero, MD, PhD
By the end of Hard to swallow, students will be able to:
• Understand who dysphagia affects
• Appropriately evaluate patients for dysphagia
• Describe the tests used to diagnose dysphagia
• Identify the lack of evidence and risks of dietary modifications in patients with dementia and dysphagia

Health Literacy
Megan Young, MD
By the end of Health Literacy, students will be able to:
• Give examples of difficulties patients face when they have limited ability to understand health information
• Identify “red flags” in clinical practice which may indicate a particular patient has limited health literacy
• List strategic ways to help improve communication and exchange of health information to patients with limited health literacy

Introduction to Home Care
Catherine Fabrizi, MSN, APRN-BC
By the end of Introduction to Home Care, students will be able to:
• Describe (or give examples of) the professional, ancillary/supportive, diagnostic, and therapeutic services available in the community for homebound older patients
• Understand the difference between the skilled services performed by a visiting nurse vs. tasks done by a personal care attendant
- Determine a patient’s ability to perform activities of daily living by taking a comprehensive functional history

Letter to Self  
Daniel Chen, MD  
By the end of Letter to Self, students will be able to:  
- To increase student’s self-awareness in their development as physicians

Older Drivers  
Hollis Day, MD, MS  
By the end of Older Drivers, students will be able to:  
- Recognize the effect of common health conditions in older adults on driving  
- Explain how to assess driving ability in the older adult  
- Recognize the responsibilities of health care providers in Massachusetts

Oral Health for the Older Adult Patient  
Laura Kaufman, DMD  
By the end of Oral Health for the Older Adult Patient, students will be able to:  
- Define oral health terminology and 3 major oral diseases  
- Discuss geriatric-related risk factors that may impact oral health  
- Identify strategies to help older adults maintain lifelong good oral health

Polypharmacy  
Heidi Auerbach, MD  
By the end of Polypharmacy, students will be able to:  
- Define Polypharmacy  
- Discuss factors which contribute to the problem of polypharmacy  
- List complications of polypharmacy, provide case illustrations, and strategize how to avoid drug misadventures

Pressure Injury  
Rossana Lau-Ng, MD  
By the end of Pressure Injury, students will be able to:  
- Start thinking about pressure injuries -> identify the risk factors  
- Identify and stage pressure injuries  
- Understand treatment of pressure injury includes targeting risk factors, pressure relief and local wound care

Patient/Doctor Relationship  
Omar Siddiq, MD & Ryan Chippendale, MD  
By the end of Patient/Doctor Relationship, students will be able to:  
- Identify a framework for breaking bad news to patients in the ambulatory setting and practice the language that allows one to do so skillfully.  
- Identify provider barriers to demonstrating compassion to patients in highly emotional situations.  
- Build framework for goal-setting discussions with patients.  
- Discuss limitations of survival data and Kaplan-Meier curves when discussing prognosis with patients.
The Good Death
Leah Taffel, MD
By the end of The Good Death, students will be able to:
1. Discuss stages of heart failure; be able to identify end stage heart failure
2. Recommend appropriate clinical management- hospitalization vs hospice
3. Contrast a good from a bad death from a personal point of view
4. Identify factors influencing a patient/family’s decisions at the end of life
5. Develop an approach to setting goals of care for your patients
6. Discuss when to refer to palliative care or hospice

Online Modules

Delirium
By the end of the Delirium module, students will be able to:

- Recognize the clinical presentation of delirium.
- Distinguish between the clinical presentations of delirium and dementia.
- Formulate a differential diagnosis and implement an initial evaluation in a patient who exhibits delirium.
- Initiate a diagnostic workup to determine the etiologies of an older patient’s delirium.
- Develop a nonpharmacologic management plan for agitated delirious patients.
- Utilize low-dose antipsychotic medications for the treatment of agitated delirious patients only when clinically appropriate.

Dementia
By the end of the Dementia module, students will be able to:

- Recognize the clinical presentation of dementia, including distinguishing between dementia and cognitive changes associated with normal aging.
- Distinguish between the clinical presentations of minimal cognitive impairment (MCI), dementia, and depression.
- Formulate a differential diagnosis and implement an initial evaluation of a patient who exhibits dementia.
- Interpret a cognitive assessment in an older patient for whom there are concerns regarding memory or function.
- Describe the cognitive and functional decline associated with worsening Alzheimer’s Disease (i.e. describe the clinical differences between mild vs. moderate vs. severe vs. terminal stages).
- Choose appropriate pharmacologic therapy for patients with Alzheimer’s Disease.
- Develop a nonpharmacologic management plan for patients with advancing dementia, including recommendation of community resources as appropriate.

Elder Mistreatment
By the end of the Elder Mistreatment module, students will be able to:

- Define elder mistreatment
- List the different types of elder abuse
- Identify the abilities an older patient must demonstrate to determine capacity for making a decision.
Frailty: What is it? And What can we do about it?
By the end of the Frailty module, students will be able to:
- Understand the definition of frailty and who is at risk
- Recognize the negative health consequences associated with frailty
- Identify three ways to diagnose frailty in older adults
- Use frailty to help guide interventions and decision making for your patients

Geriatric Screening
By the end of the Geriatric Screening module, students will be able to:
- Identify specific screening recommendations for older adult patients and specific geriatric syndromes
- Develop a framework to help decision-making in whether to continue screening older adults
- Define health status and “functional age” and how it relates to screening decisions for the elderly

Low Vision/ OT
By the end of the Low Vision/ OT module, students will be able to:
- Understand the role of occupational therapy with older adults
- Understand the impact of chronic health conditions on participation in daily activities for older adults with a focus on low visions
- Demonstrate strategies that older adults use to participate in daily activities with a focus on low vision
- Learn something new....and have fun!

Mental Health
By the end of the Mental Health module, students will be able to:
1. List the barriers to mental health interventions for older adults.
2. Describe some of the common standardized mental health assessments that are used when screening for depression in older adults
3. Identify some of the interventions available for treating depression in older adults.

Transitions of Care for Patients
By the end of the Transitions of Care for Patients module, students will be able to:
- Identify the different sites of care that older adult patients commonly transition to post-hospitalization including subacute rehab, long term care, assisted living facilities, home with services etc.
- Define the criteria that qualifies older adult patients for the different sites of care including skilled needs and insurance coverage.

Urinary Incontinence
By the end of Urinary Incontinence, students will be able to:
- Identify common causes of urinary incontinence
- List several questions used to ask patients about urinary incontinence
- List first line potential treatments
## Appendix A – Critical Review Form for Therapy Study

Use this as a reference for your EBM Paper

<table>
<thead>
<tr>
<th>User’s Guide:</th>
<th>Article:</th>
</tr>
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<tbody>
<tr>
<td><strong>Did experimental and control groups begin the study with a similar prognosis?</strong></td>
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<tr>
<td>Did experimental and control groups begin the study with a similar prognosis?</td>
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<tr>
<td>Were patients randomized?</td>
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<td>Was randomization concealed?</td>
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<tr>
<td>Were patients analyzed in the groups to which they were randomized?</td>
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<tr>
<td>Were patients in the treatment and control groups similar with respect to known prognostic factors?</td>
<td></td>
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<tr>
<td><strong>Did experimental and control groups retain a similar prognosis after the study started?</strong></td>
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<tr>
<td>Were 5 important groups (patients, caregivers, collectors of outcome data, adjudicators of outcome, data analysts) aware of group allocation?</td>
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<tr>
<td>Aside from the experimental intervention, were groups treated equally?</td>
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</tr>
<tr>
<td>Was follow-up complete?</td>
<td></td>
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<tr>
<td><strong>What are the Results?</strong></td>
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<tr>
<td>How large was the treatment effect?</td>
<td></td>
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<tr>
<td>How precise was the treatment effect?</td>
<td></td>
</tr>
<tr>
<td><strong>How can I apply the results to my patient care?</strong></td>
<td></td>
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<tr>
<td>Were the study patients similar to my patient?</td>
<td></td>
</tr>
<tr>
<td>Were all patient-important outcomes considered?</td>
<td></td>
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<tr>
<td>Are the likely benefits worth the potential harms and costs?</td>
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</tbody>
</table>

*From McMaster EBCP Workshop/Duke University Medical Center*
Appendix B – “Who Did You Work With?” in eValue – Guidelines and Expectations

Step by Step Instructions for using Who Did You Work With? In eValue (e-value.net)

1. Log onto E-Value (If you have forgotten your log-in please go to eValue and click the Log-In icon then forgot password and follow the steps)
2. Click the Evaluations Icon
3. Click “On the Fly”
4. Select the evaluation type “Who Did You Work With?”
5. Who – don’t worry about this step - it’s automatic
6. Activity site- choose BMC
7. Time Frame – Choose Block Dates that you were involved in
8. Click Next – Who did you work with Evaluation will appear!
9. Complete this evaluation by choosing whom you worked with – your choices include the names of current attending physicians, fellows and residents.

Steps to view/complete pending evaluations

1. Click the Evaluations icon
2. Click Evaluations: Pending
3. A list of all queued evaluations will appear
4. Find and complete the evaluation for your attending physician or preceptor (100% completion is expected as a measure of professionalism)

Student Responsibilities
The importance of requesting evaluations cannot be overemphasized. You are expected to request an evaluation for each and every shift/rotation, and failure to do so will result in the imposition of grade penalties, up to or including failure of the rotation in extreme cases. There must be a record of each, and every evaluation requested through eValue. You are ultimately responsible for ensuring that you request an evaluation for each shift – we have no way of recreating your schedule and figuring out who you worked with after the fact.

Our Responsibilities
While it is our clear expectation that students will request evaluations for all shifts worked, and generate a record of all evaluations requested, we do understand that the student is not responsible for whether the preceptor completes the evaluation. We will never penalize a student for a preceptor’s delinquency, provided there is appropriate record that the evaluation was requested.
Appendix C – The One Minute Learner

Students participating in the geriatrics clerkship are encouraged to use the “One Minute Learner” (OML) technique in order to state and receive clear expectations from their preceptors prior to the start of a session. OML is encouraged in all sites of care during the clerkship, whether it be home care, nursing home, clinic or telehealth visits.

One Minute Learner Huddle
Have this brief discussion with your preceptor before the session starts.
“Can I touch base with you quickly about the plan for this clinical session?”

Goals
1. Ask for any specific goals the preceptor has for you for today
   a. “Is there anything in specific you think I should work on today?”
   b. “Are there specific patients/diagnoses/skills I should focus on today?”
2. State your current level of training/prior rotations/experiences completed.
3. State your specific goals for today
   a. “I am hoping to work on developing a full A/P for a patient with multiple chronic diseases.”

Combine #s 2 and 3 above:
“I have seen a lot of depression screens being done but I have not had the chance to perform any myself, so I am hoping to have that opportunity today.”
“I have been on this rotation for 3 weeks, so I am very comfortable with the patient population. I need to work on giving the full plan and patient education directly to the patient; will I have an opportunity to do that today?”

Prepare for this huddle:
1. Spend time thinking about your personal goals BEFORE having this huddle with your preceptor.
2. Think about your goals for the entire rotation, and where you are in the trajectory of that plan.
3. Think about HOW you will achieve these goals. (And then tell the preceptor!)
4. Preview the schedule of patients. Look through charts if appropriate.

Getting Going
“When and how should I start seeing a patient?”
Arrive with enough time to review patient charts before the session or the day.

How Much and How Long?
“How much of the visit should I do on my own?”
“How long should I spend with each patient?”

Presenting
“Where should I present to you?”
“What presentation format should I use?” “How detailed a presentation do you want?”

Charting
“What format should I use for my notes?”
“When should I write them?”

Questions
“When is a good time to ask questions that come up?” “What is a good resource to use?”
Appendix D – Logging Duty Hours

1. Log in to E*Value
2. Select the Time Tracking Tab
3. Under Manage Time, Select Log Time
4. For Task, select the appropriate Task
5. For Course, select the appropriate Rotation
6. For Site drop down, select the appropriate Site
7. For Start and End time drop downs, select the appropriate start and end times associated with the time being logged
8. Select the appropriate date on the Calendar to the right. This will confirm your entry and populate the Calendar in the lower portion of the screen.
9. To delete an entry, click on the delete entry icon, then click the “Ok” button in the confirmation prompt.