Fourth-Year Geriatrics Clerkship

Department of Medicine
MS410
May 16th, 2018

Clerkship Director: Lisa Norton, MD and Rossana Lau-Ng, MD
Clerkship Coordinator: Haniya Syeda, MPH
Fourth-Year Geriatrics Syllabus

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## Medical Education Program Objectives

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<th>INSTITUTIONAL LEARNING OBJECTIVE</th>
<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
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<tr>
<td><strong>B</strong> - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism)</td>
<td><strong>B.1</strong> - 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) <strong>B.2</strong> - Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7) <strong>B.3</strong> - Demonstrate compassion, integrity, and respect for others. (5.1) <strong>B.4</strong> - 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)</td>
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<tr>
<td><strong>U</strong> - 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)</td>
<td><strong>U.1</strong> - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1) <strong>U.2</strong> - 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) <strong>U.3</strong> - Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4) <strong>U.4</strong> - Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgement. (1.5) <strong>U.5</strong> - Develop and carry out patient management plans. (1.6) <strong>U.6</strong> - Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9) <strong>U.7</strong> - Demonstrate an investigatory and analytic approach to clinical situations. (2.1) <strong>U.8</strong> - Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2) <strong>U.9</strong> - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3) <strong>U.10</strong> Recognizes that ambiguity is a part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty. (8.8)</td>
</tr>
<tr>
<td><strong>C</strong> - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care)</td>
<td><strong>C.1</strong> - 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) <strong>C.2</strong> - Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making. (1.7) <strong>C.3</strong> - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8) <strong>C.4</strong> - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (4.1) <strong>C.5</strong> - Communicate effectively with colleagues within one’s profession or specialty, other health professionals, and health related agencies (4.2, see also 7.3) <strong>C.6</strong> - Maintain comprehensive, timely, and legible medical records. (4.5) <strong>C.7</strong> - 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) <strong>C.8</strong> - 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)</td>
</tr>
</tbody>
</table>
### 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)
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:

Knowledge

1. Demonstrate an understanding of the diagnosis and treatment of common geriatric diseases and syndromes such as cognitive impairment, delirium, depression, urinary and fecal incontinence, syncope, balance disorders, falls, fractures, immobility, iatrogenesis and sensory impairment. (U)
2. Interpret physical findings based on an understanding that disease presentation in older patients may differ from younger patients. (U)
3. Recognize the need to modify the history and physical examination based on knowledge of sensory deficits and functional limitations. (U)
4. Distinguish normal from pathologic aging. (U)
5. Distinguish the roles and responsibilities of other team members, e.g., nursing, social work, physical therapy, nutrition and pharmacy. (C, S)
6. 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 care. (S)
7. Identify the health care financing of community resources noted in #6, rehabilitation and long term care services. (S)

Skills

1. Effectively manage a variety of common geriatric syndromes/diseases. (U)
2. Evaluate and incorporate cognitive, psycho-social and functional status into the overall assessment of the older patient. (B,U)
3. Recognize problems related to pharmacotherapy such as adverse drug reactions, polypharmacy and non-compliance. (U)
4. Acquire effective physical examination skills targeted at the diagnosis and management of common geriatric diseases. (U)
5. Adapt management strategies to the needs, wishes and capabilities of older patients and their families. (B)
6. Utilize appropriate technology while encompassing an awareness of the limits of these interventions in the context of individual patient values. (R, U)
7. Communicate with older patients and their families utilizing effective, compassionate and respectful interpersonal skills. (B,C)
8. Collaborate with other health care team members in the assessment, implementation and evaluation of care. (B, C, S)

Attitudes

1. View the elderly as physically, psychologically, functionally, culturally and socially diverse. (B)
2. Recognize the heterogeneity and atypical presentation of, and response to, illness in older patients. (U)
3. Describe the non-medical issues in caring for the older patient e.g., psychosocial, ethical-legal and economic. (A, S)
4. Describe the roles of all elements of an interdisciplinary team. (S)
5. Recognize the value of community resources in providing care to older people living at home. (S)

Demonstrate professionalism by being prepared, punctual, maintaining confidentiality and accepting responsibility for patient care. (A)
Contact Information

**Clerkship Director**  
**Lisa E. Norton, MD**  
Clinical Assistant Professor of Medicine  
Telephone: (617) 638-6197  
Email: linorton@bu.edu  
Pager: 86100  
Office: Robinson 2600

**Assistant/Associate Clerkship Director**  
**Rossana Lau-Ng, MD**  
Instructor of Medicine  
Telephone: (617) 638-6153  
Email: rolau@bu.edu  
Pager: 0514  
Office: Robinson 2011  
Office Hours: Email directly to schedule appointment

**Clerkship Coordinator**  
**Haniya S. Syeda, MPH**  
Telephone: (617) 638-6155  
Email: hss92@bu.edu  
Office: Robinson 2700  
Office Hours: 8:30am - 4:30pm
Clerkship Description

Focus of clerkship

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 including nurses, social workers, and community health care providers to develop care plans, and learn about home care and what is possible to provide medically for older patients living in the community. Experiences include working in a geriatric clinic, nursing homes and going on house calls with clinicians to provide medical care for older patients. In addition to clinical activities students will complete on-line assignments, attend lectures, visit an Adult Day Health program and prepare a written case study.

Pre-requisite knowledge and skills

Students must have completed their second year curriculum, attended the 3rd year orientation, and have taken the Step-I exam prior to taking this clerkship.

Completion of third year medicine and family medicine clerkships.

Site Information

Boston University Geriatrics Services (BUGS) encompasses three practices:

- **Home Care Program** – The home care program is comprised of several primary care teams (physicians, nurse practitioners, nurse case managers) that work together to care for over 600 homebound patients over the age of 70 living in the City of Boston.

- **Geriatrics Ambulatory Clinic** – This outpatient clinic in ACC3 serves over 2,000 ambulatory patients living in the Boston area.

- **Nursing Home Practice** – The BU Geriatrics nursing home practice serves older adult patients in 7 nursing homes in the Boston area, as well as BMC patients of any age who are undergoing SNF-level rehabilitation or are long term residents.

Elders Living at Home Program (ELAHP)

This BMC-based program provides a wide range of housing and case management services to elder men and women who are homeless or at imminent risk of becoming homeless. ELAHP is designed to help elderly individuals overcome the barriers to permanent housing and maintain their independence for as long as possible. They develop and maintain programs that respond to today’s turbulent housing and economic conditions. For more information about the program, please visit: [http://www.bmc.org/eldersathome.htm](http://www.bmc.org/eldersathome.htm)

Students will shadow one of ELAHP’s senior case managers, as he/she makes visits to several elder's homes that are enrolled in the ELAHP program.

**Benjamin House**

120 Fisher Ave  
Roxbury Crossing, MA 02120  
Site Director: Rossana Lau-Ng, MD, (617) 738-1500

Benjamin HealthCare is a not-for-profit stand alone facility; managed by a Board of Trustees. It is located in the Mission Hill section of Boston. It was founded by Edgar Benjamin, a black attorney, in the 1920s with a mission to care for those in the neighborhood who had no one to care for them. An estimated 80%
of the patients speak English, 10% speak Spanish, and 10% speak Haitian Creole. An estimated 80% of the patients are African Americans, 5% are White, 10% are Haitian, and 5% are Hispanic. Many of the patients function at a 5th grade level. A large majority of the patients are from low income households and are on MassHealth. Most patients are receiving long term rehab and wound care and have dementia.

Patient information is organized and stored electronically in Point Click Care (PCC), EPIC, and paper charts. There is a charge nurse and each unit has 2 floor nurses. There are several CNAs per unit. There are physical, occupational, SLP therapists, dietician, activities therapists as needed. Each unit has an assigned social worker.

The facility has a parking lot behind the building. There are 3 cats on the facility, please let the coordinator know if you are allergic.

The student will see one patient for a detailed, comprehensive examination. The student will present the case to the preceptor and both will see the patient. The student is expected to write a note to be reviewed by the preceptor - details to be determined.

**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. About half of the patient population is receiving long term care versus short term care. An estimated 75% of the patients English, 10% speak Haitian Creole, 10% speak Spanish, and 5% speak other languages. There is a large population of Haitian and Portugese patients.

Patient information is organized and stored electronically in Point Click Care (PCC), MARS, and paper charts. Each unit has a charge nurse and/or supervising nurse, 2 floor nurses, and therapy staff.

The facility has a parking lot and street parking.

The student will see one patient for a detailed, comprehensive examination. The student will present the case to the preceptor and both will see the patient. The student is expected to write a note to be reviewed by the preceptor - details to be determined.

**Marina Bay Skilled Nursing & Rehabilitation Center**
2 Seaport Dr.
Quincy, MA 02171
Site Director: Rossana Lau-Ng, MD, (617) 769-5100, rossana.lau-ng@bmc.org

Marina Bay is a not-for-profit nursing home that offers outpatient short-term, subacute care, skilled nursing care, rehabilitation services, and long-term care. Once in Dorchester, it has been in Marina Bay for the past 10 years. The ratio of of rehabilitation care to long term care is 1 to 4.

Patient information is organized and stored electronically in Point Click Care (PCC), MARS, and paper charts. Each unit has a charge nurse and/or supervising nurse, 2 floor nurses, and therapy staff.

There is a parking lot on the premises.
The student will see one patient for a detailed, comprehensive examination. The student will present the case to the preceptor and both will see the patient. The student is expected to write a note to be reviewed by the preceptor - details to be determined.

**Marian Manor**
130 Dorchester St.
South Boston, MA 02127
Site Director: Christine Liu, MD, (617) 268-3333, christine.liu@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. About 15% of the patients receive rehabilitation care. An estimated 25% of the patients speak Spanish, 25% speak Haitian Creole, and the other 50% speak English. About 25% of the patients are African-American, 10% are Hispanic, and 65% are White. Majority of the patients are moderately educated and come from average income households. The facility is associated with a Catholic Church.

There is no parking at this facility.

The student will see one patient for a detailed, comprehensive examination. The student will present the case to the preceptor and both will see the patient. The student is expected to write a note to be reviewed by the preceptor - details to be determined.

**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. 10% of the patient speak Haitian Creole, 2% of the patients speak Spanish, 30% speak Vietnamese, and the other patients speak English. Most of the patients are poorly educated and are from low income households. The facility specializes in cardiothoracic surgery and recovery.

The facility has 2 teams at each floor. There is 1 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.

Patient information is organized and stored in paper charts and electronically.

There is a parking lot on the premises but it fills up quickly. There is some street parking.

The student will see one patient for a detailed, comprehensive examination. The student will present the case to the preceptor and both will see the patient. The student is expected to write a note to be reviewed by the preceptor - details to be determined.

**Sherrill House**
135 South Huntington Ave.
Jamaica Plain, MA  
Site Director: Rossana Lau-Ng, MD, (617) 731-2400, rossana.lau-ng@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. 80% of the patients speak English, 10% speak Spanish, and 10% speak Haitian Creole. About 20% of the patients are White, 60% are African-American, 10% are Haitian, 5% are Hispanic, and 5% are other ethnicities. Almost all the patients are on Medicaid; they are at or below the poverty line.

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), a unit coordinator, and a nurse manager during the day. The evening shift has fewer nurse managers. Each floor also had 4-5 aides per floor and housekeepers. Director of nursing manages the nursing staff. There is a therapy department with PT/OT/speech in the basement and a social worker on each floor.

Patient information is organized and stored electronically in Point Click Care (PCC) and paper charts.

There is parking available at the side of the building and in the garage below.

The student will see one patient for a detailed, comprehensive examination. The student will present the case to the preceptor and both will see the patient. The student is expected to write a note to be reviewed by the preceptor - details to be determined.

**PACE Harbor Health Services/ Neponset**  
1135 Morton St, 2nd floor  
Neponsett /Mattapan 02126  
Site Director: Elizabeth Nowak, MD, (617) 533-2400, enowak@hhsi.us

PACE Elder Service Plans provide comprehensive medical and social services to frail elders so that they can live in their communities instead of in nursing homes. A team of health professionals does an assessment of each elder's needs, and develops a plan of total care. Services are usually provided in an adult day health center, but may be given in the elder's home or other facility. Each PACE experience will be different dependent on the location a student is assigned to.

**PACE Jamaica Plain**  
125A Amory St.  
Jamaica Plain, Boston, MA 02119  
Site Director: Ilona Kopits, MD, 617-288-0970, Ilona.kopits@bmc.org

The Upham’s Corner Health Center is a non-profit, organization and PACE program.

**Rogerson Adult Day Center**  
23 Florence St.  
Roslindale, MA 02131  
Site Director: Ruth Leibowitz, (617) 363-2300, leibowitz@rogerson.org

The Rogerson Adult Day Health Program in Roslindale is part of Rogerson Communities, a network of services that provides housing and health care for elders and low-income individuals and families. For more information about Rogerson Communities see: http://www.rogerson.org/. Adult day health
programs are perfect for older adults who could benefit from having nutritious meals provided, medication and health monitored, and who would thrive in a social and engaging environment where new and old interests are explored. The program also benefits families by offering a cost-effective alternative to providing daily care themselves or admitting loved ones prematurely to a nursing home. Arrival time is 9:30am, and the contact person is Ruth Leibowitz, unless otherwise noted. Because you will not be in a clinical environment, so you do not need to bring your white coat or any medical equipment. Your purpose during the visit is to observe and interact with the clients, to gain perspective of the different levels of care offered by the facility, and to become familiar with the types of patients that would participate in such a program. In order to enhance your experience of observing the Rogerson Adult Day Health Center, see the handout posted on Blackboard Learn> Course Information> Site Information for Rogerson Adult Day Health.

Compass on the Bay
1380 Columbia Rd.
South Boston, MA 02127
Site Director: Pam Maloney, 508-308-2736, pmaloney@slr-usa.com

Compass on the Bay is an Assisted Living community in South Boston that offers two neighborhoods within the building. One is an open campus neighborhood for residents with early symptoms of memory loss with the goal of maintaining independence and for residents experiencing the early symptoms of dementia (Mild Cognitive Impairment - MCI) who benefit from a full array of memory support services all focused on maintaining and improving brain function for a higher quality of life. Compass on the Bay is the first assisted living community in our area to address the needs of these individuals with MCI, which is characterized by mild memory problems and some confusion, often described as the stage between forgetfulness associated with normal aging and Alzheimer’s disease.

The other is a secured neighborhood for individuals needing additional structure, support and safety: Individuals with Alzheimer’s disease and other dementia disorders clearly benefit from a secure environment, as well as our innovative programming and industry-high staff-to-resident ratio.

BUSM Student Program Schedule:
10:00am – Students will get a tour of the building and an introduction to the Memory Support program - there are two programs at this building - one for those with Mild Cognitive Impairment and one for those with more advanced Alzheimers and related dementias. Staff will be happy to answer questions.

11:00am – Students will join / observe residents in their secure neighborhood during one of their Reconnections program. Reconnections is a curriculum-based adult learning program was created by Senior Living Residences based on research that cognitive stimulation may slow the progression of Alzheimer’s and recognizing that individuals with memory loss still have the desire and ability to enjoy learning. Immersion in the weekly course topic through photography, the arts, music, cuisine, and related objects enable residents to “reconnect” with their own unique history and the current world around them. This program generally runs around 30 mins so there would be time for questions at this point as well.

11:30/45am – Students could either join residents for lunch or join our Dining Department in serving the residents lunch featuring selections from our Brain Healthy Cooking program, taste-tested brain healthy choices based on the Mediterranean Diet.
1:15 pm – Students will join residents from their Open Campus for their Discovery Learning Series, a more robust version of our Reconnections program aimed at prompting in-depth conversation, and providing cognitive stimulation.

2:15 pm – Students are free to leave or stick around and ask questions.

**Reggie Lewis Track Center**
1350 Tremont St.
Roxbury Crossing, MA 02120-3400
Site Director: Cheryl McDermott, 617-541-3535, CMcDermott@rcc.mass.edu

Students will get to experience the Sensational Senior Exercise Program at the Roxbury Community College. The program began in February 1998 with 15 members and has increased to over 100 in 2013! The instructors include Cheryl McDermott, Nellie Moore, and Michelle Mendes who are certified Arthritis Foundation Exercise Instructors. The goal of the Sensational Senior Exercise Program is to maintain and improve the health of members in a safe and fun environment. Student can go observe these classes or participate. They can feel free to dress down; wear track or yoga pants but no shorts. Students must wear their badge.

**Hale House**
273 Clarendon St.
Boston, MA 02116
Site Director: Catherine Logan, 617-536-3726x122, clogan@halebarnard.org

Hale House is an assisted living facility that offers residential care, a wide range of activities, and community services. It provides private rooms, meals, and 24-hour care to 56 elderly men and women regardless of their ability to pay. Most of their residents have lived in Boston and continue to enjoy the amenities of the city. Residents enjoy many different activities ranging from exercise programs to community centered social gatherings.

**Clerkship Schedules**

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, as well as monitoring Blackboard Learn (https://learn.bu.edu) for schedule changes.

**Block Schedule**
Block schedule dates for all clerkships can be located on the Office of Academic Affairs website: http://www.bumc.bu.edu/bumc/education/academic-affairs/academic-calendars/

**Didactic Schedule**
Lectures are typically scheduled after 2:00 pm on Wednesdays and from 10:00 am – 4:00 pm on Fridays. The lecture schedule is posted on Blackboard Learn. Lectures are mandatory. Each missed lecture will count as ¼ of an unexcused absence and will be tallied at the end of the block (i.e. 4 missed lectures will result in an unexcused absence). Please be sure to sign in for each lecture to avoid being penalized.

**Holidays**
Thanksgiving: Wed, Nov 21, 2018 at 12PM – Sun, Nov 25, 2018
Intercession: Fri, Dec 21, 2018 at 5PM – Tue, Jan 1, 2019

Other holidays that occur during specific blocks will be communicated by the clerkship director.

**Weather Policy**

The decision to cancel student visits (independent or with clinicians) due to inclement weather will be made by the Education Director and Clerkship Director, taking into account local conditions. The decision to cancel will be made by 6:30 a.m. and will be conveyed to the Clerkship Coordinator. The Clerkship Coordinator will leave a voicemail on the main Geriatrics Education Office phone line (617-638-6155) by 7:00 a.m. indicating that home visits, nursing home visits, and any additional visits (e.g. Rogerson Adult Day Health, Elders Living at Home) are cancelled. Orientation, clinic sessions, lectures, and conferences will take place unless the presenter/lecturer is unable to travel to the campus.

Students should contact the Geriatrics Education Office (617-638-6155) if they are unsure whether a visit or lecture will occur.

Please review the complete BUSM weather policy regarding cancellations and delays at: [http://www.bumc.bu.edu/oaa/weather/](http://www.bumc.bu.edu/oaa/weather/)

**Assessment and Grading**

**Clerkship Grading Policy**

<table>
<thead>
<tr>
<th>HOW MUCH EACH PART OF YOUR GRADE IS WORTH:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Grade Percentage</td>
<td>60%</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>30%</td>
</tr>
<tr>
<td>“Other” Components Percentage</td>
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<tr>
<th>HOW YOUR FINAL WORD GRADE IS CALCULATED:</th>
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<tbody>
<tr>
<td>Honors</td>
<td>90%-100%</td>
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<tr>
<td>High Pass</td>
<td>80% - 89.99%</td>
</tr>
<tr>
<td>Pass</td>
<td>70% - 79.99%</td>
</tr>
<tr>
<td>Fail</td>
<td>69.99% and below</td>
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</tbody>
</table>

**SHELF/EXAM GRADING**

| Exam minimum passing (percentile/2 digit score) | 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

| Complete required diagnosis on patient log |
| FOCuS Forms |
| Duty Hour logs |
| Complete blue procedure card |

**Clerkship Specific Clinical Grade Procedures/Policies**

All preceptors will evaluate the student and this data will be averaged for the final clinical evaluation form. The CSEF form in E-Value will be used to numerically calculate your clinical
grade: 1 to 4 points (depending on which box is checked) for each of the 13 items for a total of 52 possible points.

**Professionalism**

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. Any lapses in professionalism may result in a loss of up to 3% of the total possible clerkship points regardless of performance in other areas of the clerkship. Any professionalism lapses resulting in a loss of clerkship points will require narrative comments by the clerkship director in the professionalism comment section of the final evaluation.

**Clerkship-Specific Failure and Remediation Policies/Procedures**

The passing grade for the final exam is 70%. If a student does not pass the exam initially, he/she will be required to retake the exam and score over 70% to pass the clerkship. Both the old and new grades will be reflected on the student’s transcript. Students who do not score over 70% on the exam the second time will be required to repeat the clerkship. If the student needs to make up days due insufficient clinical time, it will be made up during a break, with no other additional work.

**BUSM Grade Review Policy**


**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 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.

The required FOCuS forms for this clerkship are for interview and data gathering, physical exam, and oral presentation.

**Formative Assessment and Feedback Policy**

Boston University School of Medicine (BUSBM) 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.


**Immediate feedback from staff while in the field**

Students will be evaluated via E*Value by each preceptor (e.g. attending physicians, geriatric fellows, nurse practitioners, and nurse case managers) for each clinical encounter (e.g. in the clinic, home care, and nursing home settings). The student will be evaluated for professionalism, interviewing and communication skills, physical exam skills and the ability of the student to access patient status and
develop a management plan that addresses patient function, wishes, and overall health. Feedback will be available via E*Value upon completion by the preceptor.

**Mid-Clerkship Review**
You and your clerkship director, site director or primary preceptor will complete the BUSM Mid-clerkship Evaluation form at the mid clerkship point.

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 review is intended to allow the student to improve their clinical skills in real time.

**Final Summative Assessments**
The final summative assessment will be based on the clerkship grading policy and include a clinical performance grade with the CSEF (Clinical Student Evaluation Form), a NBME performance grade, and other assessments depending on the clerkship.

**Geriatric Subject Examination**
Students will take the Geriatric Final Examination on the last Friday of the clerkship. Students must report on campus to take the exam. Students will be given 90 minutes to complete this exam.

Exam Policies
http://www.bumc.bu.edu/busm/education/academic-affairs/policies/exam-policies-for-medical-students/

Testing Center Policies
http://www.bumc.bu.edu/busm/education/academic-affairs/policies/l-11-testing-center/

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. **Students may not take a make-up or remediation exam during any block they currently have a scheduled rotation.** Make-ups and remediation exams will typically be scheduled at the end of the third year blocks between mid-May and early June.

**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 E*Value
• Evaluate faculty and programs via peer review and reports from the Office of Medical Education 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

Site Directors
• Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
• Orients students to the clinical site
• Sets student expectations for clinical encounters and discusses student role and responsibilities
• Supervises students by observing history taking, physical exam skills and clerkship specific required observations.
• Ensures formative feedback in an appropriate and timely fashion
• Delegates increasing levels of responsibility
• Meets with the student for the Mid-clerkship review
• Meets with the student for the final exit meeting
• Recognize students who have academic or professional difficulties and communicate this to clerkship leadership
• Collects feedback and evaluation data from all physicians who work with the student
• Evaluates students fairly, objectively and consistently following medical school and department rubrics and guidelines
• Ensure student and faculty access to appropriate resources for medical student education
• Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

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.

**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 he or she is being asked to perform beyond his or her 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.

**Fourth Year Student**
During the rotation, students will be assigned clinical experiences in a variety of settings, including but not limited to: patients’ homes, nursing homes, ambulatory clinics, and adult day health centers. The specific expectations for each of these assignments are outlined below.

**Home Visits Protocol and Student Expectations**

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

- **Be on time!** Students are expected arrive at the time listed on the departure grid. The day before a home visit, **review the departure grid** for each preceptor’s specific departure time and special instructions. Preceptors will meet students in the student room (Robinson 2504). White coats are not worn on house calls.

- **Safety is important!** Under no circumstances are students permitted to travel alone to a patient’s home. Students are always to be accompanied by a preceptor or by another student if on Independent Home Visits. Familiarize yourself with **BUGS Home Care Security Policy** and **BUGS Personal Safety Procedures and Guidelines**.

- **Be prepared!** Check with the preceptor to ensure you have all the materials that may be needed for the visit (e.g. O₂ saturation monitors or ear syringes). If you have asthma, please be sure to bring your inhaler on home visits, as you often 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 Employee Health Office located on the 1st floor of the Yawkey Building.

- **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 Epic chart summary sheets. 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 in Epic. Notes should be completed within 2 days following the home visit.

- **Alternative Schedules to Home Care:** Students may elect to decline home visits at any time during the Geriatric rotation, however, this decision is permanent for the duration of the rotation. Students who decline home visits will be rescheduled to see patients living in residential care facilities. If a student chooses to leave a house call, the provider will return the student to the office once the visit has ended. The day will not count as an absence for the student.

- **Early departures:** Students will meet the preceptor at the student room at the designated time and will accompany the preceptor on visits. The preceptor will supervise the students on visits at all times and return to the medical school by 3 pm at the latest. The minimum time for a clinical session is 3 hours and the session should be rescheduled if not able to stay for that period of time. Students who need to leave early from home visits should notify the clerkship coordinator 72 hours before the visit and obtain approval (for interview flights, mandatory meetings, etc.). The student must then notify the preceptor 48 hours before the visit and review expectations for note and follow up before
the visit. The student leaves the patient’s home at the agreed time, using Uber or Lyft, or walking if the student and precept agree that this appropriate.

Independent Home Visits (IHVs) Protocol and Student Expectations

Independent Home Visits (IHVs) are an excellent learning opportunity. Students should use his/her patient log to select potential patients for an IHV. If a student elects not to go on an IHV, he/she will be scheduled with a preceptor for another clinical experience. PLEASE CAREFULLY READ THE FOLLOWING IHV PROTOCOL:

A. Planning your IHV

A week before your scheduled visit, begin planning your IHV by completing the IHV Student Request Form, a green form that is available in the student room and/or the Geriatrics Education Office. IHVs must be to home care patients and cannot take place in a nursing home.

a) IHV forms are to be completed by the pair of students who will be making the visits together. (It is acceptable for the pair to complete separate forms as long as the names of both students are listed on each form).

b) Complete the form in its entirety:
   - List more than one possible patient to visit
   - Seek approval from preceptors (this may be done via email using the patient’s MRN) – either staple the email to the form or forward it to geri.ed@bmc.org
   - IHVs must be completed prior to 2 pm.

B. Submitting IHV Student Request Forms

Please submit the forms to the Geriatrics Education Office 2 business days prior to the visit (e.g. If your visit is planned for a Monday, please submit your by Thursday morning the week before; if you visit is scheduled on a Tuesday, submit your form by Friday morning the week before.)

C. On the Morning of Your Visit

You and your partner(s) must report to the Home Care Office (in Robinson 2600) to retrieve patient charts. Charts are located on the top shelf (marked Trainees) on the left hand wall as you enter. The name of the patients you will be visiting will be identified on both the IHV Student Request Form and the red folder.

Please have the following items with you on IHVs:

- An IHV bag from the Education Office
- Cell phone – at least one person should have a cell phone with them with the Boston Police Department number, 617-343-4911, programmed in for emergency purposes
- Proper ID – BUMC ID badges MUST be worn on visits
- Stethoscope

The IHV bag can be picked up from the Education Office the morning of your visit. For reasons of confidentiality, red charts MUST be in a bag when travelling to and from home visits, this is a HIPAA regulation. Materials in the bag must be returned along with the bag after your visit. The bag includes:

- Waterless hand sanitizer – remember to carry and use on visits
- Soap and paper towels
- Blood Pressure Cuff
- Gloves
- Alcohol wipes and tongue depressors
Oxygen monitors and pocket talkers (for patients who are hard of hearing) are also available for students to borrow from the Education Office.

**Note:** If a student does not return the bag along with all borrowed items, they cannot pass the clerkship.

Before leaving the office, students are responsible for knowing how to get to the patients’ homes. A map is usually attached to the inside cover of the red patient folder. Also, look to see if there are any specific instructions written on the front of the red folder concerning entry to patients’ homes (e.g., obtain key from landlord in basement apartment).

**D. During the IHV**

If any problems arise or you have urgent concerns regarding the patient’s condition, contact the preceptor or nurse case manager immediately (617-638-6100). Less urgent needs/interventions, such as VNA referral or follow-up home visits, can be discussed with your preceptor upon your return.

**E. After Returning from the IHV**

Students are expected to create an Epic note documenting their visit in the patient’s record and route the note to the primary care physician/preceptor with whom they saw the patient initially. The note should be complete and routed to your preceptor by **9:00 am the day after your visit.**

Please follow the step by step procedure for documenting an independent home visit listed in the appendix.

**Please note that a select number of students will be set up on Independent Home Visits with a Curry College nursing student. You will receive more information and separate set of directions on this during orientation and the first week of your rotation.**

**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, and generally will be in pairs.

**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 “Clerkship Site Information” on page 7. Additional directions to certain NH may also be found on Blackboard Learn >Course Information. Students traveling by public transportation may want to use [http://mbta.com/](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 back of 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 be brought includes:
Stethoscope  
Reflex Hammer  
Tuning Forks  
Flashlight or Penlight  
Oto-opthalmoscope

**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.

**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. *Unless otherwise discussed, notes should be given to the preceptor before leaving the nursing home facility.*

**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. Review the preceptor arrival grid for specific preceptor arrival times.
- Bring your white coat, ID, and stethoscope.
  
  All patient charts are on Epic.

**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/bsm/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf](http://www.bumc.bu.edu/bsm/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 Clinical Student Time Off Policy.

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

- Treating the clerkship team in a professional and respectful manner
- Engaging in the core curriculum and participating respectfully at all times
- Arriving at clerkship didactic sessions on time
- Requesting faculty and resident evaluations in a timely manner
- Reviewing and responding to e-mail requests in a timely manner.
- Returning borrowed clerkship materials on time
- Handing in all assignments on time
- Completing all logs and FOCuS forms by the clerkship specific deadline
Inform clerkship leadership and supervising faculty/residents of absences

Feedback on professionalism will be given to students during the mid-clerkship meeting so students will be made aware of any concerns noted by the clerkship directors, clerkship coordinator, faculty or residents.

Positive and constructive comments on professionalism will be included in the narrative of the final clerkship evaluation for each student. Any lapses in professionalism may result in a loss of up to 3% of the total possible clerkship points.

**Ethical Behavior for Examinations and Mandatory Sessions**
- Refrain from any conversation with your peers during exams and as you leave the L-11 testing space, including within the vending room and elevator waiting area, until you are on the elevator.
- 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 E*Value (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 “My Courses” as Geriatrics on your Blackboard landing page.

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

**Assignments**
The schedule of readings and assignments are incorporated into the Lecture schedule.

**EBM Day:** Once during the rotation, students will be assigned an administrative day to complete their EBM paper assignment.
**Study Day:** Students will be given the Thursday prior to the final exam as a study day to review all the lecture learning objectives and Power Points for the exam. No clinical experiences will occur on this day unless required as a makeup day.

**Exam:** A final exam based upon all of the lectures and independent learning activities will be held on campus the morning of the final day of clerkship. Prior to the final exam, the Clerkship Coordinator will email students with details regarding the format and content of the exam.

To support clinical experiences, students are expected to complete several assignments during the clerkship:

**Delirium and Dementia Online Curriculum**
The goal of the delirium and dementia online curriculum is to teach diagnosis, evaluation, and management of common cognitive disorders in the elderly using video clips, mock charts, and an online SoftChalk module. Students will evaluate Mrs. Casimira Rivera as she develops new medical complaints. The Delirium and Dementia topics will be covered in the final exam.

**Culture, Spirituality, and End of Life (EOL) Module**
The Culture, Spirituality, and End of Life (EOL) Module is a set of group sessions and assignments given during the course of the Geriatrics Clerkship that is meant to:

a) Broaden medical students’ awareness of factors to consider in end of life care, including palliative care, hospice, and the influence of religion and culture at the end of life.

b) Facilitate medical students’ own attitudes and feelings about death

Each week, one group session is held (refer to the lecture schedule for specific dates and times). Prior to attending the first 3 sessions, students are required to read designated materials and view specified patient videos to prepare for discussion. In addition, students are required to complete two formal assignments during the series, one being a 10-minute presentation that demonstrates understanding of the various topics covered throughout the series. More details about the assignments and objectives of each session can be found via Blackboard Learn > EOL Module.

**EOL Group Sessions:**
- **Session 1:** Introduction to Palliative Care, Hospice Care, and End of Life (Blackboard Module)
- **Session 2:** The Good Death (Dr. Norton)
- **Session 3:** Cross-Cultural Geriatrics (Blackboard Module)
- **Session 4:** Final EOL Project Presentations (student-led)

**EOL Assignments:**

**Assignment 1:** Personal “Good Death” Narratives (to be completed before Session 2)

a) Read “The Good Death: A World Perspective in the Twenty First Century” in addition to one or more of the reviews from the Lancet on various religious views of a “good death.”

b) Reflect on the articles and respond by describing what would constitute a “good death” for you personally.

c) Review/read the postings of fellow students.

**Assignment 2:** EOL Project Presentations (held on the final day of the clerkship)

a) Present a small project that connects the end of life topics discussed throughout the module.

b) May openly discuss patients, families, your own cultural view and experience with end of life, and/or medical culture surrounding end of life. CREATIVITY IS STRONGLY ENCOURAGED!
EOL Blackboard Curriculum:
   a) *Blackboard Readings:* Before each group session, students are responsible for reading the designated articles. Other optional/supplemental readings and sample forms are also available for students to read.
   b) *Patient Video Clips:* Prior to coming to each group session, students are responsible for watching the specified patient videos.

**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 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. In this packet 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.

**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:** You will be graded on the following areas:
- **Question**
  - Detailed description of patient in term of medical problems and function
  - Identify the patient’s problem and their goals or concerns
  - Clearly define intervention

- **Article**
  - Peer reviewed original research
  - Research question that is reasonably close to meeting patient concern
  - Not a meta-analysis, review article or guidelines summary

- **Assessment**
  - Review results and statistical significance if available
  - Cite strengths of paper
  - Cite weakness or biases of paper
  - Describe if a patient would have been part of the study and impact of possible exclusion criteria

- **Management**
  - Definite statement of choice of intervention
Defend your choice of treatment based on evidence and patient preferences

Description how you would implement it

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

Students are expected to log all patient encounters with preceptors using the patient log in E*Value. The log should be completed to reflect level of participation, diagnoses managed, and procedures done. The student may see more than one diagnosis in a patient and is encouraged to document multiple diagnoses. A printed copy of each students completed patient log must be submitted on the last Wednesday of the clerkship.

The required patient diagnoses to be documented in the logs are:

a. Congestive Heart Failure
b. Memory Difficulties
c. Depression/Anxiety
d. Fall/Gait Disorder
e. Fatigue
f. Incontinence
g. Chronic Kidney Disease
h. COPD/Emphysema
i. The Dying Patient
j. Weight Loss
k. Disability

During orientation, all students receive an advanced clinical competencies card (“blue card”) to aid in the completion of the required procedures associated with the above diagnoses. During each clinical visit, students should show their preceptors their blue cards to prompt the opportunity for each competency to be performed. Each procedure must be signed off by a preceptor, signifying that a competency has been demonstrated. Each student must submit their blue card on the last Wednesday of the clerkship.

The required procedures are:

a. Basic Activities of Daily Life
b. Depression Screening
c. Get up and Go Test
d. Instrumental Activities of Daily Living
e. Mini Mental Status Exam
f. Vision Testing
g. Whisper Test
h. Routine Health Care Maintenance

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. If a student has not been able to experience all required patient encounters, students may address any gaps in their patient encounters by completing make up cases which can be found on Blackboard Learn > Week 4.
**Patient Encounter Log**

Students are expected to log their patient encounters in E*Value (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 directions on how to log patient encounters can be found on the E value help page http://www.bumc.bu.edu/evalue/students/. Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

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

**Collaborative Student Assessment System**
http://www.bumc.bu.edu/busm/files/2016/03/OAA_Collaborative_Student_Assessment_System.pdf

**Student Disciplinary Code of Academic and Professional Conduct**

**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 (Academic Affairs or Student Affairs). Time off requests must comply with the Attendance & Time Off Policy.

  - Time Off Request Form: www.bumc.bu.edu/busm/files/2015/06/Time-off-Request-Form.doc
- Work Hours: http://www.bumc.bu.edu/busm/education/academic-affairs/policies/work-hours/

**Personal Day Policies**
http://www.bumc.bu.edu/busm/education/academic-affairs/policies/personal-days-policy/

**Scrubs Policy**
http://www.bumc.bu.edu/busm/files/2015/06/Scrubs-Policy.pdf
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/academic-affairs/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 http://www.bumc.bu.edu/busm/student-life/student-life/atm/report-an-incident-to-atm/

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


Needle Sticks and Exposure Procedure

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

E*Value Student Resources
http://www.bumc.bu.edu/evaluate/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: https://www.bumc.bu.edu/busm/student-life/professional-development/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. http://www.bu.edu/disability/policies-procedures/academic-accommodations/

Session Learning Objectives and Notes

Older Drivers
Rossana Lau-Ng, MD
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

Pressure Ulcers
Donna Flaherty, MSN, RN, WCC
By the end of Pressure Ulcers, students will be able to:
- State risk factors contributing to pressure ulcers
- Identify prevention strategies for pressure ulcers
- Properly assess and stage pressure ulcers
- Determine appropriate treatment options for pressure ulcers

Urinary Incontinence
George Rosenthal, MD
By the end of Urinary Incontinence, students will be able to:
- Describe normal changes with aging in urinary bladder function
- Contrast common causes of urinary incontinence
- List potential treatments for urinary incontinence

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

Health Literacy
Megan Young, MD / Won Lee, 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

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 and the connection with function and quality of life
- Screen for dental caries, periodontal disease and xerostomia in older adults
- Refer patients to the dentist

The Good Death
Lisa Norton, MD
By the end of The Good Death, students will be able to:
- 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 a approach to setting goals of care for your patients

Home Care
Sharon Levine, MD
By the end of 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.
- List the criteria for eligibility of home health services covered by Medicare
- Identify the reasons for the growth in the home care industry

Appendix A - Critical Review Form for Therapy Study
Use this as a reference for your EBM Paper

<table>
<thead>
<tr>
<th>Users' Guide:</th>
<th>Article:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Did experimental and control groups begin the study with a similar prognosis?</strong></td>
<td></td>
</tr>
<tr>
<td>Were patients randomized?</td>
<td></td>
</tr>
<tr>
<td>Was randomization concealed?</td>
<td></td>
</tr>
<tr>
<td>Were patients analyzed in the groups to which they were randomized?</td>
<td></td>
</tr>
<tr>
<td>Were patients in the treatment and control groups similar with respect to known prognostic factors?</td>
<td></td>
</tr>
<tr>
<td><strong>Did experimental and control groups retain a similar prognosis after the study started?</strong></td>
<td></td>
</tr>
<tr>
<td>Were 5 important groups (patients, caregivers, collectors of outcome data, adjudicators of outcome, data analysts) aware of group allocation?</td>
<td></td>
</tr>
<tr>
<td>Aside from the experimental intervention, were groups treated equally?</td>
<td></td>
</tr>
<tr>
<td>Was follow-up complete?</td>
<td></td>
</tr>
<tr>
<td><strong>What are the Results?</strong></td>
<td></td>
</tr>
</tbody>
</table>
How large was the treatment effect?

How precise was the treatment effect?

**How can I apply the results to my patient care?**

- Were the study patients similar to my patient?
- Were all patient-important outcomes considered?
- Are the likely benefits worth the potential harms and costs?

From McMaster EBCP Workshop/Duke University Medical Center

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**Appendix B - “Who Did You Work With?” in E*Value – Guidelines and Expectations**

**Step by Step Instructions for using Who Did You Work With? in E-Value (e-value.net)**

1. Log onto E-Value (If you have forgotten your log-in please go to E-Value 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 E-Value. 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 – Documenting an independent home visit in epic

Step by Step Instructions for documenting your IHV in epic
1. Go to More Activities at the bottom of the toolbar, on the left
2. Click Encounters
3. Click Encounters again
4. Choose New – DO NOT SELECT A PREVIOUSLY MADE APPOINTMENT
5. Choose type as Documentation
6. Please write your note and then route the note to the PCP

Note: The note should be completed by 9:00am the day after your visit. Step by step instructions with screenshots are also included below.
Click More Activities ➔ Encounters ➔ Encounters

Click New
Select ONH INDEP
LIVE AT HOME

Click Accept
Appendix D – 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, or clinic.

**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 E – Logging Duty Hours
Logging Time

Students can log the length of time (Duty Hours) spent on a given task during a rotation and at a particular site by following these steps:

Step 1: Log in to i2Valve
Step 2: Select the Time Tracking Tab
Step 3: Under Manage Time, Select Log Time

Log Time

Select the appropriate Task

Step 4: For Task drop down, Select the appropriate Task
Step 5: For Course drop down, Select the appropriate Rotation
Step 6: For Site drop down, Select the appropriate Site
Step 7: For Start and End time drop downs, Select the appropriate start and end times associated with the time being logged
Step 8: Finally, 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.

Deleting An Entry

To delete an existing entry, click the delete entry icon on the calendar in the lower portion of the screen.

Deleting an Entry

To delete an entry, click on the delete entry icon then click the OK button in the confirmation prompt.