Geriatrics Clerkship

Department of Medicine
MS 410
2020-2021

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# 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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<tbody>
<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>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)&lt;br&gt;<strong>B.2 -</strong> Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)&lt;br&gt;<strong>B.3 -</strong> Demonstrate compassion, integrity, and respect for others. (5.1)&lt;br&gt;<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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<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>U.1 - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)&lt;br&gt;<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)&lt;br&gt;<strong>U.3 -</strong> Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4)&lt;br&gt;<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)&lt;br&gt;<strong>U.5 -</strong> Develop and carry out patient management plans. (1.6)&lt;br&gt;<strong>U.6 -</strong> Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9)&lt;br&gt;<strong>U.7 -</strong> Demonstrate an investigatory and analytic approach to clinical situations. (2.1)&lt;br&gt;<strong>U.8 -</strong> Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)&lt;br&gt;<strong>U.9 -</strong> Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)&lt;br&gt;<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>
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<td><strong>C -</strong> Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care)</td>
<td>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)&lt;br&gt;<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)&lt;br&gt;<strong>C.3 -</strong> Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)&lt;br&gt;<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)&lt;br&gt;<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)&lt;br&gt;<strong>C.6 -</strong> Maintain comprehensive, timely, and legible medical records. (4.5)&lt;br&gt;<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)&lt;br&gt;<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>
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<tr>
<td>INSTITUTIONAL LEARNING OBJECTIVE</td>
<td>MEDICAL EDUCATION PROGRAM OBJECTIVE</td>
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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. Recognize problems related to pharmacotherapy such as adverse drug reactions, polypharmacy and non-compliance (U.4, R.1)

6. Recognize the need to modify the history and physical examination based on knowledge of sensory deficits and functional limitations (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. Defines and explains the philosophy and role of palliative care, and differentiates hospice from palliative care (C.2, C.3, C.4, C.7, C.8)

9. Demonstrate advanced communication skills by performing structured telehealth visits and modifying the visit to meet the cognitive, sensory and language needs of the patient or caregiver (U.1, U.2, U.5, U.8, U.9, U.10, C.1, C.2, C.3, C.4, C.5, C.7, C.8, S.10)
Contact Information

Clerkship Director

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Pager: 0376
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Clerkship Coordinator

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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 telehealth, clinic and home visits with clinicians to provide medical care for older patients. In addition, students will complete on-line assignments, attend lectures, participate in follow up calls, prepare a narrative focused on My Life My Story (MLMS), create an end of life (EOL) project and prepare an evidence-based medicine (EBM) assignment.

**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/](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](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**
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**
During the sustained COVID pandemic instead of in person patient encounters students will 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 caregiver.
- Students are to complete 5 Telehealth visits with their clinical preceptor(s). Students are expected to write a detailed clinical note documenting the visit in a word document and forward that note to the preceptor they worked with for feedback.
- Students should complete 3 follow-up calls. Students should document these phone calls as a phone note in the electronic medical record.

**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!
• Send note after the visit to your preceptor

Home Visits (HV) 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 the preceptor has emailed them.
• **Safety is important!** Familiarize yourself with *the Section of Geriatrics Home Care Security Policy* and *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., $O_2$ 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 Occupational Health located in Doctor’s Office Building (DOB 7) - Suite 703.
• **Clinical expectations during home visits:** During home visits, medical students assume the role of primary care provider and are expected to:
  o 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.
  o 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.
  o 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 telehealth visits. If a student chooses to leave a home visit, 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 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.

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.

Independent Online Learning
Please complete the following online modules found on Blackboard Learn:
1. Elder Mistreatment
2. Urinary Incontinence
3. Dementia & Delirium
4. Geriatric Screening
5. Low Vision/OT

Assessment and Grading

Clerkship Grading Policy
Due to the COVID pandemic for the AY 2020-2021 the grading of the clerkship has been changed to pass/fail.

<table>
<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>60%</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>30%</td>
</tr>
<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>Pass</td>
<td>70%-100%</td>
</tr>
<tr>
<td>Fail</td>
<td>69.99% and below</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
Follow-up calls
Patient log
Duty Hour log
My Life, My Story

Clerkship Grading Procedures/Policies
The clerkship is pass/fail. In order to pass the clerkship, students must:
• Attend all live virtual zoom sessions (unless excused by the clerkship director)
• Complete all self-study content
• Complete all assignments
• Meet the professionalism requirements
• Pass the final exam

Standard Clerkship Clinical Grade Procedures/Policies
• Preceptors will provide clinical narrative in the CSEF. 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 4 points (depending on which box is checked) for each of the 13 items for a total of 52 possible points. Each CSEF will be weighted based on how long the student worked with each evaluator.
Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data and submit the final clinical evaluation.

### 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 eValue 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. Failure of the clerkship due to unprofessional behavior can be at the discretion of the Clerkship Director.

### 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, they 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 to insufficient clinical time, it will be made up during a break, with no other additional work.

### BUSM Grade Review Policy
BUSM’s Grade Reconsideration Policy is located in section 2.2 of 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 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 Review
You and your clerkship director or assistant clerkship director 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 geriatric final exam 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 to campus/Zoom to take the exam. Students will be given 90 minutes to complete this exam.

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

Testing Center Policies
http://www.bumc.bu.edu/busm/education/medical-education/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.**

Roles and Responsibilities

Clerkship Director
- Oversee the design, implementation, and administration of the curriculum for the clerkship curriculum
- Orient students to the clerkship curriculum
- 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. Evaluate and grade students
- 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
- 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 via telephone visits.
- Provide feedback for patient notes.
- 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

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 of the virtual/in-person 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/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 Attendance & Time Off Policy.

Further, below are expectations for student professionalism in the curriculum. These include, but are not limited to:
- Treating the clerkship team in a professional and respectful manner
- Engaging in the curriculum and participating respectfully at all times
- Arriving at scheduled sessions (e.g. Zoom meetings) on time
- Handing in all assignments on time
- Informing clerkship leadership of absences
- Responding to emails in a timely fashion (within 48 hours)

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.

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 “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/](https://learn.bu.edu/)

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

**Study Day**
Students will be given the Thursday prior to the final exam as a study day to review all of the lecture learning objectives and PowerPoints 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:

**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.

**End of Life Project Presentations**
On the final day of the block, you will meet as a class to present a small project focused on End of Life. This will occur after the final exam. A faculty member will be present to facilitate the discussions that are generated by your projects.

**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
- Present for approximately 5 minutes:

Students who choose to work in teams will be expected to present for 7-8 minutes

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.

For the EOL presentations, we will set up the usual AV in advance (internet-ready laptop & LCD projector with sound). If you plan to use videos/ DVDs, please check with the Education Office first, so that we can ensure that things will run smoothly. You are welcome to make handouts and copies using the copier in the main Geriatrics Office (near the microwave).

**Blackboard Modules**

There are 6 independent learning modules to complete. Please see Blackboard.

**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. 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/

Students are expected to log all patient encounters with preceptors using the patient log in eValue. 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 student's 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. Chronic Kidney Disease
- c. COPD/Emphysema
- d. Depression/Anxiety
e. Difficulty swallowing
f. Disability
g. Fall/Gait Disorder
h. Fatigue
i. Hearing changes
j. Incontinence
k. Memory Difficulties
l. The Dying Patient
m. Weight Loss
n. 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>Fatigue Case</td>
</tr>
<tr>
<td>CKD</td>
<td>Article</td>
</tr>
<tr>
<td>COPD</td>
<td>Telehealth</td>
</tr>
<tr>
<td>Depressed/Anxiety</td>
<td>Depression/Anxiety Module, Case</td>
</tr>
<tr>
<td>Difficulty swallowing</td>
<td>Article</td>
</tr>
<tr>
<td>Disability</td>
<td>Didactic Sessions: Pressure Injury, Home Care</td>
</tr>
<tr>
<td>Fall/Gait Disorder</td>
<td>Didactic Session: Falls, Polypharmacy</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Didactic Session: Fatigue Case</td>
</tr>
<tr>
<td>Hearing Changes</td>
<td>Orientation Session: Intro. To Geri.</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</td>
</tr>
</tbody>
</table>

**Patient Encounter Log**

Students are expected to log their patient encounters in eValue (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/evaluate/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**
http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-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 & Time Off Policy


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/

Boston University Sexual Misconduct/Title IX Policy
Recent Changes to the Clerkship
- Updated the clerkship’s learning objectives to focus on student preparation for intern year
- Added Mental Health Module with Dr. Bronwyn Keefe
- Added Telehealth visits to replace clinical activities
- Added My Life, My Story to supplement the social history aspect

Learning Strategies and Tools

Recommended Texts

eValue Student Resources
http://www.bumc.bu.edu/evale/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. http://www.bu.edu/disability/policies-procedures/academic-accommodations/

Session Learning Objectives and Notes

Fatigue Case
Leah Taffel, MD
By the end of Fatigue Case, students will be able to:
- Formulate a differential diagnosis for fatigue in an older adult
- Review guideline-directed medical therapy for CHF
- Discuss stages of heart failure; be able to identify end stage heart failure
- Recommend appropriate clinical management- hospitalization vs hospice
- Discuss when to refer to palliative care or hospice

Dementia Experience Workshop
By the end of Dementia Experience Workshop, students will be able to:
- Describe the challenges facing a person living with dementia, their family and careers including the stigma of dementia and how it impacts communities, families and individuals
- Practice positive communication techniques and dignity preserving caregiving tactics with those exhibiting cognitive impairment
- Explain the impact dementia has on daily life and particularly how it affects nutrition, medication safety, and financial security.

Falls
Megan Young, MD
By the end of Falls, 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

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 Geriatrics
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 an 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 Ulcers, 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
Lisa Norton, MD
By the end of The Good Death, students will be able to:

- Identify factors influencing a patient’s/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

Online Modules
Delirium & Dementia
By the end of the Delirium and Dementia module, students will be able to:

**Delirium:**
- 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:**
- 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 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 Geriatric Screening module, students will be able to:
- Define elder mistreatment
- Identify risk factors for both the abused elder and the abuser
- Discuss the concept of right to self-determination in relation to elder mistreatment

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 vision
- 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.

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>
</thead>
<tbody>
<tr>
<td>Did experimental and control groups begin the study with a similar prognosis?</td>
<td></td>
</tr>
<tr>
<td>Were patients randomized?</td>
<td></td>
</tr>
<tr>
<td>Was randomization concealed?</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</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</td>
<td></td>
</tr>
<tr>
<td>to known prognostic factors?</td>
<td></td>
</tr>
<tr>
<td>Did experimental and control groups retain a similar prognosis after the</td>
<td></td>
</tr>
<tr>
<td>study started?</td>
<td></td>
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<tr>
<td>Were 5 important groups (patients, caregivers, collectors of outcome</td>
<td></td>
</tr>
<tr>
<td>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>
<tr>
<td>How large was the treatment effect?</td>
<td></td>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>Are the likely benefits worth the potential harms and costs?</td>
<td></td>
</tr>
</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 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, 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 E – 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.