

# **Clerkship Guidelines**

**Academic Year 2024-2025**





# Clerkship Guidelines

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## Medical Education Program Objectives

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:

INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Establish and maintain medical knowledge necessary for the care of patients (MK)	MK.1	Describe the normal development, structure, and function of the human body.
	MK.2	Recognize that a health condition may exist by differentiating normal physiology from pathophysiologic processes.
	MK.3	Describe the risk factors, structural and functional changes, and consequences of biopsychosocial pathology.
	MK.4	Select, justify, and interpret diagnostic tests and imaging.
	MK.5	Develop a management plan, incorporating risks and benefits, based on the mechanistic understanding of disease pathogenesis.
	MK.6	Articulate the pathophysiologic and pharmacologic rationales for the chosen therapy and expected outcomes.
	MK.7	Apply established and emerging principles of science to care for patients and promote health across populations.
	MK.8	Demonstrate knowledge of the biological, psychological, sociological, and behavioral changes in patients that are caused by or secondary to health inequities.
Demonstrate clinical skills and diagnostic reasoning needed for patient care (CSDR)	CSDR.1	Gather complete and hypothesis driven histories from patients, families, and electronic health records in an organized manner.
	CSDR.2	Conduct complete and hypothesis-driven physical exams interpreting abnormalities while maintaining patient comfort.
	CSDR.3	Develop and justify the differential diagnosis for clinical presentations by using disease and/or condition prevalence, pathophysiology, and pertinent positive and negative clinical findings.
	CSDR.4	Develop a management plan and provide an appropriate rationale.
	CSDR.5	Deliver an organized, clear and focused oral presentation.
	CSDR.6	Document patient encounters accurately, efficiently, and promptly including independent authorship for reporting of information, assessment, and plan.
	CSDR.7	Perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort.
	CSDR.8	Utilize electronic decision support tools and point-of-care resources to use the best available evidence to support and justify clinical reasoning.
	CSDR.9	Recognize explicit and implicit biases that can lead to diagnostic error and use mitigation strategies to reduce the impact of cognitive biases on decision making.
Effectively communicate with patients, families, colleagues and interprofessional team members (C)	C.1	Demonstrate the use of effective communication skills, patient-centered frameworks, and behavioral change techniques to achieve preventative, diagnostic, and therapeutic goals with patients.
	C.2	Clearly articulate the assessment, diagnostic rationale, and plan to patients and their caregivers.
	C.3	Effectively counsel and educate patients and their families.
	C.4	Communicate effectively with colleagues within one's profession and team, consultants, and other health professionals.
	C.5	Communicate one's role and responsibilities clearly to other health professionals.
	C.6	Demonstrate appropriate use of digital technology, including the EMR and telehealth, to effectively communicate and optimize decision making and treatment with patients, families and health care systems.

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:

INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
	C.7	Practice inclusive and culturally responsive spoken and written communication that helps patients, families, and health care teams ensure equitable patient care.
	C.8	Communicate information with patients, families, community members, and health team members with attention to health literacy, avoiding medical jargon and discipline-specific terminology.
	C.9	Communicate effectively with peers and in small groups demonstrating effective teaching and listening skills.
Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)	PCC.1	Demonstrate sensitivity, honesty, compassion, and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
	PCC.2	Demonstrate humanism, compassion, empathy, integrity, and respect for patients and caregivers.
	PCC.3	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.4	Show responsiveness and accountability to patient needs that supersedes self-interest.
	PCC.5	Explore patient and family understanding of well-being, illness, concerns, values, and goals in order to develop goal-concordant treatment plans across settings of care.
Exhibit skills necessary for personal and professional development needed for the practice of medicine (PPD)	PPD.1	Recognize the need for additional help or supervision and seek it accordingly.
	PPD.2	Demonstrate trustworthiness that makes colleagues feel secure when responsible for the care of patients.
	PPD.3	Demonstrate awareness of one's own emotions, attitudes, and resilience/wellness strategies for managing stressors and uncertainty inherent to the practice of medicine.
Exhibit commitment and aptitude for life-long learning and continuing improvement (LL)	LL.1	Identify strengths, deficiencies, and limits in one's knowledge and expertise.
	LL.2	Develop goals and strategies to improve performance.
	LL.3	Develop and answer questions based on personal learning needs.
	LL.4	Actively seek feedback and opportunities to improve one's knowledge and skills.
	LL.5	Locate, appraise, and assimilate evidence from scientific studies related to patients' health.
	LL.6	Actively identify, analyze, and implement new knowledge, guidelines, standards, technologies, or services that have been demonstrated to improve patient outcomes.
Demonstrate knowledge of health care delivery and systems needed to provide optimal care to patients and populations (HS)	HS.1	Identify the many factors that influence health including structural and social determinants, disease prevention, and disability in the population.
	HS.2	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.
	HS.3	Demonstrate respect for the unique cultures, values, roles/responsibilities, and expertise of the interprofessional team and the impact these factors can have on health outcomes.
	HS.4	Work with the interprofessional team to coordinate patient care across healthcare systems and address the needs of patients.
	HS.5	Participate in continuous improvement in a clinical setting, utilizing a systematic and team-oriented approach to improve the quality and value of care for patients and populations.
	HS.6	Initiate safety interventions aimed at reducing patient harm.

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
	HS.7	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.
	HS.8	Integrate preventive interventions into the comprehensive health care of individuals.
	HS.9	Explain how different health care systems, programs and community organizations affect the health of neighborhoods and communities.
Exhibit commitment to promoting and advancing health equity for all patients (HE)	HE.1	Define health equity and describe the individual and population level differences in health outcomes and disease burden due to inequities in health care.
	HE.2	Comprehend the historical and current drivers of structural vulnerability, racism, sexism, oppression, and historical marginalization and how they create health inequity.
	HE.3	Explain how one's own identity, lived experiences, privileges, and biases influences their perspectives of colleagues, patients and clinical decision making.
	HE.4	Comprehend and identify the impact of health care inequities through medical decision making tools, interpreting medical literature and reviewing scientific research.
	HE.5	Identify factors needed to advocate for a more diverse and equitable healthcare environment at a local, community, and systems based level.

### Fourth Year Learning Objectives

During the fourth year rotations, students will:

- Demonstrate a hypothesis driven approach to gathering the history of present illness probing for subtle pertinent details when gathering data necessary for differential diagnosis prioritization
- Demonstrate a focused, efficient and systematic physical exam on all relevant systems and perform specific physical exam maneuvers to increase or decrease the likelihood of diagnoses.
- Communicate clinical reasoning effectively in oral presentations, including a concise, well-organized synthesis statement with a leading diagnosis, a prioritized differential diagnosis with justification, and a clear management plan for common and less common conditions
- Provide an appropriate rationale for the management of common and less common conditions using the best available evidence-based data and offers changes to plan, based on patient specific factors, acuity, current response to treatment and new data.
- Communicate about diagnostic testing and how results will influence diagnosis, further evaluation and future plans of care
- Provide patient-centered education/resources to patients when applicable
- Demonstrate an ability to identify “sick” vs “not sick” patients and act with appropriate urgency
- Articulate an appropriate consult question prior to initiating a consult when applicable
- Coordinate with interdisciplinary team members (e.g., consults, referrals, PT, social work, VNA) to improve patient care
- Present a structured signout to the next provider of care using IPASS format.
- Display self-awareness of knowledge, skills, and emotional limitations by engaging in appropriate helpseeking behaviors

### Pre-requisite knowledge and skills

Students must have completed the preclerkship curriculum and the Transitional Clerkship and have taken the Step-I exam prior to entering the core clerkship phase of the curriculum.

## Site Maps

Site maps indicating the availability of student resources at our affiliate hospitals can be found under the Clinical Sites section of the Medical Education Office's Student Resources page at:

<https://www.bumc.bu.edu/camed/education/medical-education/student-resources/#siteinfo>.

## Schedules

Block schedule dates for all clerkships can be located on the Medical Education website:

<https://www.bumc.bu.edu/camed/education/medical-education/academic-calendars/>

## Holidays

Juneteenth: Wednesday, June 19, 2024

Thanksgiving: Wednesday, November 27, 2024 at 12PM – Sunday, December 1, 2024

Intersession: Monday, December 23, 2024 – Sunday, January 5, 2025

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

Holidays by Clerkship can be viewed on the Medical Education website at:

<https://www.bumc.bu.edu/camed/education/medical-education/academic-calendars/#clerkhols>

## Assessment and Grading

All core clerkships and selectives use the below grading structure. **See the clerkship specific materials for each clerkship's graded components.**

HOW MUCH EACH PART OF YOUR GRADE IS WORTH:	
Clinical Grade Percentage	
Shelf/Exam Percentage	25%
"Other" Components Percentage	
HOW YOUR FINAL WORD GRADE IS CALCULATED:	
Honors	
High Pass	
Pass	Numeric Score or between 1.50-2.49 in any domain on the final CSEF
Fail	Numeric Score or <1.50 on any domain on the final CSEF or < 2.00 averaged on the final CSEF (Clinical Fail)
HOW YOUR CLINICAL GRADE IS CALCULATED WITH THE CSEF:	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
SHELF/EXAM GRADING	
Exam minimum passing (percentile/2 digit score)	
What is "Other" and what percentage is it worth?	
Item	
Percentage	



<b>Other components that need to be completed in order to pass the clerkship</b>
Patient log
2 FOCuS Forms – 1 Interview Technique, 1 Physical Exam* *Medicine Clerkship has a SOCS form and a Directly Observed H&P that replaces the FOCUS forms
<b>Standard Clerkship Clinical Grade Procedures/Policies</b>
<ul style="list-style-type: none"> <li>Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. Preceptors DO NOT determine the final “word” grade. You are encouraged to regularly ask for specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component.</li> <li>The CSEF form will be used to numerically calculate your clinical grade: 1 to 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 3rd year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g., if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator.</li> </ul> <p>CSEF Clinical Grade Calculations should be made using the 0.01 decimal point in each domain (though the rounded number will be checked off on the final CSEF form) to give a final number.</p> <p>Any average of &lt;1.50 in any domain = an automatic fail for the clerkship  Any average of &lt; 2.50 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching  &gt;2.50 in all domains, standard rounding will be used  &lt;2.00 = Clinical fail which will = a fail for the clerkship  2.00-3.44 = Clinical pass  3.45-4.44= Clinical high pass  &gt;4.45=Clinical honors</p> <p>The clinical grade will be reported in the CSEF final narrative</p> <ul style="list-style-type: none"> <li>The CSEF clinical score is converted to a final 2-digit percentage that is counted towards the final grade. For example, the final CSEF clinical score average of 4.45 would get converted to 90%. The Final CSEF percentage is used towards the final grade calculation, weighted as indicated in the table above as “Clinical grade percentage” (varies by clerkship).</li> <li>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.</li> </ul>
<b>Clerkship Specific Clinical Grade Procedures/Policies</b>
<ul style="list-style-type: none"> <li>The clinical grade will be worth x% of the final grade of the clerkship and will be calculated out of a 5-point scale from the CSEF</li> <li>The shelf is worth 25% of the final grade of the clerkship. The 2-digit score will be used to calculate the numeric score out of 100.</li> </ul>
<b>Professional Conduct and Expectations</b>
Evaluation of a medical student's performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Student expectations include those listed below in <a href="#">professional compartment sections</a> . If there are multiple professionalism concerns through a clerkship or a student fails to meet the administrative expectations of a clerkship, the student will not be eligible to receive honors on the clerkship. A student will be given feedback prior to receiving their final grade for the clerkship if their professional conduct is of concern. Prior to receiving a final grade, if a

clerkship director determines that a student does not meet the professional conduct and expectations of the clerkship, a student will fail the clerkship. Any professionalism lapses resulting in either a clerkship fail or ineligibility to receive honors will require narrative comments by the clerkship director in the summative comments section of the final evaluation and the student will be given feedback in advance of the final grade form submission.

#### **Shelf Exam Failure & Remediation**

If a student fails their shelf exam, they will receive an Incomplete for the clerkship and retake the exam at the end of the year. Students :

- will not receive a Fail on their transcript if they pass the reexamination.
- will not be eligible for a final grade of honors - if the final grade calculation would earn the student honors, they will receive high pass as a final grade. Students would still be eligible to receive a clinical honors.
- If a student fails the reexamination, they will have Fail on their transcript, and have to remediate the clerkship.

#### **Clerkship Failure & Remediation**

If a student fails a third- or fourth-year clerkship, the student will receive a Fail grade and will be required to repeat the clerkship. The grade for the repeated clerkship will be calculated based on the grading criteria outlined in the syllabus for Pass, High Pass, or Honors independent of the prior Fail. The original Fail grade will remain on the transcript. The original summative evaluation narrative will be included in the MSPE, in addition to the summative evaluation from the repeated clerkship.

If a student fails the remediated clerkship again and the SEPC allows for another remediation, the grade for the repeat clerkship will still be calculated based on the grading criteria outlined in the course syllabus for (Pass, High Pass, or Honors). The original two failures will remain on the transcript. The repeated course will be listed again, and the word (Repeat) will appear next to both course names.

#### **Grade Review Policy**

The School's Grade Reconsideration Policy is located in the Policies and Procedures for Evaluation, Grading and Promotion of Chobanian & Avedisian School of Medicine MD Students:

<https://www.bumc.bu.edu/camed/faculty/evaluation-grading-and-promotion-of-students/>

### **AME/Kaiser Core Faculty Direct Observation**

During the third year, students will be directly observed by their core AME (or Kaiser) faculty three times throughout the year. They will also submit one write up in their core AME/Kaiser faculty's discipline, and one video of a session with an SP for review and feedback. At the end of the year, the core AME/Kaiser faculty will write a narrative summary describing the student's growth trajectory and competency development in the observed domains. This narrative will be included as part of the End of Third Year Assessment (in addition to the EOTYA 6 station OSCE).

### **Formative Assessments**

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

*In the Medicine Clerkship the FOCuS forms will be replaced by SOC's and a Directly Observed H&P.*

### ***Formative Assessment and Feedback Policy***

Boston University Chobanian & Avedisian School of Medicine 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.

Full Policy: <https://www.bumc.bu.edu/camed/education/medical-education/policies/formative-assessment-and-feedback/>

### ***Mid-Clerkship Review***

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

### ***NBME Subject Examination***

Students will take the NBME Subject Examination on the last Friday of the clerkship (unless otherwise communicated by the Medical Education Office). Students are given a reading day the day before the exam. Students do not report to their clerkship site on the reading day or the day of the exam. Students will be given 2 hours and 45 minutes to complete this exam. Shelf exam dates can be found in the [3rd year google calendar](#).

### *Remotely administered assessments*

Students are responsible for ensuring that they meet any technical needs required for remotely administered assessments (e.g., NBME Shelf Exams, OCRAs). This includes, but is not limited to, ensuring:

- computer specifications meet requirements outlined on the Alumni Medical Library website: <https://www.bumc.bu.edu/medlib/computing/busmrequirements/>
- for NBME shelf exams, the student runs the laptop certification process noted below
- a consistent and stable internet connection
- a quiet testing space where the student will not be disturbed during assessment administration

Clerkships will reserve BUMC space as an onsite testing space for any remotely administered assessments. Students who do not have an appropriate testing space or prefer to test on campus should reach out to their clerkship coordinator at least two weeks prior to the assessment to make arrangements to test on campus.

Students with technical difficulties during a remotely administered assessment who do not take their assessment at a designated campus location will not be able to submit a grade reconsideration request solely for this reason.

### Shelf Exam Laptop Certification Process

Students must certify their laptops one week before the NBME Subject Exam and again on the day before the exam. Instructions are provided on the Alumni Medical Library website at:

<http://www.bumc.bu.edu/medlib/services/computing/nbme/>

If a student has technical difficulties during a shelf exam, they must report this to the clerkship coordinator. The clerkship coordinator must inform the Medical Education Office, and the student is required to have their laptop evaluated by BUMC IT before their next shelf exam.

<https://www.bumc.bu.edu/it/support/bumc-it/request/>

### Exam Policies

<https://www.bumc.bu.edu/camed/education/medical-education/policies/exam-policies-for-medical-students/>

### Testing Center Policies

<https://www.bumc.bu.edu/camed/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.** Make-up and remediation exams will typically be scheduled at the end of the third-year blocks between mid-May and early June.

## Roles and Responsibilities

Each clerkship is directed by the School's Clerkship Director who oversees all clerkship sites. Each clinical site is directed by a clerkship site director who ensures that students are appropriately supervised and faculty and residents are prepared to teach at their site. Clerkships also have multiple clinical educators that have varying degrees of exposure to students. The responsibilities of the directors and coordinators are described below

more specifically. Clerkship directors are assisted by assistant clerkship directors, clerkship site directors, and clerkship coordinators.

### **School's Clerkship Director & Assistant Clerkship Director**

- Oversees the clerkship curriculum's design, implementation, and administration
- Defines clerkship specific learning objectives and requirements
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Ensures student and faculty access to appropriate resources for medical student education
- Orients students to the overall clerkship, including defining the levels of student responsibility requirements (i.e., required diagnoses and procedures, direct observations, forms, feedback), grading structure and student schedule
- Oversees teaching methods (e.g., lectures, small groups, workshops, clinical skills sessions, and distance learning) to meet clerkship objectives
- Develops faculty involved in the clerkship and provides faculty development across sites specific to clerkship needs
- Evaluates and grades students
  - Develops and monitors assessment materials
  - Uses required methods for evaluation and grading
  - Assures timely mid-clerkship meetings at all sites with students
  - Ensures students receive timely and specific feedback on their performance
  - Submits final grade form for students via School of Medicine's evaluation system
- Evaluates clerkship, faculty, and programs via peer review and annual data from the Medical Education Office (MEO) and national organizations (AAMC, NBME, etc.)
- Supports each student's academic success and professional growth and development, including identifying students experiencing difficulties and providing timely feedback and resources
- Addresses any mistreatment and professionalism concerns in real time and communicate with MEO
- Participates in the school's clerkship Educational Quality Improvement and peer review processes with completion of action items
- Ensures LCME accreditation preparation and adherence
- Adheres to the AAMC-developed guidelines regarding Teacher-Learner Expectations

### **Overall Clerkship Coordinator**

- Supports the clerkship director in their responsibilities above
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Responds within one business day to student emails and questions
- Maintains student rosters and clinical schedules
- Coordinates orientations and didactic sessions
- Liaises with site directors and administrators to coordinate student experiences across all sites and timely collection of evaluations
- Verifies completion of clerkship requirements, including midpoint and final evaluations for each student, required diagnoses, and FOCuS forms
- Monitors students' reported work hours and report any work hours violations to the clerkship director
- Coordinates and proctors clerkship exams

## Clerkship Site Director

- Oversees the clerkship curriculum and administration at the site
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Is available and responsive to students' questions and concerns
- Ensures all faculty and residents teaching students are oriented to students' expectations, responsibilities, learning objectives, requirements, and assessments used in the clerkship
- Ensures student and faculty access to appropriate resources for medical student education
- Orients students to the clinical site when new students arrive at the site
- Reviews clerkship requirements and student expectations at site
  - Provides site specific information including, but not limited to, lockers, library, call rooms as applicable and required by LCME
  - Reviews site-specific schedule, discusses student role and responsibilities at site, supervision at site, and who to contact with questions and concerns
- Supervises students and ensures clerkship specific required observations are completed
- Meets with the student for the Mid-clerkship review
- Meets with the student for the final exit meeting
- Ensures timely and specific formative feedback based on direct observations
- Works with faculty and residents to delegate increasing levels of responsibility to students based on clerkship requirements
- Provides site didactics when applicable
- Recognizes students with academic or professionalism difficulties and communicates to Clerkship Director in a timely fashion
- Completes and ensures the accuracy of student evaluation forms, including formative and summative narratives for students at the site
  - Ensures collection of feedback and evaluation data from all physicians who work with each student by the end of the clerkship block to meet school's grading deadlines
  - Ensures that narrative data are consistent with and support numerical data
  - Evaluates students fairly, objectively, and consistently following medical school and clerkship rubrics and guidelines
- Addresses any student mistreatment concerns immediately and notifies the Clerkship Director
- Adheres to the AAMC Teacher-Learner Expectations guidelines
- Reviews site specific evaluations at mid-year and end of year and facilitates improvements based on data
- Works with School to provide faculty development for faculty and residents
- Answers Clerkship Director's questions or concerns regarding site evaluation or student concerns
- Participates in educational programming and meetings as requested by Clerkship Director or Assistant Dean for Affiliated Sites
- Adheres to LCME guidelines

## Clerkship Site Coordinator

- Supports the clerkship site director in their responsibilities above

- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Responds within one business day to student emails and questions
- Sends out welcome email informing students where and when to arrive at least 72 hours before student start date
- Provides students with their contact information and remains available for questions and concerns during working days and hours
- Ensures students are oriented to clinics and hospital
- Obtains, tracks, and manages student rosters
- Obtains and maintains student information required by the site, as applicable
- Creates and distributes:
  - Student schedules to students, faculty, and staff before clerkship start date
  - Didactics/Presentation schedules, if applicable
- Schedules mid-clerkship evaluations; tracks and keeps record of completion and provides to overall Clerkship Coordinator
- Informs faculty and overall Clerkship Coordinator of student absences
- Arranges and schedules educational resources as applicable (e.g., SIM lab, EMR & Scrub training) and helps students troubleshoot
- Provides students with necessary documents and resources needed to be oriented to site
- Monitors and processes evaluations for distribution to faculty and residents
- Collects timely feedback from faculty for mid and end of clerkship evaluations to meet School's deadlines
- Collects feedback and evaluation data from all physicians who work with each student by end of clerkship block to meet School's grading deadlines
- Understands evaluation system and all site requirements
- Communicates site information changes (e.g., faculty, rotation details) to School's Clerkship Director and Clerkship Coordinator
- Maintains communication with Clerkship coordinator centrally and response within one business day
- Coordinates site specific meetings and faculty development with School

### Primary Clinical Educators

- Sets and clearly communicates expectations to students
- Observes students' history taking and physical exam skills, and documents it on the FOCuS form
- Delegates increasing levels of responsibility to students based on clerkship requirements
- Maintains appropriate levels of supervision for students at site
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Recognizes students with academic or professionalism difficulties and communicates to Clerkship Director in a timely fashion
- Gives students timely and specific formative feedback based on direct observations
- Assesses students objectively using School of Medicine's evaluation system
- Adheres to the AAMC Teacher-Learner Expectations guidelines

### Supervision

Initially, the primary clinical faculty members should designate time to observe you performing: **history taking, focused physical exam, clinical problem-solving and interaction with patients and patient education.**



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

### Supervision and Delegating Increasing Levels of Responsibility

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

#### Under no circumstances should the following occur:

- Patient leaves the office/hospital without having had a direct face-to-face encounter with clinical faculty/supervising resident.
- Primary faculty gives "prior approval" for student to perform intervention (order labs, prescribe meds) without satisfactory review.
- Patient leaves office/hospital without being informed that assessment/ management plan has been directly reviewed and approved by the faculty.
- Learning in which a student is expected to perform an intervention or encounter without the prerequisite training and/or adequate supervision.
- Student note provides the only record of the visit. Although all faculty see all patients, faculty must document that they were actually the person responsible for seeing and examining the patient.

### Intimate Exam Policy

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

### Physical Exam Demonstrations

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



### Third Year Student

Students are expected to adhere to BU's and Chobanian & Avedisian School of Medicine's policies, provided below in the [BU Policies and Student Support Services section](#).

### 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"

(<https://www.bumc.bu.edu/camed/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, and Personal Days Policy.

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

- Treating and communicating with the clerkship team in a respectful manner.
- Engaging in the core curriculum and participating respectfully with peers and colleagues at all times.
- Arriving at clerkship didactic sessions on time and being present throughout sessions.
- 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 and clerkship documentation on time.
- Completing all logs and FOCuS forms by the clerkship specific deadline.
- Informing clerkship leadership and supervising faculty/residents of absences in advance of the absence.

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

### Ethical Behavior for Examinations and Mandatory Sessions

- Refrain from any conversation with your peers during exams and as you leave the L-11 testing space (when applicable), including within the vending room and elevator waiting area, until you are on the elevator.
- Refrain from leaving your computer camera view at any point during the examination. Any time where a student cannot be viewed may result in failure of the examination.
- Don't seek or receive copies of the examinations
- Signing in classmates, or signing in yourself and not staying for mandatory sessions is considered cheating and violations will be referred to Medical Student Disciplinary Committee
- If you are aware of any violations of the ethical standards listed above, within the Student Disciplinary Code of Academic and Professional Conduct, or otherwise, report it to the Clerkship Director

### **Student Evaluation of the Clerkship**

Student feedback is a highly valued, critical resource for helping us continually improve our curriculum. Evaluation of learning experiences is a requirement of the Liaison Committee on Medical Education. To ensure that we have a representative amount of data on our courses and clerkships, all students are expected to complete an evaluation via the School of Medicine's evaluation system, MedHub (<https://bu.medhub.com/>), 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" on your Blackboard landing page.

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/>

### **Patient Encounters/Case Logs**

Across the third year, there are required patient encounters and procedures that must be logged whenever they are seen. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient.

### **Required Patient Encounters (The Core)**

Each core clerkship has a list of patient encounters and procedures that students are required to see before the end of the rotation. Students should log every time they see any patient with the required patient encounter and continue to log throughout all clerkships.

The full list of encounters and the clerkship-specific lists are available at <https://www.bumc.bu.edu/camed/education/medical-education/faculty-resources/>

### **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. Alternative experiences may be simulation, videos, etc., depending upon the clerkship requirement.

### **Patient Encounter Log**

Students are expected to log their patient encounters in MedHub (<https://bu.medhub.com/>). 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. Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

### **Learning Environment Expectations**

Chobanian & Avedisian School of Medicine has a **ZERO** tolerance policy for medical student mistreatment. We expect students to be aware of the policy for appropriate treatment in medicine, including procedures for reporting mistreatment.

Learning more about the school's efforts to maintain and improve the learning environment at: <https://www.bumc.bu.edu/camed/education/medical-education/learning-environment/>

### **Appropriate Treatment in Medicine**

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. Vincent Smith, MD, directly by email ([vincent.smith@bmc.org](mailto:vincent.smith@bmc.org))
- Submit an online Incident Report Form through the online reporting system <https://www.bumc.bu.edu/camed/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: <https://www.bumc.bu.edu/camed/student-affairs/atm/>

### **Learning Environment Oversight (LEO)**

The Learning Environment Oversight group was established in June 2022 and serves as a mechanism to monitor all aspects of the learning environment and report back to the school community on a regular basis. The group is comprised of representation from the Medical Education Office, Student Affairs Office, Appropriate Treatment in Medicine Committee, and students from all curricular years.

### **Student Support Services**

#### **Academic Enhancement Office**

The Academic Enhancement Office (AEO) supports the academic and personal success of all medical students. Recognizing that individual students have different needs in order to be successful in medical school, various programs and services are available to all current medical students. Programs are designed to help students adjust to the rigors of medical school and strive to learn balance, with more effective study habits that promote and sustain lifelong learning. Through small group sessions and individual meetings, we work with students to leverage the necessary skills to balance academic and personal growth.

<https://www.bumc.bu.edu/busm/student-affairs/office-of-academic-enhancement/>

#### **Tutoring**

Peer tutors may be requested via the Academic Enhancement Office's Peer Tutoring Program at:

<https://www.bumc.bu.edu/camed/student-affairs/office-of-academic-enhancement/academic-enhancement/peer-tutoring-program/>

#### **Disability & Access Services**

Students who wish to request accommodations for learning at Chobanian & Avedisian School of Medicine can do so through Disability & Access Services. Information about the process is available on the Academic Enhancement Office's page: <https://www.bumc.bu.edu/camed/student-affairs/office-of-academic-enhancement/accommodations-for-learning/>

Disability & Access Services' goal is to provide services and support to ensure that students are able to access and participate in the opportunities available at Boston University. In keeping with this objective, students are

expected and encouraged to utilize the resources of Disability & Access Services to the degree they determine necessary. Although a significant degree of independence is expected of students, Disability & Access Services is available to assist should the need arise.

<https://www.bu.edu/disability/accommodations/>

## General Student Policies

### Policies and Procedures for Evaluation, Grading and Promotion of Students

This is a school-wide policy and can be located at: <https://www.bumc.bu.edu/camed/faculty/evaluation-grading-and-promotion-of-students/>

### Early Identification and Feed Forward Policy

[https://www.bumc.bu.edu/camed/education/medical-education/policies/early\\_identification\\_policy/](https://www.bumc.bu.edu/camed/education/medical-education/policies/early_identification_policy/)

### Medical Student Disciplinary Code of Academic and Professional Conduct

The School of Medicine expects all students to adhere to the high standards of behavior expected of physicians during all professional and patient care activities at the school and all of its academic affiliates. All students must uphold the standards of the medical profession. This includes, but is not limited to, being respectful of patients, staff, members of the faculty, their peers, and the community, being aware of the ways in which their conduct may affect others and conducting themselves with honesty and integrity in all interactions.

Students are also required to adhere to the highest standards of academic honesty and professional conduct in relation to their coursework.

<https://www.bumc.bu.edu/camed/about/diversity/prs/medical-student-disciplinary-code/>

### Attendance Policies

On-site hours must be limited to 80 hours per week, averaged over a two-week period. Violations should be reported directly to the clerkship director or to an Associate Dean (Medical Education or Student Affairs). As part of becoming a professional, medical students should have the flexibility to address personal and professional needs at their discretion. In the clerkship year, as students transition to more of a professional work environment, they gain the responsibility of a working professional, yet do not have the agency to attend to their personal needs. As such, the Student Affairs Office and Medical Education Office have developed this personal day policy in conjunction with the clerkship directors for the core clerkship year. In addition to addressing issues of wellness and professional development, this policy will teach students the importance of time management and managing days off.

Time off requests must comply with the Attendance, Time Off, and Personal Days Policy.

- **Attendance, Time Off, and Personal Days Policy:**

- <https://www.bumc.bu.edu/camed/education/medical-education/policies/attendance-time-off-policy/>

- **3<sup>rd</sup> Year Excused Absences & Personal Days Requests:**

- <https://wwwapp.bumc.bu.edu/MedPersonalDays/home/Index>

- **Work Hours:** <https://www.bumc.bu.edu/camed/education/medical-education/policies/work-hours/>

- **Jury Service:** <http://www.bu.edu/dos/policies/lifebook/jury-service/>
- **Religious Observance:** <https://www.bu.edu/chapel/religion/religiouslifepolicies/>
- **Weather Policy:** <https://www.bumc.bu.edu/camed/education/medical-education/policies/weather-policy/>

### **Clerkship Specific Restricted Dates**

Students may not request a personal day that falls within a clerkship’s restricted days. Clerkship-specific restricted days can be found on the Attendance, Time Off, and Personal Days Policy:

<https://www.bumc.bu.edu/camed/education/medical-education/policies/attendance-time-off-policy/#restricted>

### **Scrubs Policy**

<https://www.bumc.bu.edu/camed/education/medical-education/policies/scrubs-policy/>

### **Needle Sticks and Exposure Procedure**

The needle sticks and exposure policy outlines the appropriate preventative measures and what to do in the case of unprotected exposure to body fluids.

<https://www.bumc.bu.edu/camed/student-affairs/additional-student-resources/needle-stickexposure/>

### **Boston University Sexual Misconduct/Title IX Policy**

This university-wide policy can be located at: <http://www.bu.edu/safety/sexual-misconduct/title-ix-bu-policies/sexual-misconducttitle-ix-policy/>

### **Boston University Social Media Guidelines**

This university-wide policy can be located at: <http://www.bu.edu/policies/information-security-home/social-media-guidelines/>

### **Using Generative AI in Coursework Guidelines**

With the increased use of Generative AI, Boston University’s Faculty of Computing & Data Sciences has issued guidelines around use and attribution.

<https://www.bu.edu/cds-faculty/culture-community/conduct/gaia-policy/>

### **School of Medicine Policies**

In addition to the expectations listed above, all students are expected to adhere to Chobanian & Avedisian School of Medicine and Boston University policies.

<https://www.bumc.bu.edu/camed/education/medical-education/policies/>

## **Instructional Tools**

### **MedHub**

Chobanian & Avedisian School of Medicine uses MedHub for evaluation and assessment. MedHub uses Single-Sign-On with BU accounts, and contains tutorial and training resources under the “Help” tab once logged in. Students with technical issues or in need of additional help beyond the resources provided should submit a support ticket via: <https://www.bumc.bu.edu/evaluate/medhub-support-tickets/>

## 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](mailto: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. M3). Always include link(s) to or screen shots of where the issue is occurring.
- **School's Policy on Recordings:** <https://www.bumc.bu.edu/camed/education/medical-education/policies/classroom-recordings/>

# **Geriatrics Clerkship**

**Academic Year 2024-2025**

**Department of Medicine**

**MEDMD 434**

**2024-25**

**Clerkship Director: Megan Young, MD**

**Assistant Clerkship Director: Leah Taffel, MD**

**Clerkship Coordinator: Kyla Botsian**

## Clerkship Learning Objectives

*(Linked to Medical Education Program Objectives in parentheses)*

By the end of the fourth year Geriatrics clerkship, the M4 student will be able to:

- 1 Demonstrate an understanding of the diagnosis and treatment of common geriatric disease and syndromes such as cognitive impairment, delirium, depression, urinary incontinence, falls, fractures, immobility, pressure ulcers, sensory impairment and elder mistreatment
- 2 Distinguish the roles and responsibilities of other team members (nursing, case management, social work, physical therapy)
- 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
- 4 Evaluate and incorporate cognitive, psychosocial and functional status into the overall assessment of the older patient
- 5 When evaluating an older patient's medication list, describe strategies for optimizing medication regimens, and de-prescribing those medications which are potentially inappropriate, high risk, or lack a current indication
- 6 For older patients, particularly for those with cognitive, sensory, or functional impairment, use communication techniques to demonstrate cultural sensitivity and respect, including appropriate body language and thoughtful seating arrangements
- 7 Demonstrates awareness of one's own emotions and attitudes, and coping strategies for managing stress and uncertainty when caring for seriously ill patients
- 8 Define and explain the philosophy and role of palliative care, and differentiates hospice from palliative care
- 9 Elicit what matters most to an older adult, and work with the patient and team to honor these priorities
- 10 Identify health inequities in Boston neighborhoods and the impact of social determinants on the health of older adults in the community
- 11 Identify how structural and social determinants of health impact health outcomes and healthcare access for older adults and those who care for them



## Contact Information

### Clerkship Director



**Megan Young, MD**

Clinical Associate Professor of Medicine

Telephone: (617) 638-8940

Cellphone: (617) 780-9535

Email: [meyoung@bu.edu](mailto:meyoung@bu.edu)

Pager: 7131

Office: Robinson 2008

Office Hours: Email directly to schedule an appointment.

### Assistant Clerkship Director



**Leah Taffel, MD**

Assistant Professor of Medicine

Telephone: (617) 414-1681

Email: [leah.taffel@bmc.org](mailto:leah.taffel@bmc.org)

Pager: 0376

Office: Robinson 2312

Office Hours: Email directly to schedule an appointment.

### Clerkship Coordinator



**Kyla Botsian**

Clerkship Coordinator

Email: [kbotsian@bu.edu](mailto:kbotsian@bu.edu)

Office: Robinson 2700

Office Hours: Email directly to schedule an appointment.

## 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 to develop care plans, learn about home care and what is possible to provide medically for older patients living in the community. Students will participate in clinic, nursing home visits and home visits with clinicians to provide medical care for older patients. In addition, students will complete on-line assignments, attend lectures, prepare a narrative focused on My Life My Story (MLMS), complete a Social Determinants of Health (SDOH) worksheet, and create an end of life (EOL) project.

### *Pre-requisite knowledge and skills*

Students must have completed their third-year clerkships and have taken the Step-I exam prior to taking this clerkship.

## Clerkship Changes Made Based on Feedback

Increased number of clinical activities

## Diversity, Equity, and Inclusion Initiatives

- Added a formal assignment on Social Determinants of Health
- Added health equity didactic using the liberation health model
- Added resources about LGBTQ+ elders to Blackboard site

## Other Recent Changes to the Clerkship

- Added health equity didactic
  - Updated social determinants of health assignment to incorporate information learned in the health equity didactic

## Clerkship Sites

Site maps indicating the availability of student resources at our affiliate hospitals can be found under the Clinical Sites section of the Medical Education Office's Student Resources page at

<http://www.bumc.bu.edu/busm/education/medical-education/student-resources/#siteinfo>.

Boston University Section of Geriatrics encompasses four practices:

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

- Program for All-Inclusive Care for the Elderly (PACE) – Interdisciplinary team works in partnership with patients and families. This model of care helps nursing-home eligible adults remain independent and supported in the community.

### **Skilled Nursing Facility (SNF)**

Our Geriatricians and Nurse Practitioners see patients at the following skilled nursing facilities. All of them provide services to long-term care, short-term rehabilitation, respite care and hospice. Some will have a certified dementia or memory care unit. Therapy services available include physical therapy, occupational therapy and speech and language pathology. Typically, patients are admitted to a SNF for subacute rehabilitation under their Medicare benefit. Long-term care is available under their Medicaid (or Masshealth) benefit. In addition to nursing and therapy support, other disciplines available include social work, activities, and dietary/nutrition.

### **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 in Dorchester with 121 certified beds, located close to Route 93. There are 4 floors including the basement floor. The subacute rehabilitation unit is on the 2<sup>nd</sup> floor. Each floor has a nursing station, unit manager and floor nurses. The facility has a parking lot and street parking available.

Students will see patients who are there for short term rehabilitation as well as those patients who are long term care residents. There is wi-fi available for students to use. The student is expected to write a note to be reviewed by the preceptor - details to be determined by preceptor.

### **Laurel Ridge Rehabilitation & Skilled Care Center**

174 Forest Hills St.

Jamaica Plain, MA 02130

Site Director: Irina Vovnoboy, MD, (617) 731-2400, [Irina.Vovnoboy@bmc.org](mailto:Irina.Vovnoboy@bmc.org)

Laurel Ridge is a skilled nursing facility with 120 certified beds located in Jamaica Plain. There are 4 floors including the ground floor. The subacute rehabilitation unit is on the 1<sup>st</sup> floor. Each floor has a nursing station, unit manager and floor nurses. There is a certified memory care unit. It advertises a program to meet the needs of Spanish speaking patients in the community. There is parking available in the back and adjacent to the building in the parking lot next door.

Students will see patients who are there for short term rehabilitation as well as those patients who are long term care residents. There is wi-fi available for students to use. The student is expected to write a note to be reviewed by the preceptor - details to be determined by preceptor.

### **Marian Manor**

130 Dorchester St.

South Boston, MA 02127

(617) 268-3333

Site Director: Linda Paniszyn, MD, [linda.paniszyn@bmc.org](mailto:linda.paniszyn@bmc.org)

Marian Manor is a skilled nursing and rehabilitation center with 344 certified beds. It is the only remaining SNF in South Boston. The facility is associated with a Catholic Church and also offers pastoral care. There is a small assisted living unit. The building used to be the old Carney Hospital (before Carney relocated). There is no parking at this facility.

Students will see patients who are there for short term rehabilitation as well as those patients who are long term care residents. There is wi-fi available for students to use. The student is expected to write a note to be reviewed by the preceptor - details to be determined by preceptor.

### **Saint Joseph Rehabilitation & Skilled Nursing Center**

321 Centre St.

Dorchester, MA 02122

Site Director: Site Director: Rossana Lau-Ng, MD, (617) 265-2350

Saint Joseph is a rehabilitation and nursing center with 123 certified beds located in Dorchester. The facility was previously a Catholic nursing home but is now privately owned. While it serves all residents in Dorchester, it also has one unit that specifically meets the needs of Vietnamese speaking patients in the community. It has 4 floors including the ground floor. The subacute unit is on the 2<sup>nd</sup> floor, where the therapy staff are also located. There is a parking lot on the premises and some street parking.

Students will see patients who are there for short term rehabilitation as well as those patients who are long term care residents. The student is expected to write a note to be reviewed by the preceptor - details to be determined by preceptor.

### **Sherrill House**

135 South Huntington Ave.

Jamaica Plain, MA

Site Director: Irina Vovnoboy, MD, (617) 731-2400, [irina.Vovnoboy@bmc.org](mailto:irina.Vovnoboy@bmc.org)

Sherrill House is an independent skilled nursing and rehabilitation center with 196 certified beds right off of South Huntington Ave and across from the Jamaica Plain/Boston VA. It has 6 floors including the ground floor and basement.

The first floor of the facility is a certified dementia care unit. The 4<sup>th</sup> floor is a sub-acute rehabilitation unit. There is parking available at the side of the building and in the small garage.

Students will see patients who are there for short term rehabilitation as well as those patients who are long term care residents. There is wi-fi available for students to use. The student is expected to write a note to be reviewed by the preceptor - details to be determined by preceptor.

## **Clerkship Schedules**

### **Learning Schedule**

See schedule on Blackboard Learn ([learn.bu.edu](http://learn.bu.edu)) for the clinical and didactic schedule.

## Clinical Experiences

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

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

## Holidays

Juneteenth: Monday, June 19, 2023

Thanksgiving: Wednesday, November 22, 2023 at 12PM – Sunday, November 26, 2023

Intersession: Sunday, December 24, 2023 – Monday, January 1, 2024

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

Holidays by Clerkship can be viewed on the Medical Education website at:

<http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/#clerkhols>

## Clerkship Grading

<b>HOW MUCH EACH PART OF YOUR GRADE IS WORTH:</b>	
Clinical Grade Percentage	65%
Shelf/Exam Percentage	25%
“Other” Components Percentage	10%
<b>HOW YOUR FINAL WORD GRADE IS CALCULATED:</b>	
Honors	90-100 total points
High Pass	80-<90 total points
Pass	70-<80total points
Fail	<70 total points; or <70 clinical grade; or professionalism issues
<b>HOW YOUR CLINICAL GRADE IS CALCULATED WITH THE CSEF:</b>	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
<b>SHELF/EXAM GRADING</b>	
Exam minimum passing (percentile/2 digit score)	70%
<b>What is “Other” and what percentage is it worth?</b>	
Social Determinants of Health (SDOH) Worksheet & THRIVE Referral	
Percentage	10%
<b>Other components that need to be completed in order to pass the clerkship</b>	
Patient log (13 patient encounters)	
2 FOCuS Forms – 1 Interview Technique, 1 Physical Exam	
End of Life (EOL) Project	
Independent Learning Modules	
My Life My Story (optional)	
<b>Standard Clerkship Clinical Grade Procedures/Policies</b>	
<ul style="list-style-type: none"><li>Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. Preceptors DO NOT determine the final “word” grade. You are encouraged to regularly ask for</li></ul>	

specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component.

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

CSEF Clinical Grade Calculations should be made using the 0.01 decimal point in each domain (though the rounded number will be checked off on the final CSEF form) to give a final number.

Any average of <1.50 in any domain = an automatic fail for the clerkship

Any average of < 2.50 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching

>2.50 in all domains, standard rounding will be used

<2.00 = Clinical fail which will = a fail for the clerkship

2.00-3.44 = Clinical pass

3.45-4.44= Clinical high pass

>4.45=Clinical honors

The clinical grade will be reported in the CSEF final narrative

- The CSEF clinical score is converted to a final 2-digit percentage that is counted towards the final grade. For example, the final CSEF clinical score average of 4.45 would get converted to 90%. The Final CSEF percentage is used towards the final grade calculation, weighted as indicated in the table above as “Clinical grade percentage” (varies by clerkship).
- 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**

- The clinical grade will be worth 65% of the final grade of the clerkship and will be calculated out of a 5-point scale from the CSEF

The shelf is worth 25% of the final grade of the clerkship. The 2-digit score will be used to calculate the numeric score out of 100.

#### **Professional Conduct and Expectations**

Evaluation of a medical student's performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Student expectations include those listed below in [professional comportment sections](#). If there are multiple professionalism concerns through a clerkship or a student fails to meet the administrative expectations of a clerkship, the student will not be eligible to receive honors on the clerkship. A student will be given feedback prior to receiving their final grade for the clerkship if their professional conduct is of concern. Prior to receiving a final grade, if a clerkship director determines that a student does not meet the professional conduct and expectations of the

<p>clerkship, a student will fail the clerkship. Any professionalism lapses resulting in either a clerkship fail or ineligibility to receive honors will require narrative comments by the clerkship director in the summative comments section of the final evaluation and the student will be given feedback in advance of the final grade form submission.</p>
<p><b>Shelf Exam Failure &amp; Remediation</b></p> <p>If a student fails their shelf exam, they will receive an Incomplete for the clerkship and retake the exam at the end of the year. Students :</p> <ul style="list-style-type: none"> <li>• will not receive a Fail on their transcript if they pass the reexamination.</li> <li>• will not be eligible for a final grade of honors - if the final grade calculation would earn the student honors, they will receive high pass as a final grade. Students would still be eligible to receive a clinical honors.</li> <li>• If a student fails the reexamination, they will have Fail on their transcript, and have to remediate the clerkship.</li> </ul>
<p><b>Clerkship Failure &amp; Remediation</b></p> <p>If a student fails a third- or fourth-year clerkship, the student will receive a Fail grade and will be required to repeat the clerkship. The grade for the repeated clerkship will be calculated based on the grading criteria outlined in the syllabus for Pass, High Pass, or Honors independent of the prior Fail. The original Fail grade will remain on the transcript. The original summative evaluation narrative will be included in the MSPE, in addition to the summative evaluation from the repeated clerkship.</p> <p>If a student fails the remediated clerkship again and the SEPC allows for another remediation, the grade for the repeat clerkship will still be calculated based on the grading criteria outlined in the course syllabus for (Pass, High Pass, or Honors). The original two failures will remain on the transcript. The repeated course will be listed again, and the word (Repeat) will appear next to both course names.</p>
<p><b>Grade Review Policy</b></p> <p>The School's Grade Reconsideration Policy is located in the Policies and Procedures for Evaluation, Grading and Promotion of Chobanian &amp; Avedisian School of Medicine MD Students:  <a href="https://www.bumc.bu.edu/camed/faculty/evaluation-grading-and-promotion-of-students/">https://www.bumc.bu.edu/camed/faculty/evaluation-grading-and-promotion-of-students/</a></p>

## Assignments

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

### Exam

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

### Study Day

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

### Exam Policies

<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.

### *My Life, My Story (Optional)*

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 are part of the mission and identity of Boston Medical Center. Understanding cultural cues and norms can aid us to provide culturally sensitive care and can help with challenging discussions.

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

The learning objective of this exercise is to identify and discuss the current patients' social risk factors and how those factors contribute to the patient's health. Students will complete a structured worksheet during and after one of their home visits which focuses on the home environment, neighborhood, and social context which the patient lives in. This worksheet is structured around the Geriatric 5Ms (Tinetti M, Huang A, Molnar F. The Geriatrics 5M's: A New Way of Communicating What We Do. J Am Geriatr Soc. 2017 Sep;65(9):2115. doi: 10.1111/jgs.14979. Epub 2017 Jun 6. PMID: 28586122.).

### **Grading Rubric (Total Points: 14):**

You will be graded on the following areas:

Item	Points Possible	Rubric
Completed observation worksheet	2	2- Filled out worksheet completely 1- Incompletely filled out 0- Not filled out
Completed 5Ms worksheet	2	2- Filled out worksheet completely 1- Incompletely filled out 0- Not filled out
List protective factors for patient	1	1- Offered protective factors/strengths for the patient 0- Not done
List 2 practical interventions	1	1- Offered 2 goal interventions/resources 0- Only offered 1, or did not provide any goals
Patient Power & Privilege	2	2- Listed 2 areas of privilege and 2 areas of marginalization for self and patient 1- Incomplete 0- Not done
Reflection	2	2- Discussed how SDOH contribute to overall health outcomes AND care received 1- Incompletely answered question 0- Not done



Self-Reflection of Personal Power & Privilege	2	2- Listed 2 areas of privilege and 2 areas of marginalization for self and patient 1- Incomplete 0- Not done
Future changes	2	2- Provide 2 examples of how home visits/SDOH will affect how you will practice medicine in the future 1- Incompletely done 0- Not done

### ***End of Life Project Presentations***

On the final day of the block, you will submit your small project focused on End of Life (EOL) to Blackboard. Before starting your EOL project, please read the article in Blackboard, Final Day Deliverables to help get you thinking about end of life.

### **Expectations:**

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

### **Suggestions for Final Projects:**

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

### ***Blackboard Modules***

Please complete the following online modules found on Blackboard Learn:

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

## Patient Encounters/Case Logs

Across the fourth year, there are required patient encounters and procedures that must be logged whenever they are seen. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient.

### Required Patient Encounters (The Core)

<http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/>

Students should log every time they see any patient with the required patient encounter and continue to log throughout all clerkships. Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. The student may see more than one diagnosis in a patient and is encouraged to document multiple diagnoses.

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

- a. Congestive Heart Failure
- b. Chronic Kidney Disease
- c. COPD/Emphysema
- d. Depression/Anxiety
- e. Difficulty swallowing
- f. Disability
- g. Fall/Gait Disorder
- h. Hearing changes
- i. Incontinence
- j. Memory Difficulties
- k. The Dying Patient
- l. Weight Loss
- m. Vision changes

### Alternative Patient Encounters

If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. In this clerkship, the alternative experiences are:

Patient Encounter	Make-Up
Congestive Heart Failure (CHF)	Didactic Session: The Good Death
Chronic Kidney Disease (CKD)	<a href="#">Article</a>
COPD	<a href="#">Article 1</a> ; <a href="#">Article 2</a> (Download the PDF)
Depression/Anxiety	Independent Learning Module: Mental Health & Aging
Difficulty swallowing	<a href="#">Article</a> Didactic Session: Hard to swallow
Disability	Didactic Session: Pressure Injuries, Orientation Session: Intro. To Home Care
Fall/Gait Disorder	Didactic Session: Falls & Hazard of Hospitalization, Polypharmacy Independent Learning Module: Frailty
Hearing Changes	Orientation Session: Intro. To Home Care

Incontinence	Independent Learning Module: Urinary Incontinence
Memory Difficulties	Didactic Session: Delirium Independent Learning Module: Alzheimer’s Disease & Other Dementias
The Dying Patient	Didactic Session: The Good Death
Weight Loss	Independent Learning Module: Elder Mistreatment
Vision Changes	Independent Learning Module: Low Vision/OT

### **Patient Encounter Log**

Students are expected to log their patient encounters in [MedHub \(https://bu.medhub.com/\)](https://bu.medhub.com/). 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. Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

### **Recommended Texts**

- Reuben DB, Herr KA, Pacala JT, et al. *Geriatrics at Your Fingertips: 2023, 25th Edition*. New York: The American Geriatrics Society; 2023.

### **Session Learning Objectives and Notes**

#### **Orientation/Intro to Home Care**

##### **Megan Young, MD/Leah Taffel, MD**

- Describe (or give examples of) the professional, ancillary/supportive, diagnostic, and therapeutic services available in the community for homebound older patients
- Explain the difference between the skilled services performed by a visiting nurse vs. tasks done by a personal care attendant
- Determine a patient’s ability to perform activities of daily living by taking a comprehensive functional history

#### **Health Equity Theory and Practice**

##### **Leah Taffel, MD/Megan Young, MD**

By the end of this lecture, students will be able to:

- Use the liberation health approach to identify how institutional factors, personal factors, and cultural ideology affect people’s health
- Begin the process of thinking about one’s own privilege and power as a health care provider
- Feel confident using THRIVE directory to make referrals to resources in the community

#### **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
- Diagnose and suggest an initial management plan for 3 major oral diseases
- Discuss age-related risk factors that may impact oral health
- Discuss the impact of oral health maintenance/treatments on chronic diseases
- Counsel patients on strategies to help older adults maintain lifelong good oral health

## **The Good Death**

### **Leah Taffel, MD**

By the end of The Good Death, students will be able to:

- Identify factors influencing patients/family's decisions at the end of life
- Develop an approach to goals of care discussions with patients with advanced illnesses
- Discuss indications for referring patients to palliative care or hospice
- Describe common signs of end of life in terminally ill patients

## **Falls**

### **Linda Paniszyn, MD**

By the end of Falls, students will be able to:

- Assess a patient's fall risk using appropriate tools
- Evaluate a patient to determine if they had a fall and if so, the extent of injury
- Implement interventions that reduce the occurrence of falls in community dwelling elders

## **Pressure Injuries**

### **Rossana Lau-Ng, MD**

By the end of Pressure Injuries, students will be able to:

- Describe risk factors for pressure injuries and strategies to prevent them
- Diagnose and stage pressure injuries
- Propose an initial management plan for pressure injuries includes targeting risk factor management, pressure relief and local wound care

## **Polypharmacy**

### **Heidi Auerbach, MD**

By the end of Polypharmacy, students will be able to:

- Define Polypharmacy and inappropriate prescribing
- List causes and complications of polypharmacy
- Provide strategies of how to deprescribe

## **Delirium**

### **Julia Burns, MD**

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

- Distinguish between the clinical presentations of delirium and dementia.
- Formulate a differential diagnosis and implement an initial evaluation and diagnostic work-up in an older adult patient who exhibits signs and symptoms of delirium.
- Develop a nonpharmacologic management plan for a patient with agitated delirium
- Review appropriate use of low-dose antipsychotic medications for the treatment of patients with agitated delirium

## **Alzheimer's disease & Other Dementias**

### **Sarah Phillips, MD**

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

- Recognize the clinical presentation of dementia, and compare and contrast the major subtypes of dementia (Alzheimer's dementia, Vascular dementia, Dementia with Lewy Bodies, and Frontotemporal dementia)
- Propose a basic work-up for cognitive impairment, including a cognitive assessment
- Describe the cognitive and functional decline associated with worsening Alzheimer's disease
- Develop a pharmacologic and nonpharmacologic management plan for patients with advancing dementia, including recommendation of community resources as appropriate.

### **Didactic- Hard to swallow**

**Nicole Mushero, MD, PhD**

By the end of the Hard to swallow lecture, students will be able to:

- Identify risk factors for dysphagia
- Diagnose and appropriately evaluate patients for dysphagia through history, PE and testing
- Identify risks of and limited evidence for dietary modifications in patients with dementia and dysphagia

### **Didactic- Strategies for More Inclusive Care**

**Megan Young, MD**

By the end of this lecture, students will be able to:

- Recognize non-inclusive language
- Give examples of bias language and media used when referring or talking with older adults
- Practice how to use inclusive language

### **Ageism**

**Brent Schell, MD**

By the end of the Ageism lecture, students will be able to:

- Recognize how attitudes towards aging affect the health of older adults
- Identify the role of healthcare professionals in reinforcing age related stereotypes
- Describe interventions used to improve attitudes towards older adults

## **Online Modules**

### **Module- Geriatric Screening**

**Ryan Chippendale, MD**

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

### **Module--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 with regards to concerns about a person's ability to drive

## **Module- Urinary Incontinence**

### **Leah Taffel, MD**

By the end of Urinary Incontinence, students will be able to:

- Create a differential diagnosis for common causes of urinary incontinence
- Perform a history driven by differential diagnosis to determine the cause of and extent of urinary incontinence
- Propose an initial management plan for the specific type of urinary incontinence

## **Module- Low Vision/ OT**

### **Leah Taffel, MD**

By the end of the Low Vision/ OT module, students will be able to:

- Describe the indications to refer an older adult to occupational therapy
- Explain the impact of chronic health conditions and low vision on participation in daily activities
- Explain effective strategies that older adults with low vision use to participate in daily activities

## **Module-Elder Mistreatment**

### **Megan Young, MD**

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

- Define elder mistreatment
- Explain the different types of elder abuse
- Identify the abilities an older patient must demonstrate to determine capacity for making a decision

## **Module- Mental Health & Aging**

### **Bronwyn Keefe, MSW, MPH, PhD**

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

- List barriers to mental health interventions for older adults.
- Diagnose an older adult with depression by using common standardized mental health assessments for older adults
- Propose a treatment plan for depression in older adults

## **Module- Frailty: What is it? And what can we do about it?**

### **Leah Taffel, MD**

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

- Define frailty and identify patients who are at risk
- Diagnose frailty in older adults
- Recognize the negative health consequences associated with frailty
- Consider frailty to help guide interventions and decision making for your patients

## **Module- Transitions of Care for Patients**

### **Megan Young, MD**

By the end of the Transitions of Care for Patients module, students will be able to:

- Identify the different sites of care that older adult patients commonly transition to post-hospitalization including subacute rehab, long term care, assisted living facilities, home with services etc.

- Define the criteria that qualifies older adult patients for the different sites of care including skilled needs and insurance coverage.

## **Appendix – 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?”