

Geriatrics Clerkship

Academic Year 2025-2026

Department of Medicine
MEDMD 434
March 2025

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Clerkship Learning Objectives

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



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Clerkship Coordinator



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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, 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

- Added Social Determinants of Health Didactic
- Updated Didactic structure to ensure they are engaging

Diversity, Equity, and Inclusion Initiatives

- Added Barriers to Equality talk discussing ageism
- Added Social Determinants of Health Didactic

Other Recent Changes to the Clerkship

- Added OSCE to Clerkship
- Added Social Determinants of Health talk
- No longer require My Life My Story project
- Updated exam questions
- Updated Dementia talk
- Removed Health Literacy talk
- Added Barriers to Equality talk

Clerkship Sites

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 four 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 2nd 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

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 1st 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.

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 2nd 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

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 4th 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

Didactic Schedule

Didactics will be held 4 times throughout the clerkship. Every Friday will consist of didactics, via Zoom. The third Monday of the block will consist of in-person didactics. The location varies and will be updated to each block.

If the third Monday of the block is a holiday, the didactics will be moved to the week before.

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.

Clerkship Grading

ASSESSMENT OF LEARNING	
Clinical Grade Percentage	60 %
Shelf/Exam Percentage	25%
“Other” Components Percentage	15 %
CLINICAL GRADE	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
EXAM	
Minimum score to pass	70%
OTHER	
Social Determinants of Health (SDOH) Worksheet	10%
OSCE	5%

2 FOCuS Forms: Physical Exam & Interview Technique	Must be completed
End of Life (EOL) Project	<i>Must be completed</i>
Independent Learning Modules	<i>Must be completed</i>
My Life My Story	<i>Optional</i>
THRIVE Link Referral	<i>Optional</i>
FINAL GRADE	
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
ASSESSMENT FOR LEARNING	These items must be done by the deadlines provided at orientation to be eligible to receive final grade of honors. Students will receive one standard all-clerkship email reminder. Email sample shown below.
Completing patient encounter logs by the last Sunday of the clerkship block.	
Completing all FOCuS forms by the last Sunday of the clerkship block.	
Completing all clerkship assignments by last Sunday of the clerkship block.	
Completing mid-clerkship form in advance of the meeting at mid-clerkship, and submitting the form by the final Sunday of the clerkship block	
Requesting supervisor (faculty, resident etc.) evaluations from all evaluators must be completed by the last Sunday of the clerkship block.	
ASSESSMENT OF PROFESSIONALISM	To meet professionalism expectations students must meet the following expectations listed below:
Arriving at clerkship didactic sessions on time.	
Evaluations are requested by the last Sunday of the clerkship block.	
Reviewing and responding to e-mail requests from clerkship administration within 2 business days	
Returning borrowed clerkship materials (e.g. pager) by the last business day of the clerkship block.	
Informing clerkship leadership and supervising faculty/residents of absences in advance of the absence (barring extenuating circumstances).	
The following are also expectations of the clerkship and repeated patterns of behavior (after feedback with faculty) will be factored into the professionalism conduct component of the clerkship performance:	
Treating and communicating in a respectful manner with all members of the clerkship team, including clinical and administrative faculty and staff.	
Engaging in the core curriculum and participating respectfully with peers and colleagues at all times.	
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 above in professional comportment sections .	
If there are no professionalism concerns, students will receive the following statement in their summative statement: "This student MET the administrative and clinical professionalism expectations of the clerkship."	
A <u>pattern of behavior</u> as reflected (e.g. in more than one narrative comment) in faculty/resident CSEF (clinical professionalism) and/or events noted by clerkship faculty/administration (administrative professionalism) in one or multiple areas, after providing feedback to student, will result in one of the following statements in the final clerkship evaluation:	

- If there are professionalism concerns as detailed in the assessment of learning, assessment of professionalism, or in the CSEF, **the student's final grade will be adjusted down to next grade level (e.g. a student who earns a High Pass will receive the final grade of Pass, or if a student earns a Pass, they will receive the final grade of Fail).** In addition, a student with administrative and/or clinical professionalism concerns will not be eligible to receive final grade honors. An email exchange will be provided to document the professionalism concern and feedback exchanged before a summative statement is placed in the final grade. SAO dean will be cc'd to provide ongoing support.

[illegible]

1. 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

2. 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).
3. 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.

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 during the remediation dates.

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.
- Will still be eligible to receive a clinical honors.
- 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/>

Assignments

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

Exam

The final exam is based upon all the lectures (except Pt./Dr. Relationship & Letter to Self) 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:

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. Gait abnormalities
- h. Hearing changes
- i. Urinary changes
- j. Memory Difficulties
- k. The Dying Patient
- l. Weight changes
- 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)	Article
COPD	Article 1 ; Article 2 (Download the PDF)
Depression/Anxiety	Independent Learning Module: Mental Health & Aging
Difficulty swallowing	Article 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/>). 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

Didactics

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

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.

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
-

Barriers to Health Inequality

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

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

Older Drivers

Hollis Day, MD, MS

By the end of the Older Drivers module, 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

Urinary Incontinence

Leah Taffel, MD

By the end of the Urinary Incontinence module, 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

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

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

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

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

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.

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