Course Directors and Coordinator Contact Information

Course Director: Jacobo Hincapie (Echeverri), MD  
Clinical Assistant Professor, Department of Aging and Geriatric Research  
352-294-5800  
jacobohincapieec@ufl.edu

Co-Director: John Meuleman, MD  
352-376-1611 ex: 6590  
Geriatric / Rehabilitation VA site (GEM/PCU)  
Associate Professor, Department of Aging and Geriatric Research  
John.Meuleman@va.gov

Division Chief: Laurence Solberg, MD  
Chief and Associate Professor, Department of Aging and Geriatric Research  
352-294-5800  
lsolberg@ufl.edu

Department Chair: Marco Pahor, MD  
Chairman and Professor, Department of Aging and Geriatric Research  
352-294-5800  
mpahor@ufl.edu

Course Coordinator: Brian K. Stanton, BS  
352-294-5858  
bstanton@ufl.edu

Course website  
https://find.medinfo.ufl.edu

Course Instructors and Locations for Geriatric Rehabilitation

VA GEM/PCU - Gainesville  
Malcom Randall VA Medical Center  
1601 SW Archer Rd  
Gainesville, FL 32608-1197  
Phone: 352-376-1611  
http://www.northflorida.va.gov/locations/gainesville.asp

John Meuleman, MD  
Associate Professor, Clerkship Co-Director  
GRECC (T2), Room 112  
Ext. 6590; Pager: 376-1611, press 32, then 1596  
Fax: 352-374-6142  
John.Meuleman@va.gov

Nannette Hoffman, MD  
VA CLC, Room 130-12  
Ext. 6104 ; Pager: 352-413-7849  
Fax: 352-374-6868  
Nannette.Hoffman@va.gov

Miho Bautista, MD  
GRECC (T2), Room 114  
Ext. 6521; Pager: 413-0592  
Fax: 352-374-6142  
mbautis@ufl.edu ; Miho.Bautista@va.gov

Leslye Pennypacker, MD  
VA CLC 102-12  
Ext. 5947; Pager: 352-413-0847  
Leslye.pennypacker@va.gov
Wilda Murphy, MD  
**Medical Director**  
Cell Phone: 352-284-1414  
wildamurphy@yahoo.com  
murpwe@shands.ufl.edu

Christopher Leber, MD  
352-373-4321  
leberdoc@aol.com; leberc@shands.ufl.edu

Rigoberto Puente-Guzman, MD  
rpuente@aol.com  
352-373-4321

Nursing station Shands Rehabilitation Hospital  
Phone: 352-265-5499  
**Glenn Gay**  
Assistant to Dr. Wilda Murphy  
Phone: 352-338-2103  
gaygm@shands.ufl.edu

**UF Health - Orthopedic and Sports Medicine Institute**  
Physical Medicine and Rehabilitation  
3450 Hull Rd, Gainesville, FL 32607  
Phone: 352-273-7461  
https://ufhealth.org/uf-health-orthopaedicsand-sports-medicine-institute

Jason Zaremski, MD  
Assistant Professor  
zaremjl@ortho.ufl.edu

Marissa Olegario-Nebel MD  
Assistant Professor  
olegama@ortho.ufl.edu

Mary Ellen Paulk  
Assistant to Drs. Olegario-Nebel & Zaremski: paulkme@ortho.ufl.edu

**Brooks Rehabilitation Hospital**  
3599 University Blvd South  
Jacksonville FL 32216  
Phone: (904) 345-7776  
Fax (904) 345-7772  
www.brookshealth.org

Geneva Jacobs, MD  
Medical Director, Primary Attending  
Geneva.Jacobs@BrooksRehab.org

Gloria Hou, MD  
Gloria.Hou@Brooksrehab.org

**Course Instructors and Locations for Geriatric Medicine: Senior Care clinic and Inpatient Consult Service**

**UF Health Senior Care Clinic**  
2004 Mowry Road, 1st floor, south wing
Gainesville, FL 32611
Phone: 352-294-5800
https://ufhealth.org/senior-care-shands-medical-plaza

**UF Shands Inpatient Consult**
1600 SW Archer Rd
Gainesville, FL 32608
Phone: 352-265-0111

**Jacobo Hincapie (Echeverri), MD**
Clinical Assistant Professor, Clerkship Director, Department of Aging and Geriatric Research
352-294-5800
UF Consult Service site; jacobohincapieec@ufl.edu

**Jianhong (Crystal) Hua, MD**
Assistant Professor, Department of Aging and Geriatric Research
352-294-5800
UF Senior Clinic and Consult Service site; jchua@ufl.edu

**Laurence Solberg, MD**
Chief and Associate Professor, Department of Aging and Geriatric Research
352-294-5800; UF Consult Service site; lmsolberg@ufl.edu

**Course Instructors and Locations for Palliative & Hospice Care**

**Shands Hospital Palliative Care Consult Service**
1600 SW Archer Rd
Gainesville, FL 32608
Phone: Physician on service pager: 413-7356

**Palliative Care and Geriatric Medicine Friday Conferences**
UF College of Public Health and Health Professions
1225 Center Dr, G-109
Gainesville FL 32611
Map: http://facstaff.phhp.ufl.edu/hpnpcourses/0212-G.pdf

**Haven Hospice**
300 NW 8th Ave
Gainesville, FL 32601
Phone: 352-378-7484
http://www.havenhospice.org/

**Marion County Hospice Dr. Merry Lossada, Medical Director**
3231 SW 34th Ave
Ocala, FL 34474
Phone: 352-873-7400
http://www.hospiceofmarion.com/

**Course Instructor: Dr. Melanie Hagen**
Associate Professor of Medicine, Medical Director of Internal Medicine at Medical Plaza
Phone: 352-222-4895
Melanie.Hagen@medicine.ufl.edu
Goals and Objectives

Welcome to your 4th year Geriatric Clerkship. The aim of this clerkship is to provide 4th year medical students with a four-week in depth experience working on multiple geriatric teams to improve the function of frail older patients and manage their acute and chronic medical problems. The rotation is divided into three parts, which consist of one-week of Geriatric Medicine with ambulatory care at the UF Health Senior Care Clinic and inpatient Geriatrics Consult service at Shands Hospital, one-week of Palliative Care at Shands Hospital, Haven Hospice or Hospice of Marion County, and a two-week Geriatrics and Rehabilitation rotation at one of four FL locations – three located in Gainesville and one in Jacksonville.

Goals

- Incorporate a basic working knowledge of aging physiology to evaluate and manage syndromes or diseases unique to or more common in older persons.
- Improve clinical skills of history taking and physical exams of older adults.
- Develop an understanding of and facility in geriatric assessment of older patients including the use of screening instruments and an awareness of the importance of patient function in medical care.
- Recognize the advantages of working collaboratively with an interdisciplinary health care team.
- Develop physician skills in working effectively with other community resources dedicated to the care of older patients in all settings.

General Clerkship Objectives

The Department’s expectations of your performance are in line with the College of Medicine’s competency based curriculum. There are several objectives, both general and specific. You will experience, be taught, and evaluated specifically in the following competencies:

- Patient care (PC)
- Medical knowledge (MK)
- Experience-Based Learning and Improvement (EB)
- Interpersonal Communication (IC)
- Professionalism (P)
- System based practice (SBP)

- Students will demonstrate professionalism and a caring attitude in working with older adults and in particular, frail elderly. (P)
- Recognize and treat each patient as a whole person, integrating body, mind and spirit. (P) (PC)
- Students will be able to obtain historical information and conduct medication reviews and evaluate medication interactions and side effects. (MK) (EB)
- Students will be able to describe geriatric syndromes, including but not limited to: falls, delirium, incontinence, pressure ulcers, polypharmacy, depression, dementia, osteoporosis, sensory deficits including hearing loss, visual and gait impairment, failure to thrive, osteoarthritis, immobility and functional capacity. (MK)
- Students will be able to form a patient-centered, interprofessional and evidence-based management plan. (PC) (EB)
- At the end of the one week palliative care rotation students will be able to (MK) (SBP)
  - Perform a patient assessment
  - Create a care plan to address physical, psychological, social, practical and spiritual needs
  - Discuss treatment withdrawal (antibiotics, hydration)
  - Discuss advance directives with patients
  - Discuss DNR orders
  - Describe the members of a palliative care team
  - Describe venues available to patients for palliative and end of life care
  - Reflect on personal response to working with dying patients

No text book required. All required readings will be posted on StudyCore:
Please login to the StudyCore https://medinfo.ufl.edu/~idcore/dologin.php with your gatorlink username and password for the most up to date course information.

The following textbooks are recommended only for your reference (not required):
- Geriatrics at Your Fingertips;
- Current Geriatric Diagnosis and Treatment;
- Geriatric Physical Therapy;
- http://www.eperc.mcw.edu/EPERC/FastFactsandConcepts
- The Palliative Response, Dr. F. Amos Bailey;
- http://www.uab.edu/medicine/palliativecare/training/palliative-response

**Learning Activities and Objectives for the One-week of Geriatric Medicine: Senior Care Clinic and inpatient Consult service (MK, PC, IC, SBP, EB)**

The student will serve as the acting intern for both ambulatory and inpatient elders. Students will understand geriatric assessment, normal aging, geriatric syndromes, functional assessments of the older adults, appropriate placement of patients in short term rehabilitation and long-term care facilities, and health care planning/promotion/prevention and hospital care for elders. The clerkship is divided into two primary foci – the focus of the 2 days of the week will be chronic diseases in elders, geriatric syndromes and health maintenance, and the focus of the other 2 days will be hospital care for elders, delirium, and polypharmacy. Each day Monday through Thursday 2 students will be in the Senior Care Clinic and 2 students will be on the Consult Service and these will alternate so each experience both clinical settings. Then, every Friday morning (1st and 3rd week) all students from the Geriatric Medicine rotation and the Palliative Care rotation will do the simulation with standardized patient with an observed History and Physical Exam in the Clinical Translational and Research Building, at Senior Care . Every other Friday afternoon (1st and 3rd week) all students from the Geriatric Medicine rotation and the Palliative Care rotation will meet in the conference room in the UF HPNP (Health Professions/Nursing/Pharmacy Complex) G-109, to participate in required small group activities on geriatric syndromes and how geriatrics is different from Internal and Family medicine (see tables 1 & 2).

**UF Health Senior Care Clinic**

- Define and differentiate among types of code status, health care proxies, and advance directives in the state where one is training.
- Accurately identify clinical situations where life expectancy, functional status, patient preference or goals of care should override standard recommendations for screening tests in older adults.
- Accurately identify clinical situations where life expectancy, functional status, patient preference or goals of care should override standard recommendations for treatment in older adults.
- Identify at least 3 physiologic changes of aging for each organ system and their impact on the patient, including their contribution to homeostenosis (the age-related narrowing of homeostatic reserve mechanisms).
- Generate a differential diagnosis based on recognition of the unique presentations of common conditions in older adults, including acute coronary syndrome, dehydration, urinary tract infection, acute abdomen, and pneumonia.

**UF Health Shands Geriatrics Consult Service**

- Compare and contrast among the clinical presentations of delirium, dementia, and depression.
- Formulate a differential diagnosis and implement initial evaluation in a patient who exhibits delirium, dementia, or depression.
- In an older patient with delirium, urgently initiate a diagnostic work-up to determine the root cause (etiology).
- Perform and interpret a cognitive assessment in older patients for whom there are concerns regarding memory or function.
• Develop an evaluation and non-pharmacologic management plan for agitated demented or delirious patients.

• Identify potential hazards of hospitalization for all older adult patients (including immobility, delirium, medication side effects, malnutrition, pressure ulcers, procedures, peri and post-operative periods, transient urinary incontinence, and hospital-acquired infections) and identify potential prevention strategies.

• Explain the risks, indications, alternatives, and contraindications for indwelling (Foley) catheter use in the older adult patient.

• Communicate the key components of a safe discharge plan (e.g., accurate medication list, plan for follow-up), including comparing/contrasting potential sites for discharge.

• Conduct a surveillance examination of areas of the skin at high risk for pressure ulcers and describe existing ulcers.

Learning Activities and Objectives for the One-week of Palliative Care at Shands Hospital and Local Hospices (MK, PC, IC, SBP, EB)
The student will serve for one week as an acting intern for the Shands in-patient palliative care consult service or one of three Haven Hospice care centers or Hospice Care Center of Marion County. Students will learn the assessment and treatment of patients near or at end-of-life. They will practice discussing goals of care and advanced directives with patients and families. They will assess pain and other symptoms such as nausea, constipation and depression. They will explore various pain medication regimens and methods of pain medication delivery as well as other medical and non-medical treatment plans. They will learn the role of clergy and the role of hospice care. They will be exposed to ethical issues in end of life care such as withdrawal or withholding of therapies and nutrition and fluids. The majority of their time from Monday through Thursday each week will be spent at the assigned facility. Students assigned to one of the hospice care centers may be invited to assess patients in their homes along with the home care team. Every other Friday afternoon (2nd and 4th week) all students on the Palliative Care and Geriatric Medicine rotations will meet in the conference room in the UF HPNP G-109, 1:00 – 4:00 pm for small group activities (see tables 1 & 2). These will include presentation of a patient care plan, sharing of new knowledge about palliative care with peers and reflection on personal reactions to death and dying. Assess and provide initial management of pain and key non-pain symptoms based on patient’s goals of care. Identify the psychological, social, and spiritual needs of patients with advanced illness and their family members, and link these identified needs with the appropriate interdisciplinary team members. Present palliative care (including hospice) as a positive, active treatment option for a patient with advanced disease.

Learning Activities and Objectives for the Two-week Geriatrics and Rehabilitation rotation (MK, PC, IC, SBP, EB)
The student will serve as the acting intern for frail elders in an acute-care rehabilitative, sub-acute rehabilitative, or long-term care with rehabilitation setting. Students will manage medical problems and will learn how to function as part of an interdisciplinary health team. The clerkship is divided into two primary foci – the focus of the first week will be Falls and Dysmobility, and the focus of the second week will be Major Neurocognitive Disorders in the Elderly. The majority of students’ time from Monday through Thursday each week will be spent at the assigned facility. The 2nd or 4th Friday afternoons 1:00 – 3:00 pm at the Gainesville VA GRECC, all students in the Geriatrics and Rehabilitation rotation will participate in the Virtual Dementia Tour to better understand the behaviors and needs of Alzheimer's patient. The Virtual Dementia Tour is a scientifically proven simulation method designed to increase sensitivity toward those with Alzheimer’s disease and related dementias. Then we will meet in the conference room at the Gainesville VA GRECC to participate in required small group activities (see tables 1 & 2).
• Explain impact of age-related changes on drug selection and dose based on knowledge of age-related changes in renal and hepatic function, body composition, and Central Nervous System sensitivity.

• Identify medications, including anticholinergic, psychoactive, anticoagulant, analgesic, hypoglycemic, and cardiovascular drugs that should be avoided or used with caution in older adults and explain the potential problems associated with each.

• Document a patient’s complete medication list, including prescribed, herbal and over-the-counter medications, and for each medication provide the dose, frequency, indication, benefit, side effects, and an assessment of adherence.

• Assess and describe baseline and current functional abilities in an older patient by collecting historical data from multiple sources, making sure to include instrumental activities of daily living and activities of daily living, and performing a confirmatory hearing and vision examination.

• Develop a preliminary management plan for patients presenting with functional deficits, including adaptive interventions and involvement of interdisciplinary team members from appropriate disciplines, such as social work, nursing, rehabilitation, nutrition, and pharmacy.

• Identify and assess safety risks in the home environment, and make recommendations to mitigate these.

• Ask all patients > 65 years, or their caregivers, about falls in the last year, watch the patient rise from a chair and walk (or transfer), then record and interpret the findings.

• In a patient who has fallen, construct a differential diagnosis and evaluation plan that addresses the multiple etiologies identified by history, physical examination and functional assessment.

Table 1: Student Group Rotations

<table>
<thead>
<tr>
<th>Site of Rotation</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Geriatric Medicine: Senior Care Clinic and Consults (1 week)</strong></td>
<td>Student Group #1 (4 students)</td>
<td>Student Group #2 (4 students)</td>
<td>Student Group #3 (4 students)</td>
<td>Student Group #4 (4 students)</td>
</tr>
<tr>
<td><strong>Palliative Care (1 week)</strong></td>
<td>Student Group #2 (4 students)</td>
<td>Student Group #1 (4 students)</td>
<td>Student Group #4 (4 students)</td>
<td>Student Group #3 (4 students)</td>
</tr>
<tr>
<td><strong>Geriatrics and Rehabilitation (2 weeks)</strong></td>
<td>Student Group #3 (4 students) + Student Group #4 (4 students)</td>
<td>Student Group #3 (4 students) + Student Group #4 (4 students)</td>
<td>Student Group #1 (4 students) + Student Group #2 (4 students)</td>
<td>Student Group #1 (4 students) + Student Group #2 (4 students)</td>
</tr>
</tbody>
</table>
Table 2: Schedule of Activities for a Typical Week: Monday – Friday, *6:30 am – 5:00 pm

<table>
<thead>
<tr>
<th>Monday to Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Geriatric Medicine: UF Health Senior Care Clinic and Consult service (one week)</strong></td>
<td><strong>Morning (1st and 3rd) all students on the Geriatric Medicine and the Palliative Care rotations will do the simulation with standardized patient at the UFHealth Senior Care Clinic, unless specified otherwise.</strong></td>
</tr>
<tr>
<td>• Assigned facility (Monday and Wednesday for Clinic; Tuesday and Thursday for consult)</td>
<td><strong>Afternoon (1st and 3rd): all students on the Geriatric Medicine and the Palliative Care rotations meet at the HPNP G-109 for small group didactic activities 1 – 4 pm.</strong></td>
</tr>
<tr>
<td>• Meet your attending physician</td>
<td><strong>Afternoon (2nd and 4th): all students on the Geriatric Medicine and the Palliative Care rotations meet at the HPNP G-109 for small group sessions 1 – 4pm.</strong></td>
</tr>
<tr>
<td>• Get and follow up your assigned patients</td>
<td><strong>Geriatrics and Rehabilitation rotation (two weeks)</strong></td>
</tr>
<tr>
<td>• Assigned facility, meet your attending physician</td>
<td><strong>Afternoon (1st and 3rd) sessions with PT/OT on equipment usage and small group didactic activities on Falls / Dysmobility 3-5pm at the Gvl VA GRECC.</strong></td>
</tr>
<tr>
<td>• Get and follow up your assigned patients</td>
<td><strong>Afternoon (2nd and 4th) all students of the group will participate the Virtual Dementia Tour 1- 3 pm, then Major neurocognitive disorders 3- 5pm, both at the Gvl VA GRECC.</strong></td>
</tr>
</tbody>
</table>

**Grading:**

I. **Student Assessment: 75% Clinical Performance**

**Professionalism:**

1. Professionalism is assessed by each physician that evaluates the student on each rotation in the clerkship. This is graded subjectively by the physician through interactions with the student. (See Attachment 1.)
2. The tenets of professionalism are:
   a. Respectfulness
   b. Work ethic/Dependability
   c. Honesty

The following process is specific to the UF Senior Clinic site:

1. Meet your attending physician first and you will get an assigned patient. When a patient is in a room and a flag is up you may go in and examine the patient.
2. New patient visit: arrive at the clinic 15 minutes prior to the start of clinic to follow the new patient. You are responsible for tracking the new patient from start to finish. The student will start the history and physical including History of Present Illness, Past Medical and Surgical history, social history, family history, Functional abilities, medications, review of systems, vaccination and health maintenance. The student will perform a physical exam including a functional assessment with a timed up and go test. The student will then present the case to the attending physician.

3. Established patient visit: visit with the patient and complete progress note. You may present the patient to the attending physician before or after the progress note is completed depending on time availability.

4. Progress notes: be sure to complete the EMR progress noted before leaving for the day, the geriatric attending physician will sign off the note.

5. Typically, one faculty member at each site is responsible for completing the student Evaluation form based on a compilation of their assessment and the assessment of others who worked with the student (primarily other faculty and residents, although input from clinic staff, patients and peers will be considered when pertinent).

The following process is specific to the UF Shands Geriatrics Consult service site:
1. Meet attending physician first and be assigned patients. Follow with attending for one patient to understand how to conduct consultations.
2. It is expected that students will pick up two existing patients (one for each day). Every patient needs a consult note; the note should be on the chart by the end of the day. Students should pre-round on all their patients and be on time and prepared for work rounds.
3. The student will then meet with the attending physician and present the case.
4. Typically, one faculty member at each site is responsible for completing the student Evaluation form based on a compilation of their assessment and the assessment of others who worked with the student (primarily other faculty and residents, although input from clinic staff, patients and peers will be considered when pertinent).

The following process is specific to the one-week of Palliative Care at UF Shands or Community Hospice locations:
1. Students will be expected to work up at least one new patient during the week and to follow several patients on the service, assisting in care, family conferences and writing notes.
2. Student will round with clergy and social workers on the team as well as the physicians and nurse practitioners.
3. Students will be expected to complete a palliative care plan for one patient. See examples and grading rubric on the StudyCore website [https://medinfo.ufl.edu/~idcore/dologin.php](https://medinfo.ufl.edu/~idcore/dologin.php)

The following process is specific to two-week geriatric/rehabilitation rotation
1. It is expected that on the first day students will pick up two existing patients and then admit new patients regularly until they achieve a maximum census of 6 patients. Every patient needs an H&P and at least twice-weekly progress notes or as required. H&Ps should be on the chart by the end of the day of admission. Students should pre-round on all their patients and be on time and prepared for work rounds.
2. Typically, one faculty member at each site is responsible for completing the student Evaluation form based on a compilation of their assessment and the assessment of others who worked with the student (primarily other faculty and residents, although input from clinic staff, patients and peers will be considered when pertinent).
II. Student Assessment: 15% – Assignments

The following assignments are specific to the UF Health Senior Care Clinic and Consult service site:

1. **Case Study (5%)**: Have a brief write-up (1-2 pages) of your interesting patient, include a brief H & P, as well as the specific geriatric assessment tools and evaluations that you used to reach your conclusions. Then conclude by how you communicated with this patient, how you set goals with them, and evidence-based management plan.

2. **Presentation (5%)**: Chose a topic of interest to you in Senior Clinic or inpatient service, research the topic and make a 5 - 10 minute presentation to the group on your findings at the Friday small group. This can be either a presentation of information or a reflection. It should be either a 1 to 2 page paper or 5 - 10 PowerPoint slides. See StudyCore website for topic ideas.

3. **Completion of Readings (to be posted on StudyCore) (5%)**:
   - Delirium
   - Depression
   - Osteoporosis
   - Urinary incontinence
   - Polypharmacy: AGS Beers Criteria
   - Malnutrition and feeding problems
   - Health maintenance, exercise and nutrition

The following assignments are specific to Palliative Care week:

1. **Case Study (5%)**: Develop a palliative care plan for one of the patients seen on the rotation using the format for a palliative care consult on the course website.

2. **Presentation (10%)**: Students will choose one topic in palliative care of interest to them, research the topic and complete a 10 minute presentation on their topic at the Friday small group. This can be either a presentation of information or a reflection. It should be either a 1 - 2 page paper or 5 - 10 PowerPoint slides. See StudyCore website for topic ideas.

3. As an alternative to the topic presentation above students can write a one page (minimum) reflection on personal reaction to working with dying patients using experiences on this rotation or previous rotations. See examples and grading rubric on StudyCore website.

The following assignments are specific to two-week Geriatrics and rehabilitation rotation:

1. **Case Study (10%)**: Geriatrics Interdisciplinary Care summary (GICS) Write-up of Geriatrics Interdisciplinary Care Summary [Swiss Cheese Model of Geriatrics] on a practice case and two patients to be evaluated by clinical faculty, starting Day 1 with the practice case. a. See “Guide to Write-Up Assignment Using the Swiss Cheese Model of Geriatrics” for full deadlines and instructions, starting with DAY 1.

2. **Completion of Learning Modules (5%)**: Successful completion of two modules of web-based self-assessment of knowledge. Students must complete one module every week before each small group session and bring the printed completion report, achieving a grade of at least 87%.
   i. Online Falls & Dysmobility Module
   ii. Online Dementia & Psychosocial Issues Module
      - Virtual Dementia Tour (VDT): To better address education on the difference between dementia and delirium.
      - Clock drawing – medical students will be required to perform the clock drawing test on their patients at their assigned clinical sites using the clock drawing test form available in StudyCore. Turn in to your preceptor during week 2.
III. Student Assessment: 10% – Participation in FRIDAY Afternoon Conference

The following participation requirements are specific to the Geriatric Medicine: UF Health Senior Clinic and Consult service site:

1. Student Participation in the MANDATORY Small Group Sessions FRIDAY afternoons (1st or 3rd) at the Gainesville, UF HPNP G-109 at 1:00 - 3:00 p.m.
2. Active participation (i.e, asking/answering questions, being fully engaged, being an active listener & presenter, demonstrating interest)
3. Bring your printed case study completion reports.
4. Recommended text books (not required): Geriatrics at Your Fingertips; Current Geriatric Diagnosis and Treatment; Geriatric Physical Therapy. All required readings will be posted on StudyCore.
5. Topic & assignments of the week will be
   I. delirium
   II. polypharmacy

The following participation requirements are specific to the Palliative Care week:

1. Student Participation in the MANDATORY Small Group Sessions FRIDAY afternoons (2nd or 4th) at the Gainesville, UF HPNP G-109 at 1:00 - 4:00 p.m.
2. Students are expected to participate actively in the discussion.
3. Recommended text books (not required): Geriatrics at Your Fingertips; Current Geriatric Diagnosis and Treatment; Symptom Management Algorithms: A Handbook for Palliative Care. All required readings will be posted on StudyCore.
4. Topic of the week & assignments will be
   I. Discussion of Case Studies, presentations, and reflection papers.

The following participation requirements are specific to two-week Geriatric/rehabilitation rotation:

1. Student Participation in the MANDATORY Small Group Sessions at the Gainesville VA GRECC T-2, weeks vary, depending on your group assignment
   a. 1st or 3rd Friday for Falls and Dysmobility, 3:00- 5:00 p.m.
   b. 2nd or 4th Friday, 1:00 – 3:00 p.m. for the Virtual Dementia Tour and then at 3:00- 5:00 p.m. for Dementia & Psychosocial Issues.
2. Active participation (i.e, asking/answering questions, being fully engaged, being an active listener, demonstrating interest) in the two small group sessions Friday afternoons.
3. Bring your printed module completion reports.
4. Recommended textbooks (not required): Geriatrics at Your Fingertips; Current Geriatric Diagnosis and Treatment; Geriatric Physical Therapy. All required readings will be posted on StudyCore.
5. Topic & assignments of the week will be
   I. Falls and Dysmobility [Week 1 or 3]
   II. Dementia and Psychosocial Issues [Week 2 or 4]

Final Grade Determination
The final grade of the Pediatric Clerkship Program is determined by the outcomes of these three sections: Core Competencies, Portfolio Compilation, and Medical Knowledge.
Total Grade (100%) = Clinic Performance (75%) + Student Assignments (15%) + Friday Afternoon Conference (10%)

Remediation Policy
Students must satisfactorily complete all required components of each rotation in the clerkship. Students who do not do so will receive an incomplete grade (H) for the clerkship until all components are satisfactorily completed. Students with an unsatisfactory performance in any area should discuss the process and timing of remediation with the clerkship director. In general, failure on an exam is remediated
by retaking the exam and achieving a passing score. Failure to satisfy a clinical or professionalism component is remediated by the satisfactory completion of an individualized plan of remediation. This remediation should be proposed by the clerkship director and approved by the Academic Status Committee.

**Student’s Attendance**

Although the designated hours of the clerkship will be Monday through Friday from 6:30 am – 5:00 pm, students will be expected to be available as their site, cases, and patients require. (e.g. An attending starts rounds early; or a two-hour admission occurs at 4:00 p.m., students will be expected to complete the admission regardless of the time.) Fridays are mandatory, so your requests to take off early may be denied. Do not plan around leaving early or to attend before your rotation.

Attendance is required at all clerkship activities. Daily attendance is required for all aspects of the clinical rotations. During clinical rotations, typical “holidays” are not taken unless specifically mentioned by the clerkship (Christmas and Thanksgiving are exempt from this rule). If you have any unexpected or planned absences, you MUST notify those faculty members who supervise your clinical experiences and the Geriatric Medical Education Office. The geriatric clerkship adheres to all COM policies and procedures. For further information regarding policies and procedures, please refer to the website at [http://osa.med.ufl.edu/policies/](http://osa.med.ufl.edu/policies/).

On the Geriatric clerkship, we consider you an integral member of the team with patient care responsibilities. Thus, when you are absent, someone else covers these responsibilities. Unlike an undergraduate course, you cannot "make-up" most assignments. For this reason, on this clerkship, planned absences are strongly discouraged and should be reserved for emergency situations.

**Unplanned Absences**

In the event of a single-day, unexpected absence due to illness, you MUST notify the Geriatric Clerkship Coordinator ([bstanton@ufl.edu](mailto:bstanton@ufl.edu)) and Clerkship Director ([jacobohincapieec@ufl.edu](mailto:jacobohincapieec@ufl.edu)) as soon as physically possible. If unable to reach the Geriatric Clerkship Coordinator or Clerkship Director, contact the UF Office of Student Affairs. If longer than a single day, the COMCEC Staff must be notified in addition to the Geriatric Clerkship Coordinator or Clerkship Director.

**Planned Absences**

Students must contact the clerkship director as far in advance as possible (these requests must be made at least 4 weeks prior to the beginning of the clerkship) to discuss and obtain the permission of the clerkship director to be absent from assigned responsibilities in the case of planned meetings, events such as weddings or family gatherings, or the observation of a personal religious holiday. Once permission is obtained for the planned absence, the student must notify COMCEC of the approved dates for the absence.

**Holidays**

Students are allotted the following holidays: Thanksgiving, Winter Break and Match Day. Thanksgiving is defined as beginning 7pm Wednesday, Nov. 25 and ending 5am Monday, Nov. 30. Winter Break is determined by the UF COM Academic Calendar (Dec 20, 2015 – Jan 3, 2016). Match Day is March 18, 2016 this calendar year. The COM recognizes other holidays, both religious and secular, which are of importance to some individuals and groups. Students wishing to observe these holidays must inform the Geriatric Clerkship Coordinator or Clerkship Director before Clerkship begins. In the event of such request, an alternate assignment or arrangement may be provided to the student to ensure adequate clinical experience. The timing of this make-up work is at the discretion of the Clerkship Director and may fall during other holiday periods when appropriate. Missed days which cannot be completed before clerkship end date results in a grade of “Incomplete”.

Additional requirements for class attendance and make-up exams, assignments, and other work in this course are consistent with university policies that can be found at: [http://osa.med.ufl.edu/policies/](http://osa.med.ufl.edu/policies/)
Make-up Sessions

In the event of an unplanned absence, you will be required to make-up the time missed in order to ensure adequate clinical experience. This may require extra work or clinical experience depending on the session missed, as directed by the Course Director. Failure to adhere to these policies and procedures will result in a lowered professionalism competency score.

Students with disabilities

*Students with disabilities requesting accommodations should first register with the Disability Resource Center (352-392-8565, www.dso.ufl.edu/drc/) by providing appropriate documentation. Once registered, students will receive an accommodation letter, which must be presented to the instructor when requesting accommodation. Students with disabilities should follow this procedure as early as possible in the semester.

Grading Policies/ Student Performance Criteria

*For additional expectations and requirements, review the UF, College of Medicine Medical Education Program Policies and Procedures [http://osa.med.ufl.edu/policies/](http://osa.med.ufl.edu/policies/)

1. **Internal and external measures used to assess student’s knowledge and skills.**
   Students will be evaluated by Faculty and Preceptors using both formative and summative feedback to arrive at an appropriate grade of the student’s performance.
   On the last day of the rotation, all students will participate in a debriefing with the clerkship group.
   **The course evaluation form can be accessed in Studycore under “evaluation.”** The evaluation period is open the first day of the rotation and up to 7 days after.

2. **Describe the system for giving formative feedback:**
   At the end of the first week, students will be assessed by faculty and preceptors on the six core competencies:
   - Patient care (PC)
   - Medical knowledge (MK)
   - Experience-Based Learning and Improvement (EB)
   - Interpersonal Communication (IC)
   - Professionalism (P)
   - System based practice (SBP)
   This will be accomplished using a 9-point scale. A representative evaluation form is included in the syllabus and in the online orientation.

3. **System for determining summative evaluation and grade determination:**
   In the vast majority of cases, the final grade is derived directly from the student's clinical performance evaluated by clinical preceptors in each category of the clinical competencies. However, the Clerkship Director reserves the right to adjust a student’s final grade in such a way that it best reflects the student's actual performance and their achievement of the clerkship competencies. Summative forms will be completed and submitted online by the clerkship directors. After review and analysis of the summative feedback forms, clerkship director and co-director will assign the student a grade as follows: A (88-100), B+ (80-87.9), B (60-79.9), C+ (50-59.9), C (40-49.9), D+ (30-39.9), D (20-29.9), E (Fail 0-19.9), and I (incomplete).
UF Student Honesty Policy / Honor Code

UF students are bound by The Honor Pledge, which states, "We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honor and integrity by abiding by the Honor Code. On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied: “On my honor, I have neither given nor received unauthorized aid in doing this assignment.”

The Honor Code (http://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/) specifies a number of behaviors that are in violation of this code and the possible sanctions. Furthermore, you are obligated to report any condition that facilitates academic misconduct to appropriate personnel. If you have any questions or concerns, please consult with the instructor or TAs in this class.

Contact Information for UF Student Counseling & Wellness Center

Contact information for the Counseling and Wellness Center: http://www.counseling.ufl.edu/cwc/, 392-1575; and the University Police Department: 392-1111 or 9-1-1 for emergencies
Attachment 1:
Geriatric Medical Student Summative Evaluation of Competencies

Student Name: Rotation: Year:
Evaluator: Contact Time (Weeks):

1. PRIMARY AREA OF CONTACT (select all that apply):
   □ Geriatrics/Rehabilitation  □ Geriatric Med: Senior Care Clinic and Consult Service  □ Palliative & Hospice

2. PROFESSIONALISM (20%)
   I. Respectfulness
      □ Always Respectful
      □ Minor lapse in respectfulness
      □ Areas of concern (describe in comments section)
   II. Work Ethic/Dependability
      □ Consistently takes initiative and follows through
      □ Sometimes requires prompting but always follows through
      □ Area of concern (describe at end of form)
   III. Honesty
      □ Honest even when it entails personal risk (e.g. readily admits mistake, gives credit to others, etc.)
      □ There were no concerns
      □ Area of concern (describe in comments section)

PROFESSIONALISM COMMENTS:
Please utilize this section to detail any areas of concern.

ADDITIONAL COMMENTS:
After completing the survey on page two, scores less than three or greater than seven require comment. Positive remarks and constructive criticism are also greatly appreciated and encouraged.

3. PATIENT CARE
   □ History Taking (5%)
   □ Physical Exam (10%)
   □ Clinical Judgment/Decision-making/ Problem Solving (10%)
   □ Preventative Care/Health Maintenance (5%)

4. INTERPERSONAL COMMUNICATION
   □ Patient/Family (10%)
   □ Oral Presentation (10%)
   □ Written Medical Record (10%)

5. PRACTICE-BASED LEARNING AND IMPROVEMENT (10%)

6. SYSTEM-BASED PRACTICE (10%)