

Cover Sheet: Request 16454

MDC 7140 Geriatrics Clerkship

Info

Process	Course Modify Ugrad/Pro
Status	Pending at PV - University Curriculum Committee (UCC)
Submitter	Kathy Green kathylgreen@ufl.edu
Created	8/20/2021 10:50:16 AM
Updated	8/20/2021 11:35:03 AM
Description of request	<p>Summary of the proposed changes are as follows:</p> <ol style="list-style-type: none"> 1. Uncouple Family Medicine and Geriatrics into 2 separate courses. 2. Revised syllabus for Geriatrics clerkship attached. 3. Family Medicine course modification request submitted, #16453. 4. Medicine Curricular Modification request submitted, #16451. <p>The College of Medicine conferenced with the UF Registrar's Office who noted that if the retroactive request back to Summer 2021 is approved, the OUR would assist the college in registration and grading of students for both the Family Medicine and Geriatrics Clerkships.</p>

Actions

Step	Status	Group	User	Comment	Updated
Department	Approved	MED - Medicine 29050000	Maureen Novak		8/20/2021
Geriatrics Clerkship Syllabus 08.19.2021Tracked.docx					8/20/2021
College	Approved	MED - College of Medicine	Joseph Fantone		8/20/2021
No document changes					
University Curriculum Committee	Pending	PV - University Curriculum Committee (UCC)			8/20/2021
No document changes					
Statewide Course Numbering System					
No document changes					
Office of the Registrar					
No document changes					
Catalog					
No document changes					
Student Academic Support System					
No document changes					
College Notified					
No document changes					

Course|Modify for request 16454

Info

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Description of request: Summary of the proposed changes are as follows:

1. Uncouple Family Medicine and Geriatrics into 2 separate courses.
2. Revised syllabus for Geriatrics clerkship attached.
3. Family Medicine course modification request submitted, #16453.
4. Medicine Curricular Modification request submitted, #16451.

The College of Medicine conferenced with the UF Registrar's Office who noted that if the retroactive request back to Summer 2021 is approved, the OUR would assist the college in registration and grading of students for both the Family Medicine and Geriatrics Clerkships.

Submitter: Kathy Green kathygreen@ufl.edu

Created: 8/20/2021 10:27:44 AM

Form version: 1

Responses

Current Prefix

Enter the current three letter code (e.g., POS, ATR, ENC).

Response:
MDC

Course Level

Select the current one digit code preceding the course number that indicates the course level at which the course is taught (e.g., 1=freshman, 2=sophomore, etc.).

Note: 5000 level courses must be submitted through the undergraduate new course process

Response:
7

Number

Enter the current three digit code indicating the specific content of the course based on the SCNS taxonomy and course equivalency profiles.

Response:
140

Lab Code

Enter the current lab code. This code indicates whether the course is lecture only (None), lab only (L), or a combined lecture and lab (C).

Response:
None

Course Title

*Enter the current title of the course as it appears in the Academic Catalog. There is a 100 character limit for course titles. *

Response:

Geriatrics Clerkship

Effective Term

Select the requested term that the course change(s) will first be implemented. Selecting "Earliest" will allow the change to be effective in the earliest term after SCNS approval. If a specific term and year are selected, this should reflect the department's expectations. Courses cannot be changed retroactively, and therefore the actual effective term cannot be prior to SCNS approval, which must be obtained prior to the first day of classes for the effective term. SCNS approval typically requires at least 6 weeks after approval of the course change at UF.

Response:
Summer

Effective Year

Select the requested year that the course change will first be implemented. See preceding item for further information.

Response:
2021

Requested Action

Indicate whether the change is for termination of the course or any other change. If the latter is selected, all of the following items must be completed for any requested change.

Response:
Other (selecting this option opens additional form fields below)

Change Course Prefix?

Response:
No

Change Course Level?

Note that a change in course level requires submission of a course syllabus.

Response:
No

Change Course Number?

Response:
No

Change Lab Code?

Note that a change in lab code requires submission of a course syllabus.

Response:

No

Change Course Title?

Response:

No

Change Transcript Title?

*If changing the course title a new transcript title is also required. *

Response:

No

Change Credit Hours?

Note that a change in credit hours requires submission of a course syllabus.

Response:

No

Change Variable Credit?

Note that a change in variable credit status requires submission of a course syllabus.

Response:

No

Change S/U Only?

Response:

No

Change Contact Type?

Response:

No

Course Type

*Please select the type of course being created. These categories are required by the Florida Board of Governors. *

Response:
Performance Indiv Instruction

Change Rotating Topic Designation?

Response:
No

Change Repeatable Credit?

Note that a change in repeatable credit status requires submission of a course syllabus.

Response:
No

Change Course Description?

Note that a change in course description requires submission of a course syllabus.

Response:
Yes

Current Course Description

Response:
Completion of 3rd year of medical school.

Proposed Course Description (500 characters max)

Response:
Successful completion of phase 1 (first 2 years) of medical school.

Change Prerequisites?

Response:
No

Change Co-requisites?

Response:

No

Rationale

Please explain the rationale for the requested change.

Response:

With the onset of the pandemic, we realized that 1 course (Family Medicine and Geriatrics Clerkship) worth 12 credits was not practical for the students. Should a student need an alternative educational plan after beginning the clerkship, they would then have 12 credits with an Incomplete on the transcript. Due to the complexity of the medical curriculum, students are not able to complete the clerkship for up to 1 academic year, which was negatively impacting student's GPA, and possibly incurring additional issues with financial aid. Additionally, the clinical program is moving from the Department of Aging back to the Department of Medicine within the College of Medicine; thus, need to change the department the course is listed under as well.

~~MDC 7140, 4th~~

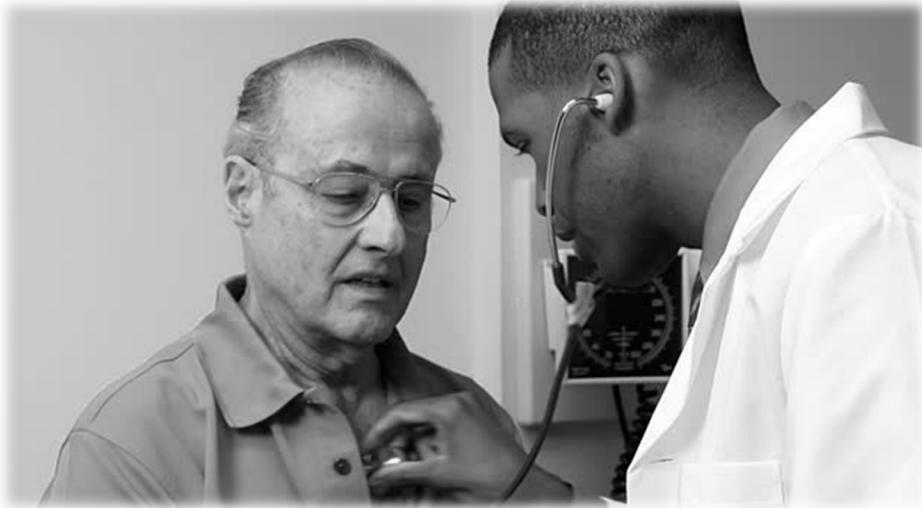
UF | College of Medicine
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3rd Year ~~Clerkship in~~ UF Geriatric
Medicine Clerkship

MDC 7140

Medical Student Syllabus

~~Version Date: February 2, 2020~~



UF | College of Medicine
UNIVERSITY of FLORIDA

UF | Department of Aging
and Geriatric Research
College of Medicine
UNIVERSITY of FLORIDA

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Course Director and Coordinator Contact Information

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Course Coordinator:

Teresa Richardson

[Education Coordinator, Department Academic Program Specialist III](#)

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[CTRB 2004 Mowry Rd, Room 2138](#)

[Online course in Canvas E-learning:](#)

[Evaluations of sites and attendings](#)

New Innovations ()
NI site: UFL
NI account updates contact: Denise Chichester,

Clerkship Goals and Objectives

Welcome to your 4th3rd year [GeriatricsGeriatric](#) Clerkship. The aim of this [rotationclerkship](#) is to [expose 4thprovide 3rd](#) year medical students [to a holistic, interdisciplinary team-based, biopsychosocial approach to elder care. This will include](#)with an in depth [knowledge and clinical](#) experience [working on multiple geriatric teams to help](#) maintain or improve the function of frail older patients and manage their acute and chronic medical [and psychosocial conditions/problems](#).

Clerkship Objectives

The expectations of your performance follow the College of Medicine's competency based curriculum, as well as the Association of American Medical Colleges (AAMC) Core Entrustable Professional Activities for Entering Residency (EPAs).

There are several objectives, both general and specific. You will experience, be taught, and evaluated in the following **competencies**, identified as the Accreditation Council for Graduate Medical Education (ACGME) core competencies, which continue into residency:

- Patient care and procedural skills (PC)
- Medical knowledge (MK)
- Practice-Based Learning and improvement (PBL)
- Interpersonal and Communication skills (IC)
- Professionalism (P)
- Systems based practice (SBP)

You will be given the opportunity to demonstrate the following **EPAs** within these specified assignments and/or performance during these clinical periods:

#51) Document Encounter:

Students will have an opportunity [during clinical rotations especially](#) during the Geriatric Medicine block to document the clinical encounter and receive feedback.

All students will [document the clinical encounter during the Standardized Patient Simulations, do 2 case studies that focuses on a specific geriatric problem](#).

#72) Form a Clinical Question and Retrieve Evidence:

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Students will complete two evidence based medicine (EBM) presentations; one pertaining to Geriatric Medicine and presented to their team/attending during the Geriatric Medicine block of time, and one on Palliative Medicine presented during the palliative "Death Café" Friday conference.

#9

3) Collaborate on an Interprofessional Team:

Students will be active participants on Interprofessional teams particularly during their rehab block where they will work directly with physical therapists, occupational therapists, speech language pathologists, MD/NP/PA, social work, and other interprofessional care team members.

Students will compose two Geriatrics Interdisciplinary Care Summaries (GICS) using data from interdisciplinary team members, patient input, and caregiver input to formulate treatment goals. GICS could also be done in other settings like Palliative care.

Students will be participants on interdisciplinary teams during their palliative blocks where they will work directly with MD/NP/PAs as well as palliative social workers, chaplains, and other interprofessional care team members.

Students will learn about community resources and engage with adult day programs and home care programs focused on supporting elder adults' the independence and quality of life older adults.

#13) Identify System Failures and Contribute to a Culture of Safety and Improvement

- Students will participate in Quality Improvement conferences throughout the clerkship.
- Students will identify a transition of care error with one or more of their patients and discuss this with their attending.

In addition to these specific EPA opportunities during the clerkship, students may identify other EPAs that are common to many clerkships as other opportunities, including:

- #1) Performing a history of physical
- #2) Prioritizing a differential
- #3) Review and interpret common tests
- #4) Enter and discuss orders
- #6) Perform an oral presentation of a case

General Objectives:

- Learn the origins of geriatric medicine and its evolution to current practice, including related workforce and system-level challenges, impact of bias and medicalization, and resulting care gaps.

Based on the AAMC Geriatric Competencies for Medical Students, the following domains are emphasized:

1. Cognitive and behavioral disorders

2. Medication management

3. Self-care capacity

4. Falls, balance, gait disorders

5. Atypical presentation of disease

6. Palliative care

7. Hospital care for elders

8. Health care planning and promotion

To this end students will:

Incorporate a basic working knowledge of aging physiology to evaluate and manage syndromes or diseases unique to or more common in older persons, ~~including detection of common illnesses that may present atypically in older adults.~~ (MK, PC)

Understand how to perform a "comprehensive-Improve clinical skills of history taking and physical exams of older adults. (PC)

- ~~• Develop an understanding of and facility in geriatric assessment" of older patients including the use of various screening tools to assess vision, hearing, cognition, mood, and function.~~
- ~~• Become sensitized to problems stemming from polypharmacy and de-prescribing as a solution.~~
- ~~• Identify community-based resources for the aged instruments and how physicians can partner with them to optimize care and access.~~
- ~~• Understand the essential nature of psychosocial management in providing person-centered geriatric care and and shared decision-making.~~

Perform a palliative-an awareness of the importance of patient symptom assessment as part of a comprehensive care plan that addresses pain, nausea, constipation and psychological needs at the end of life, as well as ambiguity and complexity related to decision making (e.g., withdrawal of function in medical treatment)-care. (MK, PC)

- ~~• Understand the clinical value and relevance of inter-professional collaboration with care team members from various disciplines including nursing, psychology, pharmacy, and rehabilitation.~~
- ~~• Discuss advance care planning with patients/families including DNR orders.~~
- ~~• Improve clinical skills of history taking and physical exam of older patients.~~

Recognize the advantages of working collaboratively with an interdisciplinary health care team. (IC, P, SBP)

Apply evidence -based medicine to the care of older patients.the elderly. (PBL)

Develop physician skills in working effectively with other community resources dedicated to the care of older patients in all settings. (SBP)

Specific Objectives

Demonstrate professionalism and ~~an unbiased~~ caring attitude ~~when~~ in working with older adults ~~and in particular, frail elderly.~~ (P)

~~Approach~~ Recognize and treat each patient as a whole person, integrating ~~medical~~ body, mind and ~~psychosocial cares~~ spirit. (P, PC)

Gather historical information and conduct medication reviews, identify polypharmacy and ~~potentially inappropriate medications~~ perfor the elderly based upon Beers criteria ~~and evaluate medication interactions and side effects~~ interactions, ~~and identify opportunities for non-pharmacologic (e.g., cognitive-behavioral, environmental) alternatives.~~ (MK, PBL, potential opportunity for EPA #1)

Describe geriatric syndromes, including but not limited to: falls, delirium, incontinence, pressure ulcers, polypharmacy, depression, dementia, ~~anxiety~~, osteoporosis, sensory deficits including hearing loss, visual and gait impairment, failure to thrive, osteoarthritis, immobility and functional capacity. (MK)

Students will perform geriatric assessments including cognitive assessments and mobility assessments using validated tools (MOCA, Timed Up and Go, Gait speed testing, grip strength testing) and then utilize the findings to create a care plan. (MK, PC, ~~potential opportunity for EPA #3~~)

Accurately identify clinical situations where life expectancy, functional status, patient preference or goals of care should override standard recommendations for screening tests or treatments in older adults. (PC, PBL.)

Identify how the care of a geriatric patient may be high risk across inpatient settings ~~scenarios~~ including hospitalizations and within other institutional settings such as inpatient or subacute rehabilitation settings, including (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 as well as appropriate screening and treatment of delirium when encountered. (PK, MK, SBP, ~~EPA #13~~)

Recognize how a functional assessment with interdisciplinary team members in conjunction with medical assessments and ~~psychosocial~~ social assessments determine appropriate and safe discharge plans from institutional settings to home or across institutional settings. (IC, SBP) ~~(EPA #9)~~

Evaluate older patients prior to surgery and be able to risk stratify and identify modifiable risk factors. (PC, MK)

Understand-Review appropriate cognitive behavioral intervention-for management of dementia and caregiver support options in the community. (PBL, SBP)

Formulate a patient-centered, interprofessional and evidence-based management plan. (PC, PBL, SBP, IC, EPA #9.)

At the end of the one week palliative care rotation students will be able to: (MK, SBP, EPA #9)

Perform a patient assessment of symptoms.

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 roles/members of a palliative care team. members

Describe venues available to patients for palliative and end of life care.

Reflect on personal response to working with dying patients.

Assignments/Task Map

The Clerkship Task Map (see Appendix 1, Canvas), which is broken down into Geriatric Medicine Tasks, Palliative Medicine Tasks, and Rehabilitation Medicine Tasks MUST be completed and uploaded to Canvas E-Learning, by the final day of the clerkship or a passing grade cannot be assigned.

- The clinical tasks and completed assignments reviewed by instructors must be signed off by a member of the care team who will verify the completion of the task, including attendings, nurses, social workers, PT/OT/SLP, care coordinators with their initials or signature, unless noted, "verified by coordinator" (such as quizzes and Friday sessions)
- ~~It is the student's responsibility to ensure all items are performed.~~ I.e. if an opportunity does not present itself to perform one of the clinical tasks (like MOCA testing) it is the student's responsibility to request their attending identify a patient they can perform the assessment with. If the attending is unable to do so, it is the student's responsibility to request the course director assist by the final week of the clerkship.
- If a clinical assessment within one section was not completed (such as gait testing), where appropriate (avoid inappropriate screening during palliative week), it may be completed during another block of the course (i.e. rehab, geriatric medicine.)

Lectures and Presentations:

During the Friday lectures the following ~~Geriatric~~ presentations will be covered in ~~Family Medicine and the~~ Geriatrics Clerkship.

- Geriatric Medicine Week, pharmacology, including polypharmacy

~~**Each day Monday through Thursday students will be assigned in an "apprenticeship" model to a faculty member from the Department of Aging or the VA. Students will rotate at all times unless specifically noted with that faculty member in the Senior Care clinic and various Skilled Nursing Facilities (UF Faculty), the VA (VA faculty) or at Shands Hospital on a Geriatric Consult service, following that attending's schedule. Some students will be specifically assigned exclusively to the Senior Care practice to rotate with multiple part time providers, and will not follow the "apprenticeship" model. For these students please note that on days when there are no providers in clinic you will rotate in other clinics such as the Oak Hammock clinic. Please refer to the Senior Care schedule on Canvas and clarify immediately with the Clerkship Coordinator if there is any confusion. Please note, the entire Mon-Thurs clinical time has been fulfilled for all rotating students from 8am-5pm and students are expected to attend the entire day.~~

~~Student specific schedules will be emailed to the student prior to the start of the Clerkship, and more detailed provider schedules are posted on Canvas.~~

- ~~** Students are expected to bring with them their Geriatric Medicine Week Task Map and seek out completing the tasks on the map and obtaining a signature upon completion from a colleague. This can be an attending, nurse, social worker, PT/OT or other employed member of the care team.~~ Osteoporosis
- Anxiety, depression, Psychosocial isolation
- Dementia
- Delirium
- Falls
- Incontinence
- Osteoporosis
- Pressure ulcers
- Pain
- Sensory deficits including hearing loss, visual
- Gait impairment, immobility, fear of falling

- [Failure to thrive](#)
- [Osteoarthritis](#)
- [Functional capacity](#)
- [Life purpose- & Quality of life](#)
- [Caregiver burden](#)
- [Multimorbidity/chronic disease self-management](#)

Clerkship Format:

	Monday	Tues	Wed	Thurs	Fri
Week 1	Geriatrics clinic and Aquifer module	Geriatrics clinic and Aquifer module	Geriatrics clinic and Aquifer modules	Continuity Clinic	Lectures
Week 2	Rehabilitation	Rehabilitation	Rehabilitation	Continuity Clinic	Lectures
Week 3	Consult/PreOP	Consult/PreOP	Consult/PreOP	Continuity Clinic	Lectures
	Palliative/	Palliative/	Palliative/	Continuity Clinic	Lectures

Week 4	Hospice	Hospice	Hospice		
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Daily Procedures on Geriatric Medicine ~~Week:~~

- Specific to Outpatient [Geriatric](#) Offices:

1. New Outpatient Patient Visit: Student will obtain ~~the~~ history and physical, including history of present illness (HPI), past medical and surgical history (PMH/PSH), social history, family history, review of systems (ROS), and in addition collect a functional assessment using the Katz ADL/Lawton-Brody IADL assessment, extensive medication review including identifying potentially inappropriate medications for the elderly using the Beer’s Criteria as well as identifying polypharmacy, reviewing vaccination history and health maintenance history. The physical exam should additionally include functional assessments with time up and go testing or gait evaluation, review of walk speed or grip strength data when available.
2. Established Outpatient 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.
3. Progress notes: be sure to complete the EMR progress noted before leaving for the day, the geriatric attending physician will sign off the note.
- ~~3. **Student Evaluation:** 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).~~

***** For patient visits w/ Dr Bensadon, students will primarily observe/shadow, then debrief w/ him afterward.**

- Specific to the UF Health Geriatrics Consult service site:

- ~~3. You will be assigned to work with the Inpatient Geriatric Consult physician, Dr. Mufti.
[Dr. Mufti](#): Text to confirm location by 8:30 Monday.~~
1. Students are expected to see their consult, comprehensively review the chart, include full medication reconciliation with the patient (or family or their pharmacy, NOT just relying on EPIC to be accurate), Katz/Lawton ADL/IADL review with the patient/caregivers, Confusion Assessment Method screen, and be ready to present the patient to the attending.
2. Every patient needs a consult note; the note should be on the chart by the end of the day.
3. On subsequent days, students are expected to pre-round early on all their patients including a comprehensive chart review and seeing the patient. Be on time and prepared to present the patient for work rounds at the specified time discussed with their consult attending.

Geriatric Medicine EBM Assignment – opportunity for UF Aging website publication! (EPA #7)

~~Choose a topic of interest to you pertaining to Geriatric Medicine, research the topic and make a 10-15 minute evidence based presentation on your findings. Schedule a time to present to one of your attendings by Wednesday or Thursday depending on your attending’s preference.~~

- a. This can be either a 1 to 2-page paper handout or 5-10 PowerPoint slides, with summary slide. Upload in Canvas Assignments.
- a. You must have primary references and demonstrate evidence (do not cite "Up To Date" only.) Use more than one reference, typical being 3-5. Use a reference slide with citation numbers throughout the talk. Avoid placing the reference on the slide to avoid clutter.
- a. Include a summary slide.
- a. Please no "copying and pasting." This is considered plagiarism, and rewording the findings will help solidify your understanding.

At the end of the Clerkship, attendings will nominate students with exceptional EBM presentations for publication to the Department of Aging website, which is available to the public. Faculty from the Department of Aging and Geriatric Research will review the PowerPoint or Handouts nominated and select 1-3 for publication to the Aging website based upon the above mentioned criteria. Faculty will when needed work with students on polishing the presentation prior to publication. This is a publication that can be added to your resume!

- Specific to PreOperative Clinic:

1. Students will work with clinical providers in the anesthesia preoperative clinic. The general principles emphasized include learning about multiple medical comorbidities and how they influence overall patient's perioperative risk for cardiovascular complications, identifying modifiable risk factors, assessing patients for their delirium risk, frailty assessment and how that affects postoperative outcomes.
2. Students may individually assess patients and present to the clinical providers after observing a few evaluations. Note writing may not be required.

Specific to Palliative **Medicine Week**

**** Students are expected to bring with them their Palliative Medicine Week Task Map and seek out completing the tasks on the map and obtaining a signature upon completion from an instructor. This can be any employed member of the care team. THIS IS REQUIRED FOR A PASSING GRADE****

- Learning Activities and Objectives for the One-week of Palliative Care at Shands Hospital and Local Hospices (MK, PC, IC, SBP, EB, EPA #9):

- 0. Assess and treat patients near or at end-of-life.
- 0. Discuss goals of care and advanced directives with patients and families.
- 0. Assess pain and other symptoms such as nausea, constipation, and depression.
- 0. Explore various pain medication regimens and methods of pain medication delivery as well as other medical and non-medical treatment plans.
- 0. Learn the role of clergy and the role of hospice care.
- 0. Be exposed to ethical issues in end of life care such as withdrawal or withholding of therapies and nutrition and fluids.
- 0. Assess patients in their homes along with the home care team, (for those assigned to hospice centers.)
- 0. Adjust management of pain and key non-pain symptoms based on patient's goals of care.
- 0. 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.
- 0. Present palliative care (including hospice) as a positive, active treatment option for a patient with advanced disease.

Daily Procedures on Palliative Care Week:

1. The student will serve for one week on in patient palliative care consult service at Shands, or one of three Haven Hospice care centers or [CitrusCommunity](#) Hospice. Students assigned to one of the hospice care centers may be invited to assess patients in their homes along with the home care team. [See Table 4.1 for contact information](#)

13.2. 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.

14.3. Round with clergy and social workers on the team as well as the physicians and nurse practitioners and learn the role of each team member on a palliative team.

- [Specific to Rehabilitation](#) [Medicine Week](#)_{week}:

~~** Students are expected to bring with them their Rehabilitation Medicine Week Task Map and seek out completing the tasks on the map and obtaining a signature upon completion from a colleague. This can be an attending, nurse, social worker, PT/OT, care coordinator or other employed member of the care team. THIS IS REQUIRED FOR A PASSING GRADE**~~

[Learning Activities and Objectives for the Rehabilitation rotation](#)

~~The student will evaluate frail elders in an acute-care rehabilitative, sub-acute rehabilitative or long-term care with rehabilitation setting.~~

~~1. The student will evaluate frail elders in an acute-care rehabilitative, sub-acute rehabilitative or long-term care with rehabilitation setting. See Table 2~~

6.2. Students will manage medical problems and will learn how to function as part of an interdisciplinary health team. (EPA #9)

7.3. Assess and describe baseline and current functional abilities in an older patient by collecting historical data from multiple interdisciplinary sources, making sure to include the [Katz](#) activities of daily living and Lawton instrumental activities of daily living and, and performing hearing and vision screenings. (EPA #9)

8.4. 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. (EPA #9)

9.5. Identify transfer of care issues and areas of potential errors including poor documentation on discharge summaries and medication reconciliation errors.

(EPA #13)

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

11.7. 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.

13.8. 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.

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Daily Procedures

— See table 5 for first day start times, location

Physical examination and contacts.

- 0. 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.
- 0. Students should pre-round on all their patients and be on time and prepared for work rounds.
- 17.9. Typically, one faculty member at each site is responsible for completing the student Evaluation form based on a compilation of their functional 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).

Palliative & Hospice Care Block:
Section Director Melanie Hagen, MD

Site	Start time	Address	Attending / Support Contact
<u>UF Health (Shands) Hospital Palliative Care Consult Service</u>	By 8:00 am for morning meeting.	Meet Paula Turpening at Shands North Tower, 1600 SW Archer Rd, #5130, Gvl, 32608	Physician on service pager: Contact: Paula Turpening, ARNP 352-413-7356; 352-219-9641; turpep@shands.ufl.edu See schedule for your attending https://ufhealth.org/uf-health-palliative-care/overview
<u>Community Hospice & Palliative Care of Alachua County</u>	9:00 am	Main Office 4011 NW 43 rd St, Ste B Gvl, 32606	Scheduling contact: rotations@communityhospice.com
<u>Haven Hospice</u>	8:00 am	(Main office) ET York Center 4200 NW 90 th Blvd, Gvl, 32606 1-2 days: Chiefland, Lake City, or Orange Park	Attending varies Phone: 352-378-2121, x16225 http://www.havenhospice.org/ Scheduling contact: Catina S. Hinson, 352-379-6213 cshinson@beyourhaven.org
<u>Haven Hospice Lake City</u>	9:00 am	6037 US-90, Lake City, FL 32055	*Inquire if you have a preference for Chiefland, Lake City or Orange Park (Jax)
<u>Haven Hospice Orange Park</u>	9:00 am	745 Blanding Blvd, Orange Park, FL 32065	<ul style="list-style-type: none"> • Transportation for home visits required • Travel to another county 1-2 days • Carpooling is <u>not</u> an option with Haven
<u>Hospice of Marion County, Inc.</u>	9:00 am	3231 SW 34 th Ave Ocala, FL 34474	Attending: Mery Lossada mlossada@hospiceofmarion.com Scheduling contact: Amy Reilly areilly@hospiceofmarion.com
<u>VA Palliative – Gainesville</u>	9:30 am	Gainesville VA Hospital	Attending: Shayna Rich, MD Shayna.Rich@va.gov Dr. Rich's Office is in the Community Living Center (Building 12), behind the main hospital building. Call her @ 443-604-6308 when you get to the building, and wait on the first floor.

Rehabilitation Block:				
Site	Start time	Address	Attending / Support	Contact
<u>VA GEM/PCU at CLC 3rd floor</u> Must have current PIV card and CPRS access prior.	7:30 am	Malcom Randall VA Medical Center, CLC (Community Living Center), 1601 SW Archer Rd, Gvl, 32608	Attending: TBA	Phone: 352-376-1611 http://www.va.gov/GRECC/Gainesville/GRECC.asp CPRS and PIV Card To reset, call the National Help Desk 855-673-4357, option 2, then option 3 (FL)
				L. Chad Hood, MD, FACP Laurence.Hood@va.gov 352-548-7486
<u>UF Health-Shands Rehabilitation Hospital</u>	8am	<u>Shands Rehab</u> 2708 SW Archer Rd, Gainesville, FL 32608	Attending: Dr Andrew Dubin Medical Director	Scheduler: Terra K. Smith tk.smith@ufl.edu Phone: 352- 273-7356 https://ufhealth.org/uf-health-shands-rehab-hospital
<u>Brooks Rehabilitation (Jacksonville)</u> Your personal schedule will be sent via encrypted email from Brooks.	8:30 am	Site A) Brooks Rehab Hospital 3599 University Blvd S, Jacksonville 32216	<u>Evaluating at Brooks Rehab Hospital</u> Dr Geneva Jacobs Medical Director, Brooks Spinal Cord Injury Program Dr P. Shah	Brooks Rehab Hospital Phone: (904) 345-7776 Sara Cristello Sara.Cristello@BrooksRehab.org Kaitlyn Green Kaitlyn.Green@BrooksRehab.org http://www.brookshealth.org/inpatient-rehabilitation/rehabilitation-hospital/
*If enrolled here, you will be assigned to one of two sites, determined by Brooks. Do not solicit them to change.		Site B) Bartram Crossing Rehab / Skilled Nursing 4201 Belfort Rd, Jacksonville FL 32216	<u>Evaluating at Bartram</u> Dr Charles Dempsey	<u>Bartram Crossing</u> Phone: (904) 296-5645 Charles.Dempsey@BrooksRehab.org http://www.brookshealth.org/skilled-nursing/#bartram Administrative Assistant, Brittney Lukacovic Brittney.Lukacovic@brooksrehab.org

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<u>Oak Hammock SNF</u>	8:00 am	Oak Hammock 5100 SW 25th Blvd, Gvl 32608	Evaluating: Dr Candace Worsham or Report to PT Director Mon morning and PT/OT/SLP when Dr. Worsham is not present	Dr. Worsham's cell: 863-398-6887 Candace.worsham@medicine.ufl.edu 352-548-1100 Oak Hammock https://www.oakhammock.org/health-wellness/rehab-and-medical-services
<u>Outpatient Rehab</u>				Patty Hesel, helsep@shands.ufl.edu and Scott Greenberg, greesc@shands.ufl.edu

Ambulatory Block:				
Location	Start time	Address	Attending / Support	Contact/Notes
UF Health Senior Care (outpatient)	8:00am	UF Health Senior Care Clinic (Springhill 2 nd Fl) 4197 NW 86th Terrace	Rotating attendings (Kallas, Sandesara, Schneider) – consult Senior Care schedule in Canvas or check with clinic manager	Phone: 352-733-2131 (front desk) – Do not give to patients! Patient line 265-0615 Aging main 294-5801 aging.ufl.edu
Dr. Susan Schneider	8:30am	UF Health Senior Care Clinic (Springhill 2 nd Fl) and Oak Hammock 5100 SW 25th Blvd, Gvl 32608	Dr. Susan Schneider susangschneider@ufl.edu 352-672-3384 mobile	Schedule Mon AM Oak Hammock Mon PM, Tues-Wed UF Health Sr. Care Clinic
VA, Gainesville	8.00am	VA, Gainesville	Dr. Rattana Mount rattana.mount@va.gov	Please report to Primary Care 0 lobby and let the front desk staff know to message Dr. Mount and I will come out and get them and show them their workspace. My phone number is 352-548- 6000 ext 105103
Medical Plaza	8.00am	Medical Plaza 2000 SW Archer Rd, Gvl, 32610 4 th floor Internal Medicine Clinic	Dr. Meenrajan Senthil senthil.meenrajan@medicine.ufl.edu	Mon AM - Wed AM, Thurs PM and Fri AM

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UF Health @ Jax	8.00am		Maharaj, Ravindra Ravindra.Maharaj@jax.ufl.edu	
Oak Hammock Clinic	8.00am	5100 SW 25th Blvd, Gvl 32608	Dr. Candace Worsham cworsham@ufl.edu 863-398-6887 mobile	text Dr. Worsham prior to rotation to confirm location and time

Consult Service Block:

Location	Start time	Address	Attending / Support	Contact/Notes
UF Health Inpatient Consults	9:00am		Dr. Mariam Mufti mmufti@ufl.edu 202-431-4398 mobile	text Dr. Mufti prior to rotation to confirm location and time
Preoperative Medicine		Meet at the Main Shands Hospital North Tower Atrium lobby	Dr. Basma Mohamed BMohamed@anest.ufl.edu Cell: 952-465-6581	Basma Mohamed, MD
Geriatric Psychiatry clinic @ VA			Dr. Uma Suryadevara Uma.Suryadevara@va.gov	
Geriatric Consult team			Dr. Sheryl Fleisch sfleisch@ufl.edu	

Assignments for the Rehabilitation Week:

- 1) **GICS Case Studies (EPA #9):** [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 and signed off by clinical faculty, ~~starting Day 1 (or earlier) with~~ Summaries must be typed on posted templates for GICS and submitted through the practice case-clerkship webpage.
 - ~~a. See "Guide to Write-Up Assignment Using the Swiss Cheese Model of Geriatrics" for full deadlines and instructions.~~
 - ~~Read Rehab module assignments~~
 - ~~Summaries must be typed on posted [templates \(Word format\)](#)~~

Table 5: Course Instructors and Locations for Rehabilitation See posted schedules and orientations in Canvas, under Rehab Module				
Site	Start time day 1	Address	Attending / Support	Contact
<p><u>VA GEM/PCU at CLC 3rd floor</u></p> <p>Must have current PIV card and CPRS access prior.</p>	<p>Mon 7:30 am</p>	<p>Malcom Randall VA Medical Center, CLC (Community Living Center), 1604 SW Archer Rd., Gvl, 32608</p>	<p><u>Evaluating:</u> Dr. John Meuleman</p> <p><u>Alternates:</u> Drs. Miho Bautista and Leslye Pennypacker</p>	<p>Phone: 352-376-1611 http://www.va.gov/GRECC/Gainesville_GRECC.asp</p> <p>Dr. Meuleman, ext. 6590; John.Meuleman@va.gov</p> <p><u>CPRS and PIV Card</u> To reset, call the National Help Desk 855-673-4357, option 2, then option 3 (FL) Johanna Swiggett, Office of Education, room A120-4 Johanna.Swiggett@va.gov Office phone: 352-379-7486</p>
<p><u>UF Health-Shands Rehabilitation Hospital</u></p>	<p>Mon 8am Dr. Murphy 6:30am* with Dr. Rush</p>	<p><u>Shands Rehab</u> 4101 NW 89th Blvd., Gvl, 32606</p>	<p><u>Evaluating:</u> Dr. Wilda Murphy Medical Director</p> <p><u>Secondary attending:</u> Dr. Eric Rush</p>	<p>Phone: 352-373-4321 https://ufhealth.org/uf-health-shands-rehab-hospital</p> <p>Cell Phone: 352-284-1414 (preferred) murpwe@shands.ufl.edu</p>
<p><u>Signature HealthCare</u></p>	<p>8 am</p>	<p><u>Signature Health Care</u> 4000 SW 20th Ave, Gvl, 32607</p>	<p><u>Evaluating</u> Dr. Bhanu Sandesara, Medical Director or Dr. Kim</p> <p>Report to PT Director Mon morning and PT/OT/SLP when Dr. Sandesara is not present.</p>	<p>Phone: (352) 377-1981 http://shcofgainesville.com/our-facility/</p> <p>Dr. Sandesara's cell: (412) 607-3914 bsandesara@ufl.edu</p> <p>Dr. Kim's mobile (832) 919-4842 so.kim@ufl.edu</p>
<p><u>Brooks Rehabilitation (Jacksonville)</u></p> <p>Your personal schedule will be sent via encrypted email from Brooks.</p>	<p>8:30 am</p>	<p>Site A) Brooks Rehab Hospital 3599 University Blvd S, Jacksonville 32216</p>	<p><u>Evaluating at Brooks Rehab Hospital</u></p> <p>Dr. Geneva Jacobs Medical Director, Brooks Spinal Cord Injury Program</p> <p>Dr. P. Shah</p>	<p>Brooks Rehab Hospital</p> <p>Phone: (904) 345-7776</p> <p>Administrative Assistant, Rhonda Boatright Rhonda.Boatright@Brooksrehab.org</p> <p>http://www.brookshealth.org/inpatient-rehabilitation/rehabilitation-hospital/</p>

<p>*If enrolled here, you will be assigned to one of two sites, determined by Brooks. Do not solicit them to change.</p>		<p>Site B)-Bartram Crossing Rehab/ Skilled Nursing</p> <p>4201 Belfort Rd, Jacksonville FL 32216</p>	<p><u>Evaluating at Bartram</u></p> <p>Dr Charles Dempsey</p>	<p><u>Bartram Crossing</u></p> <p>Phone: (904) 296-5645 Charles.Dempsey@BrooksRehab.org</p> <p>http://www.brookshealth.org/skilled-nursing/#bartram</p> <p>Administrative Assistant, Brittney Lukacovic Brittney.Lukacovic@brooksrehab.org</p>
<p><u>Oak Hammock</u></p>	<p>8:00 am</p>	<p>Oak Hammock 5100 SW 25th Blvd, Gvl 32608</p>	<p>Evaluating: Dr Bhanu Sandesara or</p> <p>Report to PT Director Mon morning and PT/OT/SLP when Dr. Avila is not present</p>	<p>Dr. Sandesara's cell: (412) 607-3914 beandesara@ufl.edu</p> <p>352-548-1100 Oak Hammock https://www.oakhammock.org/health-wellness/rehab-and-medical-services</p>

“Arts of Aging” Week – ALL STUDENTS ARE TOGETHER THE FINAL WEEK OF THE CLERKSHIP

Incorporating art into medical education can help to foster critical thinking, skills of observation, communication, identify biases, and help build empathic skills [Lesser].

Monday Conference

Geriatrics Book Club

- 11am – 12pm, ***Reading required beforehand and pre-answers created for group discussion*** – ***Can't We Talk About Something More Pleasant*** by Roz Chast available at UF Health and broader UF Libraries (as well as Alachua County Public Library). This is a graphic medicine book (yes, a “comic book”!) written by a cartoonist for the *New Yorker* in memoir format discussing her experience with her aging parents.
- In the Book Club conference, we will discuss the concept of graphic medicine, systems structures and payment models that exist for specialized housing and medical care for aging individuals, geriatric emergency and inpatient care systems. This is an interactive conference.

Virtual Dementia Tour®

- 1 – 2:30 pm, Walk into the VA through the main entrance of the Bed Tower (i.e., newer hospital facing Archer Rd) and walk straight ahead down the main hallway. You will pass the Information desk on your left and a set of elevators on the right. Keep walking and once in the old hospital, you will come upon Elevator A. Take the elevator up to the 4th floor, then take a right off the elevator landing. Take another right, and on the left hand side of this main hallway, you will see the sign for the Simulation Center.
- If you get lost or need further directions, please call the GRECC main number: (352) 548-6077.
 - The Virtual Dementia Tour is a scientifically proven simulation method designed to increase sensitivity toward those with Alzheimer’s disease and related dementias.
 - Please note you will be asked to fill out paperwork to start. This is for grant purposes.

Wednesday (Community Geriatrics)

Harn Art Museum Tour

- 3—5:00 pm, Students will visit the UF Harn Art Museum (3259 Hull Rd., Gainesville, FL 32611) for a specially curated tour focusing on building skills of observation, communication, bias identification, and empathy in regards to treating geriatric, rehab, and palliative patients.

Thursday (Community Geriatrics)

Senior Recreation Center — ‘Successful Aging’ panel and facility tour

- 11—1:00 pm, Location: 5701 N.W. 34th Blvd., Gainesville, FL 32653. Rationale: Most community dwelling older Americans must self-manage multimorbidity, alone or w/ family. self-management success is multi-factorial. Determinants are cognitive (memory, planning), behavioral (adherence, follow up), psychological (trust, confidence), social (relationships w/ friends/family), functional (mobility/transportation), financial (fixed income, employment status), among others. This experience will give you an opportunity to detect the inter-correlated nature of these variables as well as identify and correct for gaps in health literacy/knowledge. You may be surprised by what you see/hear.
- 2) **Case Study:** Choose 2 cases seen during the rotation (from 5 available topics) and complete write up on the specific problem. Review with faculty where the case was seen and submit signed document through clerkship portal.
 - 3) **Friday Conference:** detailed below; includes progress note with standardized patient, ethics case analysis, death café reflection and ~~evidence-based~~evidence-based presentation.

Friday Conferences

Simulation with standardized patients

Occurs in the Standardized Patient Simulation Senior Care Clinic at the Anaclerio Learning Center in the Harrell Medical Education Clinical Translational and Research Building on the 3rd (CTRB), at UF Senior Care clinic, 2004 Mowry Rd, ground floor.

- o Students will perform 2a clinic ~~visits~~visit with a standardized patients. ~~Each encounter~~patient in which they will behave 15 minutes ~~long.~~ ~~Students will~~to interview, examine, and perform ~~other clinical skills appropriate to~~medication reconciliation with the patient, identify potentially inappropriate medications for the elderly using the specific scenarios. ~~latest~~ Beers criteria (polypharmacy).
- o The visit will be videotaped for teaching and feedback purposes.
- o Students will be expected to perform the: The Timed Up and Go (TUG) Test and the Mini-Cog Test.
- o Following the visit students will write a progress note on their patient and debrief with the ~~standardized patients.~~ (EPA #5) Group and individual debrief sessions will occur at a later date. instructor and standardized patient.

Ethics Case Conference (students may split into 2 small groups)

- 1:00-2:45 pm Ethics Case Conference, UF Harrell Medical Education Bldg

- In your write-up, analyze the ethical (and legal, where applicable) issue in your case regarding an elderly patient and the impact you think the case will have on your development into a physician and on your practice as a future physician. The goal of this assignment is to think broadly about the impact of an ethical issue, not whether or not it can or cannot be resolved, so both poorly addressed and properly addressed cases are excellent topics to bring up for analysis and discussion. In your case summary, include a discussion of how the case was resolved and whether you believe a different outcome would have been optimal.

- See [detailed instructions on course website](#)
- If you have any questions or if you have difficulty finding an appropriate case to present, contact [Lea Crowley, M.Ed., Academic Assistant I in the Program in Bioethics, Law & Medical Professionalism \(352-273-5155, \)](#) for assistance.

Death Café

- ~~3:00-5:00 pm for the "Death Café" (see table 2).~~ Reflections and EBM Presentations described in the Assignments section below are due at this conference, held at UF Harrell Medical Edu Bldg. with Dr. Melanie Hagen, Phone 352-222-4895, melanie.hagen@medicine.ufl.edu, or Dr. Paige Barker or other Palliative faculty.
- **Reflection:** Write a one page (minimum) reflection on personal reaction to working with dying patients using personal or professional experiences on this rotation or previous rotations. Utilize either the REAP format (see Canvas for instructions) or the "Flipped Reflection" (see Canvas for instructions) or interpretation of a song (see Canvas).
- **Evidence Based Medicine (EBM) Presentation (EPA #7):** 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. It should be either a 1 - 2 page paper or 5 - 10 PowerPoint slides. Just like the Geriatric EBM Presentation, use more than one source, and include citations throughout with a reference slide at the end, as well as a summary slide. See orientation on course website for topic ideas.

Didactics/Debrief with Dr Bensadon

40-11:30 am—Evidence-based didactic presentation

- [Virtual Dementia Tour®](#) and interactive discussion (HMEB-333)
Topics:
 - Mild Cognitive Impairment: The Case for Psychology & Geriatrics Integration
 - End-of-Life Complexity
 - Life Review/Reminiscence: Origins & Evolution of Geriatric Medicine

Function [Neurocognitive](#) Conference

- 3-5:00 pm, **Function and Dysmobility** at either the VA GRECC Trailer 2 (T2 across from Shands 1329, south of Shands south tower) or the Community Living Center Conference Room—check Outlook calendar invite for location.
Objectives:
 - Review the major points of an assessment a physical therapist will perform for a patient who is high risk of falls.
 - Review common mobility devices including single axis canes, quad canes, 2-wheel walkers, rollators, and how to identify who may be appropriate for which device, and which devices are not appropriate or may cause harm to specific patients (e.g., individuals who shuffle such as from Parkinson's Disease catch their foot on quad canes, rollators "get away" from individuals with PD unless they have ability to squeeze to walk.

- Review the general assessments OT can provide to maximize function for older adults who are losing or lost fine motor function or upper extremity function and devices that are available to accommodate their disabilities and maximize their independence and ability to carry out ADLs (ex. Extended shoe horns, oscillating spoons, etc.)

10-11:30am. Walk into the VA through the main entrance of the Bed Tower (i.e., newer hospital facing Archer Rd) and walk straight ahead down the main hallway. You will pass the Information desk on your left and a set of elevators on the right. Keep walking and once in the old hospital, you will come upon Elevator A. Take the elevator up to the 4th floor, then take a right off the elevator landing. Take another right, and on the left hand side of this main hallway, you will see the sign for the Simulation Center.

If you get lost or need further directions, please call the GRECC main number: (352) 548-6077.

- a. The Virtual Dementia Tour is a scientifically proven simulation method designed to increase sensitivity toward those with Alzheimer's disease and related dementias.
 - i. Please note you will be asked to fill out paperwork to start. This is for grant purposes.
- b. Following the activity at the VA you will walk to the conference room at the Gainesville VA GRECC Trailer 2 (T2) to participate in a lecture on dementias (see [Table 1](#)).

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Course Resources and Reading Materials

Required reading: *Can't We Talk About Something More Pleasant* by Roz Chast. (Available to borrow from UF Health Library as well as UF Libraries, and Alachua County Public Library.)

- [Aquifer Geriatric Case based reading is recommended for all.](#) Other optional (but recommended) readings are available through Canvas.

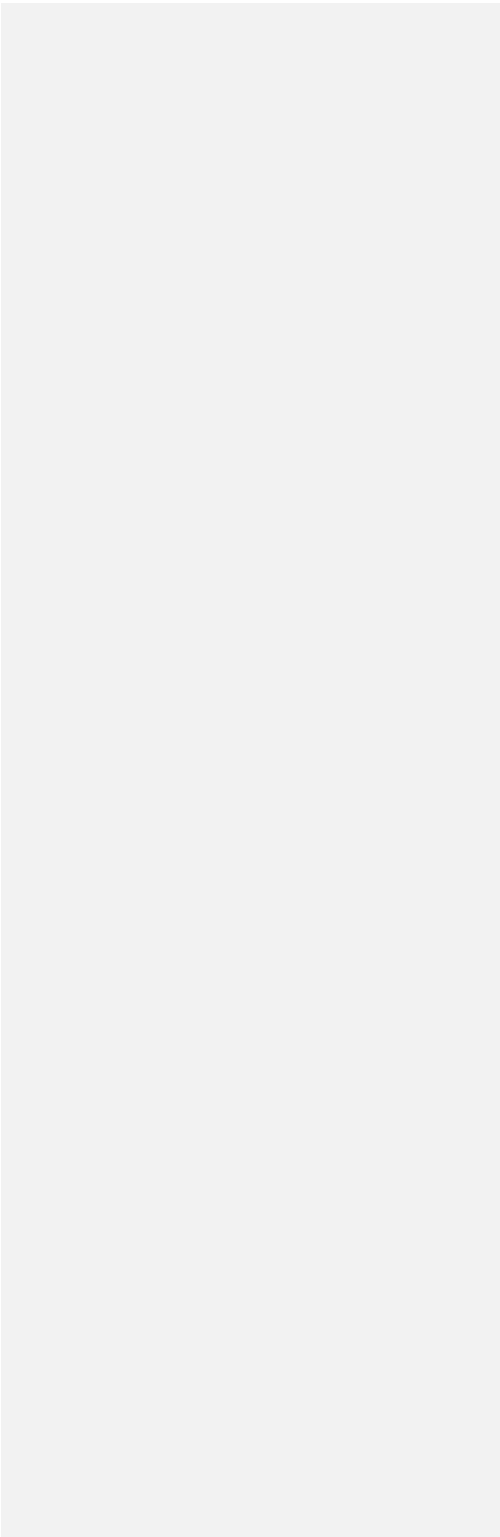
Please login to the Canvas / e-Learning with your Gatorlink for the most up to date course information.

- The following textbooks are recommended only for your reference (not required):
 - Geriatrics at Your Fingertips (available to borrow at orientation or online version available);
 - Current Geriatric Diagnosis and Treatment;
 - Geriatric Physical Therapy;
 - Fast Facts and Concepts: Searchable database for evidence based practices for geriatric and palliative care syndromes.
 - <http://www.mypcnw.org/#!/fast-facts/c6xb>
 - The Palliative Response, Dr. F. Amos Bailey;
 - <http://www.uab.edu/medicine/palliativecare/training/palliative-response>
 - Being Mortal by Atul Gawande
 - **Additional tools to use and study during Geriatric Medicine week**
 - Montreal Cognitive Assessment (MoCA)
 - Geriatric Depression Scale (short form)
 - Guide to Geriatric Assessments pocket card

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Clerkship Evaluation/ Grading Policies/ Student Performance Criteria

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Student Attendance

Students are encouraged to maintain their own personal health throughout medical school. This includes their dental, mental and/or physical health. Ideally, students will make every effort to schedule these appointments at dates/times that do not conflict with required education activities. When this is not possible, students must submit their request for an excused absence to the relevant course/clerkship director(s). Upon approval, the director will notify the student of makeup requirements and due date, if appropriate. Additionally, students will not be penalized for absence from class or other scheduled academic activities for medical reasons. This applies to absences for acute illnesses as well as to absences due to regularly scheduled ongoing treatment for dental, mental or physical health. For any questions and/or concerns regarding this policy, students are to consult the Associate Dean for Medical Education or Student Affairs.

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Student Attendance

The designated hours of the clerkship will be Monday through ~~Friday~~~~Wednesday~~~~Friday~~. Students will be expected to be available as their site, cases, and patients as required. (~~*e.g. An attending starts rounds early or expects pre-rounding, or a two-hour admission occurs at 4:00 pm~~) ~~Students will be expected to complete the admission regardless of the time.~~ Structured Fridays -sessions are mandatory. Do not plan to leave early. Weekends are typically not an option to make up clinical time in this rotation.

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Unplanned Absences

In the event of ~~a single day~~, unexpected absence due to illness, you MUST notify the Geriatric Clerkship Coordinator and Clerkship Director as soon as physically possible, as well as your attending if able. Do NOT only notify your attending without also notifying course leadership. If the student is unable to contact the Clerkship Coordinator/Director, he/she should notify the staff in the Office of Student Affairs and Registration. If the absence is of greater duration than a single day, the staff in the Office of Student Affairs and Registration (352-273-7971) MUST be notified, in addition to the Clerkship Coordinator and Clerkship Director. ~~If longer than a single day, a note clearing the student to return to clinical work will be required by their PMD or Student Health and provided to the Clerkship Coordinator or Director as per College of Medicine Policies (refer to student handbook.)~~

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Planned Absences

*Students should not plan any absences during required clerkships. Do not plan to leave early on Fridays. ~~Schedule during elective time or vacation per COM and course leadership.~~ Geriatrics Clerkship. Do not plan to leave early for extended weekend vacations, weddings, etc. In the case of planned absences to attend meetings or family events such as a funeral, the student must contact the Geriatric Clerkship Coordinator and Clerkship Director as far in advance as possible to discuss the request and obtain the permission of the Clerkship Director to be absent from assigned responsibilities. If permission is obtained for the planned absence, the student must notify the Office of Medical Education of the approved dates for the absence.

INTERVIEW SEASON

~~We fully recognize the importance of attending interviews for a successful match. We allow 1.5 days missed without make-up for an interview/travel to interview, and up to 4 days total missed with every day after 1.5 days missed to be~~

made up (grade will be on hold until then.) No Fridays to be missed without exception. Absence for optional interview dinners are not granted.

Holidays

~~During clinical rotations, students will observe the holidays followed by the College of Medicine. Third year students on scheduled clerkships are **NOT** automatically off on official one day holidays listed on the academic calendar. Clerkship directors, at their discretion may permit students a holiday (example: on Labor Day, outpatient clinics are closed, and a clerkship director may give the students assigned there the day off).~~

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Religious Holidays

The COM recognizes that there are other holidays, both religious and secular, which are of importance to some individuals and groups. Students who wish to observe these holidays must inform the Geriatrics Clerkship Director before the clerkship begins, if applicable. The director may provide the student with an alternative arrangement to make-up the day(s) missed, on-call assignments, and examinations and other projects. Missed days which cannot be completed before the course end date will result in a grade of "incomplete." Students shall not be penalized due to absence from class or other scheduled academic activity because of religious observances.

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Absences for Health Services

Students are encouraged to maintain their own personal health throughout medical school. This includes their dental, mental and/or physical health. Ideally, students will make every effort to schedule these appointments at dates/times that do not conflict with required educational activities. When this is not possible, students must submit their request for an excused absence to the Geriatrics Clerkship Director. Upon approval, the director will notify the student of makeup requirements and due date, if appropriate.

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Clerkship Evaluation/ Grading Policies/ Student Performance Criteria

*For additional expectations and requirements, review the UF, College of Medicine Medical Education Program Policies and Procedures <https://osa.med.ufl.edu/policies-procedures/>, <http://osa.med.ufl.edu/policies/>

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a. Clerkship Evaluation (feedback from students):

We appreciate your feedback! The Course evaluation form can be accessed in [New Innovations](#).

b. Grading Policies and Student Performance Criteria

Students will be evaluated by Faculty/Preceptors using both formative and summative feedback to arrive at an appropriate grade of the student's performance.

~~During clinical rotations, typical "holidays" are not taken by MS4s unless specifically mentioned by the clerkship. Students are allotted the following holidays: Thanksgiving: beginning 5pm Wednesday prior to the holiday and ending 8am Monday following. Winter Break (refer to UF calendar), Match Day. 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 available to ensure adequate clinical experience. The timing of this make-up work is at the discretion of the Clerkship Director. 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:~~

1. Formative Feedback:

At the end of the each block/week, students will be assessed by faculty or preceptors based on the six core competencies of Patient Care, Medical Knowledge, Practice Based Learning, Interpersonal Communication,

Professionalism and Systems Based Practice. It is the student's responsibility to request feedback if none has yet been provided. These evaluations should be submitted at the clerkship canvas page.

2. Grade Determination: This Clerkship is Pass/Fail

- Successful passing grade requires evaluations from each week of the clerkship, completion of all required assignments and ~~adequate~~ attendance for required lectures, seminars and other didactic sessions (unless excused by course director).
- On clinical evaluations, evaluators may make the recommendation for a passing or failing grade. –If the recommendation is made for a failing grade in **any** portion of the evaluation, the Geriatric Medicine Clerkship Committee will meet and determine if a failing grade is indeed appropriate or if in-course remediation can be first attempted. The remediation will be at the discretion of the clerkship committee, which includes the course director Dr. Senthil Meenrajan, Dr. Mariam Mufti, and palliative course director Dr. Melanie Hagen.
- If a failing grade is determined as the ultimate grade after the above procedures or if remediation is not successful as determined by the discretion of the course directors, the students will be referred to the College of Medicine Academic Status Committee and their grade will remain Incomplete (I) until action decided by the committee.
- Attendance is mandatory, and no unexcused absences are permitted including leaving early or not attending parts of the daily duties. If such absence is occurring, the clerkship committee will meet to determine if a failing grade is appropriate or follow the remediation procedures above. See earlier notes regarding attendance.

ALL components must be completed for a passing grade. In addition, the course director has jurisdiction over any attendance, professionalism, or educational concerns and may modify the final grade if necessary.

Grade Grievance Process

Medical students may appeal a final grade or evaluation based on concerns about discrimination or the process used to assign the grade. Further information about the process can be found <https://osa.med.ufl.edu/policies-procedures/grade-grievance-process/>.

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UF Student Honesty Policy / Honor Code

UF students are bound by The Honor Pledge, which states, "We, the members of the UF 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 UF, the following pledge is either required or implied: "On my honor, I have neither given nor received unauthorized aid in doing this assignment."

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The Honor Conduct 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 of the class.

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Students with disabilities Americans with Disabilities Act (ADA) Accommodations

The University of Florida is committed to providing academic accommodations for students with disabilities. Students requesting accommodations must first register with the Disability Resource Center (DRC) (352-392-8565; www.dso.ufl.edu/drc) by providing appropriate documentation. Once registered, students should present their accommodation letter to the College of Medicine's ADA Representative, Mr. Jim Gorske, who will distribute the

accommodation letter to the clerkship. The University encourages students to register with the DRC as soon as they begin medical school or upon the verification of a disability.

Once registered, students should present their accommodation letter to the College of Medicine's ADA Representative, Mr. Jim Gorske (jgorske@med.ufl.edu) will distribute the accommodation letter to appropriate course and/or clerkship directors, as needed, as well as the testing center.

The University encourages students to register with the DRC as soon as they begin medical school or upon the verification of a disability.

Mistreatment Policy

The University of Florida College of Medicine is committed to treating all members of the college community fairly with regard to both personal and professional concerns. The student mistreatment policy ensures that concerns are promptly dealt with and resolutions reached in a fair and just manner. The college's procedures enable students to bring problems to the attention of the COM administration in a timely manner. The college forbids any retaliatory action against students who present grievances in good faith. To review the entire policy and/or to enter a mistreatment report, <https://osa.med.ufl.edu/policies-procedures/medical-student-mistreatment-policy/>.

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Contact Information for UF Student Counseling & Wellness Center

Contact information for the Counseling and Wellness Center: <http://www.counseling.ufl.edu/cwcc/>, (352) 392-1575; and the University Police Department: 392-1111 or 9-1-1 for emergencies

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Reference:

Lesser, Casey. "Why Medical Schools are Requiring Art Classes." *An Artsy Editorial*.