

Welcome to the 4th Yr Geriatrics Clerkship MDC 7140 All sections (MED R 3, 4, 5J, 6)



Congratulations, You are now 4th Year medical students !

We are excited to share our enthusiasm of Geriatric Medicine with you as you will undoubtedly use this knowledge in your future!

To ensure a productive rotation, we expect high levels of professionalism and function at the sub-intern level including self directed reading with the provided materials.

Please fully review the detailed syllabus and Canvas E-Learning.

Course Leadership

- Clerkship Director:
 - [Mallory Otto](#), MD mbotto@ufl.edu
- Palliative: [Melanie Hagen](#), MD, FACP melhagen@ufl.edu
- Quality Improvement (QI): [Erik W. Black](#), PhD ewblack@ufl.edu, 352-275-7868
- Coordinator: [Brian K. Stanton](#), bstanton@ufl.edu ; 352-294-5858

See syllabus for complete list of contacts.

All materials posted in Canvas E-Learning

<https://ufl.instructure.com/courses/329274>

Syllabus references

This orientation aims to cover the very basics:

For details go to latest syllabus posted in [Canvas E-Learning](#)

Schedule structures page 2-3

Course Leadership and Geriatric Department Contacts page 3

General Clerkship Objectives page 4-5

Goals, Objectives, Activities, Requirements, Locations, and Site Specific Contacts:

- a. Geriatric Medicine Week pages 6-8
- b. Palliative Medicine Week pages 9-10
- c. Rehabilitation Medicine Weeks pages 11-13

Grading criteria and assignments page 14

Attendance policies page 15

Students with disabilities or wellness concerns page 15

Appendix:

1. **REQUIRED** Clerkship Task Checklist page 16
2. Geriatric Medicine and Rehab Clinical Evaluation page 17
3. Palliative Medicine Clinical Evaluation page 18

Course 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.

Course Objectives

- 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)

Navigating Canvas E-Learning

All course material are organized in modules

<https://ufl.instructure.com/courses/329274>

Home

- Assignments
- Discussions
- Grades
- People
- Pages
- Files
- Syllabus
- Quizzes
- Modules
- Conferences
- Chat

▼ Syllabus

- Syllabus_clerkship_June03.pdf

▼ Required Checklist

- Required checklist - obtain signatures

▼ Medicine Week

Medicine Week Assignments and info

- Confusion Assessment Method (CAM) [Co...
- MoCA-English_2010.pdf
- MoCA-B (less educated)
- Mini-cog
- Katz ADL_LawtonIADL.pdf
- Beers Polypharmacy (2015)
- GetupandGo.pdf

SCHEDULES

- UF Senior Care

Attendance

- **The designated hours of the clerkship will be Monday through Friday and start times will vary.** You are expected to continue your clinical work and NOT leave until 5pm at the earliest unless explicitly dismissed by your attending.
- Students will be expected to be available as their site, cases, and patients require. (e.g. An attending starts rounds early or expects pre-rounding, or a two-hour admission or consult occurs at 4:00 pm)
 - You are expected to complete the admission regardless of the time.
- **Structured Fridays are mandatory.**
- **Do not plan to leave early.**
- **Weekends are not an option** to make up clinical time in this rotation.
- Attendance is mandatory, and no unexcused absences are permitted including leaving early or not attending parts of the daily duties.

Basic schedule path for all sections (order varies)

Rehabilitation = 2 weeks

Geriatric Medicine [Inpatient consults or Clinic] = 1 week

Palliative = 1 week

Schedule Structures

Table 1: Student Group Rotations [1WK Medicine + 1WK Palliative] + [2WK Rehab]
Fridays based on 2 week block (see schedule and orientation for more details.)

Site of Rotation	Week 1 Mon-Th	Friday 1	Week 2 Mon-Th	Friday 2	Week 3 Mon-Th	Friday 3	Week 4 Mon-Th	Friday 4
Geriatric Medicine (1 week)	Example student A	SP; QI 1	Example student B	QI 2; Death café; Ethics	Example student C	SP; QI3	Example student D	QI 4; Death Café; Ethics
Palliative Care (1week)	Example student B		Example student A		Example student D		Example student C	
Rehabilitation (2 weeks)	Example students C D	QI 1; Falls	Example students C D	QI 2; Dementia Simulation, Neuro	Example students A B	QI 3; Falls	Example student s A B	QI 4; Dementia Simulation, Neuro

Geriatric Medicine Week

****Each day Monday through Thursday students will be assigned to either the UF or VA Senior outpatient clinic or the inpatient Consult Service. See descriptions for each below:****

- [Inpatient Consults](#) (Shands)
- [Senior Care](#) (UF Health)
- Gerifirm (VA)
 - Take CPRS PC access training prior / renew access
- **See syllabus page 7 for site specific Daily Procedures**

Geriatric Medicine: Learning Activities and Objectives

Based on their site, comprehensive geriatric assessment will be tailored to outpatient care or inpatient care but will always include:

- Functional assessments by using [Katz ADL and IADLs](#)
- Review, identifying geriatric syndromes including dementia screening vs normal aging
- Medication review and identification of [potentially inappropriate medications for the elderly using the Beer's Criteria](#)
- Cognitive screening using the [mini cog](#) and then MOCA (Montreal Cognitive Assessment) [mocatest.org](#)
- 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.
- Generate a differential diagnosis based on recognition of the unique presentations of common conditions in older adults, including but not limited to acute coronary syndrome, dehydration, urinary tract infection, acute abdomen, and pneumonia.
- Identify geriatric syndromes including [falls](#), cognitive changes, urinary incontinence, [polypharmacy](#) effects, weight loss and failure to thrive, dizziness.

Geriatric Medicine: Inpatient Consults

With Drs. Otto or Hincapie students will:

- Learn to screen for, diagnose, and treat delirium with both non-pharmacological and when appropriate pharmacological options in the elderly patient.
- Learn the [Confusion Assessment Method \(CAM\)](#) to screen for delirium. *Please review **prior** to starting on consults.*
- 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.
- Review appropriate options for the placement of patients at discharge, and identifying and preventing risks of hospitalization.

Inpatient Consults Meeting Times and Locations

If assigned to Dr. Otto - mbotto@ufl.edu (518) 593-9921 mobile

- Meet at 8:30 am in the South Tower unit 4100 (4W, the surgical ICU) Mon-Thurs.
- Tuesday and Thursday afternoons (12:30 pm-5pm) will be spent at the Oak Hammock skilled nursing facility with rehab and long term care patients.
 - Please make transportation arrangements.

If assigned to Dr. Hincapie, jacobohincapieec@ufl.edu

(407) 592-3175 mobile

- Text to confirm meeting location **before** Monday
- Meet Monday at 8:30am.
- Tues and Wed, arrive early to pre-round patients before meeting.
- Thursdays meet at 9am.

Geriatric Medicine: Outpatient Care UF Senior Care or VA Gerifirm

- Define and differentiate among types of code status, health care proxies, and advance directives.
- Understand appropriate behavioral management of dementia and caregiver support options in the community
- Understand appropriate screening tests including but not limited to for cancer screening, osteoporosis, abdominal aortic aneurysm, etc. and when these tests would potentially be inappropriate.

Geriatric Medicine Week: Assignments

- **Presentation**: Chose a topic of interest to you pertaining to Geriatric Medicine, research the topic and make a 5 - 10 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.
 - This can be either a 1 to 2--page paper handout or 5 - 10 PowerPoint slides. Email to attending and [upload in Canvas Assignments](#).
 - You must have references and demonstrate evidence.

Palliative week

Scheduled to 1 of these sites

- [Shands Palliative Care](#)
Consults Team
- [Hospice of Marion County](#)
- [Haven Hospice](#) (Alachua,
surrounding counties)

TRAVEL: Required 2-3 days on Hospice rotations. [Be prepared to travel and conduct home visits as needed.](#)

See [Palliative Orientation](#) in Canvas for more details



At the end of the one week palliative care rotation
students will be able to (MK) (SBP)

- 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 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

Palliative: Learning Activities and Objectives

(MK, PC, IC, SBP, EB)

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

Palliative Daily Procedures

- 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.
- Round with clergy and social workers on the team as well as the physicians and nurse practitioners.
- You will be expected to complete a palliative reflection and presentation.
 - See examples and grading rubric on the course website

Palliative: Where to go on scheduled day 1?

- If assigned to the [Shands Palliative Care Consult team](#) please report to room 5130 in the main hospital (up atrium elevators to 5th floor, turn north, go through door, first door on left) at 8:30 am for interdisciplinary rounds. Contact on the consult service: Paula Turpening (352) 219-9641, turpep@shands.ufl.edu
 - If unable to reach – Dr. Sharon Gavin (352) 339-4221.
 - For more information on the consult team: <https://ufhealth.org/uf-health-palliative-care/overview>
- If assigned to the [Hospice of Marion County](#), please report to 3231 SW 34th Ave, Ocala, FL 34474 at 8:30 am. Contact for emergencies, Dr. Mery Lossada at (352) 873-7400. Assistant: Barbara Sandberg bsandberg@hospiceofmarion.com
<http://www.hospiceofmarion.com/>
- If assigned to [Haven Hospice](#) please report to 4200 NW 90th Boulevard, Gainesville, FL 32606 at 8 am. Contact for emergencies or site questions, Jean Ann Cannon (352) 692-5104
jcannon@havenhospice.org
<http://www.havenhospice.org/>
- **TRAVEL:** Required 2-3 days on Hospice rotations. Be prepared to travel and conduct home visits as needed. Students assigned to one of the hospice care centers may be invited to assess patients in their homes along with the home care team.

Palliative Reading material, reference guides and assignments

- [Palliative Provider Pocket Cards \(printable/pdf\)](#) by F. Amos Bailey, MD
 - [Pain Control: Equianalgesic Dosing](#)
 - [When to Consider Palliative Care](#)
 - [Sharing Bad News: Pocket Primer](#)
 - [Comfort Care Order Set: Last Hours of Life](#)
 - [Guidelines for Pronouncement](#)
- [Palliative Fast Facts and Concepts](#)
 - Web based or Free Smartphone App for [iPhone](#) and [Android](#) available
- [American Academy of Hospice and Palliative Medicine](#)

Recommended reading for your reference (not required):

- [Free 4 chapter Ebook: The Palliative Response, by Dr. F. Amos Bailey](#)

ASSIGNMENTS

See slides 30-35

*I look forward to working with you.
Contact me with any questions,*

[Melanie Hagen](#), MD, FACP

Geriatrics Palliative Course Section Instructor

Associate Professor of Medicine

Medical Director, Internal Medicine at the Medical Plaza

Mobile contact: (352) 222-4895

melhagen@ufl.edu



Rehabilitation 2 weeks

- Students spend 2 weeks at their enrolled Rehab site Monday – Thursday
- Friday conferences at UF in the morning and the VA afternoon
- The student will evaluate frail elders in an acute-care rehabilitative, sub-acute rehabilitative or long-term care with rehabilitation setting.
- Learning Activities, Objectives and Daily Procedures in syllabus on page 12

[Med R3] [Shands Rehab Hospital](#)

- Includes 4 afternoons at the [UF Orthopedic Institute](#), Non-Operative Sports/Musculoskeletal Medicine Clinic

[Med R4] N FL Malcom Randall VA Medical Center, [Community Living Center \(CLC\)](#)

- GEM ([Geriatric Evaluation and Management](#)) and PCU ([Palliative Care Unit](#))

[Med R6] [Signature HealthCARE of Gainesville](#)

[Med R5J] [Brooks Rehabilitation](#) Jacksonville

- [Rehabilitation Hospital](#) or
- Rehabilitation at [Bartram Crossing](#)

Rehabilitation Learning Activities and Objectives

See syllabus page 11

- The student will evaluate frail elders in an acute-care rehabilitative, sub-acute rehabilitative or long-term care with rehabilitation setting, divided into two primary foci
 - the focus of the first week will be [Falls and Dismobility](#)
 - 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.
- Students will manage medical problems and will learn how to function as part of an interdisciplinary health team. Identify transfer of care issues and areas of potential errors including poor documentation on discharge summaries and medication reconciliation errors.
- Assess and describe baseline and current functional abilities in an older patient by collecting historical data from multiple 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.
- 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.

Rehabilitation Daily Procedures

See syllabus page 11

- 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.
- 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).

REHAB Assignments

Required (see checklist)

<https://ufl.instructure.com/courses/329274/modules/items/6179000>

GICS: [Instruction and Practice Case](#), 2 patients (initial week 1 and follow up week 2)

Online quizzes (2) [Falls](#), [Dementia](#)

Identify potential for error in transition of care from hospital to rehab or rehab to home including in discharge summary documentation and medication reconciliation.

Observe 1 PT or OT session

Observe 1 SLP (speech language) session

Perform a [Clock Draw Test](#)

[Falls](#) and [Dementia](#) Tools reading packets

See additional Learning Activities, Objectives and Daily Procedures in syllabus on page 12

<https://ufl.instructure.com/courses/329274>

Rehab: Geriatrics Interdisciplinary Care Summary (GICS) Pick 2 patients to assess after practice case

GICS Title	Deadline for submission to the preceptor	Deadline for receiving preceptor formative feedback	Deadline for receiving preceptor summative feedback	Evaluated for the final grade?	Need to E-mail file to Clerkship Coordinator?
Mr. Hudson's Initial Visit (Practice)*Page 5	Submission not required; Self-study within first 2 days	Fill out for practice. See key for answers.	See key for answers.	No	No
Real Patient 1 Initial Visit	Wednesday of Week 1	Thursday morning of Week 1	N/A	No	No
Real Patient 2 Initial Visit	Wednesday of Week 1	Thursday morning of Week 1	N/A	No	No
Real Patient 1 One-Week Follow-Up Visit	Wednesday of Week 2	N/A	Thursday morning of Week 2	Yes	No
Real Patient 2 One-Week Follow-Up Visit	Wednesday of Week 2	N/A	Thursday morning of Week 2	Yes	No

It is **your responsibility** to [review instructions posted](#), submit the GICS on time to your preceptor and arrange meetings with your clinical preceptor to receive feedback. Use [Word Doc templates](#).

***VA Rehab only:** Move Wednesday due dates to Thursday.

Mandatory FRIDAYS in Gainesville

Geriatric Medicine (GM) / Palliative (P)

Week 1 of GM/P:

Morning: 8am, [UF Senior Care](#) recorded Standardized Patients Simulation examination

- ☐ i. [Get up and Go test](#)
- ☐ ii. [Mini-Cog Test](#)
- ☐ lii. Polypharmacy ([Beers criteria](#))

Afternoon: 1 – 5pm COM [Quality Improvement](#) (QI) at UF HPNP
G-110 with Erik Black, PhD



[Senior Care
/CTRB,
2004 Mowry Rd]

Week 2 of GM/P:

Morning: 9 – Noon, COM [QI](#), UF HPNP G301A with Erik Black, PhD

Afternoon: [HPNP](#) G-110

1 – 3 pm, Palliative “Death Café” with Dr. Hagen Bring [reflection](#) and [presentation](#) assignments and upload to E-learning prior

3:30 – 5 pm, [Ethics Case Conference](#) (assignment upload due Wednesday prior)



[HPNP]

Geriatric Medicine: Friday Standardized Patient

- Morning (1st week or 3rd week) 8am – Noon, all students from the Geriatric Medicine rotation and the Palliative Care rotations will complete the recorded simulation with standardized patients at [UF Senior Care clinic](#) in the [Clinical Translational and Research Building \(CTRB\)](#) at 2004 Mowry Rd.
- Students will perform a clinic visit with a standardized patient in which they will have 15 minutes to interview, examine, and perform medication reconciliation with the patient, identify potentially inappropriate medications for the elderly using the latest [Beers criteria](#).
- Students will be expected to perform the:
 - [Get up and Go test](#)
 - [Mini-Cog Test](#)
- Following the visit students will write a progress note on their patient and debrief with the instructor and standardized patient.

Palliative Assignments

(Email to Dr. Hagen and upload in E-learning **BEFORE** palliative care conference, discuss/present at conference)

See examples and grading rubric in orientation on course website.

- **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.
- **Presentation**: Students will choose one topic in palliative care of interest to them, research the topic and complete a 10 minute evidence-based presentation on their topic at the Friday small group. It should be either a 1 - 2 page paper or 5 - 10 PowerPoint slides and must have references and a summary slide. See orientation on course website for topic ideas.

Palliative Assignment due Friday at "Death Café":

Personal Reflection

- Reflect on any experience that you have had with death or dying.
- Write about a patient you saw during this week or any other experience with death or dying.
- Use REAP which parallels SOAP.
 1. What is your **R**eaction to this dying patient, patient suffering or patient death? (or to a patient's family)
 2. What **E**xperiences have you had in the past that may have led to this reaction?
 3. How will your reactions **A**ffect your relationships with patients and practice of medicine in the future?
 4. What will help you to **P**lan to care for such patients in the future?

Palliative Assignment due Friday at "Death Café": Evidence Based Topic Presentation

Chose a topic about palliative care, hospice or end of life care that you find interesting and that you think would also be useful for your fellow students as they start clinical practice next year.

Assessment Criteria:

1. Chose appropriate topic and explained interest in choice of topic
2. Demonstrated evidence of research on topic
3. Explained topic well to peers
4. Summarized important points

Palliative: Potential presentation topics

1. Specific treatment issue

- I. Symptom control
- II. Nausea, constipation, fatigue, delirium, anxiety, depression, dyspnea
- III. Pain treatment

2. Ethical Issue

- I. Physician assisted suicide
- II. Family disagreement

3. Capacity

4. Spiritual Issue

5. Family Issue

- I. Cultural differences
- II. Family dynamics
- III. Family communication

6. Communication Methods

7. Prognosis

- I. Cancer
- II. Neurologic disease
- III. Cardiac disease
- IV. Respiratory disease
- V. Dementia

8. Any other topic of interest to you in palliative and end of life care

Ethics Case Conference Assignment:
Learning Objectives:

Due the **Wednesday** prior to scheduled Ethics Friday conference

Write a one page maximum summary of a case observed during this clerkship that raises ethical questions or issues

- Identify ethical issues arising in patient care
- Analyze ethical issues arising in patient care
- Discuss legal implications of ethical issues arising in patient care
- Describe the impact the selected cases will have on medical students as learners and as future physicians

Ethics Case Conference Assignment:

- In your write-up, analyze the ethical (and legal, where applicable) issue in your case 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.
- **Please do not include patient identifiers or physician names in your write-up.**
- See [detailed instructions on course website](#)
- If you have any questions or if you have difficulty finding an appropriate case to present, contact **Bernie Amaro, Academic Assistant in the Program in Bioethics, Law & Medical Professionalism (352-273-5155, bamaro@ufl.edu)** for assistance.

Rehabilitation Mandatory FRIDAYS

Mornings: 9 – Noon, COM Quality Improvement (QI) at UF, HPNP G301A with Dr. Black

Afternoons:

- ☐ Week 1 (of rehab block), 3 – 5pm, Falls and Dysmobility, PT/OT
 - ☐ Meet at GRECC T2 (Geriatric Research Education and Clinical Center)
 - ☐ Use rear entrance
- ☐ Week 2 (of rehab block) 12:45pm – 3 pm, Dementia Tour
 - ☐ Meet in VA main lobby then proceed to 2nd floor SIM Lab
 - ☐ Neurocognitive Disorders Didactic session at T2



GRECC/T2, south of Shands South Tower, use rear entrance.

COM Quality Improvement Friday half days group project and training with

Erik W. Black, Ph.D. ewblack@ufl.edu

- **Week 1:** Efficacy [Pre-test](#) (ungraded, survey), Re(Introduction) to QI, Fundamentals, PDSA, intro teams and project
 - Intro PowerPoint and material in Canvas E-learning
- **Week 2:** Root Cause Analysis
- **Week 3:** [OSCE] Objective Structured Clinical Examination
- **Week 4:** Efficacy [Post-test](#), Project presentations

Quality Improvement Objectives

*See Presentation: [Re-Intro to Quality Improvement](#) in Canvas

Grades and Evaluations

This Clerkship is Pass/Fail, with high benchmarks for passing as follows:

- The [Clerkship Task sheet](#) **MUST** be completed and turned in to the course coordinator, [Brian Stanton](#), by the last day of the clerkship. If the Task sheet is missing items a passing grade cannot be assigned without make up and completion of items.
- 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.
- *See Syllabus page 15 for grading policies
 - See appendixes for checklist and evaluation forms

Appendix 2) Evaluation Forms

Geriatric Medicine and Rehab Evaluation

Student Name _____ Date _____
Evaluator _____

Describe one or two areas of strength:

Describe one or two areas for improvement:

If applicable, explain need for remediation (fail):

Category	Ideal Example	SCORE P/F
Professionalism	Demonstrates respect, integrity, honesty, and compassion, seeks feedback, is responsible, mature, ethical, present, and timely.	
Patient Care	Reviews patient record, integrates and coherently presents to team history and physical findings, serves as patient advocate	
Systems based Practice	Seeks to understand clinical and other patient resources, recognizes need for interdisciplinary care, identifies transitional care issues	
Practice-based learning	Use scientific information and evidence based medicine to manage patients, aims for quality improvement	
Medical Knowledge	Differential diagnosis, able to correlate knowledge with clinical situation	
Communication	Listens to patients and families and explains information without using jargon. Communicates effectively with members of the patient's care team.	

Palliative Grading Criteria Clinical Evaluations


Appendix 3) Palliative Medicine Evaluation:

Student Name _____ Date _____

Evaluator _____

Describe one area of strength:

Describe one area for suggested improvement:

Category	Description	Grade (Pass/Fail)
 Professionalism	Demonstrates respect, integrity, honesty, and compassion, seeks feedback, is responsible, mature, ethical	
Patient Care	Reviews patient record, integrates and presents to team coherently history and physical findings, serves as patient advocate	
Systems based Practice	Understands clinical and other patient resources, learns about social work, chaplaincy and hospice, reduces error, efficient	
Practice-based learning	Use scientific information and EBM to manage patients, takes Initiative, strives for autonomy	
Medical Knowledge	Differential diagnosis, wants to learn and to improve, able to correlate knowledge with clinical situation	
Communication	Listens to patients and families, explains information to patient and families without using jargon, sensitive to patient and family nonverbal communication. Communicates effectively with members of the patient's care team.	

Friday Evaluations

- Reflection 40%
- Presentation 40%
- Participation in discussion 20%

Welcome!

*Please reach out to Dr. Otto and Mr.
Stanton with any questions or
concerns!*