TEXAS COLLEGE OF OSTEOPATHIC MEDICINE

Our Mission

Create solutions for a healthier community by preparing tomorrow’s patient-centered physicians and scientists and advancing the continuum of medical knowledge, discovery, and osteopathic medicine to provide comprehensive health care.

GERIATRICS
CLERKSHIP SYLLABUS
MEDE 8426
2017-2018

CLERKSHIP DIRECTOR
SARAH ROSS, DO, MS, CMD

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PURPOSE OF THE GENERAL CLERKSHIP

The clinical clerkships affiliated with the Texas College of Osteopathic Medicine serve to provide supervised, high quality opportunities for third and fourth year medical students to apply and transform the declarative medical knowledge and basic clinical skills that they have acquired into procedural clinical competence, while also functioning as learning members of health care teams.

The clinical clerkships promote and support TCOM students in developing clinical competence with emphasis on the core competencies beyond medical knowledge alone. Clerkships are encouraged to seek opportunities for students to provide Health and Wellness Counseling, develop improved interpersonal and communication skills, professionalism, as well as practice-based learning and improvement.

CLERKSHIP DESCRIPTION

WELCOME TO GERIATRICS

The population of older adults >65 years of age will continue to rise in the 21st Century. Physicians are expected to be knowledgeable in geriatric care. The goal of this geriatric curriculum is to provide a foundation for competent and compassionate care of older patients. This includes attitudes, knowledge, and skills required to care for older adults. Education will occur in various clinical settings and didactic activities. Please note that due to the individualized student and faculty schedules not all students in the rotation will have the same location exposure and site experiences during their Geriatric Rotation.

During the next 4 weeks you will be exposed to a variety of experiences including ambulatory practice, nursing facilities, assisted living centers, home visits, palliative care, and hospice. Knowledge will be gained through self-study, case reviews, and clinical case discussions; working in ambulatory care clinic settings, long term care settings, assisted living, and in-home settings; and various didactic sessions. At the clinical sites, students will examine their own attitudes toward aging, disability and death; they will be compassionate to caregivers and appreciate the need for functional status assessments of individual patients rather than focusing on diseases alone. Students will also be exposed to an interprofessional team environment in the context of patient care with senior adults and will be expected to maintain a professional demeanor in all of their clinical interactions.
CLERKSHIP COMPETENCIES

The objectives of the Clinical Clerkships are to enable TCOM students to achieve competence as graduate osteopathic medical students. As such, the objectives of the clerkship curriculum are represented by the AACOM Osteopathic Core Competencies for Medical Students.

For the purposes of the TCOM Clinical Clerkship Competencies, the AACOM 14 Competencies have been condensed into the following 8:

1. Osteopathic Principles and Practices
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice
8. Health Promotion/Disease Prevention

INTERPROFESSIONAL EDUCATION (IPE) COMPETENCIES

Competency Domain 1: Values/Ethics for Interprofessional Service
- Students will place the interests of patients and populations at the center of Interprofessional health care delivery through creating a common mental model and understanding of the unique and shared needs of the geriatric population.
- Students will recognize the diverse and individual differences that characterize the geriatric population and the benefits of an Interprofessional team in the assessment of unique geriatric case study

Competency Domain 2: Roles/Responsibilities
- Students will recognize the need to engage diverse healthcare professionals to complement their own professional expertise, as well as, use the associated resources available to develop strategies to meet the needs of the geriatric patient.

Competency Domain 3: Interprofessional Communication
- Students will recognize a common language or terminology and process to use in discussing and assessing the following content areas: medication reconciliation, physical, and cognitive assessment in working collaboratively with other health care professionals with the geriatric patient.

Competency Domain 4: Teams and Teamwork
- Students will recognize the need to engage other health professionals appropriately to address the specific care situations in shared patient/person-centered monitoring and cross-monitoring for improved quality of care and patient safety.
### GERIATRIC Clerkship Goals and Learning Objectives

<table>
<thead>
<tr>
<th>At the end of the four-week rotation:</th>
<th>AOA COMP #</th>
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<tbody>
<tr>
<td>1. Students will utilize a humanistic approach to demonstrate professionalism and a caring attitude</td>
<td>1, 3, 4, 5</td>
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<tr>
<td>2. Students will be able to conduct medication reviews and evaluate appropriateness considering</td>
<td>2, 3</td>
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<tr>
<td>3. Students will be able to describe geriatric syndromes, including but not limited to: dementia,</td>
<td>1, 2, 3</td>
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<tr>
<td>4. Students will demonstrate osteopathic principles and practice into the care of geriatric patients</td>
<td>1, 2, 3</td>
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<tr>
<td>5. Students will be able to identify and recommend community resources available for older adults</td>
<td>1, 2, 3, 4, 5</td>
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<tr>
<td>6. Students will be able to identify cognitive impairment in older adults, and when it is</td>
<td>2, 3</td>
</tr>
<tr>
<td>7. Students will be able to identify when end-of-life care is appropriate. They will be able to</td>
<td>2, 3, 4, 5</td>
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<tr>
<td>8. Students will be able to identify and explain the continuum of care that includes nursing homes,</td>
<td>2, 3, 5, 7</td>
</tr>
<tr>
<td>9. Students will be able to perform a thorough history and physical on a geriatric patient;</td>
<td>1, 2, 3</td>
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</tbody>
</table>
Didactic Sessions

Didactic presentations are available on Canvas. All students are expected to review these didactic presentations.

The 1st week of the rotation, students meet on campus with the Alzheimer’s Association representative to learn about the REACH II caregiver support program and case management to understand how they work together.

On the 2nd Monday of the month, Board Review, Journal Club, and JPS Geri Grand Rounds will be held at JPS from 9:00 am-1:00 pm. – 4th floor Family Health Conference Room – Lunch will be provided. All students are expected to attend these conferences. Parking information is available in appendices.

On the 1st Friday of the month, Meals on Wheels will have student groups tour the central offices and commercial kitchen to learn about agency services, including the HomeMeds Medication Management program, nutrition assessments, and diabetes and nutritional counseling, and home visits. Discussions includes topics of health literacy, setting personal goals, and home-based services.

UNTHSC Neuropsych testing is on the 4th floor of the PCC building (Center for Geriatrics). Please arrive 15 minutes early and check in at the front desk. Additional details are available on Canvas.

Assignments at clinical sites: Individual attending physicians may have students conduct educational presentations for patients, families, & staff or assign literature review or case presentations at the various clinical sites. On-site preceptors will observe you with a patient one time during your rotation (MiniCEX).

Required Assignments

1. **Dealing with Loss and Grief for Geriatric Families and Providers:** Please complete and submit assignment as indicated on page 8 to Dr. Martin at the second class meeting.

2. **Pre and Post Competency Self-Assessment**

3. **Geriatric Syndromes:** Review all syndromes available on canvas and be prepared to discuss at the didactic sessions. Not all of the syndromes will be reviewed at the didactic sessions, however all students are responsible for all geriatrics syndromes on Canvas. The final exam will include test questions from the following geriatric syndrome slide sets: AGS Updated 2015 Beers Criteria for Potentially Inappropriate Medication Use in Older Adults; Behavioral Disturbances in Dementia; Choosing Wisely to Improve Care for Geriatric Patients; Community-Based Care; Delirium; Dementia; Falls; Feeding and Swallowing; Frailty; Hearing Impairment; Mistreatment of Older Adults; Nursing-Home Care; Nutrition and Weight; Pain Management; Palliative Care; Pressure Ulcers & Wound Care; Prevention; Transitions of Care; Urinary Incontinence; OMT in Geriatrics; and Visual Loss and Eye Conditions.

4. **Senior Help: Healthcare and Prevention Topic Presentations**
   a. Students will be assigned into one or more teams (depending on the number of students). Your Senior-HELP activity will require that you work with your team to create a health promotion/ health prevention handout for senior adults. Here are some resources to help you in this project. Please take time to review the Health Literacy Module at [http://healthlit.fcm.arizona.edu](http://healthlit.fcm.arizona.edu) as well as the AZ Health Literacy Fact Sheet attached.
b. You will prepare a one-page front and back brochure/handout on the topic given to you during orientation that can be used with geriatric patients. This presentation is to be at a 5th grade reading level in common language that the seniors will be able to understand and apply. The presentation should include written material, graphs, or pictures that may be helpful in accurately presenting information on your health topic. Be sure to reference the material’s sources. For this rotation activity, you will be assigned a Senior Center or other Site to deliver the verbal presentation on this topic and to handout the printed material (You will be notified within the next week of the chosen topic).

c. Plan to do an assessment/exercise with the seniors that pertain to your presentation topic. Use Times New Roman for printed material. Make type size at least 12 pt., 13pt or 14pt. Use upper and lowercase letters, limit the use of italics, underlying and bold for emphasis.

d. Once you have finished your presentation or while in the process of developing it you can use Microsoft word spelling/grammar check to check for the readability statistics of your presentation. You may have to enable the Readability Statistics under the options under spelling/grammar if it is not turned on. Once you have spell checked your document it will show you both the Flesch Reading Ease Test and the Flesch-Kincaid Grade level test (definitions below) use these to gauge the reading ease and grade level of your handout and speaking presentation material. The average reading level in the United States is an 8th grade level; however the average reading level for seniors is a 5th grade level.

e. FLESCH READING EASE TEST: This test rates text on a 100-point scale. The higher the score, the easier it is to understand the document. For most standard files, you want the score to be between 60 and 70. The higher the better!

f. FLESCH-KINCAID GRADE LEVEL TEST: This test rates text on a U.S. school grade level. For example, a score of 8.0 means that an eighth grader can understand the document. For most documents we typically aim for a score of approximately 7.0 to 8.0. However when working with seniors remembers that the average reading level is 5th grade so at 7th or 8th grade levels you may not be presenting the material at a level they cannot understand.

g. Malissa McCracken (malissa.McCracken@unthsc.edu) would like to receive your handout materials (one front and back page handout) electronically by the morning of Thursday prior to your presentation at the Senior Center, so it can be reviewed by our geriatrics faculty.

h. You will need to bring your blood pressure cuff, stethoscope and diagnostic kits with you to the presentation. Please dress professional and wear your white coat.

i. Please make sure a senior with possible visual issues can read the handout. Do not use less than 12 font.

j. Your presentation should be at least 30 minutes and interactive.

k. Additional references, including videos, are available on Canvas for review, as needed.

l. Any questions about the assignment please feel free to email Malissa at Malissa.McCracken@unthsc.edu.

5. **Final Exam:** Review the assigned American Geriatric Society (AGS) Geriatric Syndromes. The final exam will include test questions from these slides. Refer to page 6 and/or the bibliography for details. I would place this with the place where we show the slides they are responsible for.

6. **Core Geriatrics Feedback Assessment**
Dealing with Loss and Grief for Geriatric Families and Providers

Dr. Roy Martin, Assistant Professor of Clinical Ethics, will conduct two sessions. The first session will take place immediately following orientation. The second session will take place on the 3rd or 4th Monday of the rotation. All Dr. Martin’s materials are available online via Canvas.

Objectives

Student physicians will be able to:
1. Recognize and acknowledge the ethical challenges and emotional stress experienced by families and providers, who share mortal events;
2. Be expected to recognize and respect the features and feelings associated with grief and their opportunities to respond personally and professionally;
3. Appropriately identify and utilize available community resources for families and themselves.

Handouts
1. Suggestions On How to Deal With Grief
2. What We Need During Grief
3. A limited Bibliography of Grief Resources
4. A limited list Spiritual Resources for Grief

Session One: Orientation

Students will be provided with a resource packet of the Outline, Cases and Handouts. Dr. Martin will go over the Outline details and describe the assignment. There will be time allotted for Q & A during the last portion of the Orientation session.

Session Two: Each student will
1. Read all the Geriatric Cases (Cases are included in the Outline)
2. Choose one of the cases and write a scenario that follows the patient through his/her death. Imagine and describe your experience in dealing with the death of the patient, that you witnessed, the feelings of the family, and your own feelings; OR
3. As an alternative, you may write about your experience of the loss of an elderly family member or close friend, that you witnessed, and how that experience may help you deal with the death of patients and their families, as well as your own loss and grief.
4. Be prepared to bring your written report to present to the rotation group at the second meeting. Anticipate questions and feedback (On-site students).
5. Turn in your written report via Canvas for grading prior to the end of the rotation meeting. Any assignments not turned in will be counted as a zero.
6. Students are to include the following: student ID number, identify this essay assignment as part of their CORE GERI program, and the period number of their group—on the actual paper.

Osteopathic Manipulative Medicine Didactic Session

A face-to-face on session will occur for on-site students during their geriatric clerkship rotation to provide hands on OMM techniques, supervised by Dr. Edward Shadiack, DO, Assistant Professor in the Department of Family Medicine/Osteopathic Manipulative Medicine. Viewing of OMM video on Older Adults, available on Canvas, is also recommended.
CLERKSHIP REQUIRED DIDACTICS & STUDY ASSIGNMENTS

Off-Site Requirements

Students who are completing their Core Clerkship in Geriatrics out of town are only required to complete the assignments listed below:

Please note: All rotation materials and lectures are available via Canvas. How to access Canvas: http://web.unthsc.edu/canvas

1. **Dealing with Loss and Grief for Geriatric Families and Providers assignment:** Please view the videotaped didactic session from on Grief and Loss that is available via Panopto on Canvas. Also, complete and submit paper assignment via Canvas, by the 3rd Thursday by 9:00 pm of your rotation. Refer to page 8 for details.

2. **Osteopathic Manipulative Medicine:** Review the video demonstrating Osteopathic Manipulative Techniques for use in older adults that is available on Canvas.

3. **Pre and Post Competency Self-Assessment**

4. **Final Exam:** Review the assigned American Geriatric Society (AGS) Geriatric Syndromes. **The final exam will include test questions from these slides.** Refer to page 6 and/or the bibliography for details. You will need to return to UNTHSC the final Friday of the rotation for your Core Geriatrics exam at the time scheduled for the on-site students; or arrange for an approved preceptor to proctor the exam at your site. Please turn in your proctor form no later than the third Friday of the rotation if you are not returning to campus for the exam.

5. **Core Geriatrics Feedback Assessment**
CORE ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPA)
FOR ENTERING RESIDENCY

These are the skills and behaviors expected of first year residents on day one of their residencies, as described by the ACGME residency directors and described in detail in the AAMC document of the above name. It is hoped that clinical clerkship directors and facilitators will make as much effort as possible to ensure that TCOM students have opportunities to practice these skills and behaviors on all clinical rotations.

1. Gather a history and perform a physical examination.
2. Prioritize a differential diagnosis following a clinical encounter.
3. Recommend and interpret common diagnostic and screening tests.
4. Enter and discuss orders and prescriptions.
6. Provide an oral presentation of a clinical encounter.
7. Form clinical questions and retrieve evidence to advance patient care.
8. Give or receive a patient handover to transition care responsibility.
9. Collaborate as a member of an Interprofessional team.
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management.
11. Obtain informed consent for tests and/or procedures.
13. Identify system failures and contribute to a culture of safety and improvement.

MiniCEX

In order to better assess a student’s readiness in Entrustable Professional Activities, the MiniCEX will be administered once per student during their four week rotation for on-site students. The MiniCEX will be made available for off-site preceptors, should they decide to use the assessment tool.
EVALUATION & GRADING

The final clerkship grade is pass/fail based on input from faculty members, supervising physicians at individual clinical sites, participation during didactic activities, didactic assignments and the final exam. Final grades will be determined as follows:

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<th>Component</th>
<th>Minimum Score Required</th>
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<td>Clinical Competence &amp; Professional Conduct</td>
<td>Upon completion of this clerkship students should perform the behaviors outlined within the “expected” level of each competency rated on the clinical clerkship evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.</td>
</tr>
<tr>
<td>Didactic Activities:</td>
<td>Completion as described in syllabus</td>
</tr>
<tr>
<td>Final Exam</td>
<td>Completion of final exam as outlined in syllabus</td>
</tr>
<tr>
<td>Composite Clerkship Score</td>
<td>A passing grade in Core Geriatrics is a combined average of 70% or above for clinical activities, didactic activities, and the final exam.</td>
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All didactic assignments must be submitted on time as indicated in the syllabus. Points will be deducted for late assignments.

1. Dealing with Loss and Grief for Geriatric Families and Providers - refer to page 8 for details.
2. Healthcare and Prevention topic Presentations-refer to page 6 for details (for onsite students).

The final exam will include 40 multiple choice questions from the geriatric syndrome slides. Students will have 60 minutes to complete the proctored exam online in Canvas via Exam Soft. The exam will be scheduled on the final day of the rotation, with the time and location listed on your schedule.

**Offsite Students:** Unless a proctor agreement form is received in Canvas by noon on the third Friday of the rotation, students will be expected to return to campus for the scheduled on-site student exam. The exam will be on the final day of the rotation, with the time and location sent via e-mail.

**Please also note,** at the discretion of the clerkship director, points may be deducted from the final grade for non-professional student conduct (issues with attitude, absenteeism, survey participation, etc.).
ROTATION SITES

AMBULATORY GERIATRIC MEDICINE IN THE GERIATRIC ASSESSMENT AND PLANNING PROGRAM CLINIC (GAPP)

1. UNTHSC GAPP Clinic – Patient Care Center
   855 Montgomery Street, 4th Floor
   Fort Worth, TX  76107
   817-735-2200

2. John Peter Smith Hospital – Family Medicine Clinic/Magnolia Clinic
   1500 S. Main Street
   Fort Worth, TX  76104
   817-927-1200

LONG TERM CARE FACILITIES
**You should bring blood pressure cuffs, stethoscope and diagnostic kits to these facilities.

James L. West Dementia Center
1111 Summit Avenue
Fort Worth, TX  76102

Brookdale Broadway City View
5301 Bryant Irvin Road
Fort Worth, TX  76132
817-294-2280

Trinity Terrace
1600 Texas Street
Fort Worth, TX  76102
817-338-2423

Community Hospice
1111 Summit Avenue
Fort Worth, TX 76107-4600

The Stayton
2501 Museum Way
Fort Worth, TX 76107

Stonegate Nursing Center
4201 Stonegate Blvd.
Fort Worth, TX 76109
817-924-5440

ASSISTED LIVING FACILITIES
**You should bring blood pressure cuffs, stethoscope and diagnostic kits to these facilities.

Brookdale at Westover Hills
6201 Plaza Parkway
Fort Worth, TX 76116
817-989-1174

Silverado
7001 Bryant Irving Rd
Fort Worth, TX 76132
817-292-2662

HOSPICE FACILITIES
**You should bring blood pressure cuffs, stethoscope and diagnostic kits to these facilities.

Vitas Hospice, Inpatient Unit
Baylor Hospital, Building C 3rd floor
1400 8th Avenue
Fort Worth, Texas 76104

Community Hospice, Inpatient Unit
1111 Summit Avenue
Fort Worth, TX 76102
USMD FACILITIES
**You should bring blood pressure cuffs, stethoscope and diagnostic kits to these facilities.

Dr. Jennifer Arnouville, DO
Fort Worth Clearfork
5450 Clearfork Main Street, Ste 300
Fort Worth, TX 76107
(817) 334-1400

Dr. Hedieh Davanloo, MD
Arlington North
809 W. Randol Mill Road
817-460-0257

OTHER FACILITIES
**You should bring blood pressure cuffs, stethoscope and diagnostic kits to these facilities.

Dr. Jennifer Heffernan, MD
HTPN House Calls
712 N. Washington Ave, Ste. 415
Dallas, Texas 75246
214-820-9115

Dr. Aparna Kotamarti, MD
Texas Harris Senior Health and Wellness Center
1275 West Terrell, Fort Worth, TX 76104
817-250-5710

Dr. Shawnta Pittman-Hobbs, MD
Medical Director
Supportive and Palliative Care
Baylor Scott & White All Saints Medical Center
1400 Eighth Ave.
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214-538-0083
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GENERAL RESPONSIBILITIES

Clinical problems encountered during daily clinical activities with the faculty will direct a significant portion of your educational experience. Students will set learning goals based on knowledge deficits identified during patient interactions, pursuing the literature during free time to fill in the expected gaps in knowledge.

However, patient problems and diseases encountered are unpredictable. In order to ensure that students are directed to disease and clinical scenarios of importance in the discipline of internal medicine, the content outline defines patient problems of relevance to a third or fourth year student. A list of references is provided and it is the student’s responsibility to address each of these topics during self-study. The topics will be discussed as requested and preparation will facilitate an informed discussion. These daily interactions with the faculty will not be lecture-based, but learner-centered, the needs of the student directing the interaction.

As with most clinical services, students will be responsible for the initial evaluation of patients on the hospital service by performing a careful interview and physical examination, reviewing pertinent laboratory and radiological studies, and formulating a preliminary diagnosis and plan for further diagnostic study and therapeutic intervention. In the ambulatory clinic, nursing facility visits or home visits (where most patients receive follow-up care), a more abbreviated, focused approach is appropriate, the depth of interview and examination directed by the attending physician prior to patient contact. The case will then be presented in concise fashion to the attending physician, relaying pertinent parameters, diagnostic assessment, differential diagnostic possibilities and pathophysiologic justification for the diagnosis and proposed course of action.

Discussion will follow, with clarification and reinforcement of important conceptual knowledge. This should allow the student to identify areas requiring further study to enhance understanding of the problems or diseases under consideration.

It is expected that there will be significant gaps in the knowledge base of third and fourth year medical students with limited clinical experience in the specialty of internal medicine. The purpose of probing questions by the attending faculty is not to embarrass or intimidate the learner but to identify prior knowledge and direct the student to important areas of misunderstanding or new data that should be acquired to enhance the learner’s conceptual knowledge of internal medicine.

After patient assessment and discussion, it is the responsibility of the student to carefully document their findings and impressions in the progress notes in a problem-oriented fashion. An initial assessment requires an in-depth progress note. Additionally, students are expected to write daily progress notes prior to rounds, which will usually be in the late morning or early afternoon, to allow sufficient time for clinical clerks and house-staff to perform work rounds and patient evaluation prior to teaching rounds with the attending physician. All written notes will be reviewed and cosigned by the on-service faculty.

Student feedback will be provided frequently, striving to help the student learn as much as possible during the rotation. Any concerns, difficulties or problems should be discussed with the attending or the course director to find solutions that enhance the quality of the student’s learning and enjoyment of what the faculty hopes is an enjoyable as well as challenging experience.
GENERAL GUIDELINES

Attendance Policy

The Department of Geriatrics expects 100% attendance at all required clinics, rounds, meetings and assigned functions. Students are required to strictly adhere to the attendance policies described in “Uniform Policies and Procedures for Clinical Clerkships”. Failure to do so may result in disciplinary action.

ATTENDANCE (per the “Uniform Policies and Procedures for Clinical Clerkships”)
The focus of the clinical experience in years 3 and 4 is patient care. 100% attendance is, therefore, required to be certain that continuity of care is maintained. Students may not miss the first day of any clinical rotation. It is understood; however, that certain situations may arise that will result in absence from required daily participation. In such instances the following policies will be observed:

All absences are subject to approval by the clerkship director. Even if the absence is approved, the clerkship director or preceptor may require an additional assignment or for time to be made up from any student who misses time on their service. Make up days should be completed within the regularly scheduled rotation.

COMLEX PE exam absences- Students are allowed 1 day for travel to the exam, the test day, and an additional day for return travel. Absence requests beyond this may be denied by the Clerkship Director, Assistant Dean for Clinical Education, or the Director of Clinical Education. You may not schedule your COMLEX PE exam on a date which causes you to miss the orientation day for a rotation.

All absences shall require submission of a Request for Absence from Clerkship form a minimum of 45 days in advance for planned absences and within three days of student’s return from absence in the case of an individual or family emergency. If absence is due to medical issues, a physician’s note is required, the dates must match those missed and may not be signed by a member of the student’s family. That form is available either on-line or in the Office of Clinical Education. There may be instances where board examinations are scheduled and the 45 day advanced request is not possible. In this circumstance, the course director will have the option to approve this absence.

Unapproved absence or absence in excess of the above policy may require remediation or result in a failing grade at the discretion of the clerkship director/ Office of Clinical Education.

Absence of 5 days or more during any 4 week rotation (or any 4 weeks of an 8 week rotation) or absence of 7 days or more for 6-week rotations will result in a grade of INCOMPLETE and repeat of the entire rotation will be required.

Failure to notify the clerkship director or rotation supervisor of any absence will be considered neglect of duty and may result in a failing grade for the clerkship.

Students may be granted approval for absence by the Associate Dean for Academic Affairs for participation in select Health Science Center activities. Such approval must be obtained in advance with written notification to the clerkship director. Please review the individual syllabi for additional attendance requirements.

Health Services
Students may access physical health services at the sites listed below. All students are responsible for carrying health insurance and should check with their insurance company before accessing services.

Students in the **DFW & Weatherford area** may access health services at the UNTHSC Student Health Clinic.

**UNTHSC Student Health Clinic**
855 Montgomery St
3rd Floor North
Fort Worth, TX 76107
817-735-5051
studenthealth@unthsc.edu
Students in the **Conroe area** may access health services at Lone Star Family Health Center’s Spring Location.

Lone Star Family Health Center - Spring  
440 Rayford Rd.  
Spring, TX 77386  
936-539-4004

Students in the **Longview area** may access health services at CHRISTUS Trinity Clinical Internal Medicine.  
CHRISTUS Trinity Clinical Internal Medicine  
703 E. Marshall Ave  
Suite 1001  
Medical Plaza II  
Longview, TX 75601  
903-753-7291

Students in the **Corpus Christi area** may access health services at Promptu Immediate Care.  
Promptu Immediate Care  
5638 Saratoga Blvd  
Corpus Christi, TX 78414  
361-444-5280  
Promptu Immediate Care  
4938 S Staples  
Ste E-8  
Corpus Christi, TX 78411  
361-452-9620

**Exposure to Blood Borne Pathogens**

Universal Precautions: The term “universal precautions” refers to infection control which presumes that every direct contact with body fluids is potentially infectious. The Occupational Safety and Health Administration (OSHA) regulations for health care professionals who are considered to be at risk of occupational exposure to blood borne diseases can be found at [https://www.osha.gov/SLTC/bloodbornepathogens/index.html](https://www.osha.gov/SLTC/bloodbornepathogens/index.html).

Blood borne pathogens refer to pathogenic microorganisms that are present in human blood and can cause disease in humans (e.g. HBV, HIV, etc.). Exposure Incident means “a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or potentially infectious materials.” Contact can occur via a splash, needle stick, puncture/cut wound from sharp instrument, or human bite. Other potentially infectious body fluids other than blood include semen; vaginal secretions; pleural, pericardial, synovial, peritoneal, cerebral spinal, amniotic fluid; saliva during dental procedures; and any other body fluid visibly contaminated with blood.

Policy/Procedure: If a TCOM medical student is exposed to blood borne pathogens either by direct contact with blood or other body fluids via the eyes, mucous membranes, human bite, or sharps (e.g., needle stick, lancet stick, scalpel cut, etc.) while on rotation, it is to be handled as an EMERGENCY SITUATION.
Post Exposure Protocol

- Immediately wash exposed areas with soap and water.
- If splashed in eyes or mouth, flush with large amounts of water.
- It is critical that you are treated within the first two hours after injury.
- Notify supervisor and follow rotation site exposure protocols (see below for addresses).
- If facility is not equipped to handle exposure, contact Harris Occupational Health Clinic (HOH) or appropriate remote site location listed below.
- If HOH or remote listed site is not available, or you are more than 30 minutes from campus, go to the nearest ER and use your student health insurance.
- You are required to notify Student Health of any care received at another facility.

**Dallas Fort Worth & Weatherford Area** students with exposures to blood borne pathogens which occur M-F, 8-5 should report to:

Harris Occupational Health  
1651 W. Rosedale, Ste. 105  
Fort Worth, TX 76104  
T: 817-250-4840 F: 817-878-5250

For exposures occurring afterhours, students should report to the nearest emergency room and use your student health insurance.

**Conroe** remote site students with exposures to blood borne pathogens which occur M-F, 8-5, should report to the Nurse Manager at:

Lone Star Family Health Center  
605 S. Conroe Medical Dr.  
Conroe, TX 77304  
936-539-4004.

For exposures occurring afterhours, students should report to:

Emergency Department  
Conroe Regional Medical Center  
504 Medical Center Dr.  
Conroe, TX 77304  
936-539-1111

**Longview** remote site students with exposures to blood borne pathogens which occur M-F, 8-5, should report to:

CHRISTUS Good Shepherd Medical Center Employee Health  
1621 N 4th St, Suite 1  
Longview, TX 75601  
903-315-5154

For exposures occurring afterhours, students should report to:

Emergency Department  
CHRISTUS Good Shepherd Medical Center  
700 E Marshall Ave.  
Longview, TX 75601  
903-315-2000
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Corpus remote site students with exposures to blood borne pathogens should report to:

Christus Spohn
OCC Health Nurse at Christus Spohn
also immediately report to your attending and Dr. Hinojosa

Bay Area
report to charge nurse and medical education office
proceed directly to emergency room for treatment

Patient Care Supervision
Cross Listed as TCOM Procedure 5.4 Patient Care Supervision
TCOM students and residents engaged in patient care at UNTHSC operated facilities or as participants in UNTHSC affiliated training programs shall do so under the supervision of a licensed health care provider who has been credentialed to provide that scope of care. Visiting students and residents working in UNTHSC facilities or with UNTHSC employed faculty shall be similarly supervised.

1. TCOM students and residents engaged in patient care activities shall at all times be supervised by a duly licensed member of the clinical faculty who retains privileges for the scope of care being provided. Faculty or a similarly credentialed designee (resident or fellow with approved privileges) must be immediately available in the facility where the activity is taking place. Students who have demonstrated competence to the faculty may perform patient histories and physical examinations without immediate supervision if directed to do so by faculty.

2. TCOM students and residents may form such additional tasks as may be directed by supervising faculty upon demonstrating competence to perform those tasks. In most instances, the provision of patient care shall require the immediate presence of a duly credentialed supervising provider who has ascertained the trainees’ level of proficiency.

3. TCOM shall assure distribution of this procedure to students, residents and faculty as part of the orientation plan for clinical training.

4. Students or residents who fail to follow procedures for clinical supervision may be removed from patient care activities at the discretion of the dean or her/his designee pending a disciplinary review.

5. Faculty who fail to observe supervision procedures may be removed from participation in TCOM training programs and may be further subject to disciplinary action.

Medical Student Use of Chaperones

While on rotations, it is important for you to make your position clear to patients by introducing yourself as a “medical student”. All students should review with their preceptor and site all chaperone policies to ensure they are in compliance on this rotation. Without question, any portion of an exam that involves breast, pelvic or rectal exams, and even during certain portions of an interview that can involve sexual history, should not be done alone with the patient.
**Professionalism and Ethics**

We expect you to give the appearance and behavior of an advanced medical student about to become a physician. You should remember that medical ethics of confidentiality should be adhered to. Appropriate identification identifying you as student physicians should be worn at all times when seeing patients. The student physician should appear well groomed, neatly dressed, and give a good professional image. Dress requirements include a cleaned and pressed clinic jacket. We reserve the right to suggest that dress may not be suitable, or we may suggest appropriate attire. Your response will be judged as part of your self-management.

We expect you to maintain the highest standard of professionalism and ethical behavior at all times. This includes your relationship with the clinic staff, and your fellow students.

**Problem Patients**

If you are having trouble with a patient, please notify your supervising physician. He/she will advise you or get further consultation on how to handle the situation.

**Availability**

You must be readily available at all times during clinic hours. If for any reason you must leave the clinic, you must notify both the supervising faculty and the clerkship coordinator. Your home phone number must be listed with your assigned clinic office.

**Equipment**

During the rotation, students are required to bring their blood pressure cuff, stethoscope, and diagnostic kits to each site rotation and to the Senior Help Presentation regardless of your topic.

**Courtesy Visits**

Under no circumstances are you to see a patient unless they have signed in with the receptionist of your clinic. Do not see your classmates or fellow students informally. They must register with the front desk. Under no circumstances are you to discount any charges without the approval of the supervising faculty.
DISCLAIMER

The clinical clerkship is operated in accordance with the policies and procedures of the academic programs of the Texas College of Osteopathic Medicine as presented in your class’ Clerkship Manual, Student Handbook and College Catalog.

Academic Integrity/Honor Code
Enrollment is considered implicit acceptance of the rules, regulations, and guidelines governing student behavior at UNT Health Science Center. It is the responsibility of the student to be familiar with all policies governing academic conduct which can be found in the UNTHSC Student Catalog, Student Policy Handbook and the Student Code of Conduct and Discipline which are located on the UNTHSC Internet at http://www.hsc.unt.edu/Sites/DivisionofStudentAffairs/

Academic Assistance
Students may schedule one-on-one academic assistance with faculty through in-person appointments, telephone calls or e-mail communication. Academic assistance is also available through the UNTHSC Center for Academic Performance (CAP) at http://www.hsc.unt.edu/CAP

Attendance and Drop Procedure
Course instructors and the School’s administration expect students to attend class. It is the responsibility of the student to consult with the instructor prior to an absence, if possible. Withdrawal from a course is a formal procedure that must be initiated by the student. Students who stop attending class and do not withdraw will receive a failing grade. Students should consult with the instructors prior to withdrawing. In some cases a perceived problem may be resolved, allowing the student to continue in the course. It is the student’s responsibility to be familiar with the policies and procedures as stated in the Student Handbook and the UNTHSC Catalog located on the UNTHSC Internet at http://www.hsc.unt.edu/departments/studentaffairs/.

Americans with Disabilities Act
The University of North Texas Health Science Center does not discriminate on the basis of an individual’s disability and complies with Section 504 and Public Law 101-336 (American with Disabilities Act) in its admissions, accessibility, treatment and employment of individuals in its programs and activities. UNTHSC provides academic adjustments and auxiliary aids to individuals with disabilities, as defined under the law, who are otherwise qualified to meet the institution's academic and employment requirements. For assistance contact the Assistant Director, Disability Accommodations within the Center for Academic Performance at the Health Science Center. Reference Policy 7.105 Americans with Disabilities Act Protocol in the Student Policies at https://app.unthsc.edu/policies/Home/AllPolicies

Course and Instructor Evaluation
It is a requirement of all students that they are responsible for evaluating each of their courses and instructors as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction. Please adhere to all guidelines established in the policy.

Course Assessment In some instances, courses will have a course assessment that will provide immediate feedback to the course director regarding progress of the course identifying potential problems and determining if student learning objectives are being achieved. (Provide all pertinent information regarding the specifics of the groups in the syllabus as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction.)
Social Media Policy Statement
Social media has created unique opportunities for interaction, communication, and networking. Students are expected to abide by the Student Code of Conduct & Discipline and the Health Insurance Portability and Accountability Act (HIPAA) when using social media by not revealing patient/client/research subject information, private content, or proprietary information regarding patients/clients/research subjects of the institution.

The purpose of this policy is to provide students with guidelines and regulations for appropriate social media use in order to uphold confidentiality and privacy laws and agreements. https://app.unthsc.edu/policies/Home/GetFile?policyNumber=07.115

Syllabus Revision
The syllabus is a guide for this class but is subject to change. Students will be informed of any change content or exam/assignment dates.

Turnitin and the Family Education Rights and Privacy Act (FERPA) – If applicable

NOTE: UNTHSC has contracted with Turnitin for plagiarism detection services. Use of Turnitin is entirely in the discretion of the instructor, but use of such a service requires that you provide notice (via syllabus) to your students that you are using such services. In addition, instructors who use Turnitin should be sure to remove student identifiable information from the work before sending to Turnitin, or receive written permission from the student. There are two methods for using Turnitin for written assignments. Please refer to the wording guidelines and consent form located on the Faculty Affairs website: https://www.unthsc.edu/academic-affairs/faculty-affairs/httpsturnitincom/

Zero Tolerance for Sexual Violence and Harassment
All students should be able to study in an atmosphere free of harassment, sexual violence and gender discrimination. Title IX makes it clear that violence and harassment based on sex and gender is a Civil Rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc. If you or someone you know has been harassed or assaulted, you can find the appropriate resources on the UNT Health Science Center’s website: http://web.unthsc.edu/info/200304/student_affairs/355/title_ix_reporting

We reserve the right to make clinical assignments based on needs and availability.

The Texas College of Osteopathic Medicine shall not discriminate on the basis of race, ethnicity, color, sex, sexual orientation, gender, gender identity, religion, national origin, age or disabilities.
APPENDICES

First Day of the Rotation
Students completing the Core Geriatrics clerkship at UNTHSC will attend orientation on the first day of the rotation at 10:00 am. (Malissa McCracken will send an email with the details about the orientation session.) Students will go over the syllabus, schedules and complete a required survey (as detailed in the syllabus on page 6). Dr. Roy Martin will also conduct his first session on loss & grief and discuss the assignment due to him later in the month.

Clerkship Sites
Your schedule will include many experiences at UNTHSC as well as off-site. Please review your individual schedule to be sure you are punctual at the appropriate clinical sites. You are responsible for knowing your schedule. If there are any changes or questions please contact Malissa McCracken at 817-735-0287 and the attending physician you are scheduled to work with at that time.

Choosing Wisely
In addition to the “Choosing Wisely to Improve Care for Geriatric Patients” slide set that is available on Canvas for use in didactic session discussions and study for the final exam; information and resources regarding the care of geriatric patients may be found at www.choosingwisely.org.

Specific information for clinician lists, including Hospice and Palliative Medicine, may be found at the following URL:

http://www.choosingwisely.org/clinician-lists/#parentSociety=American_Geriatrics_Society
UNTHSC GAPP Clinic Site

The following process is specific to the UNTHSC GAPP clinic site.

1. New patient visit – Arrive at the clinic 15 minutes prior to the start of clinic to follow the new patient. You are responsible for tracking the new patient from start to finish. The new patient visits first with a social service coordinator, and then the patient is presented to the attending physician. Afterward the student will start the history and physical including social, family, medications, and review of systems. The student will then present the case to the attending physician.

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

3. When a patient is in a room, you should utilize the appropriate flag designating that a student is in the room with the patient, and you may go in and examine the patient. After you are done, present the case to the attending physician (if available) and input the clinical data into the electronic medical record (EMR). If you are not sure what to type in for the “A” or “P” section leave it blank until you examine the patient with the attending physician.

4. Progress notes – Be sure to complete the EMR progress notes before leaving for the day. Check with the geriatric attending physician if they want you to send the electronic note to them for sign off.

Goals

Students will have an understanding of the following:

1. Geriatric assessment and its components
2. Normal aging including cardiac, GU, GI, musculoskeletal system, ophthalmologic, auditory, etc.
3. Geriatric syndromes as previously listed.
4. Application of Osteopathic principles and practice to the geriatric patients
5. Appropriate placement of patients to long term care facilities (assisted living, independent living, skilled nursing, and nursing centers.)
6. Functional Assessments of the older adults.
8. When to move from aggressive treatment to palliative treatment while maintaining dignity.

Objectives

Attitudes – Students will develop sensitivity for the following:

1. Growing older is a part of the life continuum.
2. Forgetfulness is not part of normal aging.
3. Physical weakness does not equal decreased mental capacity.
4. Death of a patient is not a failure by the physician.
5. Treating the whole person including physical, mental, emotional and spiritual.

Cognitive Knowledge - Students will describe and utilize tools to improve and maintain older adults functional status using:

1. Folstein Mini Mental State Exam
2. MOCA- Montreal Cognitive Assessment Tool
3. Geriatric Depression Scale
4. Up and Go Test
5. Functional status evaluation of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).
7. Functional anatomy as it applies to Osteopathic Principles and Practice.

Skills – Students will demonstrate the following:

1. History and Physical exam of the older adult
2. Cardiac exam of the older adult
3. Electrocardiogram (EKG) reading
4. Osteopathic physical and structural exam and treatment
5. Breast exam and pelvic exam
EMR TIPS FOR STUDENTS
1. Template driven system therefore use the templates when possible
2. Verify correct doctor, date, patient, encounter, clinic
3. Finish notes daily
4. Complete notes include HPI, ROS as necessary, PE, assessment and plan
5. Medication review and update done each encounter
6. Document encounters in the adult office visit template as this allows for your electronic signature to be affixed to the note and then sent to the attending for review and sign off

Long Term Care Facilities

The following process is specific long term care facilities.

Goals
The medical student should have an understanding of:
1. The Long-Term Care continuum including sites of service, financing and the physician’s role.
2. Types of nursing facility residents, in particular those with dementia and functional impairments.
3. The chronic conditions of the nursing facility and assisted living residents.
4. The functioning of the Interdisciplinary Team in Long-Term Care.
5. The role of family and caregivers within Long-Term Care setting.

Objectives
Attitudes – Students will demonstrate sensitivity for the following when working with nursing facility populations:
1. Focus on Quality of Life for Long-Term Care residents
2. Focus on highest practicable functioning for the Long-Term Care resident
3. Dementia specific care with an emphasis on dignity
4. Respect for the Interdisciplinary Care Team within Long-Term Care.
5. Physician communication with the residents, consultants, Interdisciplinary Team member and family member.

Cognitive Knowledge – Students will be able to define the following:
1. Cognitive, functional and behavioral assessment tools for Long-Term Care residents
2. Overview of Long-Term Care continuum including nursing facilities and assisted living facilities
3. Dementia specific models of care
4. Dementia specific behavioral management (environmental, behavioral [validation] and pharmacologic).
5. Role of Palliative and End-of-Life Care within Long-Term Care including Advanced Directives, Withholding/Withdrawing Treatment and Do Not Hospitalize.
6. Chronic illness management within the Long-Term Care environment.

Skills – Students will be able to demonstrate the following:
1. Cognitive, functional behavioral Assessments (see Cognitive Knowledge)
2. Documentation within medical record on Long-Term Care Progress Note.
The following process is specific to hospice and palliative care medicine facilities.
It is your responsibility to contact the attending physicians on the first day of the first week of the rotation to let them know when you will be at the clinical sites. It is not appropriate to contact them on the same day that you will be with them unless this is your first day of the rotation.
1. Harris Palliative Care Service
2. Community Hospice Inpatient Unit
3. Vitas Hospice

Goals
The Medical Student should have an understanding of:
1. The assessment and treatment of patients near end-of-life including pain assessment (intensity, type (neuropathic, nociceptive, spiritual, psychological, etc.) specific pain therapies and drug delivery systems and non-pain symptom management.
2. The ethical issues involved in withdrawing or withholding fluids, feedings and "curative" therapies.
3. Methods to communicate with patients and family about end-of-life issues
4. Medicare guidelines regarding Hospice and Palliative care.
5. Cultural issues that impact end-of-life care.

Objectives
Attitudes – Students will develop and show sensitivity to the following:
1. Pain can be treated effectively.
2. Pain is multidimensional...not just a physical process.
3. There is no upper limiting dose to standard narcotics used in palliation of pain.
4. Patients taking large doses of narcotics at end of life are not "drug seekers."
5. The most effective approach is via the "whole patient" interdisciplinary-team.
6. The principle of "double effect" is an ethically appropriate tool.
7. Treating terminally agitated patients with sedation is appropriate, under the principle of double effect.
8. Treating terminally dyspneic patients with opioids is appropriate, under the principle of double effect.
9. Treating terminal patients with IV fluids, tube feedings, or blood products may not be appropriate, and may even worsen suffering.
10. Referring patients to hospice as early as possible allows maximal intervention with patient and family, enhancing quality of life.

Cognitive Knowledge – Students will define the following:
1. Pain Assessment-assessment tools, scales, Pain types (physical, neuropathic, somatic, visceral, spiritual, psychological)
2. Pain Therapy- Short acting regimens, Long acting regimens, and Breakthrough Dosing, WHO treatment ladder, treatment for types of pain
3. Pain Medications-dosing, pharmacokinetics, conversions, side-effects (morphine sulfate (oral, parenteral), fentanyl, methadone, dilaudid)
4. Non-Pain Symptom Management- Dyspnea, constipation, Nausea, Anxiety, Delirium, Agitation, terminal sedation
5. Ethical Issues- withholding feedings/fluids/blood products, Physician Assisted Suicide vs. Palliative End-of-Life Care, Principle of Double Effect, Terminal Sedation
7. Insurance Issues- NHO Guidelines for Non-cancer diagnoses, Medicare Requirements for Hospice Care
8. When to refer patients to hospice care

Skills – Students will demonstrate the following:
1. Pain Assessment (see "knowledge")
2. Pain and Symptom Management- Dose Calculation (equianalgesic potentials, conversion between opioids, calculation of escalating doses and breakthrough regimens)
3. Non-pain symptom control
4. Communication- Discuss Death and Dying with patients and families, Articulate appropriateness of withholding certain therapies to patients and family, Discuss culturally sensitive issues, observe the interdisciplinary group communication

**Harris Methodist Hospital Palliative Care Unit**

The following process is specific to hospice and palliative care medicine facilities.

1. Harris Tower-2nd Floor  
   1301 Pennsylvania Avenue  
   Fort Worth, TX 76104  
   817-820-4929

Some students will be assigned to work with Dr. Mathé at Harris Methodist Hospital in the Palliative Care Unit. Students will receive an email from Clinical Education about completing a drug screen prior to beginning a rotation at Harris. Time will be set aside on the first day of the rotation for this to be done, however, if you do have time, please complete it prior to the start of the rotation. A map of the Harris Methodist campus is available on Canvas.

Please refer to the previous section on Hospice and Palliative Care for goals, objectives, etc.

**House Call Program/Safe Transitions for the Elderly Patient (STEP)**

**You should bring your stethoscope with you for these visits. You are allowed to wear scrubs under your lab coats.**

Students participating in rotations STEP program can expect to be part of interdisciplinary teams providing in home transitional care services to Medicaid enrolled adults age 50 and older.

**Goals**
Students should have an understanding of:
1. Assessment and treatment of patients that require house calls.
2. Methods to communicate with patients, family, social services and home health about home care.
3. Components of a home safety evaluation.
4. Cultural issues that impact home care.

**Objectives**

**Attitudes** – Students will become sensitive to the following:
1. House calls are an essential part of the continuum of health care.
2. Many elderly patients need access to house call and this trend will increase.
3. Preventative maintenance of persons health and safety can be accomplished with a home safety evaluation.
4. The most effective approach is via the "whole patient" interdisciplinary-team.
5. End of life care is often a component of house calls.
6. House calls can reduce hospitalizations.
7. Medicare reimburses for house calls.

**Cognitive Knowledge** – Students will be able to:
1. Understand the structure of a house call program.
2. Understand the structure of a continuous care residential community (CCRC).
3. Recognize the types of syndromes and diseases that afflict home-bound older adults.
4. Common medical equipment used in home care (Hoyer lifts, hospital beds, oxygen, wheelchairs, walkers, etc.)
5. Home safety issues related to geriatric patients.
6. Develop an understanding of the need for and types of community-based resources for patients and caregivers.
7. Develop an understanding of appropriate levels of care relative to diagnoses and treatment that is possible in the home setting.
8. Develop an understanding of the appropriate protocol for referral to other health care providers for diagnoses and treatment that is not appropriate in the home setting.
9. Students will learn to differentiate between practice strategies of a House Call Program and how they differ from those in ambulatory or long term care.
10. Recognize that caregiver stress in the home is an integral component to the management of care in the home.
11. Students will learn to recognize when the patient requires a living arrangement other than independent living at home.
12. Ethical Issues- competency
13. Legal Issues-DNR, Advanced Directives, APS, definition of homebound

**Skills** – Students will perform and be included in the following:
1. Home visits – Will be done on Monday afternoon
2. Communication- observe and participate in the interdisciplinary group communication
### GERIATRIC COMPETENCIES for Medical Students

The graduating medical student, in the context of a specific older adult patient scenario (real or simulated), must be able to:

<table>
<thead>
<tr>
<th>MEDICATION MANAGEMENT</th>
<th>AOA COMP #</th>
</tr>
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<tbody>
<tr>
<td><strong>1</strong></td>
<td>Explain impact of age-related changes on drug selection and dose based on knowledge of age-related changes in renal and hepatic function, body composition, and CNS sensitivity.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Identify medications, including anticholinergic, psychoactive, anticoagulant, analgesic, hypoglycemic, and cardiovascular drugs that should be avoided or used with caution in older adults and explain the problems associated with each.</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Document a patient’s complete medication list, including prescribed, herbal and over-the-counter medications, and for each medication provide the dose, frequency, indication, benefit, side effects, and an assessment of adherence.</td>
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<tr>
<th>COGNITIVE AND BEHAVIORAL DISORDERS</th>
<th>AOA COMP #</th>
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<tr>
<td><strong>4</strong></td>
<td>Define and distinguish among the clinical presentations of delirium, dementia, and depression.</td>
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<tr>
<td><strong>5</strong></td>
<td>Formulate a differential diagnosis and implement initial evaluation in a patient who exhibits dementia, delirium, or depression.</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td>In an older patient with delirium, urgently initiate a diagnostic work-up to determine the root cause (etiology).</td>
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<tr>
<td><strong>7</strong></td>
<td>Perform and interpret a cognitive assessment in older patients for whom there are concerns regarding memory or function.</td>
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<tr>
<td><strong>8</strong></td>
<td>Develop an evaluation and non-pharmacologic management plan for agitated, demented or delirious patients.</td>
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<tr>
<th>SELF-CARE CAPACITY</th>
<th>AOA COMP #</th>
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<tr>
<td><strong>9</strong></td>
<td>Assess and describe baseline and current functional abilities (instrumental activities of daily living, activities of daily living, and special senses) in an older patient by collecting historical data from multiple sources and performing a confirmatory physical examination.</td>
</tr>
<tr>
<td><strong>10</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>11</strong></td>
<td>Identify and assess safety risks in the home environment, and make recommendations to mitigate these.</td>
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<thead>
<tr>
<th>FALLS, BALANCE, GAIT DISORDERS</th>
<th>AOA COMP #</th>
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<tbody>
<tr>
<td><strong>12</strong></td>
<td>Ask all patients &gt; 65 y.o., or their caregivers, about falls in the last year, watch the patient rise from a chair</td>
</tr>
<tr>
<td><strong>13</strong></td>
<td>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.</td>
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<tr>
<td>14</td>
<td>Define and differentiate among types of code status, health care proxies, and advanced directives in the state where one is practicing.</td>
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<tr>
<td>15</td>
<td>Accurately identify clinical situations where life expectancy, functional status, patient preference or goals of care should override standard recommendations for screening tests in older adults.</td>
</tr>
<tr>
<td>16</td>
<td>Accurately identify clinical situations where life expectancy, functional status, patient preference or goals of care should override standard recommendations for treatment in older adults.</td>
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<tr>
<td>17</td>
<td>Identify at least 3 physiologic changes of aging for each organ system and their impact on the patient, including their contribution to homeostenosis (age-related narrowing of homeostatic reserve mechanisms).</td>
</tr>
<tr>
<td>18</td>
<td>Generate a differential diagnosis based on recognition of the unique presentations of common conditions in older adults, including acute coronary syndrome, dehydration, urinary tract infection, acute abdomen, and pneumonia.</td>
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<tr>
<td>19</td>
<td>Assess and provide initial management of pain and key non-pain symptoms based on patient’s goals of care.</td>
</tr>
<tr>
<td>20</td>
<td>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.</td>
</tr>
<tr>
<td>21</td>
<td>Discuss palliative care (including hospice) as a positive, active treatment option for a patient with advanced disease.</td>
</tr>
<tr>
<td>22</td>
<td>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, and hospital acquired infections).</td>
</tr>
<tr>
<td>23</td>
<td>Explain the risks, indications, alternatives, and contraindications for indwelling (Foley) catheter use in the older adult patient.</td>
</tr>
<tr>
<td>24</td>
<td>Explain the risks, indications, alternatives, and contraindications for physical and pharmacological restraint use.</td>
</tr>
<tr>
<td>25</td>
<td>Communicate the key components of a safe discharge plan (e.g., accurate medication list, plan for follow-up), including comparing/contrasting potential sites for discharge.</td>
</tr>
<tr>
<td>26</td>
<td>Conduct a surveillance examination of areas of the skin at high risk for pressure ulcers and describe existing ulcers.</td>
</tr>
</tbody>
</table>
Off-Site Preceptors

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Bibliography

Unless otherwise noted, all bibliography information is provided by Internet link via the Lewis Library Home Page on the Course Reserves Page:  http://library3.hsc.unt.edu/eres/coursepage.aspx?cid=11&page=docs

Power Point lecture slides and other rotation materials are available online via Canvas. How to access Canvas: https://learn.unthsc.edu/

Required Reading:
AGS Syndromes: Review all syndromes and be prepared to discuss at the didactic sessions. Exam questions will come from these slides, which are available on the Core Geriatrics, MEDE 8426, Canvas course. Please note: Not all of the syndromes will be reviewed at the didactic sessions. However, students are responsible for all geriatric syndromes listed on page 6.


Optional Reading:


Donald W. Reynolds Foundation.  www.unthsc.edu/reynoldsigetit


Phone Apps:  
iGeriatrics- Free application for IPHones and Smart Phones by AGS.