



CORE GERIATRICS CLERKSHIP SYLLABUS

**COURSE DIRECTOR
JANICE A. KNEBL, DO, MBA**

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.

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Purpose of the Clinical 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.

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.

During the next 4 weeks you will be exposed to a variety of experiences including ambulatory practice, nursing facilities, assisted living centers, home visits, and hospice. Knowledge will be gained through self-study, case reviews, clinical case discussions, working in ambulatory care clinic settings, long term care 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.

Clerkship Goals

The **GOALS** of the Clinical Clerkships are to enable TCOM students to achieve competence as graduate osteopathic medical students. As such, the **goals** 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

Clerkship Learning Objectives

ROTATION OBJECTIVES

1. Students will demonstrate professionalism and a caring attitude in working with older adults and in particular, frail elderly.
2. Students will be able to conduct medication reviews and evaluate appropriateness considering creatinine clearance, medication interactions and side effects.
3. Students will be able to describe geriatric syndromes, including but not limited to: dementia, polypharmacy, incontinence, dementia versus delirium, depression, iatrogenic problems including prolonged bed rest, Foley catheter use, falls, osteoporosis, sensory deficits including hearing loss, immobility, visual and gait impairment, failure to thrive, pressure ulcers, osteoarthritis, and functional capacity.
4. Students will demonstrate osteopathic principles and practice into the care of geriatric patients and utilize appropriate OMM techniques.
5. Students will be able to identify and recommend community resources available for older adults to assist with care giving.
6. Students will identify when it is appropriate to refer for counseling and neuropsychological testing.
7. Students will be able to identify when end of life care is appropriate. They will be able to describe when to utilize feeding tubes, make referrals, and propose pain management and hospice.
8. Students will be able to identify and explain the continuum of care that includes nursing homes, assisted living, skilled nursing units and home care services.

Clerkship Required Didactics and Study Assignments

Didactic Sessions

Monday morning didactic sessions are held in the PCC-173 unless otherwise noted on your individual schedules. Off-site students have access via Canvas.

Monday Noon time conference – Location to be announced - All students are expected to attend the geriatric Monday noon conferences.

1st Monday of the month – **Board Review**

2nd Monday of the month-**JPS Geri Grand Rounds**

4th Monday of the month – **Journal Club**

Friday morning didactic sessions will be held in the PCC-173 and begin at different times. Please see your individual schedules. Off-site students have access via Canvas.

UNTHSC Neuropsych testing is on the 4th floor of the PCC building (Department of Psychiatry).

Grand Rounds: All students are expected to attend Grand Rounds every week during the geriatrics rotation, Wednesdays, 12:00noon-1:00pm, RES-114. Offsite students may access grand rounds online live at: <http://ce.unthsc.edu/>

Assignments while at clinical sites: Individual attending physicians may have students conduct educational presentations for patients, families and staff at the various clinical sites.

Required Assignments

1. **Dealing with Loss and Grief for Geriatric Families and Providers:** Please complete and submit assignment as indicated on page 12 to Dr. Roy Martin by the 3rd Monday of the rotation.
2. **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:**
Assessment of the Older Adult; Delirium; Dementia; Depression and Other Mood Disorders; Frailty; Gait Disturbance and Falls; Legal and Ethical Issues; Mistreatment of Older Adults; Nursing Home Care; Nutrition, Palliative Care; Pharmacotherapy; Pressure Ulcers and Wound Care; Preventive Care; Psychosocial Issues; Sexual Function and Dysfunction; Sleep Problems; Urinary Incontinence.
3. **Assessment Survey:** Medical students will participate in the longitudinal survey “Aging and Health Care Medical Students’ Perceptions” (Tomas, L. and University of Arizona) as an evaluative component of the Core Geriatrics Clerkship. This longitudinal study has been given previously and seeks to evaluate student perceptions of aging and health care across their academic program while at UNTHSC TCOM. The administration of the survey has been approved by the IRB, TCOM Dean and Executive Committee. Your responses are confidential, and all data are de-identified and reported in aggregate. Results will be utilized to improve understanding of medical students’ attitude, knowledge, and perceptions related to aging, health care, and medical school geriatrics curriculum; and to improve educational programming related to geriatric training and the provision of care to older adults. Thank you for your participation. The survey takes approximately 10-15 minutes to complete and should be taken at the end of your Core Geriatrics Rotation. Please go to:
http://web.unthsc.edu/Reynolds_Survey

You will need to log in with your student id.

NOTE: The assessment survey is due end of business day the Wednesday of the last week of your rotation. This is a prerequisite for your final exam. Final exam will be rescheduled if survey not completed.

1. Healthcare and Prevention Topic Presentations:

- a. Students will be split 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> as well as the AZ Health Literacy Fact Sheet attached.
- b. You will prepare a one-page front and back brochure 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 a 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. Yolanda Pitts Lane 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. Any questions about the assignment please feel free to email Yolanda at yolanda.pitts-lane@unthsc.edu.

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 in the PCC-173. The second session will take place in PCC-173 on the 3rd Monday of the rotation. All Dr. Martin's materials are available online via Canvas.

Objectives

1. Student Physicians will be helped to acknowledge ethical challenges and emotional stress experienced by families and providers, who share mortal events.
2. Student Physicians will be encouraged to recognize and respect the features and feelings associated with grief and their opportunities to respond personally and professionally.
3. Student Physicians will be assisted to appropriately identify and utilize available resources for families and themselves.

Handouts

1. Suggestions On How to Deal With Grief
2. What We Need During Grief
3. A Brief Bibliography of Grief Resources
4. Some 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.**
5. **Turn in your written report to Dr. Martin at the end of the rotation meeting.**

OSTEOPATHIC MANIPULATIVE MEDICINE DIDACTIC SESSION

This session will be held on the second Friday of your rotation. Details are available on Canvas.

All assignments must be submitted within 30 days of the end of the rotation to be counted towards the final grade. Any assignments not turned in within 30 days will be counted as a zero.

Clerkship Required Didactics and Study Assignments Out of Town 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 complete and submit assignment via email to Dr. Roy Martin, Roy.Martin@unthsc.edu, by the 3rd Monday of your rotation. Refer to page 8 for details.
2. **Assessment Survey:** Complete on the last week of your rotation online. Refer to page 6 for details.
3. **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 for your Core Geriatrics exam or arrange for an approved preceptor to proctor the exam at your site. Please turn in your proctor form if you are not returning to campus for the exam.

Evaluation and Grading

The final clerkship grade is a composite score based on input from faculty members, supervising physicians at individual clinical sites, participation during didactic activities, didactic assignments and the final exam. Grades will be calculated as follows:

Clinical Activities:	42.00%
Didactic Activities:	16.00%
Final Exam:	42.00%

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 12 for details. (3.5% of total grade)
2. Assessment Survey – refer to page 6 for details. (5.0% of total grade)
3. Participation in OMM workshop – (4.5% of total grade)
4. Healthcare and Prevention topic Presentations-refer to page for details. (3.0% of total grade)

The final exam will include 40 multiple choice questions from the geriatric syndrome slides.

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.).

Off-Site

The final clerkship grade is a composite score based on input from faculty members, supervising physicians at individual clinical sites, participation during didactic activities, didactic assignments and the final exam. Grades will be calculated as follows:

Clinical Activities:	42.00%
Didactic Activities:	16.00%
Final Exam:	42.00%

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 12 for details. (10.0% of total grade)
2. Assessment Survey – refer to page 6 for details. (6.0% of total grade)

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.).

Faculty and Staff

UNTHSC-Division of Geriatrics

Janice A. Knebl, DO, MBA
Professor of Medicine
Chief, Division of Geriatrics
DSWOP Endowed Chair in Clinical Geriatrics

Hedieh Davanloo, MD
Assistant Professor of Medicine

James R. Hall, PhD, FGICPP
Professor of Psychiatry
Director, Memory Disorders Clinic

Barbara L. Harty, RN, GNP
Assistant Professor of Medicine

Kathleen L. Holzaepfel, LMSW, MSSW
Instructor/Social Service Coordinator

Janet Lieto, DO, CMD
Assistant Professor of Medicine

Alvin J. Mathè, DO
Assistant Professor of Medicine

Amy E. Moss, DO
Assistant Professor of Medicine

Gail Berky, LCSW
Social Service Coordinator

Sherry A. Reese, RN, FNP
Instructor/Nurse Practitioner

Sarah Ross, DO, MS
Assistant Professor of Medicine

UNTHSC-Department of Education

Roy Martin, DMIN
Assistant Professor/Clinical Ethics

UNTHSC—Department of Osteopathic Manipulative Medicine

Kendi Hensel, DO, PhD
Associate Professor

John Peter Smith Hospital Department of Family Medicine

Lesca Hadley, MD

Amity Mattei, MD

Private Practice Physicians

David P. Capper, MD
Jennifer Arnouville, DO
Patricia Harris, DO

Chau Pham, DO

UNTHSC Support Staff

Roman Ramirez
Sr. Admin Coordinator
Department of Internal Medicine
Office: 817-735-5461
Fax: 817-735-2333
Email: Roman.Ramirez@unthsc.edu

Andrea Ciminelli
Administrative Associate
Department of Internal Medicine
Office: 817-735-2187
Fax: 817-735-2333
Email: andrea.ciminelli@unthsc.edu

Brenda Harless
Administrative Associate
Division of Geriatrics
Department of Internal Medicine
Office: 817-735-0291
Fax: 817-735-0167
Email: BrendaGayle.Harless@unthsc.edu

JPS SUPPORT STAFF

Linda Ortega
Fellowship Coordinator
Department of Family Medicine
Office: 817-920-6247
Fax: 817-927-1691
Email: lortega@jpshealth.org

REYNOLDS GET-IT PROGRAM STAFF

Sandra Marquez Hall, PhD
Program Director
Office: 817-735-2949
Email: Sandra.Marquez-Hall@unthsc.edu

Yolanda Lane, MEd, CHES
Academic Program Specialist (SAGE)
Office: 817-735-0289
Email: Yolanda.Pitts@unthsc.edu

Raina Smith, MS
Academic Program Specialist
Office: 817-735-0287
Email: raina.smith@unthsc.edu

FELLOWS

Angelica Contreras, DO
JPS Geriatric Fellow

Nilda Lopez, MD
JPS Geriatric Fellow

Contact Information

CORE GERIATRICS CONTACT INFORMATION				
Revised July 2014				
NAME	PAGER (817)	OFFICE (817)	CELL (817)	LOCATION
Berky, Gail, LMSW		735-2677		UNTHSC
Capper, David MD		735-8741	996-4808	
Davanloo, Hediéh MD	364-2075	735-0190	973-960-9402	UNTHSC
Farris, Susan		877-1199		JL WEST
Hadley, Lesca MD	654-8276	927-1200	320-0995	JPS
Hall, James PhD	957-0502	735-2326	913-1847	UNTHSC
Harless, Brenda	Admin Asst	735-0291	735-0167 fax	UNTHSC
Harris, Patricia DO		534-7300	907-6714	
Harty, Barbara NP		735-2193	312-9242	UNTHSC
Holzaepfel, K. LMSW	827-3132	735-2617	929-58-51	UNTHSC
Johnson, Leigh, PhD		735-2965		UNTHSC
Knebl, Janice DO		735-2108	832-2285	UNTHSC
Lane, Yolanda	SAGE Coord	735-0289		UNTHSC
Lieto, Janet DO	817-216-2122	735-2504	856-630-2340	UNTHSC
Marquez-Hall, Sandra PhD		735-2949	214-405-4563	UNTHSC
Martin, Roy DMIN		735-0574	291-2329	UNTHSC
Mathé, Alvin DO	216-0278	735-5495	845-6919	UNTHSC
Moss, Amy DO		735-0595	455-3835	UNTHSC
O'Bryant, Sid PhD		735-2961		UNTHSC
Ortega, Linda	Fellowship Coord	920-6247	927-1691 fax	JPS
Ramírez, Roman	Educ Coord	735-5461	658-0012	UNTHSC
Reese, Sherry NP	942-1915	735-2379	319-5072	UNTHSC
Ross, Sarah		735-5434	903-5713	UNTHSC
Smith, Raina	Educ Coord	735-0287		UNTHSC
Welch, Steven DO			597-8246	UNTHSC
		OFFICE (817)	FAX (817)	
Broadway Plaza at Cityview 5301 Bryant Irvin Road Fort Worth, TX 76132		294-2280		
Broadway Plaza at Westover Hills 6201 Plaza Parkway Fort Worth, TX 76116		989-1174	294-3235	

CORE GERIATRICS CONTACT INFORMATION				
Revised July 2014				
		OFFICE (817)	FAX (817)	CELL (817)
Community Hospice 1111 Summit Avenue Fort Worth, TX 76102		845-6919		870-9995
Harris Methodist Hospital 2nd Floor 1301 Pennsylvania Ave. Fort Worth, TX 76104		250-4929		
JL West Dementia Center 1111 Summit Avenue Fort Worth, TX 76102		877-1199	877-1414	
John Peter Smith Hospital 1500 S. Main Street Fort Worth, TX 76104		927-1200	920-1691	
JPSH-Viola Pitts Clinic 4701 N. Bryant Irvin Rd. Fort Worth, TX 76107		920-7400		
Lakewood Village 5100 Randol Mill Road Fort Worth, TX 76112		451-8001	548-3284	
Gentiva 2630 West Fwy, Suite 102 Fort Worth, TX 76102		338-1512		455-3835
Silverado 7001 Bryant Irvin Road Fort Worth, TX 76132		292-2662		
Stonegate Nursing Center 4201 Stonegate Blvd. Fort Worth, TX 76109		924-5440		
Trinity Terrace 1600 Texas Street Fort Worth, TX 76102		338-2423	335- 2733	
The Stayton 2501 Museum Way Fort Worth, TX 76107		986-0081	612-6611 632-3648	

Rotation Sites

AMBULATORY GERIATRIC MEDICINE IN THE GERIATRIC ASSESSMENT AND PLANNING CLINIC (GAP)

1. UNTHSC GAP Clinic – Patient Care Center
855 Montgomery Street, 3rd Floor
Fort Worth, TX 76107
817-735-2200
2. John Peter Smith Hospital – Family Medicine Clinic
1500 S. Main Street
Fort Worth, TX 76104
817-927-1200
3. John Peter Smith Hospital – Viola Pitts Clinic
4701 N. Bryant Irvin Road
Fort Worth, TX 76107
817-920-7400

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

Lakewood Village
5100 Randol Mill Road
Fort Worth, TX 76112
817-451-8001

Broadway Plaza at Cityview
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.**

1. Broadway Plaza at Westover Hills
6201 Plaza Parkway
Fort Worth, TX 76116
817-989-1174

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

3. Lakewood Village
5100 Randol Mill Road
Fort Worth, TX 76112
817-451-8001

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, Main
6100 Western Place Ste 105
Fort Worth, Texas 76107

Community Hospice, Inpatient Unit
1111 Summit Avenue
Fort Worth, TX 76102

Other Site-Specific Information

First Day of the Rotation

Students completing the Core Geriatrics clerkship at UNTHSC will attend orientation on the first day of the rotation at 10:00am in PCC-173. (Roman Ramirez 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 Roman Ramirez at 817-735-5461 and the attending physician you are scheduled to work with at that time.

Attendance

Although 100% attendance is required, situations may arise which require an absence from rotation. Students who are more than 20 minutes late to any clinical site or lecture will be marked as missing a ½ day. In case of absence, it is the student's responsibility to complete the Request for Absence from Clerkship form, obtain the appropriate signatures and return it to either Roman Ramirez or to Clinical Education. Not submitting the appropriate paperwork in a timely manner may result in an unexcused absence, which will need to be made-up on a Friday afternoon or weekend. All absences are subject to approval by the clerkship director. **Four (4) excused absences are allowed for this rotation.** Students missing more than the 4 allowed days will be required to make up those days and will be required to repeat the rotation, per Uniform Policies and Procedures.

Same day absence requests will not be granted, unless they are of an emergent nature. In case of emergency (accidents, death in the family, illness, etc.), it is the student's responsibility to leave a message with Roman Ramirez and to inform their attending of the absence/tardiness as soon as possible.

Clinic Etiquette and Appearance

Regarding dress, refer to the Uniform Policies and Procedures Guide available online via the UNTHSC Courses website. Cell phones should be turned off or set to vibrate. Do not use cell phones during clinic unless it is an emergency. If cell phones are in use in the clinic setting, the student will be asked to surrender the cell phone for the remainder of the clinical experience for that day.

****During OMM with a Geriatric Patient, please wear white coats and/or scrubs.****

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.

Professionalism

Students should read the NBOME Fundamental Osteopathic Medical Competencies available on Canvas prior to the start of the rotation.

Demeanor

The Division of Geriatrics expects students to exhibit the highest levels of professionalism at all times. Students should understand and respect the patient/physician relationship. Permission to interview or examine the patient should be requested at the beginning of an encounter. Many patients have difficulty with fatigue, positioning, pain and/or a dementing illness, therefore an attitude of care, gentleness, and respect for privacy is essential during all patient encounters.

Students should also develop good working relationships with non-physician professional staff, ancillary staff, and nursing staff, always addressing them in a professional and courteous manner. Respect their time and contributions to patient care and assist if the opportunity presents itself.

UNTHSC GAP Clinic Site

The following process is specific to the UNTHSC GAP 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 and a brown flag is up 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.
7. Interaction of culture in relation to health care.
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. Geriatric Depression Scale
3. Up and Go Test
4. Functional status evaluation of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).
5. Visual Analog Scale for pain.
6. 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.

Hospice and Palliative Care Medicine

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 – Contact Dr. Al Mathè – 817-845-6919 (Cell Phone)
2. Community Hospice – Dr. Hedieh Davanloo – 973-960-9402 (Cell Phone)
3. Gentiva – Dr. Amy Moss – 817-455-3835 (Cell Phone)
4. Community Hospice – Dr. Janet Lieto – 856-630-2340
5. Vitas Hospice – Dr. Sarah Ross – 817-903-5713

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
6. Legal Issues-DNR, Advanced Directives, Withholding feedings
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. Al Mathé at Harris Methodist Hospital in the Palliative Care Unit. Students will receive an email from Dr. Rynn Ziller 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

****You should bring blood pressure cuffs and diagnostic kits with you for these visits.****

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. Medical providers 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. Medical providers 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
14. Insurance Issues- Medicare reimbursement

Skills – Students will perform and be included in the following:

1. Home visits – Will be done on Monday afternoon
2. Communication- observe the interdisciplinary group communication

Disclaimer

This 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 the *Uniform Policies and Procedures* section of this manual, the student handbook and the college catalogue.

The provisions contained herein do not constitute a contract between the student and the college. These provisions may be changed at any time for any reason at the discretion of the faculty member. When necessary, in the view of the college, appropriate notices of such changes will be given to the student.

Appendix A

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.** Go to: <http://teachingslides.americangeriatrics.org/default.asp>. Username: UNTHSC Password: **intmed** 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.

ACP Journal Article Review Guidelines: http://www.acpjg.org/shared/purpose_and_procedure.htm

Fick D, Cooper J, Wade W, Waller J, Maclean R, Beers M. **Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults.** *J Am Geriatr Soc.* 2012;Apr 60(4):616-631.

Optional Reading:

Finucane, T.E., C. Christmas, and K. Travis. "Tube Feeding in Patients with Advanced Dementia: A Review of the Evidence." *JAMA* 282.14 (1999):1365-70.

Donald W. Reynolds Foundation. www.hsc.unt.edu/sites/GETIT

Dunn, Hank. Hard Choices for Loving People: CPR, Artificial Feeding, Comfort Care and the Patient with a Life Threatening Illness, Fifth Edition. Lansdowne, VA: A & A Publishers, Inc., 2009
<http://www.hardchoices.com/>

Geriatrics at Your Fingertips. American Geriatrics Society. 2013. <http://geriatricscareonline.org/>

Kobylarz, F.A., J.M. Heath, R.C. Like. "The ETHNIC(S) Mnemonic: A Clinical Tool for Ethnogeriatric Education." *JAGS* 50.9 (2002); 1582-9.

Making Home Care Work in Your Practice: A Brief Guide to Reimbursement and Regulations. American Academy of Home Care Physicians. Jan. 2004.

McCann, R. "Lack of Evidence About Tube Feeding—Food for Thought." *JAMA* 282.14 (1999):1380-81

Seymour J., D. Clark, and M. Winslow. "Pain and Palliative Care: The Emergence of New Specialties." *Journal of Pain and Symptom Management*, 29.1 (2005): 2-13

Story P., C.F. Knight, R.S. Schonwetter. Pocket Guide to Hospice/Palliative Medicine. American Academy of Hospice and Palliative Medicine. ISBN:1-889296-35-X. <http://www.aahpm.org/>

Unwin B.K., A.F. Jerant. "The Home Visit." *American Family Physician.* 60.5 (1999): 1481-8.

U.S. Preventive Services Task Force Recommendations. United States Preventive Task Force.
<http://www.uspreventiveservicestaskforce.org/recommendations.htm>

Association of American Medical Colleges / John A. Hartford Foundation, Inc. July 2007 Consensus Conference on Competencies in Geriatrics Education. *Academic Medicine.* 84(5):604-10, May 2009.

Phone Apps:

iGeriatrics- Free application for iPhones and Smart Phones by AGS.

Appendix B

Out of Town Rotation Requirements

Students who are completing their core clerkship in geriatrics out of town are only required to complete the assignments listed below and are responsible for all required reading materials listed in the bibliography on page 14. Please note: All rotation materials and lectures are available via Canvas.

How to access Canvas: <http://web.unthsc.edu/canvas>

Required Assignments for Off Site/Out of Town Students:

1. 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.
2. Dealing with Loss and Grief for Geriatric Families and Providers assignment-Please complete and submit assignment via email to Dr. Roy Martin, Roy.Martin@unthsc.edu, by the 3rd Monday of your rotation. Refer to page 12 for details.
3. **Assessment Survey:** Complete on the last day of your rotation online. Refer to page 6 for details.

Students are required to take the final exam on the last Friday of the rotation. If you are unable to take the exam at the scheduled time, please contact Roman Ramirez to make other arrangements. ***Your Loss and Grief assignment must be submitted within 30 days of the end of the rotation to count towards the final grade. Assignments not submitted within 30 days will be counted as a zero.***

Appendix C

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:

MEDICATION MANAGEMENT

1	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.
2	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.
3	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.

COGNITIVE AND BEHAVIORAL DISORDERS

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

SELF-CARE CAPACITY

9	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.
10	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.
11	Identify and assess safety risks in the home environment, and make recommendations to mitigate these.

FALLS, BALANCE, GAIT DISORDERS

12	Ask all patients > 65 y.o., or their caregivers, about falls in the last year, watch the patient rise from a chair and walk (or transfer), then record and interpret the findings.
13	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.

HEALTH CARE PLANNING AND PROMOTION

14	Define and differentiate among types of code status, health care proxies, and advanced directives in the state where one is practicing.
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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:

15	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.
16	Accurately identify clinical situations where life expectancy, functional status, patient preference or goals of care should override standard recommendations for treatment in older adults.
ATYPICAL PRESENTATION OF DISEASE	
17	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).
18	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.
PALLIATIVE CARE	
19	Assess and provide initial management of pain and key non-pain symptoms based on patient's goals of care.
20	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.
21	Discuss palliative care (including hospice) as a positive, active treatment option for a patient with advanced disease.
HOSPITAL CARE FOR ELDERS	
22	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).
23	Explain the risks, indications, alternatives, and contraindications for indwelling (Foley) catheter use in the older adult patient.
24	Explain the risks, indications, alternatives, and contraindications for physical and pharmacological restraint use.
25	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.
26	Conduct a surveillance examination of areas of the skin at high risk for pressure ulcers and describe existing ulcers.

Association of American Medical Colleges / John A. Hartford Foundation, Inc.

July 2007 Consensus Conference on Competencies in Geriatrics Education Academic Medicine.

84(5):604-10, May 2009.

Appendix D

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