The geriatric clerkship is designed to provide the student with practical clinical experience working with elderly patients. It is intended to augment and strengthen the student's skills in developing a thorough database for a wide variety of common geriatric problems, and teaches the student how to appropriately modify the approach to indications, limitations, and methodology of diagnostic procedures and therapeutic regimens in the elderly. Student are given the opportunity to experience various issues in the long term care setting, and learn to recognize and appreciate the contributions of other health professionals in the overall delivery of health care to the elderly.

I. INSTRUCTIONAL OBJECTIVES

Upon completion of the Geriatrics rotation, based on supervised clinical practice, utilization of appropriate reading or reference materials, attendance at case conferences, grand rounds, morning reports and rounds, and sessions with program faculty coordinating the clerkships the student will broaden and reinforce medical skills and knowledge pertaining to each of the instructional objectives below, as they relate to signs, symptoms, differential diagnosis and management of clinical problems in the problem list. **The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management.** At the end of the rotation the student should be able to:

1. Develop techniques in the art of collecting historical data and performing physical examinations, and adapt those techniques to the unique needs and limitations of the elderly.

2. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each clinical problem.

3. Obtain and document a directed history based on the patient’s chief complaint, appropriate for the patient’s age and mental status, including history of present illness (HPI) with applicable review of systems (ROS), past medical history (PMH), family history (FH) and social history (SH) to include:
   a. effective communication skills, recognizing and addressing any barriers to communication
   b. an organized approach
   c. recognition of normal and abnormal historical data

4. Perform and document an appropriate problem-focused yet thorough physical examination to include:
   a. proper hand-washing/universal precautions
   b. an organized approach
   c. utilization of proper technique, with appropriate modifications as need based on the patient’s age, mobility and mental status
   d. draping appropriately, offering explanations, respecting patients privacy and dignity and displaying a professional demeanor during the examination
   e. recognition of normal and abnormal findings
5. Devise, document and implement, as indicated, a pharmacologic management plan, including fluid replacement and blood products to include consideration of the following:
   a. mechanism of action, metabolism, excretion
   b. indications, contraindications, interactions and adverse reactions
   c. cost-effectiveness

6. Discuss the principles and practice of long term care and rehabilitation in the elderly.

7. Participate in the management of acute and chronic diseases in the setting of prolonged institutionalization of the elderly.

8. Effectively interact with patients having a wide range of medical, surgical, social, economic and mental health problems encountered secondary to prolonged institutionalization and convalescence.

9. Recognize the multiplicity and complexity of roles assumed by members of the health care team and family members in caring for older patients.

10. Demonstrate techniques in patient education and family support.

11. Identify social service and other health-related agencies available to the elderly in the community, as well as alternatives to institutionalization such as day care and home health care.

12. Document progress notes in a clear and logically organized manner, following the SOAP (subjective/objective/assessment/plan) format.

13. Formulate a logical sequence for ordering diagnostic tests and procedures, and familiarize him/herself with appropriate interpretation of the results in the elderly.

14. Provide patient and family counseling to include:
   a. empathy and compassion, support and reassurance
   b. respect for patients’ and families’ religious, spiritual, cultural or health-related beliefs, and lifestyle choices
   c. appropriate referral when indicated to community resources for continuity of care
   d. information regarding diagnosis, treatment, preventive modalities and skills necessary for caregiving.

15. Broaden and reinforce skills and knowledge in geriatrics through attendance at clinics and consultation with services geared to specific problems of the geriatric patient, e.g. podiatry, rehabilitation, ophthalmology, medical, dental, speech and hearing.

16. Participate in team meetings during the course of the rotation, followed by discussion of key issues and team dynamics with supervisor.

17. Discuss ethical and family issues related to caring for the elderly, such as death and dying,
caregiver stress, role reversal, financial burdens, do not resuscitate (DNR), health care proxy, living will, etc.

II. PROBLEM LIST

The student will familiarize him/herself with the evaluation and extended management specific to the geriatric patient with disease processes or symptoms as listed in the Medicine rotation Problem List. In addition, the following should be given special attention:

<table>
<thead>
<tr>
<th>Atypical Presentations of Disease</th>
<th>Parkinson's Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacotherapeutics in the Elderly</td>
<td>Stroke</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>Incontinence</td>
</tr>
<tr>
<td>Falls/Fractures</td>
<td>Pressure Ulcers</td>
</tr>
<tr>
<td>Delirium/Dementia/Depression</td>
<td>Thyroid Disease</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Pneumonia/UTI</td>
<td>Nutritional Problems</td>
</tr>
<tr>
<td>Vision/Hearing loss</td>
<td>Medicare/Medicaid</td>
</tr>
</tbody>
</table>

IV. STUDENT EVALUATION

- Clinical site supervisor evaluation…………………………………………………………………………..50%
- Written clinical examination…………………………………………………………………………………15%
- Program faculty grade…………………………………………………………………………………………5%
  (H&Ps, patient presentations, professional behavior)
- Clinical skills practicum
  (CSP)………………………………………………………………………………10%
- Appropriate utilization of Cbase………………………………………………………………………………..5%
- EMO exam………………………………………………………………………………………………………….10%
- HPI……………………………………………………………………………………………………………………5%

Failure to hand in or present assignments on time, or any other unprofessional behavior, will result in a lowering of the grade for the rotation.

If a student earns a grade below a “C” for the Geriatric Clerkship, he/she will be placed on academic probation and required to repeat the clerkship. This will extend the length of time required for completion of the clinical year.

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Failure to earn a grade of C or better on the repeated Geriatric Clerkship will result in a recommendation to the Dean for termination from the program.

**Americans with Disabilities Act:**
If you have a physical, psychological, medical or learning disability that may impact your course work, please contact Disability Support Services, ECC (Educational Communications Center) Building, room128, (631) 632-6748. They will determine with you what accommodations, if any, are necessary and appropriate. All information and documentation is confidential.

**Academic Integrity:**
Each student must pursue his or her academic goals honestly and be personally accountable for all submitted work. Representing another person's work as your own is always wrong. Faculty are required to report any suspected instances of academic dishonesty to the Academic Judiciary. Faculty in the Health Sciences Center (School of Health Technology & Management, Nursing, Social Welfare, Dental Medicine) and School of Medicine are required to follow their school-specific procedures. For more comprehensive information on academic integrity, including categories of academic dishonesty, please refer to the academic judiciary website at http://www.stonybrook.edu/uaa/academicjudiciary/

**Critical Incident Management:**
Stony Brook University expects students to respect the rights, privileges, and property of other people. Faculty are required to report to the Office of Judicial Affairs any disruptive behavior that interrupts their ability to teach, compromises the safety of the learning environment, or inhibits students' ability to learn. Faculty in the HSC Schools and the School of Medicine are required to follow their school-specific procedures.