University of South Florida
Morsani College of Medicine

ELECTIVE
GERIATRIC PSYCHIATRY
MEL 8612

Syllabus
2022-2023

COVID 19 COMPLIANCE STATEMENT
All students must be aware of and comply with university policies regarding Covid-19. They should also be aware of and comply with the policies at the clinical affiliates where their clinical training occurs. Failure to do so may result in disciplinary action

Elective Catalog Description

Geriatric mental health services are provided across a wide array of settings, in collaboration with multiple interdisciplinary teams. During this month you will learn about multiple levels of care. From outpatient care of routine psychiatric disorders to inpatient psychiatric assessment and treatment for emergent psychiatric needs of older adults, the breadth of exposure is intended to highlight the various multidisciplinary approaches required to effectively provide care to older adults. The rotation includes experiences in an outpatient memory disorder diagnostic clinic focused on the assessment, workup, and management of older adults with neurodegenerative disease. In addition to this, there is integration in a geriatric consultation-liaison psychiatry service overseeing the psychiatric care of older adults in a nursing home setting, in addition to exposure to electroconvulsive therapy. During this month, you will learn about psychiatric care for older adults through functioning as a "junior" resident. Important domains of assessment include your skills in the following areas: communication, coordination of care, information management and specialty specific procedures (risk assessment, interviewing etc.).

Course Director/Coordinator contact information.

Course Director: Gregory Sullivan, M.D. - 813-972-2000 x1605, gregory.sullivan1@va.gov
Course Coordinator: Pat Crump - 974-5368, pcrump@usf.edu

Elective Director's Welcome

Welcome to Geriatric Psychiatry! People over the age of 65 represent the fastest growing segment of the US population, and they are expected to exceed 20% of the population in the coming years. As a result there is an ever-growing need for healthcare providers, particularly those with expertise in the mental health needs of older adults. Your interest in the care of older adults prepares you to serve a vital role in response to this, and we are here to help provide you with the skills necessary to meet that need.

How to be Successful During This Elective

The recipe for success in the geriatric psychiatry elective, first and foremost, calls for active engagement. Our faculty strive to provide students opportunities to incorporate the principles of geriatric medical and mental health care into their future practice, regardless of their chosen career. Consider how the patients, diagnoses, and treatment plans you see might be incorporated into care across settings, and never be afraid to ask questions! Whether your questions leads to formal teaching, bedside clinical exposure, or an opportunity to learn new information right alongside you, we always look forward to it. Finally, we value timeliness,

professionalism, and effective communication as cornerstones of the practice of medicine, and believe that these are necessary to the collaborative, interdisciplinary care which supports all specialties of geriatric medicine.

Our faculty look forward to working with you!

Elective Objectives – Specific to Course (needs to match catalog)

Learning Objectives:
1. Develop an in-depth understanding of psychopathology in older adults
2. Analyze how variances in the presentation in older adults may help distinguish psychiatric diagnoses in both ambulatory and inpatient settings
3. Improve skills for interviewing older adults with psychiatric diagnoses
4. Perform a diagnostic examination intended to identify a progressive neurocognitive disorder while considering the subsequent treatment plan.
5. Be able to conduct a risk assessment for suicide and violence in older adults
6. Be able to create a biopsychosocial formulation with includes factors relevant to aging
7. Improve skills in using psychotropic medication in older adults, including how to select an initial agent (understanding the pharmacology of various agents and possible medication interactions) and the necessary medical monitoring for these medications
8. Demonstrate an understanding of the overlap between medical and psychiatric conditions in older adults
9. Gain a greater familiarity with psychotherapeutic interventions for aging-related issues including loss of function, end-of-life, and bereavement
10. Gain a greater familiarity with psychotherapeutic interventions for older adults in an acute psychiatric care setting, including milieu management, crisis intervention, individual and family therapy.

Elective Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
September 27	**September 28**	**September 29**	**September 30**	**October 1**
ALL DAY	**ALL DAY**	**AM** - Dr. Greg Sullivan JAHVA Geri Cl	**ALL DAY**	**ALL DAY**
Dr. Matthew Warren JAHVA OP (Virtual)	Dr. Jean Fils USF OPC - MDC	**PM** - Dr. Peggy Chatham JAHVA Didactic (Virtual)	Dr. Regina Velasco JAHVA OP (Virtual)	Dr. Greg Sullivan JAHVA Geri CL
October 4	**October 5**	**October 6**	**October 7**	**October 8**
ALL DAY	**ALL DAY**	**ALL DAY**	**ALL DAY**	**ALL DAY**
Dr. Matthew Warren JAHVA OP (Virtual)	Dr. Jean Fils USF OPC - MDC	Dr. Peggy Chatham JAHVA IP Geri	Dr. Regina Velasco JAHVA OP (Virtual)	Dr. Peggy Chatham JAHVA IP Geri
October 11	**October 12**	**October 13**	**October 14**	**October 15**
ALL DAY	**ALL DAY**	**AM** - Dr. Greg Sullivan JAHVA Geri CL	**ALL DAY**	**ALL DAY**
Dr. Matthew Warren JAHVA OP (Virtual)	Dr. Jean Fils USF OPC - MDC	**PM** - Dr. Peggy Chatham JAHVA Didactic (Virtual)	Dr. Regina Velasco JAHVA OP (Virtual)	Dr. Greg Sullivan JAHVA Geri CL
October 18	**October 19**	**October 20**	**October 21**	**October 22**
ALL DAY	**ALL DAY**	**ALL DAY**	**ALL DAY**	**ALL DAY**
Dr. Matthew Warren JAHVA OP (Virtual)	Dr. Jean Fils USF OPC - MDC	Dr. Peggy Chatham JAHVA IP Geri	Dr. Regina Velasco JAHVA OP (Virtual)	Dr. Peggy Chatham JAHVA IP Geri

Recommended Reading:
The American Psychiatric Publishing Textbook of Geriatric Psychiatry, 5th Edition; (Relevant Topics of PART I, II and III: Psychiatric Interview of Older Adults, Depression, Bipolar, Anxiety, Psychosis, Psychopharmacology, etc.)

Elective Locations (address, room#, clinic phone #)

USF OPC – MDC | University Psychiatry Center Memory Disorder Clinic
Third Floor, 3515 E. Fletcher Avenue, Tampa, FL 33613; Phone: 813-974-3125 or 813-974-1501

JAHVA IP Geri | James A. Haley VA Inpatient Geriatric Psychiatry
Psychiatry Inpatient unit/ARC (Acute Recovery Center) which is located at 30-G on the ground floor of the Nursing Home, 13000 Bruce B. Downs Boulevard, Tampa, Florida 33612

JAHVA OP| James A. Haley VA Outpatient Geriatric Psychiatry Clinic
Main JAHVA hospital, Ground floor, behind the main elevators (GA-002) – Note: clinic location will change due to construction in Fall 2023, and will be located on the 1st floor, area 1A. Contact Dr. Warren prior to the rotation for verification of location.

JAHVA Geri CL | James A. Haley VA Consult Service, Main Hospital, Ground Floor, Room GA-004
Phone: 813-972-2000, Ext. 1605

Dr. Jean Fils: 813-974-2575; jfils@usf.edu
Dr. Regina Velasco: 813-972-2000; regina.velasco@va.gov
Dr. Matthew Warren: 813-972-2000 Ext. 5606; matthew.warren@va.gov
Dr. Gregory Sullivan: 972-2000 Ext. 1605; gregory.sullivan1@va.gov
Dr. Peggy Chatham: 813-972-2000; peggy.chatham@va.gov

Elective Educational Sessions/Materials

Activities during the rotation:
You will function as much like as resident as possible during the rotation interfacing directly with the faculty member regarding your patients care.   You will be expected to do the following:
1. Perform an initial interview for a minimum of two new patients per week who are admitted to the teaching service
2. Conduct daily follow up interviews and examinations with patients under your care on the inpatient setting
3. Document the above meetings in the medical record
4. Contact collateral sources as appropriate (and with patient consent)
5. Present your finding from patient interviews and collateral sources to the supervising faculty member in an organized fashion with your diagnostic impressions and treatment plan
6. Participate in daily treatment team planning meetings including discharge planning
7. Conduct or attend family meetings as needed for your patients
8. Round with the inpatient and consultation teams in multidisciplinary treatment planning meetings

Required activities:
1. Students should keep a log of patients seen and email at the end of the rotation to Pat Crump at the Dept. of Psychiatry pcrump@usf.edu – expectations are to see at least two new patients per week and following 3-5 patients during a week's time.
2. Students must prepare *a minimum* of two biopsychosocial formulations for patients where the student conducts the initial interview. These may or may not be included in the patient record, however, a copy of these (without patient identifying information) must be turned into the course director for inclusion in your file.
3. Students must complete *a minimum* of two discharge summaries for their patients that they give to the supervising faculty member to review. This may or may not be included in the medical record as dictated by the facility rules, however, students can create a discharge summary in a word document to be reviewed for educational purposes.
4. Students must prepare at least one brief, ten-minute presentation on a learning topic that they identified from a patient under their care. Students should conduct a literature search on the patient care question and present the conclusions from that search to the team they are working with for the month.
5. Please turn in your logbook, 2 case formulations, 2 discharge summaries and a copy of your presentation to Pat Crump for your file at the completion of the rotation.

Evaluation:
1. Faculty are expected to meet with the student at the end of the 2nd week of the rotation to discuss formative feedback. This is required to assist students in identifying their areas of weakness while affording them the opportunity to work on improving these skills during the remaining 2 weeks. This is intended to be a discussion, however, a form

has been designed to create a framework for the feedback and should be completed (see attached).

2. At the end of the rotation, the faculty will complete a summative evaluation through E*Value (see attached).

Biopsychosocial formulation: Psychiatric symptoms represent final common pathways in human behavior. The same symptoms can result from different pathophysiologic processes or a variety of life events. The formulation helps to integrate the impact of various factors on the presentation of symptoms for a specific patient and this will be used to guide the treatment planning. The biopsychosocial formulation should begin with a one line introduction summarizing the patient's age and presenting symptoms. It is followed by a discussion of the biologic, psychological and social factors contributing to the patient's presentation.

Below are common items discussed in the formulation:

Biologic:	Psychological	Social:
- Family psych history - Effects of alcohol or drugs - Effects of prescription meds - General medical condition effects on CNS - Neuroimaging or labs - Compliance with meds	- Eriksonian stage - Defense mechanisms - Personality style, traits or disorders - Coping mechanisms - Psychological testing - Recurrent life events (abandonment, grief, trauma etc.) - Relationship patterns - How pt has dealt with adversity in the past	- Marital stress - Money problems - Housing problems - Problems with social support - Pending law suit

Discharge Summary outline**:**
1. Discharge Diagnoses
2. HPI (circumstances leading to hospitalization, current sx's w/ pertinent + and – sx's)
3. Brief past psych history
4. MSE at admission
5. Relevant physical exam findings and laboratory information
6. Consults
7. Hospital course (try to organize by topics such as behavior on unit, med trials and results)
8. Condition at discharge/prognosis (including MSE at discharge)
9. Discharge medication with doses and instructions
10. Follow up plan (apt date/time(s) for psychiatry, psychotherapy, other medical providers)

CC reports to outpatient providers (give address if possible)

***The following is a "Geriatric Psychiatry Student Self Evaluation Form." Please email to Pat Crump at the Dept. of Psychiatry pcrump@usf.edu.

USF Morsani College of Medicine

PSYCHIATRY SUBINTERNSHIP EVALUATION FORM

HQ= High quality work;   AQ=Adequate work in this area;   NY=Competency not yet attained in this area

SSE=Student Self Evaluation

STUDENT NAME: _____   **Date:** _____

SSE		HQ	AQ	NY
	PATIENT CARE			
	History-taking skills Patient-centered, logical, organized, complete and efficient			
	Physical exam skills Exam performed with skill, logic, efficiency and maximal patient comfort			
	Differential diagnosis skills and clinical reasoning Completeness, prioritization and justification of diagnoses			
	Selection and interpretation of diagnostic test(s) Test selection, justification, and interpretation			
	Formation of treatment plan Logical, evidence based, patient-centered			
	Written documentation Balances completeness and conciseness, fluent, logical			
	Oral presentations Balances completeness and conciseness, fluent, logical			
	Values-centered patient care Optimizes patient interactions based on awareness of own and patient's values			
	Promotion of prevention and wellness in patient care Promotes prevention strategies and wellness counseling			
	Application of health care systems and financing in care Demonstrates how knowledge of patients' insurance and other financial needs affects the care plan			
	Procedural skills (e.g. suturing, phlebotomy) Technically proficient, sensitive to patient needs			

SSE		HQ	AQ	NY
	KNOWLEDGE			
	Application of knowledge			
	Demonstrates knowledge of relevant medical literature and pathophysiology and incorporates it into patient care			
	PRACTICE-BASED LEARNING			
	Response to Feedback			
	Solicits feedback, receives it well and demonstrates improvement			
	Self-improvement			
	Grows clinically and professionally during the session/clinic/clerkship			
	COMMUNICATION			
	Communication with medical team			
	Clear, appropriate, consistently adds to the harmony and efficiency of the team			
	Communication of diagnostic and treatment plans with patient and family			
	Clear, adjusted to patient/family understanding, culture and social needs			
	Communication with other health professionals in the care of patients			
	Communicates effectively with non-MD practitioners and facilitates team approach to care			
	PROFESSIONALISM			
	Reliability			
	Timely, punctual; manages stress and personal-work conflicts effectively			
	Flexibility			
	Demonstrates flexible response to change			
	Confidence			
	Shows appropriate assertiveness that puts colleagues and patients at ease			
	Respect for staff and colleagues			
	Shows admiration and respect, enhancing full cooperation among healthcare professionals			
	Respect for patients and families			
	Respects confidentiality, shows altruism, works to reduce stigmatizing of patient groups			
	Evaluator's Signature _____	Date: _____		

MCOM Program Objectives

1. Patient Care

Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

1.1 Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice
1.2 Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests
1.3 Organize and prioritize responsibilities to provide care that is safe, effective, and efficient
1.4 Interpret laboratory data, imaging studies, and other tests required for the area of practice
1.5 Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
1.6 Develop and carry out patient management plans
1.7 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making
1.8 Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
1.9 Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health
1.10 Provide appropriate role modeling
1.11 Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications

SELECT 1.12 Perform values-based patient- centered comprehensive assessment, diagnosis and patient management, utilizing shared decision making in care of the patient.

2. Knowledge for Practice

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care

2.1 Demonstrate an investigatory and analytic approach to clinical situations
2.2 Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations
2.3 Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care
2.4 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
2.5 Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care seeking, care compliance, and barriers to and attitudes toward care
2.6 Contribute to the creation, dissemination, application, and translation of new health care knowledge and Practices

SELECT 2.7 Examine national and international health systems, policy and finance.

3. Practice-Based Learning and Improvement

Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

3.1 Identify strengths, deficiencies, and limits in one's knowledge and expertise
3.2 Set learning and improvement goals
3.3 Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes
3.4 Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
3.5 Incorporate feedback into daily practice

3.6 Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

3.7 Use information technology to optimize learning

3.8 Participate in the education of patients, families, students, trainees, peers, and other health professionals

3.9 Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care

3.10 Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes

SELECT 3.11 Demonstrate advanced competency in self- assessing knowledge gaps and setting improvement goals, them perform activities to accomplish these.

SELECT 3.12 Analyze a health care environment or system and recommend changes to improve patient outcomes.

4. Interpersonal and Communication Skills

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

4.1 Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds

4.2 Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies

4.3 Work effectively with others as a member or leader of a health care team or other professional group

4.4 Act in a consultative role to other health professionals

4.5 Maintain comprehensive, timely, and legible medical records

4.6 Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics

4.7 Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions

SELECT 4.8 Demonstrate advanced team leadership skills that enhance team functioning, the learning environment, and/or the health care system.

SELECT 4.9 Communicate effectively and sensitively with patients, adjusting language and style in order to incorporate their knowledge, values, and culture.

5. Professionalism

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles

5.1 Demonstrate compassion, integrity, and respect for others

5.2 Demonstrate responsiveness to patient needs that supersedes self-interest

5.3 Demonstrate respect for patient privacy and autonomy

5.4 Demonstrate accountability to patients, society, and the profession

5.5 Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

5.6 Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations

SELECT 5.7 Demonstrate advanced ability in all of the above [Core Professionalism objectives], and the ability to inspire and instruct peers in these areas

6. Systems-Based Practice

Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

6.1 Work effectively in various health care delivery settings and systems relevant to one's clinical specialty

6.2 Coordinate patient care within the health care system relevant to one's clinical specialty

6.3 Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care

6.4 Advocate for quality patient care and optimal patient care systems

6.5 Participate in identifying system errors and implementing potential systems solutions
6.6 Perform administrative and practice management responsibilities commensurate with one's role, abilities, and qualifications

SELECT 6.7 Show advanced ability to incorporate knowledge of health systems and cost of care into medical decisions.
SELECT 6.8 Strategize, practice, and advocate for quality improvement in patient care and health care systems.
SECECT 6.9 Integrate knowledge of healthcare systems into individual patient care.

7. Interprofessional Collaboration

Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care

7.1 Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
7.2 Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served
7.3 Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations
7.4 Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable

SELECT 7.5 Demonstrate advanced team competencies in assessment and coaching in order to achieve a common patient-centered end.

8. Personal and Professional Development

Demonstrate the qualities required to sustain lifelong personal and professional growth

8.1 Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors
8.2 Demonstrate healthy coping mechanisms to respond to stress
8.3 Manage conflict between personal and professional responsibilities
8.4 Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior
8.5 Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
8.6 Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system
8.7 Demonstrate self-confidence that puts patients, families, and members of the health care team at ease
8.8 Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty

SELECT 8.9 Demonstrate emotional intelligence by showing awareness of strengths, weaknesses, and idiosyncrasies of self, team, and systems, and then show the ability to modulate one's behavior to positively affect each of these.
SELECT 8.10 Describe the basic competencies necessary for effectiveness as a potential future physician and leader.
SELECT 8.11 Implement the professional and personal development process.
SELECT 8.12 Actively participate in one's own personal and professional development through individual and group coaching.

MCOM Clinical – Specialty Track Phase Objectives

Track EPA 1.1 Student will demonstrate the ability to gather a history

Track EPA 1.2 Student will demonstrate the ability perform a physical exam

Track EPA 2 Student will demonstrate the ability prioritize a differential diagnosis following a clinical encounter

Track EPA 3: Student will demonstrate the ability to recommend and interpret common diagnostic tests

Track EPA 4: Student will demonstrate the ability to enter and discuss orders and prescriptions

Track EPA 5.1: Student will demonstrate the ability to document a clinical encounter in the patient record

Track EPA 5.2: Student will demonstrate the ability to see multiple patients in a clinical session while maintaining accuracy and thoroughness of their history taking, physical exam skills, ability to create a differential diagnosis, implementation of the clinical plan and documentation.

Track EPA 6: Student will demonstrate the ability provide an oral presentation of a clinical encounter

Track EPA 7: Student will demonstrate the ability to form clinical questions and retrieve evidence to advance patient care

Track EPA 8: Student will demonstrate the ability to give or receive a patient handover to transition care responsibly

Track EPA 9: Student will demonstrate the ability to collaborate as a member of an interprofessional team

Track EPA 10: Student will demonstrate the ability to recognize a patient requiring urgent or emergent care and initiate evaluation and management

Track EPA 11: Student will demonstrate the ability to obtain consent for tests or procedures

Track EPA 12: Student will demonstrate the ability to perform procedures appropriate for their track specialty

FINAL GRADING AND RIME RUBRIC (H, PC, P, R, I, F)

Final grade of the Geriatric Psychiatry course is determined as follows:

The student's final grade is determined solely by his/her clinical faculty evaluation which is completed at the end of the 4-week experience. Students should solicit mid-rotation feedback from their resident and attending at the completion of the first 2 weeks of the experience. No feedback form is required; however, this will facilitate discussion of competencies met or issues that need to be addressed prior to the completion of the rotation.

Honors Eligibility
In order to be eligible for a grade of honors, a student must achieve ALL of the following:
- Consistently receives outstanding clinical evaluations [mostly and consistently above expectations] from the residents and faculty
- Receives a final RIME scoring of at least a manager.
- Consistently demonstrates professional behavior, including attending all scheduled activities except in the event of an excused absence.
- Completes all portfolio assignments on time
- Complete a brief (10-15 minute) presentation on a topic of interest surrounding the psychiatric care of older adults

Pass with Commendation Eligibility
In order to be eligible for a grade of pass with commendation, a student must achieve ALL of the following:
- Consistently receive above average clinical evaluations [mostly above expectations] from the residents and faculty
- Receives a final RIME scoring of at least Interpreter
- Consistently demonstrates professional behavior, including attending all scheduled activities except in the event of an excused absence.
- Completes all portfolio assignments on time

Pass Eligibility
In order to be eligible for a grade of pass, a student must achieve All of the following:
- Consistently receive average clinical evaluations [consistently meets expectations] from the residents and faculty
- Receives a final RIME scoring of at least reporter with evidence of some interpreter skills
- Consistently demonstrates professional behavior, including attending all scheduled activities except in the event of an excused absence.
- Completes all portfolio assignments on time

Remediation
A student will receive a grade of remediation if any of the following occur:

- Consistently receives clinical evaluations from the residents and faculty which are below average [below or mostly meets expectations] in a particular area (ie H&P, documentation).
- The student fails to hand in their completed assignments without being granted an extension for the assignments.
- Receives a final RIME score of reporters without evidence of advancement to interpreter.
- Student has a focal area of unprofessionalism

Incomplete
A student will receive an incomplete grade if any of the following occur:
- The student has assignments which are still due to the course director, but the student proactively asked for and received an extended due date.
- The student fails to make up any absent sessions

Fail
A student will receive a grade of fail if any of the following occur:
- Consistently receives clinical evaluations from the residents and faculty which below average [below or mostly meets expectations] across multiple areas.
- The student fails to make up any absent sessions after one month of the conclusion of the rotation
- The student consistently demonstrates unprofessional behavior

Professionalism:
Any breach of the professionalism as described in the MCOM handbook including but not limited to the professionalism values section and the social media participation guidelines, may be grounds for remediation or failure of the course as determined by the course director in consultation with the Assistant Dean for the Clinical Curriculum.

GRADE APPEALS:

A student may appeal a course grade if the student has evidence that the grade was assigned in an erroneous manner. Within five (5) school days after the receipt of the grade, the student may appeal in writing to the responsible Course director any assigned grade that they dispute. See handbook for details of the process.

Students are expected to review and be familiar with the student handbook in general.
https://health.usf.edu/medicine/mdprogram/student-affairs/handbook

In particular for this course students are expected to review the following areas in the handbook for specific details:

MCOM Clinical Years Monitoring Student Time Guideline

COM students are held to the same work hour guidelines as are residents, per ACGME guidelines. Students are limited to a maximum of 80 duty hours per week including in-house call, *averaged* over four weeks. Students must be given one day out of seven free from all clinical and educational responsibilities, *averaged* over four weeks. Students cannot be scheduled for in-house call more than once every three nights, *averaged* over four weeks. Students may not work more than 28 consecutive hours. Students should be given at least ten hours for rest and personal activities between daily duty periods and after in-house call. Students, residents, and faculty are not permitted to allow/require deviation from the above rules.

MCOM Medical Student Clinical Supervision Guideline

Medical students may not provide care in an unsupervised fashion. Supervisors must either hold a faculty appointment or be supervised in their teaching and assessment role by an individual who has a faculty appointment. This may include residents, fellows, and other licensed health professional faculty supervising an activity within their scope of expertise or practice. Medical students may be supervised at one of two broad levels: 1) Direct observation or 2) Immediately available indirect supervision.

Attendance

During the clinical years the student's responsibilities lie within the individual course. Attendance within a given course is a demonstration of attitude and professional behavior. This behavior impacts all members of the healthcare team, including fellow students and patients. Any absence from the course may have a direct impact on student performance, the clinical experience, the evaluation of professionalism, the overall grade, and the successful completion of the clerkship. Students who miss scheduled hours are expected to acquire the same level of competency as other students in the clerkship. Lectures, reading assignments and clinical duties will not be re-created or offset to accommodate any absences. All absences are at the discretion of the course director. Students should follow the procedure guidelines for obtaining an excused absence outlined in the handbook. The course director will use the guidelines outlined in the student handbook when determining if the absence is excused.

Residency Interviews

Students are expected to schedule residency interviews during months that they are not scheduled to have a clinical course. Student may miss up to 2 days for interviews, but those days must be made up.

Mistreatment Guideline and Procedure

USF Health's Morsani College of Medicine is committed to assuring a safe, encouraging, and supportive learning environment that reflects commitments to professionalism, respect, diversity, and virtues such as integrity, compassion, and kindness. All MCOM faculty and staff are expected to conduct themselves in a professional manner and contribute to creation of a culture that is supportive of learning. Mistreatment, bullying, discrimination, harassment, and sexual harassment are prohibited at MCOM. The student mistreatment policy, in accordance with LCME standard 3.6, ensures that concerns about the learning environment are promptly dealt with and resolutions reached in a fair and just manner. The College forbids any retaliatory action against students who present grievances in good faith.

The MCOM Student Mistreatment policy aims to safeguard medical students from mistreatment by any faculty member or staff associated with MCOM, including clerkship directors, attending physicians, residents, and other medical students by:

- educating members of MCOM about student mistreatment;
- prohibiting medical student mistreatment by anyone associated with MCOM;
- encouraging the early identification of medical student mistreatment as a preventative measure;
- identifying individuals to whom medical students can report mistreatment;
- requiring those who receive complaints regarding student mistreatment to report the complaint to the appropriate administrator;
- providing a confidential system for reporting mistreatment;
- assuring confidentiality to the fullest extent possible;
- assuring that all reports of mistreatment will be thoroughly and promptly addressed;
- providing an avenue for corrective action.

Reports of mistreatment will preferably be addressed within an informal framework when appropriate, but formal procedures are available for use when necessary.

MCOM is committed to preventing mistreatment of medical students through education of the MCOM community. The policy and related procedures will be disseminated among MCOM on an annual basis. Additionally, MCOM will periodically use varying methods (e.g., email, workshops, orientations) to inform medical students, faculty, and staff about medical student mistreatment and the MCOM policy on addressing mistreatment.

Professionalism Guidelines and Procedures

Professionalism is grounded in the fundamental values of honesty, integrity and fairness and is an essential part of the practice of medicine. Students are expected to display and will be examined by these exemplary behaviors. Students are expected to uphold their responsibility to their profession, and to appreciate that behaviors outside of the classroom and clinical learning environments can impact their progression through the program.

In addition to behavioral standards related to the medical profession, students are expected to uphold the principles of honor set forth by the University of South Florida in The Commitment to Honor code.

Attitudes or behaviors inconsistent with compassionate care; refusal by, or inability of, the student to participate constructively in learning or patient care; derogatory attitudes or inappropriate behaviors directed at patients, peers, faculty or staff; misuse of written or electronic patient records; or other unprofessional conduct can be grounds for dismissal and will be reviewed by the APRC.

Title IX Guideline:

Title IX provides federal protections for discrimination based on sex, which includes discrimination based on pregnancy, sexual harassment, and interpersonal violence. In an effort to provide support and equal access, USF has designated all faculty (TA, Adjunct, etc.) as Responsible Employees, who are required to report any disclosures of sexual harassment, sexual violence, relationship violence or stalking. The Title IX Office makes every effort, when safe to do so, to reach out and provide resources and accommodations, and to discuss possible options for resolution. Anyone wishing to make a Title IX report or seeking accommodations may do so online, in person, via phone, or email to the Title IX Office. For information about Title IX or for a full list of resources please visit: https://www.usf.edu/title-ix/gethelp/resources.aspx. If you are unsure what to do, please contact Victim Advocacy – a confidential resource that can review all your options – at 813-974-5756 or va@admin.usf.edu

Diversity, Equity, and Inclusion Statement:

The vision of the Morsani College of Medicine (MCOM) Student Diversity and Enrichment programs is to encourage and promote an environment that welcomes and embraces diversity in the student body. We diligently ensure that all students feel supported and accepted in order to optimize their educational experience. USF MCOM defines diversity not solely limited to race and ethnicity, but also encompass talents, life skills and special attributes.

Should you need further assistance or more information about our many USF Health Morsani College of Medicine's diversity-driven events, outreach, and support programs, please contact the Office of Student Diversity and Enrichment at (813) 396-9944 or visit the OSDE contact page directly. More information about USF Health and its commitment to diversity **can be found here**.

For any disputes in which a student has allegedly violated USF policies or rules, please contact **The Office of the Student Ombudsman**, at (813) 974-0835 or **Student Conduct and Ethical Development**, ALN 109, (813) 974-9443 for assistance.

Evaluation Compliance Guideline

Student feedback is an essential component for continuous quality improvement of our teaching faculty and curriculum development. Morsani College of Medicine (MCOM) has implemented the following guidelines for all students currently enrolled:

1. Students will be required to complete a minimum of 80% of the evaluations assigned to them
2. All evaluations should be completed within 25 days upon receipt
3. Students may suspend evaluations only given the following circumstances:
   a. The evaluation was assigned in error
   b. The student did not spend enough time with an educator to properly evaluate them
4. At most students will be permitted to suspend up to 20% of their evaluations. Once a student exceeds a 20% suspension rate their evaluations will be reviewed on a case by case basis
5. Comments provided on evaluations should be constructive, respectful, and made in a professional manner

Please note that levels of anonymity are strictly enforced and fail safes are put into place to ensure a student cannot be identified from their evaluation.

Student evaluation completion compliance rates will be monitored on a quarterly basis and any student found to be out of compliance at the time will be required to attend a mandatory one hour session to complete any pending evaluations. Students will receive a notice via email that they are required to attend the mandatory session to complete their evaluations. Failure to complete evaluations and/or attend the mandatory sessions may result in the following disciplinary actions:

1. A written notice from the Associate Dean of Undergraduate Medical Education
2. A mandatory meeting with the Associate Dean of Undergraduate Medical Education
3. Appearance before the Academic Performance Review Committee (APRC)

*Above is a summary of the USF Student Evaluation Guideline. Please review MCOM's Student Handbook for the full text of this guideline.

Sessions Recording Guideline

In this class, software will be used to record live class lectures and discussions. As a student in this class, your participation in live class discussions will be recorded. These recordings will be made available only to students enrolled in the class, to assist those who cannot attend the live session or to serve as a resource for those who would like to review content that was presented. Recording may be used in subsequent semester for instructional purposes in necessary. Participation in the sessions is considered consent for recording. In courses in which video of students might be captured due to online software being used, students who prefer to participate via audio only will be allowed to disable their video camera so only audio will be captured. A student's use of video during the session is considered consent for the video to be recorded and used as previously described.

This option to disable video will not apply to video proctored exams. Please discuss recording options with your instructor. Students may use the recordings as a resource to review content. Copying or distributing the video recordings by students is prohibited and considered a professionalism violation.

Student Accessibility and Accommodation

University of South Florida Morsani College of Medicine (MCOM) is committed to providing equitable access to learning opportunities to students with documented disabilities (e.g., mental health, attentional, learning, chronic health, sensory, or physical).

To ensure access to this class, and program, please contact Student Accessibility Services to engage in a confidential conversation about the process for requesting reasonable accommodations in the classroom and clinical settings.

Accommodations are not provided retroactively. Students are encouraged to register with Student Accessibility Services as soon as they begin their program. The University of South Florida Morsani College of Medicine encourages students to access all resources available through Student Accessibility Services for consistent support and access to their programs. More information can be found online at Student Accessibility Services.

LINK TO UNIVERSITY REGULATIONS AND POLICIES

http://regulationspolicies.usf.edu/policies-and-procedures/pdfs/guideline-11-008.pdf