I. INTRODUCTION

The Geriatrics Clerkship is a required 4-week rotation for third year medical students, designed to prepare you for delivery of medical care in the geriatrics setting. It is sponsored by the Department of Family and Community Medicine, with support from the Department of Internal Medicine.

You will spend 50-60% of your clinical time in the outpatient office of a practicing geriatrician, internist or family physician who specializes in seeing geriatric patients, where you will participate as a member of the healthcare team. These clinical experiences are augmented by web-based modules on geriatric topics, seminars on common and important geriatric medical topics, case based discussions, standardized patients, and workshops.

The schedule, pace, and approach of this clerkship are necessarily somewhat different from other clerkships, even other ambulatory clerkships. In order to introduce you to multi-disciplinary approaches to care, that are essential to the successful care of the older adult and the frail aged, you will visit a variety of agencies including nursing homes, hospice, and community support agencies.

Your clerkship experiences should facilitate your understanding of the increasing geriatric population and help you develop useful skills, no matter what your ultimate specialty becomes. Emphasis for this course is upon the Geriatric syndromes and psychosocial issues as they are unique to older adult medicine (Fig 1)
Evaluation is based on assessment of clinical performance, seminar participation, assignments and a departmental written exam. (Section V)

II. GERIATRICS CLERKSHIP GOAL AND OBJECTIVES

**GOAL:** The goal of the Geriatrics Clerkship is to prepare students for the special care required by older adults, including the frail elderly.

**OBJECTIVES:** Upon completion of this course, students should be able to:

(Patient Care)

- Perform a focused history and physical exam in geriatric patients, including continuity of care, urgent care, and preventive care visits.

- Generate a differential diagnosis and initial diagnostic strategy for the most common problems that present in a geriatric care setting.

- Assess functional status, including independent living potential in older adults, incorporating common, standardized assessment instruments.

- Formulate problem lists in functional, psychological, social, as well as clinical terms.

- Assess factors influencing patient adherence with therapeutic regimens, including patient needs for education, preventive counseling, and home therapies.

- Develop a preventive health plan based on the USPSTF recommendations for male and female adult patients.

- Perform common technical skills and procedures under direct supervision.

(Medical Knowledge)

- Demonstrate understanding of basic medical pathophysiology and principles of health and disease (epidemiology, etiology, diagnosis, management, prognosis, prevention) for the problems commonly encountered in geriatric care.

- Describe the underlying physiological changes of “normal aging” in the various organ systems, including diminished homeostatic capacity and other changes that directly relate to assessment and treatment of older adults (geriatrics).
✓ Describe the normal psychological, social, and environmental changes of aging, including reaction to common stressors and life changes that affect older adult health care (geriatrics).

✓ Approach clinical decision-making in an evidence-based, cost-conscious manner.

   (Professionalism)

✓ Consistently show respect for the patient’s dignity and rights, including confidentiality.

✓ Consistently display honesty and ethical behavior.

✓ Consistently demonstrate dependability by being punctual and reliable.

✓ Accept and provide constructive feedback to/from preceptors, staff, patients, peers, and course directors.

✓ Recognize own limitations and seek opportunities to grow.

   (Interpersonal and Communication Skills)

✓ Demonstrate proper communication skills during an office and long term care patient encounter (opening, engage, empathy, educate, enlist, closing).

✓ Counsel patients regarding behavior change and chronic disease management.

✓ Communicate effectively, using an interpreter when necessary, with geriatric patients of a different culture or language.

✓ Actively develop rapport with ethnically and culturally diverse patients by demonstrating an interest and respect in their cultural heritage.

✓ Present patient findings accurately to a supervising physician.

✓ Document patient findings in legible SOAP format.

   (Systems-Based Practice)

✓ Discuss the effectiveness of approaches physicians can use to promote health and health maintenance through screening, preventive care, rehabilitation services, nutrition, long term care settings, hospice, and community agencies. This will include use of non-physician providers and community resources.
✓ Describe the social context of medical care for older adults, including health care payment mechanisms, alternate living arrangements (e.g., assisted living, nursing home settings, home healthcare), and community resources available to all patients and to various specific groups.

✓ Use appropriate screening tools and protocols for health maintenance of older adults.

✓ Make positive contributions to patient care by working collaboratively with members of a multidisciplinary healthcare team.

   (Practice-Based Learning and Improvement)

✓ Develop an answerable clinical question from a patient encounter.

✓ Access sources of information at the point of care, and interpret and use this data in real time.

The Geriatrics Clerkship on the Kansas City and Wichita campuses share objectives, themes, topics, skills, and "core" elements. However, different resources are available on the two campuses, so specific individual curriculum components may vary between campuses.

III. METHODS OF ASSESSMENT, VERIFICATION AND CERTIFICATION OF ATTITUDES, SKILLS, COMPETENCIES AND KNOWLEDGE OBJECTIVES

Faculty supervising students will verify that students achieve and demonstrate satisfactory acquisition of professional attitudes, skills and knowledge base by all of the following evaluation tools:

A. Formatted write-up: students are required to record patient encounters in the form of the Problem Oriented Medical Record, i.e., SOAP notes.
B. Oral presentation: students present patient data and assigned research topics that are heard and critiqued by faculty.
C. Written examination: There is a written departmental exam over Geriatrics material at the end of the 4-week clerkship.
D. Observed performance: faculty directly observe and critique students interviewing, examining and interacting with patients and other health care team members. Faculty also observes the student’s Standardized Patient Encounters and gives feedback about doctor/patient interactions and case discussion.
E. Review and answer the objectives of all topics covered in didactics.
IV. FORMAT OF THE CLERKSHIP

A) Clinics

The four-week Geriatrics Clerkship represents an integrated clinical experience in geriatrics. Students are assigned clinics at KUSM-W Medicine Clinics and in private offices with volunteer faculty preceptors in Internal Medicine and Family and Community Medicine, who have a primary interest in care of the geriatric patient. All students will periodically visit nursing homes with assigned preceptors. There are no weekend or evening calls or required inpatient hospital duties. Therefore there is a greater expectation for self-study and web module participation.

B) Patient Logs

We are required by the agency that licenses and reviews medical colleges to maintain a record of the types of patients our students are seeing, including their ages, gender and diagnosis. This is web based and accessed at: http://www.kumc.edu.

Please select “Quick Find” and choose JayLog from the list. Log each patient with whom you have contact. Don't forget to click to “save record”. Also please note that most geriatric patients are going to have multiple diagnoses. You will be able to view your student report, and edit it if needed. This information allows us to adjust clinical experiences based upon the specific types of patients that you are seeing. Please note: JayLog access is only available until end of the clerkship. You cannot wait and log your patients the weekend after you have completed the rotation.

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<tr>
<td>Inpatient subsequent follow-up</td>
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<tr>
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<tr>
<td>Outpt/LTC subsequent encounter</td>
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<table>
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<tr>
<td>Completed under supervision</td>
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1. **Nursing Home Visit/Dementia Rounds** - Each student will have two sessions during the 4-week clerkship with faculty (Dr. Ewy or Dr. Walling) in an assigned nursing home or assisted living facility. One session will concentrate on the assessment and management of patients with Dementia.

2. **Community Agency Visit** - Students will work with health care agencies that are available throughout Wichita. Each student will make a home visit with a representative of a community agency (one-half day of the clerkship), submit a write-up, and participate in a case-based overview session. (See Appendix A for details)

3. **Patient Case Presentation**— Each student will choose one patient that he/she has encountered during the clerkship to present to peers and faculty members. The presentation should demonstrate an appropriate patient assessment (including any indicated specific screening and assessment tools for elderly patients), problem list and plan for management including personal and family issues for each patient. The case should incorporate understanding of geriatric pathologic processes but the focus must remain on clinical problem solving. Professional presentation skills including time management and use of audio-visual aids are part of the evaluation. (See Appendix B for details)

4. **Hospice Visit** - Each student will have two Hospice visits—one with Dr. Brungardt, Medical Director of Harry Hynes Memorial Hospice, Wichita, to learn the role of hospice services, and assist with a Hospice Nurse Case Manager to make home visits.

5. **Standardized Patient** – During the Geriatrics clerkships you will see a total of 2 standardized patients. You will be asked to do an appropriate focused assessment (history, physical exam) and negotiate management for each patient. You should treat the patient as if you are their physician for the day and make appropriate decisions. Do not act as if you are reporting to a preceptor. (See Appendix C for details)

6. **Mid-Term Evaluation Form** – Each student is to have their preceptor complete and sign the Mid-Term form (by the 3rd Monday of the rotation) and submit the form to Erica Ortiz in the Department of Family and Community Medicine.

7. **“Essential Clinical Skills” Card**—Each Student will have clinical faculty sign off on 10 essential Clinical skills (Orange Card) that they have either observed the students completing, or can certify that the student understands. Grades cannot be finished until completed and signed cards are turned in to Erica Ortiz.

**C) Didactic/Seminar Series:**

Didactic sessions are held as stated in your clerkship calendar. See Appendix D for topics. Reading assignments or web modules are recommended prior to the seminars. It is your responsibility to be prepared for the seminars. Seminars are designed to enhance and expand on the reading/web material rather than repeating it.
D) RECOMMENDED RESOURCES:
Although no reading assignments are required from textbook: A Practical Guide to Palliative Care, Old & Swagerty, this is available for checkout as an additional resource.

E) SELF LEARNING WEB MODULES AND READING ASSIGNMENTS
A number of geriatric topics not formally discussed in the seminars will be assigned as web modules or reading assignments. These provide basic information that will be expanded upon in the workshops, Hospice, dementia rounds, long term care rounds, and seminars. A number of the final exam questions are derived from the Landon Center site. Assignments are listed in Appendix E.

V. EVALUATION OF THE STUDENT
A single overall grade is assigned for the 4-week clerkship in Geriatrics. The breakdown of grades is noted below:

Clinical Evaluation 50%
   Preceptor Clinic 40%
   Nursing Home and Dementia Rounds 10%

Final Exam 30%
Patient Case Presentation 10%

Required Assignments: 10%
   Quizzes Recommended
   Clinical Skills Assessment (SP) Required
   Community Agency Patient Case Discussion and Written Report Required
   Hospice Required
   10 Essential Geriatrics Clinical Skills Card Required
   Satisfactory PDA Patient Logs* Required

Total: 100%
*“Satisfactory” = timely log, reporting of problems

A) Rating Scale
90% - Above Superior
80% - 89.9% High Satisfactory
70% - 79.9% Satisfactory
Below 70% Unsatisfactory
B) Faculty Clinical Evaluation

Each student will be evaluated by the assigned primary attending faculty at each clinic site.

C) Departmental Written Examinations

There will be a 50-question, 90 minute departmental exam. The format of questions on the test includes one best answer. It is a board type of examination—answers are not based upon “memorizing” facts, but upon being able to apply information with clinical judgment in coming up with the one best answer. All material needed to pass the exam is presented somewhere in the clerkship; and Landon Center on Aging website.

VI. STUDENT FEEDBACK

The faculty solicits your candid evaluation of the clerkship. Your personal assessment with constructive comments and suggestions for improvements are welcome and necessary to continually improve the quality of the clerkship. Comments are kept confidential.

VII. REQUIREMENTS FOR PASSING THE COURSE:

1. Satisfactory clinical performance evaluation from all supervising faculty.
2. Overall points accumulation of ≥ 70%.
3. A minimum of 60% on the written final exam is required. Failure to do so will result in re-taking the failed exam. Students will have until the end of the next 8-week period to make up the failed exam. The first failure will result in the student’s receiving at most a “Satisfactory” grade. The second failure will result in the student’s retaking the clerkship.
4. Attendance is required at all the following compulsory clerkship activities, unless absence is excused by special permission of the Department and the Associate Dean of Academic Affairs. Failure to do so will result in “incomplete” grade.
   • Community Agency Home Visit
   • Hospice
   • Standardized Patient Encounters
   • Didactic/workshop and discussion sessions
   • Nursing Home Visit, Dementia Rounds

To remove the “incomplete grade” will require completion of required activities.
VIII. STUDENTS WITH DISABILITIES

It is the policy of KUMC to accommodate students with disabilities, pursuant to federal and state law. Any student with a disability who needs an accommodation, for example in arrangements for exams, note taking, or access to events should contact, Cyn L Ukoko @ cukoko@kumc.edu, in the Academic Accommodations Services Office (1020C Student Center), 913-945-7035, as soon as possible to better ensure that such accommodations can be implemented in a timely fashion. Online appointments may also be made at https://medconsult.kumc.edu. For online information about academic accommodations, please go to www.kumc.edu/accommodations.
APPENDIX A

Community Agency Report and Presentation

Visiting the Agency: You will have few experiences in your future medical training to learn about community agencies, social work, and case management so make the most of this opportunity. Call ahead to confirm your visit. Review the documents available on JayDocs that describe what your agency does. Feel free to ask questions and be involved as much as possible. Not only will you learn more, but you will also encourage the employees of the agency in their own work. Taking notes on your visit will help you remember. Pick up a pamphlet or printed material on your agency; it can be very helpful.

Write-Up Instructions: Complete a write-up on the agency that you visit. It is fairly informal and nothing to stress over, but do be prepared and watch grammar and spelling. Have a brief write-up (1-2 pages) of your experience and the patients you saw. You do not need to report what the agency does; instead, focus on your experience with that agency.

Review Session: At the review session you should be prepared to share with the group details about how patients use the service you visited, who is able to use it, what costs are involved for the patients/families, and how it functions in the medical care of patients. Prepare your group presentation on how to manage the assigned case (Mrs C or Mr G- in Jaydocs, under Community Agency topic, which will be assigned at the orientation meeting). This requires the group developing a problem list, assessment, and plan. Discuss how the community agencies could contribute to his/her care. The plan must be a cohesive, logical and practical plan integrating the different agencies – not just a recitation of what services are available from your agency. You will present the case to Dr. Manlove and discuss your plan as a group. Do not prepare a PowerPoint presentation; instead, be prepared to use the whiteboard to portray your problem list, assessment, and plan. Further details on JayDocs.
APPENDIX B
Patient Case Presentation

Select a patient who captured your interest during the clerkship to present to other members of the clerkship and faculty. The purpose of the case presentation is to demonstrate your understanding, assessment, and management of a geriatrics patient. Your case presentation should tell of the patient’s social situation, functional capacity/assessment (including ADL’s and IADL’s), co-morbidities, medications, and support systems. If applicable, any assessment tools used should be mentioned (depression tools, mental status evaluations, physical assessments, etc.) in your presentation.

Typically your presentation should be in PowerPoint or similar format. In some cases handouts may be helpful, but certainly not required. Your presentation should last about 15 minutes, followed by a brief period of questions and discussion. The presentation should be focused on the patient, not on the disease. Many times patients with common chronic diseases (depression, dementia, diabetes, heart disease, COPD, etc.) work very well for the purposes of case presentation. If you have questions about patient selection, feel free to ask a faculty member. Your preceptor may also be helpful in selecting the patient you present. In your presentation, please communicate why you selected this patient and what you learned from the case. As shown in the faculty evaluation form, professional presentation skills are included in the scoring rubric:

### Evaluation: Student Patient Presentation

<table>
<thead>
<tr>
<th></th>
<th>Student</th>
<th>Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Assessment</td>
<td>Superior</td>
<td>High Satisfactory</td>
</tr>
<tr>
<td>Diagnostic Strategy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Prioritization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporation of Pathophysiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentation Skills</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Overall Evaluation:**
Grade ___  Score___  (SU/45-50, HS/40-44, SAT/35-39, LS/30-34, US/<30)
**Comments:** To assist clerkship director in completing final evaluations and feedback to students, please provide:

1. Any indicated clarifications of evaluation/grade given
2. Formative comments for incorporation into feedback to student

**Scoring Guide:**

<table>
<thead>
<tr>
<th></th>
<th><strong>Superior</strong></th>
<th><strong>High Satisfactory</strong></th>
<th><strong>Satisfactory</strong>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>(generally at subintern level)</td>
<td>(appropriate for MS3)</td>
<td>(below expected MS3 level)</td>
<td></td>
</tr>
<tr>
<td><strong>Patient Assessment</strong></td>
<td>Appropriate data (H&amp;P+ other sources) Prioritizes significant items Includes living situation support, functional status</td>
<td>Appropriate but 1-2 elements missing or underdeveloped</td>
<td>Missing key data or lacking recognition &amp; prioritization of key issues</td>
</tr>
<tr>
<td><strong>Diagnostic Strategy</strong></td>
<td>Logical, cost-effective. Uses guidelines, evidence-based Includes geriatric screens</td>
<td>Generally appropriate but could be refined</td>
<td>Non-specific, excessive or inadequate</td>
</tr>
<tr>
<td><strong>Problem Prioritization</strong></td>
<td>Logical differential diagnosis Identifies and prioritizes problems for patient &amp; others</td>
<td>Generally appropriate but could be refined</td>
<td>Missing important considerations +/- poor prioritization +/- consideration of caretakers/family</td>
</tr>
<tr>
<td><strong>Management Plan</strong></td>
<td>Logical, incorporates issues of pt/family/caretakers &amp; finances. Uses guidelines/evidence Includes options/prognosis with/out intervention Includes social support</td>
<td>Generally appropriate but could be refined</td>
<td>Missing important considerations +/- poor prioritization +/- consideration of caretakers/family Not evidence-based</td>
</tr>
<tr>
<td><strong>Incorporation of Pathophysiology</strong></td>
<td>Adjusts for aging in diagnostic data &amp; plan. Explains disease processes</td>
<td>Generally appropriate but could be refined</td>
<td>Limited evidence of elderly pathophysiology +/- excessive focus on disease process</td>
</tr>
<tr>
<td><strong>Professionalism</strong></td>
<td>Therapeutic alliance Empathy, objectivity Appropriate use of terminology</td>
<td>Generally appropriate but could be refined</td>
<td>Concerns about professional attitudes +/- behaviors**</td>
</tr>
<tr>
<td><strong>Presentation Skills</strong></td>
<td>Concise, focused Educational Appropriate audiovisuals Clear, engaging professional style Peer could take over care</td>
<td>Generally appropriate but could be refined</td>
<td>Poorly prepared +/- Problems in organization, time management, communicating</td>
</tr>
</tbody>
</table>

*Requires providing feedback to student on issue(s)
** Requires discussion with clerkship director
APPENDIX C

Standardized Patient

The details of the patient's vital signs, key information and your tasks for each patient are provided in a chart, along with a pad for notes, outside the exam rooms. You must read the instructions carefully. In some of the cases you are given more information than others, and the focus of the case may be primarily communication or patient education. Some cases do not require physical exam. Please focus on the task required as stated.

You will have 15 minutes to complete your interaction with the patient. Everything you need for the session, except a stethoscope, is in the room (including any screening questionnaires and patient education materials). A 5-minute warning will be broadcast into the room indicating that you have 5 minutes to complete the session.

At the end of each interaction, you will have 10 minutes to complete either a write up answering questions specific to that scenario or a post encounter (PEN) note similar to a SOAP note (you will be told which is required).

You are to examine and interact with each patient exactly as you would with a real patient if you were the only doctor available (with no preceptor to whom you report). We believe that the simulations are authentic and the situations realistic. As you examine these patients, please remember that you should do what you feel is indicated in order to evaluate a patient with this problem. It will be up to you to decide what needs to be examined. With respect to possible abnormalities on physical examination, what you see is what you get. Abnormal findings may well be simulated. Please do not do sensitive exams including pelvic exams, male genital exam, female breast and rectal exams. However, if you feel that this is indicated in the evaluation of this patient, make it clear to the patient that you would like to do this exam, i.e., "Mr. Smith, I need to do a rectal exam," and the patient will provide you with a card with the results. The patient should be adequately undressed, but you will need to drape them appropriately. Females will be wearing a bra which will be treated as "skin."

At the conclusion of the session, the small group of students participating will meet with the faculty members who have been monitoring the scenarios to discuss your findings. During this session the group will “deconstruct” the case and consider techniques of patient interviewing and assessment. You may receive feedback and coaching from a faculty member in private but no individual will be criticized during the group session. You will receive feedback to help improve your skills in several ways:

- checklists from the standardized patients recording how much of the core content of the scenario they perceived that you covered
- checklists from the standardized patients about your communication skills
- “learning prescriptions” written feedback from the faculty members watching the cases
- PEN feedback – detailed feedback on your post encounter notes

Perhaps the most meaningful feedback is your personal review of your performances. You are required to log into the system and review your videos after each performance. This private self-assessment is probably the single most powerful way to improve your ability to effectively communicate with and relate to patients, your ability to gather historical information, perform appropriate physical examination, and to formulate differential diagnoses and management plans.

**Note:** Standardized patient videos and the associated checklists and PENs are a required component of the Student Reflective Portfolio. Be alert for cases that help you illustrate your developing mastery of the graduation competencies, especially in communication, and arrange to store these in your portfolio.

Finally, be on time and keep on schedule in the SP sessions as we have to coordinate with the clinic and a lot of equipment, students, staff, and the patients. We hope you enjoy the experience of seeing yourself as a physician and working toward enhancing your skills.
## APPENDIX D
### Didactic Topics

#### Seminars

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<th>Duration</th>
<th>Instructor</th>
<th>Email</th>
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<tr>
<td>Introduction to Geriatrics (Camtasia View)</td>
<td>1.0 Hr</td>
<td>Dr Brungardt</td>
<td><a href="mailto:gbrungardt@kumc.edu">gbrungardt@kumc.edu</a></td>
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<tr>
<td>Functional Assessment of the Geriatric Patient</td>
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<td>Dr Brungardt</td>
<td><a href="mailto:gbrungardt@kumc.edu">gbrungardt@kumc.edu</a></td>
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<td>Medications in the Elderly (Medication Debridement)</td>
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<td>Dr Brungardt</td>
<td><a href="mailto:gbrungardt@kumc.edu">gbrungardt@kumc.edu</a></td>
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<tr>
<td>Rehabilitation in the Elderly (Camtasia View) &amp; Durable Medical Equip.</td>
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<td>Dr Brungardt</td>
<td><a href="mailto:gbrungardt@kumc.edu">gbrungardt@kumc.edu</a></td>
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<td>Dermatology in the Elderly</td>
<td>1.5 Hr</td>
<td>Dr Dorsch</td>
<td><a href="mailto:jdorsch@kumc.edu">jdorsch@kumc.edu</a></td>
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<tr>
<td>Hospice &amp; Palliative Care</td>
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#### Workshops

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<td>Community Agencies Orientation and Review</td>
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<td>Dr Manlove Anita Nance</td>
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<tr>
<td>Course Review—“Take Home Points”</td>
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<td>Dr Dorsch</td>
<td><a href="mailto:jdorsch@kumc.edu">jdorsch@kumc.edu</a></td>
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<td>Clinical Patient Case Presentations by Students</td>
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APPENDIX E

Required and Self Learning Topics

Web Modules
jaydocs
https://jaydocs.kumc.edu/

KUMC Landon Center website: (complete readings on all 22 topics)

Self-Learning Topics with quizzes:
Delirium – Landon Center reading & quiz
Demography – complete Landon Center reading & quiz
Health Services – Landon Center reading & quiz
Malnutrition/Nutrition – Landon Center readings & quiz
Urinary Incontinence - Landon Center and quiz

• Study all topics on Landon Center website (exam questions apply):

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<td>Palliative Care</td>
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<td>Medical Ethics</td>
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Teaching Faculty

Spurlock, Joseph, M.D.
Morgan, Dan, M.D.
Knouf, Ruth

Harry Hynes Memorial Hospice
313 South Market
Wichita, KS 67202-3805
(316) 265-9441

Dorsch, John, M.D.
Kellerman, Rick, M.D.
Scripter, Cassie, M.D.

KU School of Medicine-Wichita
Department of Family & Community Medicine
1010 North Kansas
Wichita, KS 67214
(316) 293-2607
(316) 293-2696 (fax)

Fearey, Alan, M.D.
Ramesh, Geetha, M.D.

818 N Carriage Parkway
Wichita, KS 67208
(316) 651-2252
(316) 293-2622

Flippo, Sherri

Senior Services
200 South Walnut
Wichita, KS 67213
(316) 267-0122

Hampl, Jason, M.D.

307 W Highway 54
Andover, KS 67002
(316) 218-0008

Hild, James, D.O.

1515 S. Clifton
Suite 300
Wichita, KS 67218
(316) 682-6551

Hills, Marsha
Jones, Breana

Alzheimer’s Association
1820 E Douglas
Wichita, KS 67214
(316) 267-7300
Jackson, Jennifer, M.D.          KU Topeka Clinic
                              1125 N Topeka
                              Wichita, KS  67214
                              (316) 293-1818

Kroeker, E. Jeanne, M.D.          4815 E. Central
                                      Wichita, KS  67208
                                      (316) 686-4750

Liu, Lei, M.D.                  3311 E Murdock
                                Wichita, KS 67208
                                (316) 689-9335

Loewen, Justin
Bernardo, James

Nance, Anita

Mucciaccio, Kristie

Parman, Craig, M.D.

Penner, Steven, M.D.

Reals, Thomas, M.D.
Sharma, Richa, M.D.

Via Christi HOPE
2622 W. Central
Wichita, KS  67203
(316) 946-5110

Department on Aging
2622 W Central, Suite 500
Wichita, KS  67203
(316) 660-5236

Via Christi Home Health
555 S Washington
Wichita, KS  67211
(316) 268-8588

7107 S Meridian
Haysville, KS  67060
(316) 858-4165

855 N Hillside
Wichita, KS  67214
(316) 685-1381

Via Christi-Murdock
3311 E Murdock
Wichita, KS 67208
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http://www.kumc.edu/school-of-medicine/osa/academic-standards/academic-and-professional-behavior.html