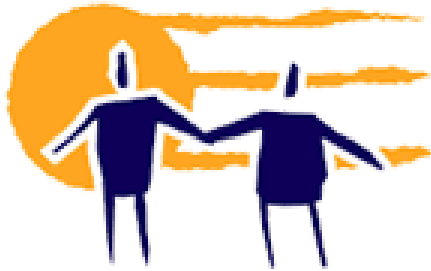

GERO900



Geriatric Medicine Clerkship Syllabus

Geriatric Medicine Clerkship Director

Daniel Swagerty, MD, MPH – Room 220 LCOA, 913-588-1940, dswagert@kumc.edu

Geriatric Medicine Clerkship Associate Director

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Welcome to GERO900

The Geriatric Medicine Clerkship is an obligatory 4-week rotation for Junior MS3 clerks, which will cover primary care geriatrics, subspecialty geriatric medicine, and gerontology.

The Geriatric Medicine clinical experiences take place in the Landon Center on Aging clinic as well as various clinical sites around the Kansas City metropolitan area. Students are required to travel to sites as assigned. Please refer to your schedule for specific location information.

Facilitated Discussion changes, clinical schedule changes, assignments and other important announcements are sent via e-mail as needed. Access your KUMC e-mail account regularly for this information. Students are responsible for all information and instructions distributed via e-mail.

Assistance & Accommodation

Learning assistance, academic performance enhancement, and psychological services at KUMC are free, confidential, and available at Student Counseling & Educational Support Service by calling 913-588-6580 or visiting G116 Student Center.

Any student in this course who needs an accommodation, because of a disability, in order to complete the course requirements should contact the instructor or the Equal Opportunity / Disability Specialist (913-588-7813, TDD 913-588-7963) as soon as possible.

Attendance & Participation

Attendance at all scheduled clinical and classroom activities is mandatory. It is your responsibility to contact your preceptor directly (in advance), as well as notify the clerkship coordinator, Angela Gosserand, of any absence. Active participation in all activities is expected and represents a portion of your total course grade.

Excused absences are granted solely at the discretion of the clerkship director. Examples of potentially excused absences may include: illness of student or dependent, accident, or death of a close family member. Students may be required to complete an additional assignment for their excused absence. While we understand that many important life events occur for students during their education (weddings, graduations, etc.) we are not able to excuse an absence from assigned learning time for these reasons.

Unexcused absence from lecture or clinic (full or partial days) will result in an immediate loss of 10 points (out of 100 possible, or 10%) from overall points earned for the four-week clerkship.

Any student missing multiple half-days from the four-week clerkship for any reason may be required to repeat the course.

Third year students are required to meet with their assigned faculty advisor once in the fall and again in the spring. Students must complete the spring meeting by June 1. It is anticipated that the meetings will last approximately one hour, and ideally occurs at a time that does not interfere with clinical responsibilities.

We realize it can be challenging for students and faculty to find time to meet, and thus, when all attempts have been exhausted to arrange a meeting outside of defined duty time, students may be excused for one hour to meet with their advisor with the permission of the clerkship director. Students are still expected to complete all duties assigned to them for that particular day.

Tardiness

Students are expected to arrive at least 15 minutes prior to your scheduled arrival time. This time will be used for reading charts and preparing to see patients. Tardiness will reflect on your final student evaluation with regard to Professionalism.

Expectations of Students

Based on the competencies of the University of Kansas School of Medicine

<http://www2.kumc.edu/mesu/Educational%20Objectives%20Chart.pdf>

PATIENT CARE

Students will achieve the knowledge, skills, attitudes and behaviors to enable them, under supervision, to demonstrate increasing clinical capabilities as they progress towards residency education.

1. Assess older adult patients with acute or chronic conditions as well as those presenting for comprehensive evaluation.
2. Propose appropriate strategies for evaluating and managing patients with geriatric syndromes.
3. Recognize, evaluate, and propose initial treatment for patients with life-threatening conditions.
4. Select, interpret, and appropriately use standardized instruments for assessing physical function, functional status, cognition and affect.
5. Describe and implement strategies to facilitate behavior change in patients and to optimize adherence with medical recommendations including medication use.
6. Discuss and participate in strategies to assess, maintain and/or improve the quality of life of older adults.
7. Appropriately use common forms of medical documentation, data storage and retrieval, including security and confidentiality aspects.
8. Obtain a comprehensive history utilizing all available information sources and conduct an efficient, comprehensive physical examination.
9. Identify patients at risk for malnutrition and list the means of assessing this risk.
10. Identify patients at risk for developing pressure ulcers and list preventive measures that can be taken.

MEDICAL KNOWLEDGE

Students will use sound scientific principles to explain normal and abnormal human function, the logical diagnosis and management of illness and promotion of health. They will use an appropriate fund of knowledge of current and evolving concepts and practices in medical care to solve clinical problems.

1. Identify 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. This will include interrelationships due to concurrent changes in multiple organ systems, as well as altered metabolism and effects of medications.
2. Report the normal psychological, social and environmental changes of aging, including reaction to common stressors and life changes such as retirement, bereavement, relocation, ill health, and altered family relationships that affect elderly health care.

3. Describe the demographic and health characteristics of the aged population.
4. Identify the characteristics of alternative housing, types of long-term care settings available, and therapeutic capabilities of each of these care settings.
5. Describe the epidemiology and general management of common diseases of aging. *(see table which follows)*

Abuse, Physical & Psychological	Gait Disorders
Anorexia and Weight Loss	Hearing Loss
Anxiety	Hospice Care
Bacteriuria	Hypertension
Bereavement	Incontinence, Urinary & Stool
Congestive Heart Failure	Malnutrition
Constipation	Osteopenia/Osteoporosis
Degenerative Joint Disease	Pain
Dehydration	Postural Hypotension
Delirium	Pressure Ulcers
Dementia	Psychological Effects of Illness
Dentition	Respiratory Infections
Depression	Skin Cancers
Diabetes	Speech & Swallowing Disorders
Dizziness	Thyroid Disease
Drug Use & Polypharmacy	Tremor/Parkinsonism
Falls	Urinary Tract Infection
Fecal Impaction	Visual Loss
Fractures	

6. Develop problem lists in clinical, functional, psychological and social terms.
7. Identify pressure ulcers, state the grade (Shea classification), and list treatment options.
8. Identify hearing impairment and list common causes.
9. Identify visual impairment and list common causes.
10. Identify patients at risk for falling, list the common causes of falls in older persons and perform the appropriate neuromuscular examination of a patient who has fallen.
11. Identify constipation; list the signs and symptoms that can accompany it and state preventive and treatment options.
12. Identify urinary incontinence, list possible accompanying signs and symptoms and state preventive and treatment options.
13. Identify postural hypotension; list the common causes and state treatment options.

PRACTICE-BASED LEARNING AND IMPROVEMENT

In their studies and clinical experiences students will demonstrate critical and analytic thinking, awareness of the limitations of their knowledge and skills, and commitment to continuous learning and improvement.

1. Demonstrate the integration of evidence-based medicine and similar strategies into solving clinical problems and counseling patients.
2. Use information technology to support clinical practice and personal education.
3. Outline strategies to continuously update personal clinical knowledge and skills.

INTERPERSONAL AND COMMUNICATION SKILLS

Students will be able to communicate effectively and appropriately both verbally and in writing with patients, family members of patients, colleagues, other health professionals, and relevant others.

1. Communicate effectively with patients and families, including situations involving sensitive, technically complex, or distressing information.
2. Demonstrate adaptation of communication style to the individual needs of patients and urgencies of situations.
3. Conduct a culturally-competent clinical encounter, including the use of interpreters.
4. Provide a concise, accurate, verbal summary of a patient situation to a faculty member, resident, or peer, prioritizing the most significant factors for clinical decision-making.
5. Create and maintain appropriate records of clinical encounters using standard terminology and formats.
6. Prepare appropriate written and other communications between health professionals and organizations.

PROFESSIONALISM

Students will strive to integrate the concepts of altruism, accountability, excellence, duty, service, honor, integrity, and respect for others into all aspects of their professional lives.

1. Integrate altruism, respect, accountability, duty, honor, integrity and commitment to excellence into their clinical and educational activities.
2. Address ethical concerns in the practice of medicine, particularly the care of patients at the end of life, and in issues concerning the organization and financing of medical care.
3. Demonstrate sensitivity and responsiveness to patient individuality, including the role of culture, ethnicity, gender, age, and other aspects in health practices and decisions.
4. Accept and provide constructive feedback as part of a commitment to continuous learning and improvement.
5. Recognize and address personal limitations, attributes or behaviors that might affect their effectiveness as a physician.

SYSTEMS-BASED PRACTICE

Students will be prepared to function effectively in teams and within organizational structures. They will be aware of and responsive to community health issues and will be able to apply community and other resources to medical problems for individual patients and groups.

1. Demonstrate effective clinical participation in a health care team.
2. Appropriately adapt to participate in patient care in a variety of settings, each with different priorities, opportunities, and constraints e.g. urban/rural communities, emergency/urgent care facilities, underserved clinics and communities, long-term care facilities.
3. Describe key characteristics of the major forms of health care delivery or financing services used by older adults in Kansas, e.g. Medicaid, Medicare, PPO, HMO, FFS.
4. Include organizational, financial, and health systems issues in clinical decision-making.

Overview of the Geriatric Clerkship Experience

Clinical Experiences

It is our goal to provide students with a variety of exposure to the various care environments common to Geriatric Medicine. Clinical schedules are constructed to maximize learning within the available settings, and therefore students will likely precept at multiple locations throughout the course of the clerkship. Please refer to your personal clinical schedule for details. Specific location information including address, phone number, contact names and directions are included within this syllabus.

Clinical Skills

A Skills Fair is conducted early in the course to introduce, practice and refine principal Geriatric Medicine skills. The “10 Essential Geriatric Medicine Clinical Skills” card is an orange 3x5 card with a list of skills you are expected to know by the end of the clerkship. Throughout the four-week block, students will work toward the successful completion of all 10 Essential Geriatric Medicine Clinical Skills requirements. Students will work with preceptors to identify opportunities to practice each skill, after which the preceptor will initial and date the completion of each skill. Although there are no grade points assigned to this, completing and turning in the card is mandatory. **Students who fail to complete all 10 skills or who fail to turn in a skills card will receive an “I” for the course until this requirement has been fulfilled.**

A companion booklet entitled, “10 Essential Geriatric Medicine Clinical Skills,” is available in your Orientation packet. Please refer to this information as a reference guide for these skills.

For your convenience, a Geriatric Medicine Clinical Log Checklist has been printed on the back of your Skills Card. As this list indicates, during your Geriatric Clerkship, **please be sure to see and log at least 2 – 3 patients for each of the following 20 procedures/diagnoses:**

<p>Student Name: _____</p> <p>PRECEPTORS</p> <p><i>Initial & Date</i> 10 Essential Geriatric Medicine Clinical Skills</p> <p>_____ 1. ADL and IADL Assessment</p> <p>_____ 2. Mini-Mental State Exam (<i>MMSE</i>)</p> <p>_____ 3. Life Expectancy Estimate</p> <p>_____ 4. Geriatric Depression Scale (<i>GDS</i>)</p> <p>_____ 5. Decision-Making Capacity Assessment</p> <p>_____ 6. Mobility Status Assessment (<i>Get Up & Go, Righting Reflex, Romberg</i>)</p> <p>_____ 7. Nutritional Status Assessment</p> <p>_____ 8. Medication Review with Recommendations</p> <p>_____ 9. Pressure Ulcer Risk Assessment, Staging & Treatment Recommendations</p> <p>_____ 10. Urinary Incontinence Assessment w/ Management Recommendations</p>
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The University of Kansas - School of Medicine (KU SOM) has designated the Geriatric Clerkship as the clerkship where all medical students are expected to learn and demonstrate proficiency in these three core competencies 1) physical examination skills for Geriatric Functional Status, 2) specialized history skills of the Elderly Patient, and 3) specialized history skills of the Confused Patient. While all ten Essential Geriatrics skills areas are equally emphasized for completion of the clerkship, these three additional competencies are specifically tracked and noted for each student’s KU SOM comprehensive competency requirements on file with the School of Medicine.

Educational Content – Web Modules

Web module is the primary deliver method for delivering educational content for this course. Students will complete 8 self-study modules and 15 discussion prep modules covering core geriatric medicine topics. Modules are to be completed in full, including pre-and post-test **prior** to the corresponding discussion. All modules may be found in the course website in Angel or on the Landon Center website. **PLEASE NOTE: Students should complete all pre and post-tests in Angel so there is a record of your submissions for tracking purposes.** See instructions below:

Landon Center on Aging Website

The Geriatric Medicine Clerkship web site address is:

<http://www2.kumc.edu/coa/Education/ed-UnderMedEduc.htm>

Angel

Go to <https://clearning.kumc.edu/angel/frames.aspx>

Use your KUMC user name and password to log into Angel.

Click on **GERO 900 – Geriatrics** on the left of the screen

Go to "Lessons" across the top of the screen.

Go to either the **Syllabus** or **Geriatrics** folder

Facilitated Discussion Preparation & Self Study Web Modules

Please refer to the Thursday Schedule (copy in Angel) for dates when these topics will be discussed/quizzed.

KEY:

Discussion Prep Module	Self Study Module
Advance Directives	Infectious Disease
Alcoholism in Older Adults	Long-Term Care
Delirium	Mobility/Gait/Falls
Dementia	Nutrition in Older Adults
Demography	Osteoporosis
Depression	Palliative Care
Dermatology	Physical Diagnosis in Older Adults
Elders as Minorities - <i>optional</i>	Polypharmacy
Ethics	Urinary Incontinence
Functional Assessment	Working with Interpreters - <i>optional</i>
Health Services (Financing)	Wound Care/Pressure Ulcers
Home Care & Assessment of Community-Dwelling Elderly	

Recommended Textbooks & Resources:

We are pleased to provide ***“Geriatrics at Your Fingertips”*** by David Reuben, et al, as a pocket reference that will be useful in this clerkship, as well as in the future.

For those interested in a comprehensive resource, the following text is recommended:

Hazzard WR, ed. Principles of Geriatric Medicine and Gerontology: Sixth Edition. New York:

McGraw-Hill, Inc., 2009 (ISBN 978-0-07-148872-3), 1,634 pages, \$165.00.

This is the American standard text of Geriatric Medicine. The editor is one of the most prominent geriatricians in academic medicine and it is multi-authored. While hardcover and expensive, it is the authoritative publication in this field.

Facilitated Discussions

Selected geriatric medicine topics will be explored through case-based discussions and other interactive learning experiences. These activities are intended to illuminate the practical aspects of the stated objectives; that is, to give you clinical data as your substrate for critical analysis. Time for Facilitated Discussion preparation is provided within your schedule. **It is expected that students will have reviewed and studied all relevant web modules and/or assigned articles prior to the corresponding Facilitated Discussion.**

Due to the nature of these discussions, we ask that you ***refrain from the use of laptops during discussion sessions.*** Copies of cases to be discussed will be made available in class. Watch your e-mail for changes in class times, locations or relevant assignments.

Quizzes

At the beginning of each Facilitated Discussion day, a quiz will be administered over the content assigned as preparation for the day. Web module content is the suggested source for preparation for these quizzes. A cumulative percentage score will be calculated based on individual quiz grades; the percentage value will be applied to the total number of points available for quizzes to determine this portion of your grade.

Standardized Patient

People from the community are trained to portray patients with specific problems to help students work through delicate situations in a professional yet compassionate manner. The program creates an environment where students can improve their communication skills through interviewing, problem solving, and diagnosing health problems. Each encounter is monitored by video and taped for you to review on your own. You will have two SP sessions. Please refer to the Course Calendar for detailed dates and times. **You should plan to arrive 10 minutes prior to your scheduled time for a mandatory orientation.** The Neis Clinical Skills Lab is located in the Taylor Building past the School of Nursing.

You will see one standardized patient in each of your two sessions. Based on the instructions, you do an appropriate focused history, physical exam, and/or appropriate teaching for each patient. You will have 20 minutes to complete your interaction with the patient. After 17 minutes you will hear a knock at the door indicating that you have 2-3 minutes to finish up (do not answer the door). At the end of each interaction, you will have 10-15 minutes and may need to write a SOAP note or receive individualized feedback from a preceptor. ***Please read the instructions carefully. The focus of the case may be primarily communication or patient education. Please focus on the task required as stated.***

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, you will be rated by the standardized patient. As applicable, you may write a S.O.A.P. note and might present to an attending. You will be evaluated according to your ability to effectively communicate with and relate to patients, your ability to gather historical information, perform appropriate physical examination, and to a smaller extent, to formulate differential diagnoses, plans and management. You will be able to view a videotape of your encounters online.

To best utilize time and equipment for students, staff, and the patients, scheduling has to be tight, and your cooperation in following the schedule posted on the door will be appreciated. We hope you enjoy this experience.

Patient Logs

The School of Medicine requires that students maintain accurate logs of all patient encounters.

Instructions for entering patient encounters on your smartphone:

Interaction Date: self-explanatory.

Activity: be sure to select “KC Geriatrics” as the appropriate activity for all Geriatrics patients

Age: self-explanatory.

Gender: use “not available” when patient’s gender is unclear.

Diagnosis: you will choose either “Observed”, “Active” or “Completed Under Supervision” as your role, and then enter up to 4 diagnoses for each patient encounter. The diagnoses should closely correspond to your preceptor’s bill for the patient visit, i.e., include all problems addressed at that encounter, not just the primary one. However, do not include problems from the patient’s history unless they were addressed during that encounter. Under each category is an “other” choice for you to enter diagnoses not included on the list. We have included the most common and important diagnoses you may see but the specialty is too broad to list everything. Before entering an “other” diagnosis, consider the possibility you are looking under the wrong category.

Procedures: we have listed the common and important ones, with “other” available for procedures not listed. Be sure to include a diagnosis for each procedure. Procedure involvement: should be self-explanatory, “Observed,” “Active,” or “Completed Under Supervision.”

As part of the clerkship, we want you to see & log 2 – 3 patients per the following procedure or diagnosis.

- | | |
|--------------------------------|------------------------|
| ✓ Wound Care / Dressing Change | ✓ Chronic Ulcer |
| ✓ Malnutrition | ✓ Pressure Ulcer |
| ✓ Delirium | ✓ Arthritis |
| ✓ Dementia | ✓ Gait Ataxia |
| ✓ Depression / Mood Disorder | ✓ Malaise / Fatigue |
| ✓ Visual Loss / Blind | ✓ Failure to Thrive |
| ✓ Hearing Loss / Deaf | ✓ Weight Loss |
| ✓ Bowel Incontinence | ✓ Chronic Pain |
| ✓ Urinary Incontinence | ✓ Abuse / Mistreatment |
| ✓ Medication Review | ✓ End of Life Care |

PDA Troubleshooting Contact Information

Ann Alexander

Office: 3010 Murphy

Phone: 913-588-7206

Email: aalexander4@kumc.edu

Whitney Davison-Turley

Office: G036C Dykes Library

Phone: 913-588-7319

Email: wdavison-turley@kumc.edu

Website URL:

<https://blackboard.kumc.edu/>

Course name: MED-PDA1

KU School of Medicine Educational Objectives Web Site:

<http://www2.kumc.edu/mesu/SumComp1.html>

Student Feedback on the Course

We are eager to receive your feedback and input on this clerkship experience. To that end, two opportunities are made available to you. An electronic evaluation will be issued to all students via E*Value at the time of their clinical evaluation. Additionally, the Clerkship Director invites you to participate in a “*Chat & Chew*” feedback luncheon where you will be able to provide personal feedback as well as best practices/ideas for the further development of this learning experience. Please refer to your Course Calendar for “Chat & Chew” dates/times. Comments are kept confidential. Review questions and study recommendations for the final exam are also discussed at this time.

Evaluations

Each student will be evaluated by the at least one primary attending faculty. All evaluations are to be completed on E*Value by the primary attending faculty. **Students should discuss each evaluation with their faculty member(s) personally.** If there is concern about a particular evaluation after discussion with the faculty member, students may approach the Clerkship Director about this. In addition to receiving feedback from faculty members, students are asked to provide feedback on their attending physician(s) as well.

Final Exam

There will be one examination given covering the didactic material. The 50-question, one-hour final will be given on the last Friday afternoon of the Geriatric Medicine Clerkship. The format of questions on the test may include: one best answer, true/false, or matching. Mastery of all web content and a review of cases used in discussion is recommended in preparation for the exam. Review questions for the exam may be discussed during the Chat & Chew feedback session.

A minimum of 60% on each of the written tests is required. A score < 60% will result in re-taking the failed exam. Exam retakes must be completed no later than 3 weeks from the original exam date. **The first failure/need for retake will result in the student’s receiving at most a “Satisfactory” grade for the course.** A second failure will result in the student’s retaking the clerkship.

Grades

Final grades for GER900 are calculated as follows:

<i>Clinical Evaluation</i>	50%	= 50 points
<i>Final Exam</i>	30%	= 30 points
<i>Participation / Professionalism</i>	10%	= 10 points
<i>Quizzes</i>	10%	= 10 points
<i>Clinical Test (SP)</i>	<i>Required</i>	
<i>10 Essential Geriatrics Clinical Skills Card</i>	<i>Required</i>	
<i>Satisfactory PDA Patient Log**</i>	<i>Required</i>	
<hr/>		
<i>Total</i>	100 %	= 100 points

** "Satisfactory" = regular synching throughout the clerkship and timely reporting of problems

Overall Rating Scale

92% - 100%	Superior
82% - 91.9%	High Satisfactory
70% - 81.9%	Satisfactory
< 70%	Unsatisfactory

GERIATRICS CLINICAL LOCATIONS

Because changes can and do occur on-site at the various precepting locations, students are *STRONGLY* encouraged to contact their preceptors before reporting to a new location for the first time. Utilize the contact information below to confirm your scheduled arrival and intended place of meeting on-site.

ABERDEEN VILLAGE [*skilled and nursing home care/hospice*]

17500 West 119th St., Olathe, KS 66061

Start Time: 8:00 am & 1:00 pm on Mondays and Fridays

Faculty:

Daniel Swagerty, M.D., M.P.H.

Pager: (913) 917-3415

E-mail: dswagert@kumc.edu

Phone: (913) 449-7240

Sharee Wiggins, NP, Post-Ms(N), ARNP, BC-GNP, BC-ANP

Pager: (913) 917-2474

E-mail: swiggins@kumc.edu

Phone: (913) 588-3184

Directions: I-35 South to 119th St. then go RIGHT (West) on 119th about 6 blocks. Once you turn onto the property from 119th street at the Aberdeen/Presbyterian Manors of Mid-America sign: turn RIGHT (East) at the driveway stop sign. Follow the long curving drive all the way to the back of the facility. You can park in the lot close to the building. This is the nursing home entrance. The keypad code to enter the building is 6100*. Take the elevator to the 2nd floor. We meet in the conference room just past the elevator on your left.

KANSAS CITY PRESBYTERIAN MANOR [*skilled and nursing home care/hospice*]

7850 Freeman, Kansas City, KS 66112-2133

Phone: (913) 334-3666

Start Time: Mornings 8:30am; Afternoons 1:00pm

Faculty:

James Birch, MD

Pager: (913)917-0437

E-mail: jbirch@kumc.edu

KU Office Phone: (913) 588-5891

Agrifina Catapusan, NP, MSN, ARNP

Cell: (816) 405-9203

E-mail: mcatapusan2@kumc.edu

KU Office Phone: (913) 588-2100

Shelley Bhattacharya, DO

Pager: (913) 917-4416

E-mail: sbhattacharya@kumc.edu

KU Office Phone: (913) 588-0056

Directions: North on Rainbow Blvd. to I-70 West to 78th Street exit. Go north (right) on 78th street to Freeman (approximately 1 mile). Turn west (left) on Freeman and park in parking lot on east side of the building. Come in main entrance and ask receptionist to direct you to **LouDon Lounge at 8:30am.**

KINGSWOOD [skilled and nursing home care/hospice]

10000 Wornall Road, Kansas City, MO 64114

(816) 942-0994

*Start Time: 8:00am and 1:00pm – Please call Jessica Powell on the first day you arrive.***Daniel Swagerty, MD**

Pager: (913) 917-3415

Email: dswagert@kumc.edu**Jessica Powell, APRN, ANP-BC**

Phone: (913) 485-3341

Email: jpowell@kumc.edu***Directions:** From KU: Head South on State Line Road to 95th Street/Bannister Road, turn Left and continue for about half a mile to Wornall Road, turn Right and continue about half a mile to destination on the right.****Parking:** For Kingswood Rehab/NF: do not park in the main entrance that faces Wornall. Drive to the South side of the Kingswood campus and turn West onto 100th Terrace. (The street dead-ends or turns right onto Jefferson.) Turn onto Jefferson and continue to the last parking lot (northernmost). Enter the building at the first door on the NorthWest side: covered patio area with ramped sidewalk.***KUMC – GERIATRIC CLINIC - INTERNAL MEDICINE** [outpatient senior clinics]

3901 Rainbow Blvd., Kansas City, KS 66160

Start Times: 9:00am (Wednesdays), 8:00am (Fridays), and 1:00pm for afternoons

Faculty:

Deon Hayley, DO

Pager: (913) 917-4173

Email: dhayley@kumc.edu**Jessica Kalender-Rich, MD**

Pager: (913) 917-1618

Email: jkalender@kumc.edu*Directions: 4th floor of the new medical office building, Internal Medicine, Pod B***KUMC – GERIATRIC CLINIC - LANDON CENTER ON AGING** [senior care clinic]

3599 Rainbow Blvd., Kansas City, KS 66160

(913) 588-1204

Start Time: 8:00am and 1:00pm – it is recommended that you arrive 15 minutes early.

Faculty:

Shelley Bhattacharya, DO

Pager: (913) 917-4416

Email: sbhattacharya@kumc.edu**James Birch, MD**

Pager: (913) 917-0437

Email: jbirch@kumc.edu**Tahira Zufer, MD**

Pager: (913) 917-3688

Email: tzufer@kumc.edu*Directions: The Landon Center on Aging is located north of the KUMC campus on 36th and Rainbow Blvd. Do not park in front of the building but use parking lot on 36th street or behind the Fire Station. The geriatrics clinic is in the back of the building on ground level.******Please refer to the Landon Center on Aging Clinic Orientation Guide in your course orientation packet for more information on this site.*****

KUMC - OSTEOPOROSIS & DIABETES CLINICS

Clinic: (913)588-3901 – Students assigned to Wednesday mornings should report in the morning for Grand Rounds in Sudler (third floor). **Start Time: 8:00 am & 1:00 pm sharp!**

Faculty:

Rajib Bhattacharya, MD

Pager: (913) 917-4965 Email: rbhattacharya@kumc.edu

Directions: – Location is in the new medical office building. The Endocrine clinic is on the fifth floor, when you get off the elevators, go left and go all the way down to the end of the hall.

KUMC – PALLIATIVE CARE [Inpatient PC Service]

3901 Rainbow Blvd., Kansas City, KS 66160, 4th floor of main hospital
Unit 42. Back hallway, **Start Time: 9:20 am and 1:00 pm**

Wednesdays only: Report at 9:00 am 5th Floor ENT conference room (Room 5003 KUH)

Faculty:

Deon Hayley, DO

Pager: (913) 917-4173 Email: dhayley@kumc.edu

Jessica Kalender-Rich, MD

Pager: (913) 917-1618 Email: jkalender@kumc.edu

TALL GRASS CREEK [independent living]

13800 Metcalf Avenue, Overland Park, KS 66223
(913) 945-2079

Start Time: 8:15 am

Contact Person: Lauren Myers

Office: (913) 945-2080

Faculty: **Austin Welsh, MD**

Office: (913) 945-2079

Directions: Take I-35 South to US-69. Exit onto 135th Street; turn right onto Metcalf Avenue.

KANSAS CITY VETERANS ADMINISTRATION

4801 East Linwood Blvd., Kansas City, MO 64128-2226

Maps of the VA are available at www.kansascity.va.gov under Facilities Information, Find a Dept or Clinic

Contact your assigned Preceptor in advance for instructions if you have any questions.

In order to gain access to electronic records at the KCVA, students are required to complete Computer Access Training and sign the Rules of Behavior document. To gain access or resolve issues, contact Stephanie Rodriguez, VA Hospital - Medical Sub-Specialty Care, 816-861-4700 X56723, or by e-mail: stephanie.rodriguez2@va.gov.

Rehabilitation Clinic

Afternoons: 1:00 – 4:00 p.m.

Dr. George Varghese

Office: (816) 861-4700 ext. 2740

The Rehabilitation clinic is in the short northern building. After entering the building, turn right at the desk (as if heading into the main hospital) and proceed to the three blue elevators.

Dr. Varghese's clinic on Tues & Wed afternoons is located at the 11th Floor EMG Lab.

Wound Care Clinic

Start Time: Mornings 7:30 a.m. – 12:00 p.m.

Afternoons: 1:00 – 4:00 p.m.

Location: Gold Clinic

Dr. Michael Wilkins

Cell: (816) 589-1785

Please note the early start time!

Dysphagia Clinic

The Radiology suite is located on the 2nd floor

Meet in Radiology at 12:30 pm

Dr. Patricia Kerringan

Office: (816) 922-2150

Geriatric Consults

Start Time: 1:00 – 4:00 p.m.

Dr. Ahmad Batrash

Office: (816)922-2475

Pager: (816) 234-5764

Location: 2nd Floor of Main Building,

Meet in the Pathology Lab Conference Room

When you get off the elevators, go right

immediately, then at the intersection, go

right again and go all the way to end of hall.

Directions: Take I-35 North to I-70 East to the Van Brunt exit. Turn right at the bottom of the ramp, right at the first stoplight, and then proceed straight through the next stoplight, following the hospital signs. The VA will be on your left. When you come up the driveway, follow the road to the right to the parking area.

Hospice Experience

KANSAS CITY HOSPICE [in-home patient visits]

Check your Clerkship Schedule to determine what date you will be doing your Hospice rotation. You will be assigned to one of the locations below (MO locations will be distributed on orientation day) and you are expected to **arrive no later than 9:00 am (Tuesdays and Fridays):**

Please note: If you are assigned to a Monday (Late start) day, it is best to call that morning and ask what time would be best to report. Monday morning hospice visits are delayed due to team meetings every Monday morning.

MO Locations – Contact Person: Joan Baker, (816) 276-2702

9221 Ward Parkway, Suite 100, Kansas City, MO 64114, (816) 363-2600

14500 East 42nd Street, Suite 240, Independence, MO 64055, (816) 468-5700

KS Locations – Contact Person: Katrina Byram, (913) 894-8228

10100 W. 87th Street, Suite 100, Overland Park, KS 66212

If you have any questions, you could also call Kelli Traylor at (816) 276-2749 for both KS and MO assignments. Students will accompany medical professionals on weekly hospice home visits during these scheduled times.

KENDALLWOOD HOSPICE

2908 NW Vivion Rd.

Riverside, MO 54150

Office Phone: (816)587-1000

Start Time: 8:15am

Directions: Take Rainbow north which turns into 7th street expressway. Take ramp onto I-35 N and go 3.5 miles to Exit #2Y (I-70 E), continue on W 6th St (US-169 N) and turn left on Broadway Blvd. Follow US-169 for 3.5 miles until you get to Riverside/Parkville exit onto MO-9 N, then take ramp toward Riverside (US-69 N) and continue until Vivion Road, turn left on Vivion Road and arrive at destination (on the right).

Faculty: Daniel Swagerty, MD
 Pager: (913) 917-3415
 Email: dswagert@kumc.edu

NOTE: Students are classified as volunteers for the day they are assigned to Kendallwood Hospice. Brief paperwork will be completed on orientation day, and a copy of your driver's license will be needed for every student that will be assigned to this location during the clerkship. If you have any questions about the paperwork, please contact Kathy Evans, the Volunteer Coordinator. Business Cell - (816) 935-3876 or kathye@kendallwoodhospice.org.

HOSPICE HOUSE [*inpatient hospice care*]

12000 Wornall Rd., Kansas City, MO 64145
(913) 941-1000 *Start Time: 8:30 am*

Contact Person: Cathy Peterson Office – (816) 941-1033

Faculty:

Ann Allegre, MD and others as Dr. Allegre assigns

Pager: (816) 818-0126

Email: aallegre@kchospice.org

Directions: south on I-35, east on I-435; take Wornall exit and go right, heading south on Wornall – about 2 to 2 ½ miles.

HOSPICE CARE OF KANSAS [*in-home patient visits*]

15329 West 95th Street, Lenexa, KS 66219

Contact Person: Teresa Blystone Office – (913) 599-1125

Email: Teresa.Blystone@hospicecareofkansas.com

Students should plan to report at 9:00 am on the date assigned. If Teresa is not available, student can ask for Pam Mueller, RN for assistance.

Directions: Drive south on I-35, take 95th Street exit (corner of Lackman and 95th St.)