CONCLUSIONS

We obtained feedback from students with a short 5-question end-of-session questionnaire.

Clerkship directors used a standardized rubric to assess the observed clinical performance of students.

Each SP encounter consisted of a 15-minute encounter (for focused history and/or physical exam and/or counseling), followed by a 10-minute written assignment, modeled after USMLE Step 2CS.

SPs used a standardized checklist to assess students’ history, physical exam, geriatrics competency skills, and communication and interpersonal skills. (60% points)

Clerkship directors used a standardized rubric to assess the write-ups for specific history and exam elements, for clinical reasoning and initial plan of care. (40% points)

We obtained feedback from students with a short 5-question end-of-session questionnaire.

BACKGROUND

- The Ambulatory Care - Geriatrics (ACG) clerkship is a mandatory 6-week third year medical student clerkship, sponsored by the departments of Internal Medicine and Geriatrics and Palliative Medicine.
- The NBME Family Medicine examination serves as an assessment of knowledge. Close review of the NBME exam reveals that geriatrics content is 10-15%, even though the estimated prevalence of geriatric patients in clinical settings and the geriatrics didactic content in the clerkship is >30%.
- While clerkship students are required to complete at least one observed history and physical exam during the course of the clerkship, the limited faculty time to observe one-on-one and lack of standardization makes it less useful in summative evaluation.
- The AAMC has published 26 minimum geriatrics competencies for medical students.
- We created two standardized patient (SP) encounters as a summative assessment of ACG clerkship students’ competency in history-taking, functional assessment, clinical reasoning and communication skills with geriatric patients.

METHODS

- We utilized the Portal of Geriatrics Online Education (POGOe) and the AAMC competencies as resources for this project.
- With inter-departmental commitment and support, we created two geriatric SP encounters for use as end-of-clerkship assessments.
- Each SP encounter consisted of a 15-minute encounter (for focused history and/or physical exam and/or counseling), followed by a 10-minute written assignment, modeled after USMLE Step 2CS.
- SPs used a standardized checklist to assess students’ history, physical exam, geriatrics competency skills, and communication and interpersonal skills. (60% points)
- Clerkship directors used a standardized rubric to assess the write-ups for specific history and exam elements, for clinical reasoning and initial plan of care. (40% points)
- We obtained feedback from students with a short 5-question end-of-session questionnaire.

RESULTS

- 68 students have participated in the SP encounters thus far in the current academic year.
- Students’ self-assessment of skills: Majority of students felt adequately skilled in their ability to obtain a focused history, perform a functional assessment, do a medication reconciliation and in their communication skills, than in their ability to create a management plan of care.

AAMC Medical Student Competencies in Geriatrics

<table>
<thead>
<tr>
<th>8 Categories (26 competencies)</th>
<th>Health Care Planning and Promotion</th>
<th>Medication Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive and Behavioral Disorders</td>
<td>Atypical Presentation of Disease</td>
<td>(#1-3)</td>
</tr>
<tr>
<td>Self-Care Capacity</td>
<td>Palliative Care</td>
<td>(#4-6)</td>
</tr>
<tr>
<td>Falls, Balance and Gait Disorders</td>
<td>Hospital Care for Elders</td>
<td>(#9-11)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(#12-13)</td>
</tr>
</tbody>
</table>

Student Feedback

Helpful Aspects

- Being able to practice a timed visit.
- Good practice for Step 2 CS.
- Getting the opportunity to evaluate some bread-and-butter geriatrics issues.
- Forced to think of initial management steps for various presentations.
- Studying for this exam felt much more practical than studying for the Shelf.

Areas for Improvement

- The timing was far too short for this exercise, particularly the time given to write the note.
- Seeing an example of an interaction and a write-up.
- Practice session with the imposed time limits.
- Providing the correct Dx and Tx afterwards.
- Immediate feedback from the SPs.

CONCLUSIONS

- Medical students’ high self-assessed skill in evaluating an older adult in an ambulatory setting, especially in performing a functional assessment and medication reconciliation, does not corroborate with the assessment by standardized patients.
- Observed clinical performance in a SP encounter is a feasible method to evaluate medical students’ achievement of the minimum geriatric competencies.
- Objective and qualitative data from these SP encounters can inform future didactic and experiential teaching in medical school curricula.

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