



# Observed Clinical Performance Assessment with the Use of Standardized Patient Encounters

Ravi Ramaswamy, MD<sup>1</sup>

Harish Jasti, MD<sup>2</sup>

Rainier P. Soriano, MD<sup>1</sup>

<sup>1</sup>Brookdale Department of Geriatrics and Palliative Medicine, and <sup>2</sup>Department of Medicine, Icahn School of Medicine at Mount Sinai, New York, NY

## BACKGROUND

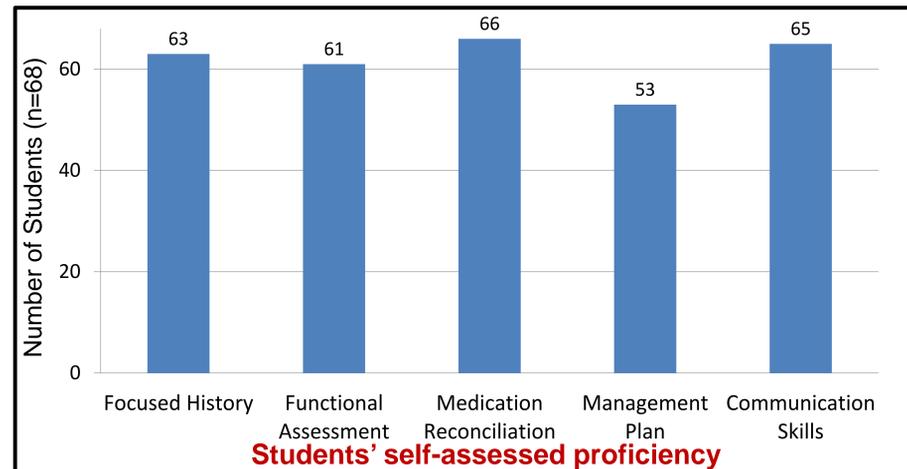
- The Ambulatory Care - Geriatrics (ACG) clerkship is a mandatory 6-week third year medical student clerkship, sponsored by the departments of Internal Medicine and Geriatrics and Palliative Medicine.
- The NBME Family Medicine examination serves as the assessment of knowledge. Close review of the NBME 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

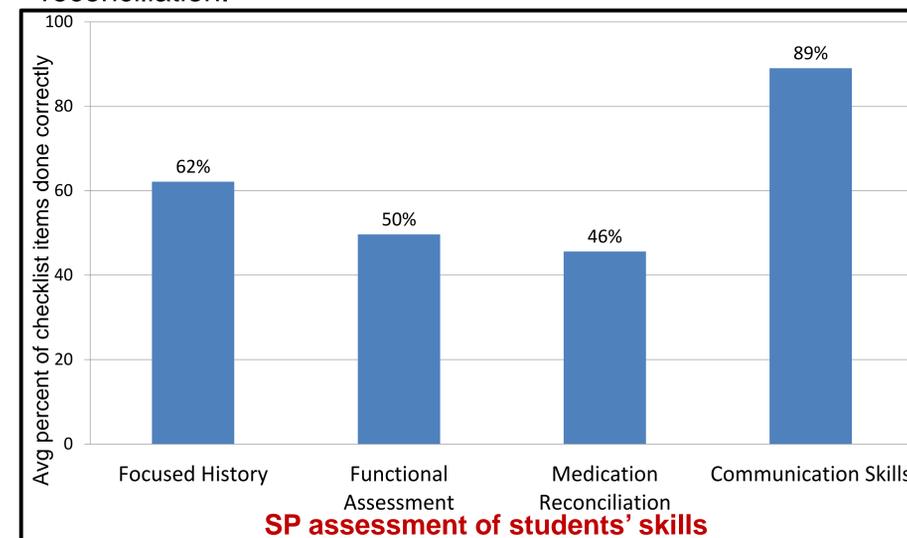
- We utilized the Portal of Geriatrics Online Education (POGOe) and the AAMC competencies as resources for this project.
- With inter-departmental commitment and support, we created two geriatric SP encounters for use as end-of-clerkship assessments.
- Each SP encounter consisted of a 15-minute encounter (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.



- SP assessment of students' skills: On an average, students performed very well in their communication and interpersonal skills, fairly well in their focused history-taking, but relatively poorly in their functional assessment and medication reconciliation.



## AAMC Medical Student Competencies in Geriatrics

8 Categories (26 competencies)

Medication Management (#1-3)	Health Care Planning and Promotion (#14-16)
Cognitive and Behavioral Disorders (#4-8)	Atypical Presentation of Disease (#17-18)
Self-Care Capacity (#9-11)	Palliative Care (#19-21)
Falls, Balance and Gait Disorders (#12-13)	Hospital Care for Elders (#22-26)

## Student Feedback

Helpful Aspects	Areas for Improvement
<ul style="list-style-type: none"> <li>▪ Being able to practice a timed visit.</li> <li>▪ Good practice for Step 2 CS.</li> <li>▪ Getting the opportunity to evaluate some bread-and-butter geriatrics issues.</li> <li>▪ Forced to think of initial management steps for various presentations.</li> <li>▪ Studying for this exam felt much more practical than studying for the Shelf.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The timing was far too short for this exercise, particularly the time given to write the note.</li> <li>▪ Seeing an example of an interaction and a write-up.</li> <li>▪ Practice session with the imposed time limits.</li> <li>▪ Providing the correct Dx and Tx afterwards.</li> <li>▪ Immediate feedback from the SPs</li> </ul>

## 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.

## Acknowledgments

- Rosanne M. Leipzig, MD, PhD, for her mentorship and input.
- Robert Fallar, PhD, for his assistance in data collection and analysis.
- Luis Argueta, Katelyn Peterfy and staff of the Morchand Center for Clinical Competence, for coordination and logistical support.