

Introduction

The population of older adults >65 years of age will continue to rise in the 21st Century. Physicians are expected to be knowledgeable in geriatric care but mandatory curriculum in geriatrics is not consistent across medical schools curriculum.

The goal of the UNTHSC TCOM Core Geriatric Clerkship is to provide a foundation for competent and compassionate care of older patients. This includes attitudes, knowledge, and skills required for the care of older adults. Education occurs in various clinical settings and didactic activities.

This poster illustrates an assessment that crosswalks the EPA, IPE, and ACGME/AACOM Core Competencies with the Clerkship Goals and Learning Objectives in a 4th Year Geriatric Clerkship.

Background

The geriatric clerkship serves to provide supervised, high quality opportunities for fourth year medical students to apply and transfer declarative medical knowledge and basic clinical skills into procedural clinical competence. Students also function as members of an interprofessional health care team.

The clerkship exposes students to a variety of experiences that include ambulatory practices, nursing facilities, assisted living centers, home and hospital visits, and hospice. In addition to these clinical settings, knowledge is gained through self-study, case reviews, clinical case discussions, and various didactic sessions. At the clinical sites, students examine their own attitudes toward aging, disability and death. Goals for the rotation include developing compassion for patients and caregivers, and understanding the significance of quality of life and functional status of an individual patient rather than focusing on disease.

Methods

A comprehensive review of the clerkship was divided into two matrices. The first matrix contained the curriculum content areas and assessments crosswalked with the EPAs, IPE and ACGME/AACOM Core Competencies. The second matrix consisted of the clerkship goals and learning objectives and assessments crosswalked with EPAs, IPE and ACGME/AACOM Core Competencies.

Results

AAMC CORE ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS) FOR ENTERING RESIDENCY	Curriculum Content Area								Assessments				
	Harris Palliative Care	Geri PPT	GAPP Clinic	L T C	Hospice/Palliative Care	Sr. Help	Death and Dying Didactic	Pre-Competency Assessment	Death and Dying Didactic	Final Exam	New Innovations	Post-Competency Assessment	
1. Gather a history and perform a physical examination		X	X	X	X			X					
2. Prioritize a differential diagnosis following a clinical diagnosis	X		X	X	X						X		
3. Recommend and interpret common diagnostic and screening tests.	X	X	X	X	X						X		
4. Enter and discuss orders and prescriptions	X		X	X	X					X			
5. Document a clinical encounter in the patient record.	X		X	X	X						X	X	
6. Provide an oral presentation of a clinical encounter.	X		X	X	X						X		
7. Form clinical questions and retrieve evidence to advance patient care	X		X	X	X						X		
8. Give or receive a patient handover to transition care responsibility.	X		X	X	X								
9. Collaborate as a member of an interprofessional team.	X			X	X						X		
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management.	X			X	X			X		X	X	X	
11. Obtain informed consent for tests and/or procedures					X					X	X		
12. Perform general procedures of a physician													
13. Identify system failures and contribute to a culture of safety and improvement								X			X	X	
INTERPROFESSIONAL EDUCATION COURSE COMPETENCIES (IPEC)													
1. Competency Domain 1: Values/Ethics for Interprofessional Service	X	X						X			X	X	
2. Competency Domain 2: Roles/Responsibilities	X			X	X	X	X			X	X		
3. Competency Domain 3: Interprofessional Communications	X	X	X			X	X	X			X	X	
4. Competency Domain 4: Teams/Teamwork	X		X			X					X		
ACGME/AACOM OSTEOPATHIC CORE COMPETENCIES													
1. Osteopathic Principles								X			X	X	
2. Medical Knowledge					X			X			X	X	
3. Patient Care					X								
4. Interprofessional and Communication Skills	X					X	X	X	X		X	X	
5. Professionalism	X					X	X	X	X		X	X	
6. Practice-Based Learning and Improvement		X						X		X		X	
7. System Based Practice		X						X			X	X	
8. Health Promotion/Disease Prevention		X				X					X		

Clerkship Goals and Learning Objectives	EPA	IPE	AACOM/ACGME	Pre-Competency Assessment	Didactic: Death and Dying	Final Exam	New Innovations	Post Competency Assessment	Rotation Evaluation
Professionalism and a caring attitude in working with older adults and frail elderly.	9	1,2,3	3, 4, 5	X	X		x	x	x
Medication reviews and appropriateness in considering creatinine clearance, medication interactions and side effects.	1,3,4		2, 3 6	X			x	x	x
Geriatric syndromes: dementia, polypharmacy, incontinence, dementia versus delirium, depression, iatrogenic problems, Foley catheter use, falls, osteoporosis, sensory deficits including hearing loss, immobility, visual and gait impairment, failure to thrive, pressure ulcers, osteoarthritis, and functional.	6	3	2, 3 6	x		X	x	x	x
Demonstrate and utilize osteopathic principles and practice for geriatric patients .	5,12		1, 3 6	X			x	x	x
Identify and recommend community resources for older adults. (Senior Help)	7,8,9	3	2, 3, 4 5, 7	X		X	x	x	x
Identify when it is appropriate to refer for counseling and neuropsychological testing.		4	2, 3, 4 5, 6, 7	X		X	x	x	x
Identify when end of life care is appropriate; when to utilize feeding tubes, make referrals, and propose pain management and hospice.	1,2,3, 4,5,6 9	2,3	2, 3, 4 5, 6, 7	X	X	X	x	x	x
Identify and explain the continuum of care that includes nursing homes, assisted living, skilled nursing units and home care.	8	3	2, 3 6, 7	X		X	x	x	x
Describe the characteristic, historic, physical, and bio-psychosocial features commonly seen in geriatric syndromes.	1,2,3 4,5,6 7,8, 9,10	2,3,4	2, 3 6, 7	X		X		x	x

Findings

The review revealed that the clerkship successfully met many of the EPA, IPE, and ACGME/AACOM Core Competencies. Upon completion of the assessment a SWOT analysis was conducted and the findings resulted in a total of eighteen outcomes that could direct future improvements.

The 18 outcomes were classified into three categories: 1) Strengthening the clerkship curriculum and improving communication with students (n=9); 2) A focus on improving clerkship faculty training and development (n=5); and, 3) Students time on task and schedule management (n=4).

Conclusion

Instituting a mandatory fourth year geriatric core clerkship provided supervised, high quality experiences and improved student attitudes, knowledge and skills in geriatric care. In addition the clerkship curriculum is meeting many of the competencies for geriatric education. This crosswalk provided insight into which of the EPA, IPE and ACGME/AACOM Competencies were being met.

This assessment provided opportunity for a thorough review of the clerkship and revealed areas for improvement. Limitations to this study were developing a methodology, time to complete the task, and how to use the results for CQI due to conflicting program and college priorities.

References

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- The Core Entrustable Professional Activities for Entering Residency Drafting Panel. *Core Entrustable Professional Activities for Entering Residency: Curriculum Developers' Guide*. Association of American Medical Colleges; 2014.