The following slides contain a template that illustrates the general format used for a Y3 or Y4 clerkship review. In the “notes” section of some slides there are further instructions to clarify what is needed for a particular section of the review.

The components of the review are:
1. revisit prior action plan and investigate progress
2. assess course objectives including essential skills / diagnoses
3. evaluate planned/unplanned redundancy
4. assess pedagogy
5. evaluate assessment of course objectives
6. review measures of quality (e.g. course evaluations)
The Deans of the appropriate year, or their agents, will serve as the team leader for each course review. The responsibilities of the team leader are:

1. Assign tasks to the faculty and student team members and convey deadlines for when the work needs to be done.
2. Recruit members for the review team if necessary (typically team members will be assigned by the MEC).
3. Contact the clerkship director to arrange a meeting with the team to discuss the clerkship; inform the clerkship director of the date the review will be presented at the MEC meeting so they can put it on their calendar/indicate availability.
4. Collect all the work completed by the team members and collate into one PowerPoint presentation; collect the action plan from the clerkship director and insert it at the end of the slides; send the slides to Rachel 2 weeks before the MEC meeting.
5. Present the final recommendations of the subcommittee at the MEC meeting (last few slides)
Review of Year 4 GAM Clerkship

- Clerkship occurs in Year 4
- Clerkship Directors
  - Roshini Pinto-Powel and Gina Fernandez
- Clerkship Coordinator
  - Holly Harrison
- Clerkship Length – 4 weeks, 9 cycles
- Sites used
  - Multiple throughout NH and VT
- Clerkship was last reviewed in Aug 2014
- Review Date/Team: 5/9/16: Dr. Dick, Dr. Kieffer, Lynn Symons MS4 (MEC), Alison Ricker
Action Plan from Prior Review

- Address student concerns regarding how to study for your non-NBME exam- Done
- Clarify Grading rubric given that 40% of grade given by clerkship directors but breakdown not clearly delineated in course material - Done
- Essential Skills/Conditions
  - Change CHF to “Compensated CHF”
  - Move Medication adjustment from Condition to Skill
  - Remove chronic pain as already covered in FM
  - Add ADL to IADL survey for essential skill
  - These didn’t appear to get changed in OASIS after the last review
- Objectives
  - Drop or incorporate “Contribute constructive feedback during peer review.”
  - Modify objective 20 to state “Apply the concepts of improving quality of care, patient safety, and value of care in the ambulatory setting.”
  - Modify objective 23 to state “Identify the role of the physician in addressing the medical consequences of common public policy and public health factors...”
  - This didn’t appear to get changed in OASIS after the last review
## Course Objectives

<table>
<thead>
<tr>
<th>Learning Objective</th>
<th>Assessment</th>
<th>Learning Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Apply evidence based knowledge to diagnosis and treatment questions in ambulatory and geriatric patient care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Apply current clinical and translational sciences to diagnosis and treatment question in ambulatory and geriatric patient care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Apply current knowledge of disease prevention, risk factor modification, end-of-life care and quality improvement to clinical problems in ambulatory and geriatric patient care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Apply knowledge about the impact of social, economic, cultural and personal factors on health to clinical problems in ambulatory and geriatric patient care.</td>
<td></td>
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</tr>
<tr>
<td>5 Establish comfortable and mutually respectful student-patient and student-family relationships with a diverse population and to establish the basis for a future doctor-patient relationship.</td>
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<tr>
<td>6 Interview patients skillfully, utilizing either a comprehensive or a focused history relative to the presenting issues in ambulatory care.</td>
<td></td>
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</tr>
<tr>
<td>7 Examine ambulatory patients skillfully and respectfully and relative to any potential sensory or cognitive deficits especially in the geriatric population.</td>
<td></td>
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</tr>
</tbody>
</table>
## Course Objectives

<table>
<thead>
<tr>
<th>Learning Objective</th>
<th>Assessment</th>
<th>Learning Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Identify and prioritize acute and/or chronic problems in ambulatory care with</td>
<td></td>
<td></td>
</tr>
<tr>
<td>accuracy, using appropriate differential diagnoses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Correctly identify abnormalities on routine laboratory work and radiographs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>commonly utilized in ambulatory care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate effectively with patients and families when special barriers to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>communication exist, including culture, language, education and geriatric sensory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and cognitive deficits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Assist patients and their families in understanding their treatment options and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prognosis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate, by way of patient presentations to preceptors, patient encounter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>notes, phone calls and/or emails, effectively and respectfully with physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>preceptors and other members of the health care team.</td>
<td></td>
<td></td>
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<tr>
<td>Behave respectfully and responsibly towards patients, families, colleagues and</td>
<td></td>
<td></td>
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<tr>
<td>other members of the health care team while acknowledging individual concerns,</td>
<td></td>
<td></td>
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<tr>
<td>opinions and cultural perspectives.</td>
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<tr>
<td>14 Meet professional responsibilities completely.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Objectives</td>
<td>Assessments</td>
<td>Learning Activities</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>15 Adhere to high ethical and moral standards, accept responsibility for personal actions, accept constructive feedback, and respect patient confidentiality.</td>
<td></td>
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</tr>
<tr>
<td>16 Take responsibility for continued medical education and to identify and critique evidence based literature that guides ambulatory care practices.</td>
<td></td>
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<tr>
<td>17 Describe barriers to access to basic health services and its effect on vulnerable populations.</td>
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</tr>
<tr>
<td>18 Contribute constructive feedback during peer review.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Identify and critically evaluate relevant information about evidence based, cost conscious strategies in the care of patients in the ambulatory setting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course objectives</td>
<td>Assessments</td>
<td>Learning Activities</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Assess the effect of social environment on clinical care and outcomes and to apply the concepts of improving quality of care, patient safety and the value of care in the ambulatory setting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify appropriate resources to support patient care and to collaborate effectively with all members of the health care team in the ambulatory setting.</td>
<td></td>
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</tr>
<tr>
<td>Describe how healthcare is currently organized, financed and delivered and the larger environment in which health care occurs and the impact on ambulatory patient care.</td>
<td></td>
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</tr>
<tr>
<td>Identify the role of the physician in addressing the medical consequences of common <strong>social</strong> and public health factors and to advocate for optimal care in ambulatory settings.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Course Objectives – Comments

• Appropriate number, understandable
• Covers over-arching Geisel competencies
• Updates for Ilios required
Format of Course & Session Objectives

- Course objectives are not provided in the syllabus
- Course objectives are written in the correct format
- Session objectives are mostly provided in the course materials and are provided in Ilios
- Session objectives are mostly written in the correct format
  - Need verb changes to focus on what skill the learning obtains rather than what information is being delivered
    - Example “Introduce a simple 5 step model for delivering high value care”
How do Y1/2 courses prepare for Y3

- Questions asked at end of clerkship
  - 1= poor and 5= excellent
Results: Overall

[Bar chart showing overall results for different categories: FM, MED, OB, PEDS, PSYCH, SURG, GAM, NEURO. The chart compares three age groups: 13-14, 14-15, and 15-16.]
Results: Communication
Results: PE
Results: Medical Knowledge

<table>
<thead>
<tr>
<th>Specialty</th>
<th>13-14</th>
<th>14-15</th>
<th>15-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>FM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYCH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SURG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GAM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEURO</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Issues of Redundancy

• Are there major issues of redundancy with other courses?
  – Some overlap with Family Medicine in terms of population seen, essential conditions.
  – Some students have commented on FM and GAM seeming very similar in terms of the clinical exposure.
  – Given what is still a relatively inpatient heavy clinical curriculum, subcommittee felt that repetition was acceptable.
  – CDs encouraged to further clarify to students at start of clerkship acknowledgment of this fact.
# Essential Skills

<table>
<thead>
<tr>
<th>Essential Skills</th>
<th>Required</th>
<th>Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Exam</td>
<td>Yes (MEDI)</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Back Exam</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Cardiac Exam</td>
<td>Yes (MEDI)</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Counseling: Disease issues</td>
<td>Yes (MEDI)</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Counseling: Exercise</td>
<td>Yes (CFM)</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Counseling: Medications</td>
<td>Yes (MEDI)</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Counseling: Screening Tests</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Counseling: Smoking cessation</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Counseling: Weight Change</td>
<td>Yes (CFM)</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Dermatology Exam</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Foot Exam</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>HPI relevant to clerkship</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>IADL survey <em>(ADL)</em></td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Oral presentation, ambulatory</td>
<td>Yes (CFM)</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Pulmonary Exam</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Social History</td>
<td>Yes (MEDI)</td>
<td>Perform with Supervision</td>
</tr>
</tbody>
</table>

- Are these appropriate for this clerkship? Yes
- Would you add or subtract any? Possible adds - Counseling: advance directives, immunizations; Exam: knee and shoulder; Other – cardiovascular risk assessment, fall risk assessment, substance use screening/risk assessment/counseling; consider “health related habits” in addition to/separate from social history. Are team-based interpersonal skills and professional behaviors included as skills?
- Are there major issues of redundancy with other clerkships? No
## Essential Problems

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes/No</th>
<th>Specialty</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>yes</td>
<td>(MEDI)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Arrhythmia</td>
<td>yes</td>
<td>(MEDI)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Balance Problems</td>
<td></td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>yes</td>
<td>(MEDI)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>CHF (Compensated)</td>
<td></td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>yes</td>
<td>(CFM)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Dementia</td>
<td>yes</td>
<td>(NEURO)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>DM Type II</td>
<td>yes</td>
<td>(CFM)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Frailty</td>
<td></td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>yes</td>
<td>(CFM)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Hypertension</td>
<td>yes</td>
<td>(CFM)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Ischemic Heart Disease</td>
<td></td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Joint Pain</td>
<td>yes</td>
<td>(CFM)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Medication Adjustment</td>
<td></td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Obesity</td>
<td>yes</td>
<td>(CFM)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>GERD</td>
<td></td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>yes</td>
<td>(MEDI)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Skin Lesion or Rash</td>
<td>yes</td>
<td>(CFM)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Urinary Incontinence/frequency</td>
<td></td>
<td></td>
<td>Manage with Assistance</td>
</tr>
</tbody>
</table>

- Are these appropriate for this clerkship? Yes
- Would you add or subtract any? Perhaps Arrhythmia should be more specifically atrial fibrillation; possibly add: diarrhea and/or constipation (especially the latter in context of geriatrics); acute infections – UTI, pharyngitis/URI; somatization; depression; (low) back pain
- Are there major issues of redundancy with other clerkships? No (though I’m surprised that more of these don’t overlap with MEDI)
Exploration of Ethics and Cultural Competencies

- FOSS (From the other side of the Stethoscope)
  - Ethical issues sometimes arise but these are organic discussions and cannot be ensured

- High Value Care Session and Medicare/Medicaid sessions
  - Discuss resource allocation
Course Learning Opportunities

- Clinical experiences
  - 4 weeks at outpt clinic
- Conferences
  - Elder FOSS (reflect on elder pt encounter / elder mentors reflect on their experiences)
- Assignments
  - Case Presentation
  - Powerpoint presentation (from GAM core list) OR Journal Club Article
  - Discharge Summary Critique
- OASIS clinical logs
  - 2 pt encounters per half day clinic
Course Learning Opportunities

• Small Group
  – QI session at orientation
  – Journal club 101
  – Medicare/Medicaid 101
  – High Value Cost Conscience Care
Assessment

• Mid clerkship feedback – self assess, review skills/conditions
• Student performance evaluation form (Filled out by preceptors)
• Skills form

• Grading
  – Preceptor Eval – 60% of Grade
  – CD eval – 40% of Grade
    • Case presentation 10% (Breakdown Given)
    • PP/JC 10% (Breakdown Given)
    • Professionalism 10%
    • Exam 10% (50 questions) - Come from Core topics list
Measures of Quality – Step II CK

*values depicted are SD above the US/Can mean for Geisel mean scores
# Measures of Quality – Course Evaluation

<table>
<thead>
<tr>
<th>Clerkships</th>
<th>Overall Satisfaction AY 2014-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDS</td>
<td>4.5</td>
</tr>
<tr>
<td>MED</td>
<td>4.5</td>
</tr>
<tr>
<td>CFM</td>
<td>4.5</td>
</tr>
<tr>
<td>PSYCH</td>
<td>4.3</td>
</tr>
<tr>
<td>SURG</td>
<td>4.2</td>
</tr>
<tr>
<td>GAM</td>
<td>4.2</td>
</tr>
<tr>
<td>OBGYN</td>
<td>4.2</td>
</tr>
<tr>
<td>NEURO</td>
<td>4.0</td>
</tr>
</tbody>
</table>

* scale [1=poor; 2=fair; 3=good; 4=very good; 5=excellent]
# Measures of Quality – Course Evaluation

*scale [1=poor; 2=fair; 3=good; 4=very good; 5=excellent]*

<table>
<thead>
<tr>
<th>Measures</th>
<th>2014-15</th>
<th>2015-16*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Experience</td>
<td>4.18</td>
<td>4.13</td>
</tr>
<tr>
<td>Objectives well defined and clearly presented</td>
<td>4.47</td>
<td>4.6</td>
</tr>
<tr>
<td>Ability for Y1 and 2 to prepare me for this clerkship</td>
<td>4</td>
<td>4.19</td>
</tr>
<tr>
<td>Expectations well defined and clear</td>
<td>4.46</td>
<td>4.6</td>
</tr>
<tr>
<td>Volume adequate for learning</td>
<td>4.36</td>
<td>4.35</td>
</tr>
<tr>
<td>Variety of dx adequate for learning</td>
<td>4.07</td>
<td>4.13</td>
</tr>
<tr>
<td>Quality of teaching by attendings</td>
<td>4.23</td>
<td>4.36</td>
</tr>
<tr>
<td>Site Directors responsive to concerns</td>
<td>4.64</td>
<td>4.7</td>
</tr>
<tr>
<td>Methods used to eval student performance made clear</td>
<td>4.3</td>
<td>4.49</td>
</tr>
<tr>
<td>Quality of mid-clerkship feedback</td>
<td>4</td>
<td>4.03</td>
</tr>
</tbody>
</table>
Measures of Quality – Student Comments

Strengths:

• Many students found the didactics sessions useful
  – “Useful didactics that were particularly relevant to practicing medicine in the real world”
  – “Of all the clerkships I've done so far, I enjoyed the format of this clerkship's didactic sessions the best. They were fun, interesting, and varied--and I learned a lot from my classmates.”
  – “The didactic sessions were engaging and covered useful topics such as medicare/medicaid, introduction to billing, student presentations.”

• Minimal busywork/reasonable workload
  – “I also appreciated that a lot of the "busy work" that clutters some of the other clerkships was not present on this clerkship”
  – “Reasonable work-load in terms of clinic days & clerkship assignments.”
  – “I liked not having too many additional clerkship assignments (i.e. writeups, reports, etc) other than the 2 presentations. Felt like it allowed me to concentrate more on the clinical experience aspect and get more out of it rather than having to worry.”

• Many students appreciated have more autonomy
  – “Independence in the outpatient area of medicine - treated more like an intern than I have been in all my Y3 clerkships”
Measures of Quality – Student Comments

Strengths:

- **Many students felt it was a useful/relevant culminating experience**
  - “Great exposure to ambulatory medicine in the 4th year, now that we are more able to manage patients independently. In a way, it feels like 'coming full circle' and taking all we have learned thus far and applying it holistically."
  - “Revisiting outpatient clinical medicine after a third year and sub-I completely focused on inpatient medicine was refreshing and reminded me of the challenge of creating an assessment and plan within a finite period of time."

- **The majority of students enjoyed Elder FOSS**
  - “I learned a lot about high-value care and geriatric-specific issues like aging in a community, performing IADLs and care-takers. I also liked that this session was in the middle of the rotation because I used what I learned for my last two weeks in clinic.”
  - “Provided a valuable platform for open discussion on issues ranging from changes in the medical system to assisted living vs. nursing home care, to suggestions for how we might better care for the elderly in our careers."
Suggestions for Improvement:

• Most suggestions for improvement were minor and very site specific
• While students felt the clerkship functioned well, some questioned its utility in the broader curriculum or felt it might be more useful if incorporated into IM
  – “The utility of a secondary outpatient medicine clerkship, in the setting of already dedicating 5 weeks to family medicine, and 4 weeks to outpatient pediatrics, seems excessive.”
  – “There are many aspects of this rotation that overlap with family medicine and, although I feel that my experience on GAM was important, it felt somewhat redundant as a post-match fourth year.”
  – “In 3rd year the IM shelf is 50% outpatient yet we have no outpatient IM exposure during that rotation. GAM should be incorporated into the 3rd year clerkship, not as a stand alone course during the 4th year.”
• Some students found commuting for Friday sessions to be difficult
  – “Suggest Friday lectures to be remote so people don't have to commute as much”
Summary regarding Measures of Quality

• Summary:
  – Comments were largely positive and students liked having greater autonomy, felt didactic sessions were well run and informative, enjoyed the FOSS session, and appreciated the reasonable workload
  – Students felt like the clerkship functioned well and was a nice culminating experience that challenged them to think about how they will be functioning as part of the healthcare system
  – The majority suggestions for improvement were very site specific
  – In the “big picture” of curriculum redesign, a number of students questioned whether the content of this clerkship was redundant or whether it should be incorporated into other clerkships (family medicine, IM etc)
**Recommendations**

**Objectives**
- Assure the course and session objectives are provided in CANVAS
- Revise chart showing Assessment and Learning Activities for each Obj.
- Obj 20: Drop phrase “Assess the effect of social environment on clinical care and outcomes” from the following: **Assess the effect of social environment on clinical care and outcomes and to apply the concepts of improving quality of care, patient safety and the value of care in the ambulatory setting.**
  - This is not uniformly covered or assessed in this clerkship
- Obj 23: Remove “social” from the following: Identify the role of the physician in addressing the medical consequences of common **social** and public health factors and to advocate for optimal care in ambulatory settings.
  - Course focused more on public health factors than social factors
Recommendations

• Session Objectives
  – Need verb changes to focus on what skill the learning obtains rather than what information is being delivered
    • Example “Introduce a simple 5 step model for delivering high value care”

• Essential Conditions
  – Change CHF to compensated CHF
  – Change Arrhythmia to Atrial Fibrillation
  – Add Constipation and Urinary Tract Infection
  – Remove Anemia (covered in IM)
  – Move Medication Adjustment from condition to skill
Recommendations

- Essential Skills
  - Consider adding Assess for Advanced Directives
  - Consider adding CV risk assessment
  - Consider adding Fall Risk assessment
  - Consider adding Screen for substance abuse (screening has not otherwise been covered, management is in Psych)

- Pedagogy
  - Remove requirement to log 2 patients per half day into OASIS (other clerkships not doing this); simply stick to having students log those that meet essential conditions/skills
  - Further discuss and contemplate how GAM is different from FM
    - Since in 4th year, should this be branded as an “advanced ambulatory experience” with emphasis placed on efficiency in clinic, increased autonomy
    - Consider naming paradigm given that many clinical sites will not be Geriatrics focused, yet curriculum is
Action Plan

• Course Objectives 20 and 23 were modified as suggested. Added Health and Values objectives
• Session Objectives were rewritten (slide attached)
• Course/Session objectives and Assessments posted
• Essential Conditions modified (slide attached)
• Essential Skills modified (slide attached)
• Pedagogy: changed to single log of conditions and skills
• Continue to reinforce differences between FM in Year 3 and GAM in Year 4, highlighting positive aspects of both disciplines
Session Objectives

• **Session Name: Clerkship Director Sessions 1, 2 and 3; 2 hr case based and critical thinking didactics**

• Analyze ambulatory patient cases using critical reasoning and present evidence based information for a specific teaching point highlighted by the cases.

• Synthesize a current, evidence based analysis, on a specific topic in geriatric and ambulatory medicine chosen from a list of core topics in the syllabus, in a Power Point format.

• Appraise a current or sentinel journal article relevant to geriatric and ambulatory care using precepts of EBM, in a Power Point format

• **Session Name: Orientation: Quality Improvement with Mr. Potato Head**

• Describe the history and review concepts of Quality Improvement including the PDSA cycle, waste and medical error.

• Apply the concept of a PDSA cycle an interactive game
Session Objectives

• **Session Name:** Clerkship Director Session 2; High Value Health Care and Choosing Wisely Campaign
  - Analyze ambulatory patient cases from the AAIM using critical reasoning and evidence based information to validate the principles of HVHC
  - Examine and interpret the Choosing Wisely recommendations of each student’s individual specialty choice.
  - Identify the ethical imperative to reduce waste in health-care.

• **Session Name:** Aging Center: Elder FOSS
  - Engage in an interactive dialogue with community elders (mentors) to reflect on and share healthcare experiences and their impact on patients, families and caregivers.
  - Discover the spectrum of health, cognitive abilities and healthcare desires amongst the geriatric population.
  - Identify the effect of social, cultural and economic factors on aging.
• **Session Name**: Clerkship Director Session 3; Medical Insurance Basics
• Explain the medical Insurance coverage systems including Medicare, Medicaid and Private Insurance
• Debate the impact of social, economic and cultural factors on healthcare for all adults, especially the elderly
Ambulatory Clinic Experience

- Choose personal learning goals for the month on the first day and review these with the clinic preceptor
- Establish a respectful student-patient relationship paying attention to cultural, socioeconomic and other factors
- Interview and examine patients skillfully and respectfully
- Collect and prioritize the patient’s problems
- Formulate an appropriate differential diagnosis and be able to retrieve and apply evidence based knowledge to patient care
- Listen and communicate effectively with patients, families, colleagues and consultants both in person and the medical record
- Exhibit professional behavior in terms of initiative, interest, punctuality, appropriate dress, patient confidentiality and expected duties
- Demonstrate awareness of clinic and community resources and cost awareness as part of the assessment and plan
Session Objectives

• Learn and apply knowledge in the areas of disease prevention, risk factor modification, polypharmacy, specific geriatric core topics and end of life decision making care.
• Advocate for optimal care for each patient
• Receive mid clerkship feedback from the clinic preceptor at the end of week 2 using a form that begins with self-reflection
• Receive summative evaluation and feedback from the clinic preceptor at the end of week 4

• **Community Experience**: Elder FOSS, Home Based Primary Care/Home visits, Nursing Home/Skilled nursing facility visits
• Session Objectives:
• Interact with patients in a variety of settings outside of a clinic setting to better understand social and cultural determinants of healthcare.
Essential Conditions

- Atrial Fibrillation
- Balance Problems/Falls
- Compensated CHF
- Constipation
- Chronic Diarrhea/IBS
- Chest pain (typical/atypical)
- Dementia
- Depression in Chronic Disease
- Dizziness
- DM Type II
- Fatigue
- Frailty
- Hypertension
- Hyperlipidemia
- Ischemic Heart Disease
- Joint Pain – unspecified
- Obesity
- Renal Injury/ Insufficiency
- Skin Lesions (NOS/composite)
- Urinary Incontinence
- UTI
Essential Skills

• HPI relevant to clerkship
• Social History
• Physical Exam skills:
  – Cardiac exam
  – Pulmonary exam
  – Abdominal exam
  – Back exam
  – Extremity/Foot exam
  – Dermatology/Skin exam
• Geriatric Assessments
  – Functional Status (ADL/IADL)
  – Advance Care Planning/Advance directives
  – Fall Risk Screening
• Screening Tests Counseling
• Disease Issues Counseling (e.g. DM, HTN)
• Weight Management, Diet, Exercise Counseling
• Medication Reconciliation/Counseling
• Substance Use Screening/Risk Assessment/Counseling
• Smoking Cessation Counseling
• Inter professional Care Collaboration (Working with members of the care team)