



Older Adult Medicine 2 week Clinical Rotation in Transition to Residency

OLDER ADULT MEDICINE

The *Older Adult Medicine (OAM) rotation in Transition to Residency (TTR)* strives to provide students with an opportunity to further apply, and consolidate the knowledge, skills, and attitudes acquired in the Foundations curriculum. The goal of the rotation is for learners to achieve clinical competence in managing common clinical problems in older adult medicine. Learning will focus on specific geriatric syndromes seen in older adults.

The clinical rotation is 2 weeks in duration during TTR.

The rotation provides students with:

1. Hands-on experience with physician supervisors in different subspecialties (Geriatric Psychiatry, Internal Medicine-Geriatrics, Family Medicine-Care of the Elderly, Geriatrics-Emergency Medicine) and a variety of Interprofessional health care providers in clinical settings where older adults are cared for, such as outpatient care, emergency departments, long-term care, home care, and inpatient hospital care. The learners will be assigned to a primary preceptor in one of the above subspecialties, but may also be exposed to an integrated experience, spending time with clinicians and their inter-professional teams who work in different sub-specialties across a variety of settings.
2. Seminars/centralized learning to build upon and further consolidate knowledge and skill regarding topics pertaining to Older Adult Medicine.

Course Director for TTR

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The following table describes the curricular learning outcomes, including the relevant case log items (if applicable), and corresponding assessment expectations for learners in the course. These are shown in the context of the MD Program Competency Framework and the MD Program Exit EPAs.

The following table describes the key topics/patient presentations and Medical Council of Canada (MCC) objectives that are covered in the course.

What learning outcomes students should have attained by successfully completing this course	Case Log Items Real - R must be a real patient	Enabling competencies https://md.utoronto.ca/mdprogramcompetencies	Entrustable Professional Activities	Assessment methods used in this rotation
<p>Students will be able to obtain an appropriate history including medication history, collateral history (when appropriate), and perform a complete physical and appropriate cognitive exam, tailored to any sensory loss or disability, and respecting the patient's sexual/gender orientation and cultural/religious beliefs and utilizing family/caregiver/support person and medical translation when appropriate.</p>	Not applicable	<p>Collaborator (CL) Communicator (CM) 1.1, 1.2, 1.4, 1.6, 2.1, 2.3 Health Advocate (HA) Leader (LE) Medical Expert (ME) 1.2, 2.2, 2.3, 2.5, 2.7 Professional (PR) 1.1 Scholar (SC)</p>	<p>Obtain a history and perform a physical examination adapted to the patient's clinical situation</p>	<p>Clinical Evaluation Form Professional Evaluation Form Equity Assignment</p>
<p>Students will be able to create a prioritized differential diagnosis for older adult patients, and generate comprehensive problem lists of contributors to the "whole patient" presentation, using a multi-system approach. In doing so they will demonstrate knowledge of Older Adult Medicine, including geriatric syndromes seen in older adults including frailty, falls</p>			<p>ME 1.2, 1.3, 2.5, 5.1</p>	<p>Formulate and justify a prioritized differential diagnosis</p>

<p>and cognitive, mobility and functional decline.</p>				
<p>Students will be able to order relevant laboratory and diagnostic interventions, identify and interpret when common screening and diagnostic test results for a patient are normal or abnormal, and communicate these results to the patient using patient-centred language, and to the rest of the care team. Students will recognize how the approach to diagnosing and managing common conditions differs in older adults, particularly in the presence of frailty and medical complexity.</p>		<p>CL 2.3 CM 2.4, 4.1, 5.3 ME 1.2, 1.3, 2.4, 2.6 PR 1.1, 1.4</p>	<p>Interpret and communicate results of common diagnostic and screening tests</p>	
<p>Students will be able to create a problem list for a patient and determine a management plan for these problems incorporating patient’s preferences, wishes, goals of care, and social determinants of health. This includes the management of common geriatric syndromes, and medication optimization. Students will be able to create a management plan that considers the “personhood” of the individual and in collaboration with members of the inter-professional team. Students will be able to communicate that plan to the patient and care team. Students will be able to accurately document the management plan,</p>		<p>CL 2.3, 2.4 CM 2.4, 4.1, 5.1-5.4 LE 1.3 ME 1.2, 3.1-3.3, 4.1, 4.2 PR 2.2</p>	<p>Formulate, communicate and implement management plans</p>	

<p>create the appropriate prescriptions/orders and consult other health care members of the inter-professional team effectively.</p>				
<p>Students will be able to present cases orally to the health care team of consultations performed that succinctly and accurately capture the pertinent aspects of the cases and related clinical reasoning.</p>		<p>CL 2.3 CM 2.4, 4.1, 5.1, 5.3 PR 1.1 CL 4.2 LE 2.1, 2.2 ME 1.1, 1.3, 2.4, 3.4, 3.6, 5.3 PR 1.1</p>	<p>Present oral and written reports that document a clinical encounter</p>	
<p>Students will understand the importance of continuity of care. They will be able to refer/engage with other health care providers, complete required documentation for consultation, review documentation received from consulting physicians and inter-professional health providers and be able to implement appropriate recommendations.</p> <p>The students will also establish and maintain effective working relationships with colleagues and all members of the interprofessional health care team. Students will be able to participate in patient handover when appropriate, utilizing a structured verbal and/or written template when relevant. Students will be able to document a clear and concise</p>		<p>CL 2.5, 4.1-4.3 CM 4.1, 5.2, 5.3 PR 1.1, 1.2, 1.4, 1.8 SC 2.5</p>	<p>Provide and receive the handover in transitions of care</p>	

<p>discharge summary when appropriate.</p>				
<p>Students will be able to recognize when older adult patients require urgent or emergent care, and initiate management for common presentations in older adults. Students will recognize their own limitations and identify when they need to ask for help.</p>		<p>CL 2.1-2.3 CM 1.1, 1.6, 2.4, 3.1, 3.3, 4.1, 5.1, 5.2 ME 1.2, 1.3, 2.6, 3.7 PR 1.1</p>	<p>Recognize a patient requiring urgent or emergent care, provide initial management and seek help</p>	
<p>Students will be able to communicate effectively and empathically in difficult situations involving patients, their families and other health care team members. Students will speak in non-jargon language, listen actively, and verify that the plan is understood. Communication may involve substitute decision makers when older adult patients with cognitive impairment are involved. Students should use a patient and family centred approach.</p> <p>The student will be able to identify the health needs of an individual patient and will demonstrate an understanding of the fact that the patient is often part of a network (e.g. family, community, caregivers). Students will also be able to identify caregiver burden and consider how this can impact the care and supports available to an older adult patient.</p>		<p>CL 1.1, 1.4, 2.1, 2.2, 3.6 CM 1.1, 1.2, 2.1, 2.3, 2.4, 4.1 ME 1.3 PR 1.1, 4.4</p> <p>CL 1.1, 1.4, 2.1, 2.2, 3.6 CM 1.1, 1.2, 2.1, 2.3, 2.4, 4.1 ME 1.3 PR 1.1, 4.4</p>	<p>Communicate in difficult situations</p>	

<p>Students will be able to recognize safety and quality issues in care and understand processes for reporting.</p>		<p>LE 1.2, 1.4, 1.5 ME 1.3, 4.1, 4.2 PR 2.2 SC 1.1, 1.2, 2.3</p>	<p>Participate in health quality improvement initiatives</p>	
<p>Students will perform/assist/observe common procedures. This includes obtaining informed consent including discussion of indications/contraindications and risk/benefits performing common procedures, and knowing when to ask for help.</p>		<p>CM 2.4, 4.1, 5.1, 5.2 ME 1.2, 3.5</p>	<p>Perform general procedures of a physician</p>	
<p>Students will be able to counsel older adult patients on management of common and/or severe Problems (e.g. polypharmacy, falls management, mobility decline, functional decline, cognitive decline, etc.), risk factor modification, and health promotion in Older Adult Medicine. The student will be able to counsel older adult patients and their families around end-of-life care when appropriate. The student will provide patient and family centred education, utilizing language the patient and family can understand and with appropriate utilization of translation services, and in consideration of any sensory deficit or disability.</p>		<p>CL 1.1, 1.3, 1.4, 2.1, 2.5 CM 1.1, 1.4, 1.6, 2.1, 2.3, 2.4, 3.2, 3.3, 4.1, 5.1, 5.2 HA 1.1-1.3 ME 1.2, 2.2, 2.7, 5.1, 5.2</p>	<p>Educate patients on disease Management, health promotion and preventive medicine</p>	
<p>Students will demonstrate professionalism</p>		<p>PR 1.1-1.8, 2.1, 2.2, 3.1-3.3, 4.1-4.4</p>	<p>No specific EPA</p>	

<p>by being reliable, ethical, punctual, trustworthy and honest. Students will preserve confidentiality, maintain respectful relationships, recognize medical error, accept constructive feedback. Students will demonstrate compassion in caring for older adults. Additionally, students will attend to the medico-legal responsibilities of being a physician including assessing capacity to consent, conducting an assessment for certification under the mental health act, and duties to report (e.g. duty to report to the Ministry of Transportation). Students will reflect on the concept of “ageism” and age-based stereotypes and explain how these can impact the way care is provided to older adults.</p>	<p>Procedures: Minimum level of involvement: A - observe procedure B - Perform with assistance or assist someone C - Perform independently</p>			
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