Older Adult Medicine Rotation (OAM) in Transition to Residency: Challenges and Strategies

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Supervisors may encounter challenges during the OAM rotation, below are some strategies to address them.

1. How do I fulfill all the expectations for the OAM rotation?

What if I cannot fulfill all the learning outcomes during the rotation?

- Don't promise everything the student asks for
- Be realistic of what types of learning opportunities are available during their 2-week block with you
- Focus on making the exposure to learning about OAM interesting, inspiring, meaningful, and enjoyable.

Unclear expectations for a 4th year medical student: What should students be able to do?
How much independence do I give a 4th year student vs. observation?

- Gauge comfort of the student in degree of independence
- NOTE: these students are ALMOST residents so often expect that they will desire independence. Students tend to give poor evaluations to rotations that feel like observerships.

2. What type of clinical exposures should I provide?

What are the different settings in which we can offer patient experience to learners?

- Falls prevention clinics
- Outpatient clinics/Office Settings
- Inpatient Consults or MRP units - acute care/post-acute care (Complex Continuing Care, Palliative Care, Rehab, Geriatric Psychiatry, Behaviour Neurology, Transitional Care)
- Long-term Care – consults or MRP units
- Home visits, outreach teams, day-hospital, inter-professional teams (including half days with a PT/OT/Dietitian etc)
- Collaboration with colleagues within and across Divisions, when possible

How to offer OAM rotation across different settings?

- A continuous, immersive setting allows continuity, development of comfort, more time with primary preceptor
- Unique experiences showcase different career paths, allow exposure to more supervisors, meet individual learning needs etc
  - Too many varied experiences → "pulled in different directions"
  - Consider sprinkling a few varied clinical experiences
  - Each setting requires some orientation
  - Collaborate across the Divisions, when possible

Setting up the learning experience: What can you plan?

- Ensuring the learner has enough patients to see
- It's a short rotation - what can you cover in 2 weeks?
- Making the "observing component" engaging
- Fragmented exposures vs continuous follow-up (consider pros and cons of each)
- One-on-one time with your student
- Having multiple learners at a time (possibly of different stages in training)
- Learner engagement – how to make the clinical experience with you relevant to their future (anticipated) specialty/types of patients they anticipate seeing in their future career

Setting up the learning experience – advanced communication

- Advanced communication with student prior to rotation
- Plan in advance as much as possible – from Fall of academic year

3. I don't think my outpatient practice/site offers good medical student experiences OR my practice is too specialized for medical students.

Important points to remember:

- *Any exposure* to older adults is great!
- Medical students need more experiences with outpatient settings, virtual care
  - Much of clerkship is in acute care setting, but most of medicine is not
- Medical students are interested in innovations in clinical care
- Didactic teaching will help students meet learning objectives – students have an eModule to complete, and will attend a centralized seminar during their 2 week block that will cover case examples on various Older Adult Medicine topics
- ***Main goal is to stimulate interest and joy in taking care of Older Adults***

4. What if some of the learning experiences are observational?

Observational learning – how to engage the learner

- Explain what they will be seeing and why it is important or useful – set the stage
- Provide background information on patient/can they read up in advance on the history of the patient?
- Cue to what to look for
- Point out what is interesting (during the encounter, if possible)
- Debrief after
- Prepare with learning points in advance/discussion material

Observational learning – other considerations

- Some of the most memorable learning can be in observation! Examples include
  - observe how a physiotherapist does a balance and gait assessment
  - observe a first consult in memory clinic
  - observe an audiology assessment
  - observe how a dietitian in LTC does a consult in an older adult who has clinically significant weight loss
  - observe how SLP does a swallowing assessment
  - observe how a wound care specialist debrides a stage 4 wound on inpatient consults or complex continuing care
- Try to schedule/space out half-day observational learning experiences with a half-day with hands-on learning experiences (in one day...so they are not spending a whole day observing)

5. I don't have enough clinical work for a medical student.

Opportunities for clinical work for a medical student

- Share supervision duties with colleagues (including colleagues outside of your Division)
- Include clinical opportunities supervised by residents/fellows
- Include clinical opportunities with Interprofessional Team members
- Provide parts of a patient assessment to be hands-on, even if the rest needs to be observational (e.g. have the student look at the medication list and make suggestions how they would optimize, or have the student do the medication history, or collateral history with a caregiver, etc)
- Leave flexible time for documentation, reviewing, and reflection

6. I have too much clinical work for a medical student.

Strategies to consider if you have too much clinical work for a medical student

- Delegate appropriate work for a medical student to start independently and review later
- Observe students providing clinical care for part of a scheduled appointment (when possible) and clearly communicate timelines regarding care