Centralized Development of a Geriatrics Fellowship Objective Structured Clinical Examination
We do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

This project is supported by grant number D54HP10347 from the Division of Medicine, Bureau of Health Professions, Health Resources and Services Administration.
Objectives

• Assess curricular and trainee strengths and weaknesses across a Geriatrics Fellowship Network

• Move past “knows” to “shows how” in the assessment

• Tailor evaluation to new curriculum
Focus on Assessment

• College of Human Medicine **Office of College-Wide Assessment**
  
  » Locus of assessment initiatives
  
  » **UME/GME/CME**
  
  » Linked with College’s Office of Medical Education Research and Development (OMERAD)
MSU GERIATRIC FELLOWSHIP NETWORK
Educational Competencies

- Gerontology
- Diseases in the Elderly
- Geriatric Psychiatry
- Geropharmacology
- Geriatric Syndromes
- Geriatric Syndromes II
- Functional Assessment and Rehab
- Preventive Care
- Caring for Elderly Patients
- Hospital Care
- Ambulatory Geriatrics

- Long Term Care and Nursing Home Care
- Palliative Care
- Economic Aspects of Care
- Caregiver, Family and Community Concerns
Overall Strategy

• Create an examination “blueprint” that incorporated key curricular components
  » Competencies
  » Environments in which geriatricians function
  » Varying complexity
  » Varying acuity

• Examination given twice—mid year and end year to determine progress parameters
Specific Strategies

• Consensus ratified the blueprint categories
• Group nominal process among program directors and faculty determined the specific case topics/challenges
• Faculty wrote case scenarios
• Assessment expertise helped with specific checklists
  – Communication skills/History taking/Physical examination/Assessment/Plans
# Blueprint of OSCE

<table>
<thead>
<tr>
<th>CC/DX CASE TOPIC</th>
<th>LOCATION OF CASE</th>
<th>GERIATRIC COMP/CONTENT</th>
<th>ACGME COMP.</th>
<th>COMPLEXITY (1-10 hard)</th>
<th>ACUTY (1-10 extreme)</th>
<th>HOW TAUGHT IN CURRICULUM</th>
<th>RESOURCES</th>
<th>OBJECTIVES (1-5)</th>
<th>CASE AUTHOR</th>
</tr>
</thead>
</table>
| 1. Falls         | Amb.             | Functional Assessment  | Patient Care Medical Knowledge Communication | 3 - 4               | 5                   | 1. Didactics  
2. Res. Continuity Clinic  
2. Lectures/Didactics  
3. Simulation  
4. Case Presentations  
5. Teachings/Journal Club | 1. Falls assessment  
2. Treatment plan to improve mobility  
3. Prevent falls plan with appropriate devices | F |
| 2. Dementia      | Amb.             | Caregiver/Family       | Patient Care Medical Knowledge Communication Professionalism Systems Based | 4 - 5               | 3                   | 1. Didactics  
2. Res. Continuity Clinic  
2. Lectures/Didactics  
3. Simulation  
4. Case Presentations  
5. Teachings/Journal Club | 1. Organize difficult, multi-faceted dementia case  
2. Conduct memory assessment  
3. Conduct neurological examination  
4. Utilize interdisciplinary team | F |
2. Res. Continuity Clinic  
2. Lectures/Didactics  
3. Simulation  
4. Case Presentations  
5. Teachings/Journal Club | 1. Counsel patient on DPOA-HC and living wills  
2. Understand limitations of previous AD | F |
| 4. End Stage - CHF | LTC  | Palliative Care       | Patient Care Medical Knowledge Communication Professionalism Systems Based | 6 - 7               | 4                   | 1. Didactics  
2. Res. Continuity Clinic  
2. Lectures/Didactics  
3. Simulation  
4. Case Presentations  
5. Teachings/Journal Club | 1. Manage distressing symptoms of CHF  
2. Manage pain with narcotics  
3. Cultural sensitivity  
4. Comprehensively manage palliative care  
5. Use hospice services | F |
| 5. Malnutrition (with immobility/falls) | LTC  | Geri Syndromes        | Patient Care Medical Knowledge | 7 - 8               | 2                   | 1. Didactics  
2. Res. Continuity Clinic  
2. Lectures/Didactics  
3. Simulation  
4. Case Presentations  
5. Teachings/Journal Club | 1. Identify cause of malnutrition  
2. Treatment plan to improve functional status of patient | N |
| 8. Team and/or Family Meeting | LTC  | Team                  | Practice Based Systems Based Professionalism | 7 - 8               | 2 - 3               | 1. Didactics  
2. Res. Continuity Clinic  
3. Simulation  
6. Team Meetings | 1. Lead team meeting  
2. Effective non-pharm behavior management  
3. Develop case plan inclusive of diverse opinions | F |
Outcomes

• Initial skepticism on part of faculty was dispelled after first offering
• Surprising deficits were demonstrated
• Very positive feedback from faculty and fellows
• Rich opportunity for trainee and program feedback
Feedback

• From Fellows:

**What surprised you about the experience?**

“How real it was.”

**What value did the OSCE have for you?**

“It gave me confidence that I'm providing a good service to my patients.”

**What did you expect to learn about yourself?**

“I expected to uncover my weaknesses as a geriatrician; expected feedback from program director to be honest and assist me in further developing my skill set.”
Feedback

• From Faculty

*What surprised you about the experience?*

“I was impressed by the authors’ ability to recreate credible medical scenarios.”

*What value did the OSCE have for you?*

“It is an invaluable tool for the fellow education. OSCE allowed me to evaluate the fellow and demonstrate the areas of concern by playing the video. The fellow was able to directly observe the areas where further improvement might have been appropriate.”

“Observing the fellows during the OSCE also helped me to recognize where improvements need to be made in the fellowship training program.”
Strengths

- Blueprinting process guided the creation of a highly-tailored examination
- Group nominal process created excitement and ownership
- Performance assessment illuminated unexpected deficits
- Data fuels individual and program improvement efforts
Concerns

- Time consuming process to develop cases and checklists
- Need simulation facility and standardized patient training expertise
- Cost of development and implementation are significant
Bottom Lines

• Blueprinting an examination was time consuming but feasible
• Performance-based assessment felt authentic and useful to faculty and participants
• Highly-tailored examination yielded good data for fellows and their programs
• Centralized development and wide use would create opportunity for normed data
• Cost is a concern
References


Help us improve. Your input matters.

• Download the ICRE App,
• Visit the evaluation area on Level 2 near registration, or
• Go to www.royalcollege.ca/icresurveys to complete the session evaluation.

You could be entered to win 1 of 5 $100 gift cards.

Aidons-nous à nous améliorer. Votre opinion compte.

• Téléchargez l’application de la CIFR
• Visitez la zone d’évaluation, au deuxième étage près du kiosque d’inscription
• Visitez le www.college royal.ca/icresurveys afin de remplir une évaluation de la séance.

Vous courrez la chance de gagner l’un des cinq chèques-cadeaux d’une valeur de 100 $.