TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO | Office of Faculty Development

Older Adult Medicine Rotation (OAM) in Clerkship
Year 3 OAM-IB & Year 4 OAM TTR - FAQs

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

1. "What Academy do I belong to?"

To Identify your Academy refer to the following website: https://md.utoronto.ca/academies

2. "How will the Year 3 OAM-IB Clerkship Rotation impact me as a TTR Year 4 preceptor?"

During the 2026–2027 transition year, both Year 3 and Year 4 learners will participate, with some overlap periods. See the overlap periods below. Thankfully, this is only for the transition year ahead, and we anticipate this transitional year will be with some challenges.

Dec14, 2026- Jan 8, 2027	Mar 1-12, 2027	Mar 15-26, 2027
OAM y3	OAM y3	OAM yr3
TTR overlap Jan 4 -16	TTR	TTR

From 2027–2028 onward, OAM-IB will be delivered exclusively in Year 3, while Year 4 OAM becomes optional.

3. "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
- You do not need to fulfil every learning outcome! Focus on making the exposure to learning about OAM interesting, inspiring, meaningful, and enjoyable.

"My site appears to offer medical students a very different type of learning experience in Older Adult Medicine than some of the other sites or preceptors in other divisions"

- Our goal is ***not*** to make all the rotations and learning experiences **identical**, but to provide some ideas that could help make the learning experience **comparable** as an OAM rotation
- Our guiding principle is that our OAM preceptors across all three Divisions of Internal Medicine-Geriatrics, Family Medicine-Care of the Elderly, and Geriatric Psychiatry offer a rich tapestry of perspectives that the students will benefit from our faculty's multifaceted expertise and varied focuses in their practices in Older Adult Medicine.
- Irrespective of teaching setting, or Academic vs Community site – are all exemplary settings in teaching Older Adult Medicine with diverse perspectives and varied approaches
- Our aim is to inspire our future physicians that taking care of older adults is challenging, rewarding, and meaningful

"I have unclear expectations for a 3rd vs 4th year medical student: What should students be able to do? How much independence do I give a 4th year student vs. observation?"

- Our goal is ***not*** to make all the rotations and learning experiences **identical**, but to provide some ideas that could help make the learning experience **comparable** as an OAM rotation
- Gauge comfort of the student in their individual degree of independence, regardless of whether they are 3rd or 4th year clerks
- Encourage communication around what their personal learning goals are, and ask them what they have been comfortable doing in clerkship and patient interactions so far
- NOTE that 4th year students in TTR are ALMOST residents- so often expect that they will desire more independence. Students tend to give poor evaluations to rotations that feel like observerships.

4. "What type of clinical exposure should I provide?"

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

- Falls prevention clinics, day treatment programs
- 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 balance continuity vs diversity of learning experiences in OAM rotations and 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
- Consider the following pros and cons of fragmented exposures vs continuous follow-up:
  - Too many varied experiences → "pulled in different directions"
  - Each setting requires some orientation
  - Collaborate across the Divisions, when possible
  - Consider sprinkling a few varied clinical experiences within a framework of continuity

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

5. "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 benefit from learning experiences in all clinical settings, including outpatient and virtual care. Much of clerkship is in the acute care setting, but most of medicine is not!
- Medical students are interested in innovations in clinical care
- Our built-in centralized teaching will help students meet the learning objectives – students have an e-module 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***

6. "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
  - observe how a Geriatric Psychiatrist does a complex history
- Consider that the learner can do part of the assessment or a task related to the assessment. Be creative! Some examples of where learners can do a component of the assessment:
  - ask the learner to take the medication history or the social history
  - ask the learner to review the list of medications and perform an exercise in deprescribing
  - ask the learner to screen for caregiver stress
  - ask the learner to do a specific part of the physical exam such as the gait assessment
- 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)

7. "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

8. "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