Described is an effort to dispel ageist attitudes in medical students. Supervised by faculty members, the medical students participated in weekly health seminars and provided health counseling for older people living in the community. Preliminary assessment revealed that providing the opportunity to physicians-in-training to become acquainted with active, healthy elderly individuals begins to dispel the stereotypical views engendered by their previous exposure to only the frail, acutely ill, elderly patients typically encountered in the hospital setting.

Key Words: Intergenerational education, Health promotion, Disease prevention

A Well Elderly Program: An Intergenerational Model in Medical Education

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Traditionally, interaction with elderly people during medical training is limited to treating the frail and acutely ill, who represent a small portion of the elderly population. This exposure to only the most dependent, perhaps demented, and hospitalized older persons can be an occupational hazard in that impressions derived from contact with a small subset of older people may be applied to all older people (Greene et al., 1986). Ageism can be viewed as a prejudice against the elderly as being unworthy of investment of time and effort (Butler, 1969), which can cause both physicians and patients to deemphasize, and thereby undermine, the legitimate health care needs of the elderly. If either patient or physician believes that nothing can be done about the so-called inevitable consequences of aging, the patient-physician relationship can be enveloped in resentment and suspicion and constrained by a sense of futility and therapeutic nihilism. A patient-physician relationship that occurs within ageist boundaries can produce the unfortunate situation in which the patient is treated as a "senile-write-off" (Butler, 1978). Ageism is an important factor to consider within the elderly patient-provider relationship because its presence is very likely to affect the quality of care (Greene, 1981).

Given the demographic realities of a rapidly increasing older population and the likelihood that most medical students will have increased contact with older people, it is essential that medical students develop a positive attitude toward the geriatric patient and to the process of aging as well. Presently, although elective courses in geriatrics are offered at almost 75% of American medical schools, only about 4% of medical students elect to take them (Johnson, 1985). The present number of faculty in academic geriatrics in the United States is estimated to be 300 (Schneider & Williams, 1986). With this severe manpower shortage, it is imperative to examine what
Factors influence medical students to establish a positive attitude toward older people and a willingness to see geriatrics as a career choice. It is important to clearly demonstrate that attitudes can be modified during professional training and to determine the type of exposure to elderly persons during training that may help increase the supply of physicians willing to care for the elderly.

Studies designed to assess medical student attitudes toward older people after various curricular interventions show a range of responses. Cicchetti et al. (1973) examined whether a course in medical ecology, focused on problems of the elderly, had an effect on the attitudes of 91 first-year medical students toward the elderly. Students enrolled in the medical ecology course were required to attend 18 weekly lectures and to interview at least one community-residing elderly individual. These students were compared against a control group of first-year medical students enrolled in a similar course that did not stress gerontological issues. The course in medical ecology created few changes in attitude toward old people. In fact, the medical students’ negative attitudes toward the aged remained stable despite educational experiences designed to improve those attitudes, including studying problems of aging and how to interview older individuals.

Holtzman et al. (1978) assessed medical students’ attitudes toward older people after participation in a family practice clerkship or a course in medical humanities. The results demonstrated positive attitudinal changes in both educational experiences, but particularly positive responses were obtained from students participating in the medical humanities course where emphasis was placed on empathy toward the elderly and contact with healthy older people.

In their study, Birenbaum et al. (1979) examined the effect of a summer work-study program on four first-year medical students who participated in a social and health survey and were part of an interdisciplinary team at an outreach crisis unit in the community. The focus of the program was to observe older people living independently. Although no formal assessment of the students’ attitudes was made before or after the program, it appeared that the experience was a positive one for them. According to the authors, the students’ positive response to the program was secondary to their exposure to an interdisciplinary approach in a variety of settings, their contact with the well elderly, and the availability of good role models.

Wilson and Hafferty (1980) described a study of the effect of a seminar on aging and health on first-year medical students 1 year after the course, which initially had a positive effect on the students who took it. To evaluate the effects of the course, the entire class of first-year students completed a questionnaire about attitudes toward the elderly. Students electing to take the course had more favorable responses to the elderly than students not taking the course. After 1 year, the same students who had taken the seminar retained significantly more favorable and complex attitudes toward the elderly than did the nonparticipating students. The authors contended that long-term changes in attitudes are a result of varied educational experiences, including lectures, field experiences, and discussions with physician role models and fellow students.

Green et al. (1983) examined the relationship between students’ attitudes and their willingness to serve elderly patients, as well as the relationship between their attitudes and prior contact with the elderly. To evaluate the effect of a geriatric medicine experience within a primary care rotation, a pre-test attitudinal questionnaire was administered to third-year medical students during their required primary care clerkships. A subset of these students participated in the special geriatric rotation for 1 day a week for 4 weeks. The rest of the students in the clerkship served as controls. At the end of the clerkship, a post-test was given to all the students. The authors’ findings suggested that it is the qualitative aspect of the relationship rather than the quantity of contact with elderly persons that increases the likelihood that students will actively seek out elderly patients in their future practices. Previous contact with the elderly was positively correlated with the pre- and post-test results. Overall, the study showed that the students’ perceived rewards of serving the elderly and the quality of their prior contact with the elderly related directly to their expressed interest in geriatrics. The results have direct implications for geriatric education, suggesting that the development of experiences providing limited but high quality contact with elderly persons and emphasis on the rewards of caring for them may help increase the supply of physicians willing to care for elderly persons.

More recently, Woolliscroft et al. (1984) measured the attitudes of 234 first-year medical students before and after their exposure to the elderly in a variety of environments. The students in this required medical interviewing course met for three 3-hour sessions in various community facilities and interviewed an elderly resident during each session. The results indicated that although there were no significant site-specific differences in regard to students’ attitudes before the required course, profound site-specific differences existed following the completion of the course. In particular, those students who interviewed elderly individuals living either independently or semi-independently developed significantly more positive attitudes toward the elderly. Although this study lacked a control group, the results demonstrated the importance of exposing medical students to a wide spectrum of elderly individuals to promote positive attitudes toward older people.

Methods

Building on trends gleaned from this literature, the premise of the Well Elderly Program was that exposure of the students to healthy older adults living in the community would dispel stereotypes narrowly based on previous experiences with frail elderly in

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The Well Elderly Program is a collaborative project between the Senior Adult Division of the 92nd Street YM/YWHA in New York City and the Gerald and May Ellen Ritter Department of Geriatrics and Adult Development at the Mount Sinai Medical Center. At the Mount Sinai Medical Center all fourth-year medical students are required to take a 4-week geriatrics rotation. Six students per rotation are randomly assigned to the Well Elderly Program.

The major goals for the program are three-fold: (1) to enlarge the exposure of medical students to include robust, independent elderly people; (2) to teach health professionals-in-training an approach to health promotion and disease prevention designed specifically for older people; and (3) to teach older people more about their responsibilities for their own health and an approach to being better health care consumers. There were six specific curricular objectives. First was to allow the student, through discussion, to explore personal and societal feelings about the process of aging and the aged that would lead to developing an understanding of what ageism is and how ageist attitudes can impact on the older patient-physician relationship, as well as their possible effects on quality of care. Second was to sensitize the student to the reality that most older people are not institutionalized, to help the student develop an appreciation of the skills and special attributes that enable older people to remain at home, and to enable the student to appreciate the range of functional capabilities and limitations among older people. Third was to allow the student to gain a clear impression of what a normal older person is like, to familiarize the student to gain a clear impression of what a normal older person is like, to familiarize the student with the concept of old age as a normal stage of human development, and to teach him to differentiate between normal and pathological aging. Fourth was to expose the student to the potential for health promotion and disease prevention for older adults, to enable the student to develop skills in health education techniques, and to help him understand how specific areas of health promotion and disease prevention can be applied to primary geriatric care. Fifth was to provide the opportunity for students to learn about and develop interdisciplinary team skills. Sixth was to increase student awareness and understanding of social, economic, and psychological needs of growing older and to familiarize students with the public and private agencies in New York City that can provide specialized services to help meet those needs.

The objectives for the older adult participants were two-fold: to teach community-living older people how they can play a larger part in maintaining aspects of their own physical and mental health and to offer individual health counseling by health professionals, thereby reducing the sense of intimidation the elderly experience with health care providers.

To achieve these goals and objectives, the Well Elderly Program at the 92nd Street Y provided lectures for medical students and offered intergenerational activities wherein the students participated with older adults, who often assumed leadership roles. Both the lectures and intergenerational activities were either directly or indirectly designed to give the students opportunities to learn about and develop geriatric interdisciplinary team skills from the doctor, nurse, and social worker. A typical day in the Well Elderly Program consisted of five activities: lecture, small group discussion, arts and crafts, health counseling, and health seminar. The student lectures (held at 9:30 AM) were directly related to well adult care and focused on aspects of health promotion and disease prevention and on the dynamics of patient and physician interaction. Given either by the geriatrician or the nurse gerontologist, these lectures also enabled students to understand often subtle but important differences in perspective between the medical and nursing professions. Students learned that differential diagnosis, with which those ailments that are a function of aging can be distinguished from those that are really disease processes, is crucial for maintaining wellness. The students were exposed to the various opportunities for primary and secondary prevention for the older adult. In addition, tertiary prevention strategies, those interventions concerned with limiting further complications of disease, and prevention of functional disabilities were stressed, as these measures are perhaps the most important consideration in preventive medicine for the older person. Also emphasized were aspects of health promotion that students often had had no previous exposure to, such as consumer advocacy issues and nutritional considerations for the older adult.

In the four other Well Elderly Program activities, medical students participated with the members of the Y’s Senior Adult Division. During this intergenerational contact with well adults from the community, students learned about general life issues older people face, often very different concerns from those the students observed in the acute care wards. Students also experienced equivalence with seniors by viewing them in leadership roles in the various activities.

Timely Topics at 10:30 AM, was a discussion group organized and moderated by a senior member. Current Events engaged seniors and students in lively debate. In Arts and Crafts, held at 11:30 AM, students enjoyed camaraderie with seniors as they worked on projects side by side. Students also observed the energy, skill, and sensitivity of the several seniors hired by the Y to instruct the classes. At 1 PM, health consultations were held. Seniors signed up for consults on specific geriatric problems. They were interviewed by the medical students (one to one), who then asked the preceptors (geriatrician, nurse, and social worker) how to proceed. In the last activity, at 3 PM, the medical students, in conjunction with Mount Sinai faculty members, conducted a weekly health seminar with a group of interested Y senior members. Seminar topics included a wide variety of issues that the seniors chose to hear about such as...
consumer health care advocacy, osteoporosis, exercise and aging, drug use and abuse, sexuality and aging, bereavement, falls and accident prevention, atherosclerosis and a careful look at risk factors, depression and aging, myths and realities of productive aging, and how to choose a doctor.

The student was asked to deliver a short talk at the seminar which enabled him or her to study in depth an area of health promotion and disease prevention so he or she could make a concise, understandable presentation and develop an information base substantial enough to be able to answer the many, and often sophisticated, questions invariably raised by the senior audience at the end of the seminar.

The structure of the health seminar evolved into a specific format. In the first 30 to 40 minutes the students and faculty addressed the group on a specific health care issue requested by the senior members. The senior audience was asked to hold questions until the presentations were given and the last 30 minutes were open for a question and answer exchange. Often, this was the most interesting time for students and faculty, because the comments and questions were the major source of feedback about program comprehensibility and interest. This time was also essential to the senior audience: It was their opportunity to focus on the areas of the presentation relevant to their own lives. The seminar ended at 4 PM, when a line of audience participants invariably formed to ask questions, offer additional comments or criticisms, or make requests for new topics.

The seminar was directed by an interdisciplinary team, the geriatrician and nurse gerontologist on the Well Elderly Program staff and the social worker employed by the Y for the Senior Division. This three-person team enabled both the students and senior audience to see how the closely linked disciplines of physician, nurse, and social worker can contribute different yet complimentary views and practices to achieving better care for the older adult.

Three medical students were assigned to give each health seminar. Each student was given a specific subject heading a week in advance of the seminar. The students were given basic articles to read about their topic but were encouraged to do their own library research as well. Each student was asked to develop a 10-minute presentation, and the faculty was available to review the lecture outline prior to the health seminar. This review was a valuable process for the students, because unnecessary medical details and medical jargon could be eliminated from the presentation. The students were extremely receptive to this input because they were eager for their talks to be well received.

The senior audience has been particularly attentive to and supportive of the students and the students have been uniformly well-received. The students were generally very pleased and relieved after giving a presentation: Often this was their first public speaking engagement.

Perhaps the most important part of the public speaking experience was the student’s heightened insight into the lay consciousness regarding medical topics. The experience gave importance to the often multidimensional questions that arise in the minds of older adults and taught the students that what the older individual has on his mind is exceedingly relevant. The forum was a unique one: It allowed the student to function in the role of an educator and rewarded the good educator with praise; it also opened the students’ minds to the need of older people to have their questions answered. Through the experience of answering questions, the students often overcame their apprehension about patient-raised questions and any tendency to be descending in their responses. In addition, students gained insight into how patient attitudes about physicians are formed.

Results

To do a generalized evaluation of the 4-week clerkship in geriatric medicine, an anonymous questionnaire was administered to students at the end of their rotation. The response from both medical students and senior participants has been positive. Of the 48 students who participated in the program, 38 rated the rotation excellent; 8 rated the rotation good; 2 rated the experience fair (scale: excellent, good, fair, poor, unsure). Students repeatedly emphasized the importance of the exposure to healthy elderly.

One fourth-year medical student commented:

In the past, the elderly people I have had direct contact with were primarily the acutely ill in the hospital setting, or the chronically ill in the nursing home setting. Prior to this experience at the Y, my dealings with a population of healthy elderly was quite limited. The continuity of attending the Y program for 3 weeks afforded me the opportunity to spend substantial time with and get to know some of the members. This group was vibrant, intelligent, concerned, and involved. I was very impressed with their vitality and quality of life. Early on I noticed a change in my previous attitudes and beliefs about the elderly population in general. I think being exposed to this group of healthy elderly was important in that it gave me a more realistic view of the spectrum of the quality of life seen in this age group, and enabled me to bring these new (more accurate) attitudes and beliefs into my professional life when treating sick elderly people.

Another fourth-year student had the following comment:

For me, this experience was one of the highlights of the geriatrics rotation. It was the special and exciting part of geriatrics which made it different from other rotations. One of the issues which geriatrics has been responsible for bringing to light in medicine is the idea of holistic, team approach, humanistic medicine. At the Y, I got to really talk with elderly people and learn about their perspective on living out of institutions with some fairly serious medical conditions. I also had a chance to prepare and give a lecture to a non-medical group of people, a new experience which I enjoyed thoroughly. I think that as many students as possible should be exposed to the well elderly.

The response of the Y members to the health consultations and seminars has also been most enthusiastic. The attendance was excellent, beginning...
with 10 people, building to 50 people in 6 months, and peaking at 75 to 100 after 9 months. The remarkably high attendance was a testament to the intense need and desire among older people for information about their own health to prevent unnecessary health problems. Their free access to a physician and a nurse was something the senior members found unprecedented. In the past, if a question came up, a doctor’s visit (and a professional fee) was required to get an answer. The regularity of the seminar and consistent attendance allowed seniors to attend lectures on potentially threatening conditions such as memory loss, sexuality, the living will, and bereavement, without being overly self-conscious or embarrassed.

Discussion

Because ageist attitudes are an occupational hazard for all health care professionals in training, the program should be extended to include both nursing and social work students. As is commonly acknowledged in geriatrics, a team is required to address the variant medical and socio-economic needs of the elderly. The physician alone cannot meet these needs, so the services of the nurse and social worker are necessary. The interdisciplinary nature of geriatrics makes it possible for students from these three disciplines to work together with a focus on wellness. The addition of nursing and social work students to the Well Elderly Program would provide an exemplary educational opportunity.

The extremely positive response of the fourth-year medical students to the program, learned in direct, face-to-face interviews, was important to observe. A progressive deterioration in attitudes toward older people is found in earlier literature as students advance through medical school (Spence et al., 1968). In general, the students believed that the challenges of presenting the health seminars, combined with the expertise required to do health counseling, were tasks particularly oriented to fourth-year students. It has been found that students’ attitudes towards older people can be positively affected late in medical school by a well elderly experience. After participation in the program, many students commented on how their receptivity to caring for older people changed decidedly for the better. Two consistent student responses were surprise at how mentally and physically active the seniors were and awe at the richness, adaptability, and strength of their life histories, all triumphs of survivorship. Currently, medical student attitudes are being analyzed more closely through an evaluation of their attitudes to aging and older people before and after participation in the Well Elderly Program. Of course, only longitudinal follow-up studies will corroborate these responses.

Fewer students would go into pediatrics if they never saw healthy children in a well baby clinic. Although the analogy is not meant to be ageist or patronizing to older people, from experience it appears to be an apt comparison. Students must be able to see the positive aspects of caring for old people. To accomplish this, an exposure to the healthy older person becomes obligatory. From the experience it seems obvious that only when students have the opportunity to see, experience, and work with healthy older people can their negative, stereotypic attitudes about the aging process and the older person be challenged and their reluctance to work with older people overcome.

References


