

# Enhancing the Geriatric Psychiatry Rotation for Medical Students From Passivity to Participation



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## ABSTRACT

Negative attitudes and stigma toward older patients with dementia are pervasive among medical students and other health professions (1,2,3). Despite the tremendous demand for geropsychiatric care for people with dementia, the number of medical school graduates choosing to enter the field of Geriatric Psychiatry is woefully inadequate (4,5,6). Studies have documented that clinical encounters with older patients have a positive effect on students' sensitivity to geriatric issues and attitudes toward older people (1,2,7), and therefore, researchers suggest that geriatric psychiatry programs create exemplary initiatives in the early years of medical education (8). We developed an **Enhanced Geropsychiatric Experience (EGE)** for third-year medical students in dementia care assisted living facilities. The clinical rotation was designed to expose medical students to patients with dementia in a long-term care setting with the goals of increasing student participation and comfort level, changing negative attitudes towards patients with dementia, and increasing student interest in the field of geropsychiatry.

## RESEARCH QUESTIONS

1. What is the impact of an Enhanced Geropsychiatric Experience (EGE) at a long-term care facility on third-year medical students' attitudes toward patients with dementia?
2. How do EGE attitudinal changes compare with students who are in the usual Geriatric Psychiatry clinical outpatient rotation (traditional rotation)?
3. Does this more active experience positively affect medical students' interest in the fields of geriatrics, psychiatry or geriatric psychiatry?



## ENHANCED GEROPSYCHIATRIC EXPERIENCE (EGE)

At the University of Michigan, 150 medical students rotate through psychiatry every academic year, dispatched to several sites. This poster represents the midpoint evaluation of a year long study, including 99 medical students over a seven-month period. On six-week rotations, the geriatric psychiatry component involves two half days in an outpatient setting, shadowing patient encounters with varying degrees of participation (traditional rotation). In this study, 30 of these students were randomly assigned to participate in the EGE, leaving 69 in the traditional rotation.

This EGE consists of two full days, three weeks apart, with students in pairs participating on a multi-disciplinary team at a 98-bed long-term care facility. The students are oriented to the various forms of dementia, the assessment of behavioral disturbances in dementia and their treatments. Each student independently evaluates a patient with dementia, including a mental status exam, MMSE and patient physical exam. The students present their findings and assessment to the multi-disciplinary team and contribute to specific behavioral and pharmacological treatment recommendations. By spacing the return visits three weeks later, students can witness firsthand the outcome of the recommended interventions.

## METHODOLOGY

The impact of the EGE was evaluated in two ways: 1. with a survey, and 2. with focus groups with EGE students.

The survey included items regarding comfort interacting with patients with dementia, attitudes and interest in elderly patients and geriatrics, as well as informational questions regarding dementia and the treatment of behavioral disturbances. It was administered on the first and last days of the Psychiatry rotation. 27 EGE and 60 traditional rotation students returned surveys, response rates of 90% and 87%, respectively.

The questionnaire administered on the final day of the rotation included these items:

1. What did you learn from the geropsychiatry portion of your psychiatry rotation?
2. How did this rotation influence your attitudes towards people with dementia?

Five focus groups were held during the last weeks of the Psychiatry rotations. All participants in the EGE were invited, and there were 12 participants.

## FINDINGS

- 15% Of EGE students, and 13% of "traditional rotation" students, reported becoming *more* interested in the fields of geriatrics, psychiatry or geriatric psychiatry. 8% of traditional and 7% of EGE students became less interested.
- EGE students more frequently reported end-of-rotation learning gains (Figure 1) and improved attitudes towards people with dementia (Figure 2).

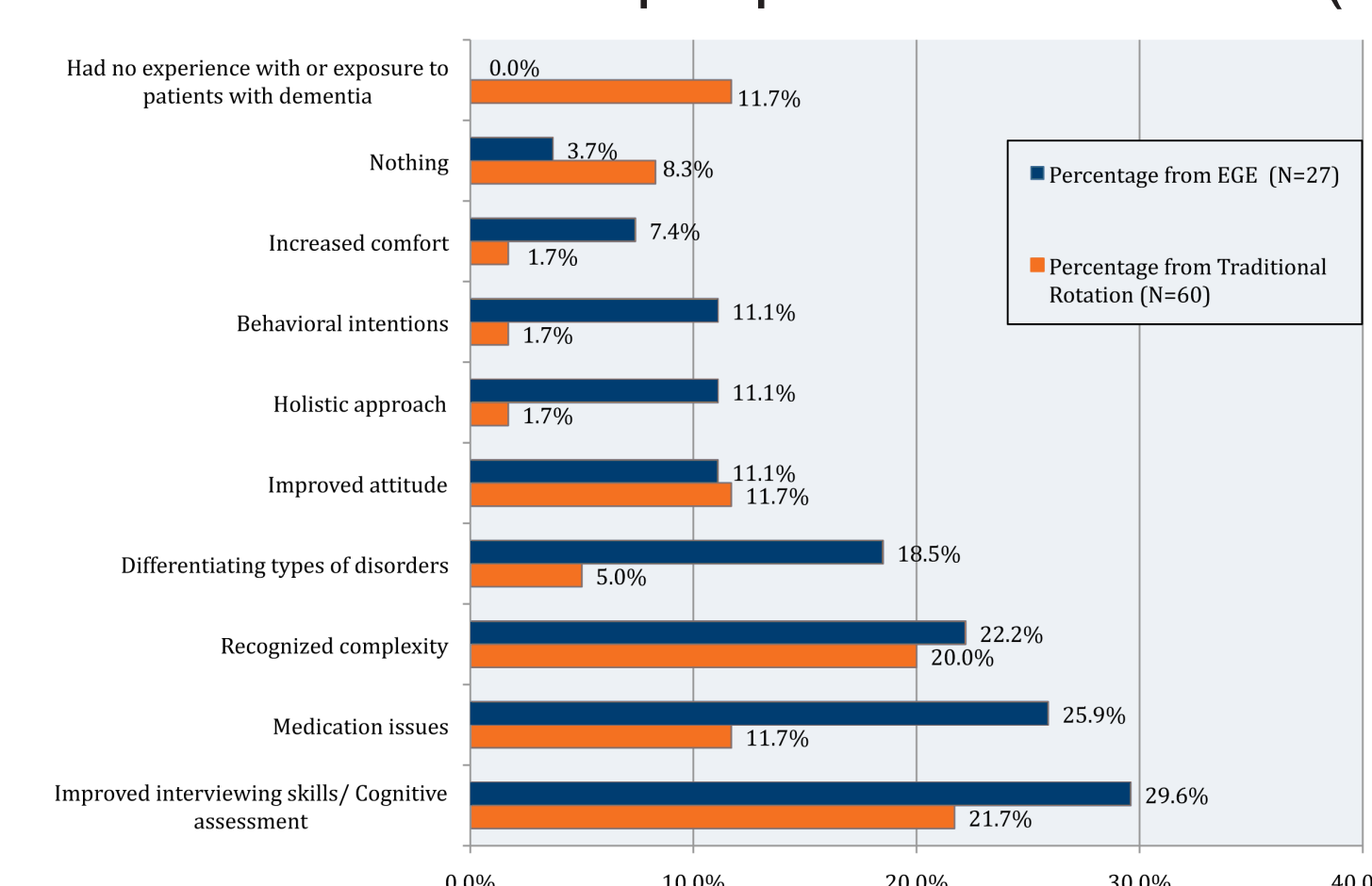


Figure 1: What did you learn from the geropsychiatry portion of your psychiatry rotation?  
 Frequency of Themes Reported by Traditional Rotation vs. EGE Students

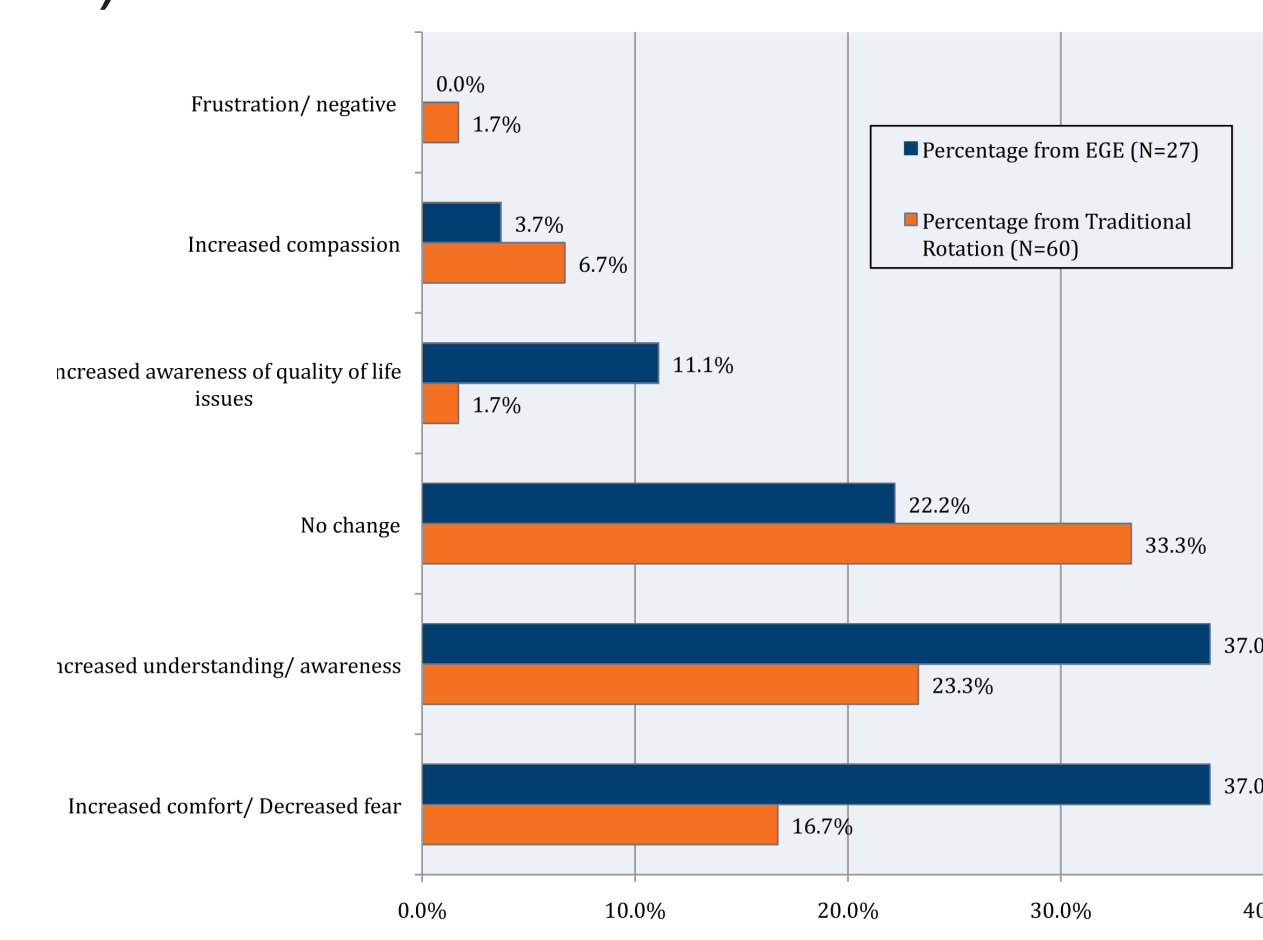


Figure 2: How did this rotation affect or influence your attitude towards people with dementia?  
 Frequency of Themes Reported by Traditional Rotation vs. EGE Students

Note: Open-ended responses were coded for multiple themes.

## EGE FOCUS GROUP QUOTES

*"I've never interacted with any patients with dementia on such an intimate level before and was really pleasantly surprised at how comfortable I felt. And I think working in that environment in a place where people with dementia live there full time really sort of allowed, I think, me as a student, to understand what it means to deal with dementia on a day-to-day basis, not just in terms of the medical problems that come along with it."*

*"This experience opened my eyes to Geriatrics and I really was surprised at how much I liked working with that patient population."*

*"Seeing somebody in a hospital room, you can only get engaged so much. You go to somebody's living area, you sit down and see their pictures, see their family, see how much they can recall from that. You can get a better picture of the patient I think."*

## IMPLICATIONS FOR TEACHING

- The EGE had a positive impact on medical students' comfort with and attitudes toward patients with dementia.
- The long-term care setting, with a consistent patient population and fewer time constraints, provides a rich learning environment for observation of patients in their "real life" setting.
- If long-term care sites are not available, provide opportunities for:
  - Independent interaction with patients
  - Continuity of care observing the effects of interventions.
  - Exposure to patients in different stages of dementia.

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