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Cover Page Footnote

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ACADEMIC SERVICE-LEARNING EXPERIENCE EMBRACES THE VINCENTIAN MISSION IN PHYSICIAN ASSISTANT EDUCATION

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SERVING AN AGING POPULATION

Some call it the “silver wave” while others call it “the gray tsunami”. No matter the catchphrase, the aging of the American populace poses a substantial threat to an already strained and overburdened healthcare system. The growing volume of geriatric patients impacts the availability of appropriate services for our elders which may affect their dignity, independence and freedom.

According to the United States Census Bureau, the population of Americans ages 65 and older is projected to more than double from 46 million to over 98 million by 2060, rising from 15 to 23 percent of the overall population. There will be an increase in the number of individuals requiring nursing home care as well as other elder care services. The demand for elder care will also be fueled by a steep rise in the number of Americans living with Alzheimer’s disease - numbers that could triple from 5 million in 2013 to 14 million by 2050 (Mather, Jacobsen, & Pollard, 2015, December).

Ageism is the discrimination or bias against someone based upon their age. Western cultures tend to celebrate youth and consider older people as feeble and a drain on society. There

are many more negative stereotypes attached to the aged population than in the younger adult population. Many relate advancing age with diminution of societal value (Forster, 2018, July). Physician Assistant (PA) and medical education often focuses on facts, figures, and algorithms needed to treat older patients and then translates these into teaching objectives, assessments and outcomes. How will future healthcare providers

understand the more subjective needs of these patients? How will young healthcare providers begin to understand what “getting old” means? Will healthcare professionals be able to identify and empathize with such patients to maximize the health of the human body, mind and spirit, while at the same time helping that individual maintain dignity, freedom and independence? Can the teachings of St. Vincent de Paul to, “make it a practice to

judge persons and things in the most favorable light at all times and under all circumstances,” be successfully exemplified to students?

Physician Assistants, or PAs, are nationally certified medical professionals who diagnose and treat illnesses, prescribe medication, perform medical procedures, physical examinations and assist in surgery. They practice in all 50 states, in a multitude of medical settings and specialties. PA

How will young healthcare providers begin to understand what "getting old" means?

education is a rigorous medical training program, entailing medical sciences, behavioral sciences and behavioral ethics (AAPA, 2019). Upon completion of their training, PA students must be capable of not only diagnosing and treating illness, but exhibit strong communication skills with patients of all ages and cultural backgrounds. They must be prepared to exemplify compassion, professionalism and altruism with every patient encounter.

There are many studies assessing attitudes of medical students toward older populations, but fewer studies involving PA students. Current literature reveals that medical students carry mixed attitudes toward the care of elderly patients. While pre-exposure attitudes vary from negative to positive, most research suggests that overall, attitudes improve after social experiences with the older population. A study conducted by the PA Program at Western Michigan University, concluded that there is a direct relationship in frequency of direct socialization with older adults and positive attitudes towards this population (Steer, 2010). In addition, health professions students who have exposure to the elderly population are more likely to develop an interest in practicing geriatric medicine in the future (McManus, Shannon, Rhodes, Edgar, & Cox, 2017). Persistent negative student attitudes toward older adults may be due to an educational culture that reinforces negative stereotypes regarding the aged, especially without integration of intergenerational exposure and activities (Gonzales, Morrow-Howell, & Gilbert, 2010). Older patients present varying challenges in the healthcare setting including visual and/or auditory deficiencies that may limit reciprocal and effective patient-centered communication. There are also varying degrees of cognitive function that may alter the relationship between patient and healthcare provider and at times, low levels of health literacy and compliance, which can lead to health care provider frustration (Gonzales, Morrow-Howell, & Gilbert, 2010). In addition, students may have limited exposure within their respective hospital training environments to effectively deal with these issues once in practice.

In 2001, the Weill Cornell Division of Geriatrics and Palliative Medicine began to offer medical students experiential opportunities grounded in didactic objectives. Concepts taught in the classroom were applied to specific rotational environments and patient pathologies. Students were also expected to maintain journal entries on their experiences and discussion groups were formed. Ouchida and Lachs found that this may have effectively improved student skills as a future healthcare provider to this age group (Ouchida & Lachs, 2015).

Recognizing anticipated growth in an aging population, the World Health Organization (WHO) launched a new program which includes the promotion of active aging. One of its main objectives is to change health systems to utilize a life course perspective that will focus on health promotion, disease prevention and equitable access to quality primary and long-term care. Advances in technology paired with programs that combine specialized delivery, counseling and health services may help disabled seniors stay in their homes longer. Many individuals choose to age in place, which is defined by living in one's own home and community with independence, safety and comfort. This goal should be met regardless of age, income or physical ability. Aging in place requires attention to the home environment and on the person's individual wishes (Carroll, 2019, January 8).

According to St. Vincent de Paul, we should "make time today to serve those who are most in need of encouragement and assistance." Healthcare providers must be prepared to provide geriatric care that centers on aging in place. This approach must include empathy, responsiveness and convenience as the older adult population continues to grow. Empathy is defined as the ability to understand and view the world from other people's perspective and to connect with their experiences or feelings (Davis, 1994). Empathy is vital for service and is a major component of the healthcare provider-patient relationship. It helps to ensure high quality and patient centered care.

Motivated by the belief that healthcare is a basic human right and driven by the Vincentian mission, St. John's University (SJU) Physician Assistant Education Program (PAEP) incorporates service-minded educational experiences into its curriculum. These experiences are designed to remind students of our responsibility to reach those who are most in need, "the poor, alienated and the aged." Additionally, experiential learning as a teaching strategy in medical curricula, facilitates the development of clinical reasoning, psychomotor and reflective skills and can improve healthcare provider empathy toward their patients (Jorwekar, 2017). The vision of this mission, in conjunction with the SJU Academic Service-Learning (AS-L) program, served as the foundation to develop a mandatory course assignment, involving the geriatric population, in a PA course during the Spring of 2018. PA students provided service to Selfhelp Virtual Senior Center, local senior centers and nursing homes, then provided reflections upon their experiences with their peers and faculty. The academic goal was to align students' experiences with specific course instructional objectives relating to the psychosocial stresses of aging, ageism, intergenerational gaps and its impact on healthcare and communication. Participation in this outreach project challenged current biases and knowledge held by students regarding the geriatric population.

There is evidence to suggest that intergenerational programs, whether delivered virtually or face-to-face, encourage active aging. Intergenerational programs include activities that foster interaction and cooperation between two or more generations. Participation in such activities benefits older adults by improving their health and well-being through intellectual or physical stimulation, as well as younger generations by fostering a sense of community, empathy and shared experiences. In particular, intergenerational projects may provide an opportunity for new relationships (Canedo-García, García- Sánchez, & Pacheco-Sanz, 2017).

PROJECT DESCRIPTION AND EVALUATION

An AS-L project was incorporated into course 'ALH 3210', Geriatric and Pediatric Medicine, in

the SJU PAEP. This course focuses on the unique needs and medical care of both old and young patients, but the assignment was developed for the geriatric component of the course. Students chose to volunteer in one of two options: they could either participate in an onsite service opportunity (at a senior community center or nursing home) or complete a virtual senior center presentation via Selfhelp Virtual Senior Center.

Student experiences at the community centers and nursing home varied based on the center's daily needs and scheduled senior activities. Student responsibilities included preparing and serving meals, providing social interaction in common rooms, engaging in crafts and card games, and administrative duties. Students had the opportunity to choose the specific site of their service and scheduled it on their own time. Volunteers were required to provide 3 hours of service at an SJU AS-L affiliated geriatric center (senior center or nursing home). Sites included Chapin Home for the Aging, Peter Cardella Senior Center, Jewish Association for Services for the Aged (JASA): Holliswood Senior Center and Margaret Tietz Nursing & Rehabilitation Center. After their volunteer experience, students completed an assignment and posted a reflection of their experience to Blackboard. Students were directed to work individually on the written reflection.

ABOUT THE ON-SITE CENTERS

Chapin Home for the Aging is a not-for-profit short and long term skilled nursing facility. Since inception, their mission is to provide a "true home" for individuals in their later years of life (Chapin Home for the Aging, 2019). Margaret Tietz Nursing & Rehabilitation Center provides short term rehabilitation and long term residential care with a focus on the individual's healthcare and emotional needs (Margaret Tietz Nursing and Rehabilitation Center, 2019). The Peter Cardella Senior Center is open to the community and provides a range of services to senior citizens with the aim to "promote healthy, productive aging with dignity" (Peter Cardella Senior Citizens Center, 2019). Likewise, JASA

serves the senior population by providing a network of senior centers and services with the mission to preserve the aged individual within the community and maintain dignity and autonomy (Jewish Association Serving the Aging, 2019). The backbone of all of the service sites includes promoting dignity and representation for the elderly community.

Selfhelp Community Services, Inc. is a nonprofit organization that is dedicated to providing services to senior citizens and at-risk populations. Their mission focuses on maintaining dignity and independence through programs that focus on housing, home healthcare and other social services. Selfhelp offers a variety of programs, including a Virtual Senior Center for homebound and economically disadvantaged seniors. The Virtual Senior Center utilizes web-based programming to provide interactive, live classes, where participants can visualize and speak with one another and the class instructor. A variety of classes are offered on a regular basis (in several languages) and cover many topics including history, art, health and exercise. Selfhelp Virtual Senior Center provides homebound seniors with an electronic tablet at no extra cost to promote participation in the program. The senior citizen participant registers for a virtual class and can watch the live presentation via the internet on the tablet provided. This program attempts to overcome technological barriers faced by the elderly, decrease the negative effects of social isolation and, therefore improve overall well-being (Selfhelp Community Services, 2019).

Students who volunteered for Selfhelp Virtual Senior Center paired with a partner to create and present a live, one hour web-based presentation to homebound seniors. Prior to this presentation, students were required to complete software

training and work with faculty mentors and a representative from the virtual senior center to aid in the design of their presentation. Some examples of student presentations are healthy cooking and baking, skin care for the unique needs of older persons, meditation and yoga. During presentations, students and seniors spent time in a virtual live conversation about the topic. At the conclusion of this experience, students informally shared their experience with the rest of the class. Selfhelp Virtual Senior Center protocol encourages virtual senior attendees to voluntarily provide feedback on the session. Virtual class registration varied in size but identified up to 23 senior attendees for our PA student presentations.

DATA ANALYSIS

Pre- and post- experience surveys were distributed to both groups of students. The surveys assessed student interest in geriatric medicine, communication with the aged population, inherent biases regarding the elderly, and knowledge of available resources to the senior community. In addition, the reflection assignments were reviewed as a method to gauge the student experience. Survey results (including comments) and reflections, were evaluated by faculty and the College of Pharmacy and Health Sciences' Assessment Office.

Initially, a dependent sample, paired t-test was conducted to compare pre and post Likert student survey scores. However, because the data was not normally distributed, the dependent sample t-test was not appropriate for analysis. Instead, a Wilcoxon signed-rank non-parametric test was conducted to compare the pre and post scores as the assumption of the normal distribution was violated. Questions 8 & 15 of the surveys provided the most statistically significant pre and post experience comparative data (See Table 1).

Table 1.

	Question 8: This experience helped to improve my communication skills with the geriatric population.	Question 15: I have a good understanding of the needs of the geriatric population.
Z	-2.043 ^b	-2.217 ^c
Asymp. Sig. (2-tailed)	0.041	0.027

The majority of survey respondents reported that the AS-L project enhanced the learning objectives of the course. Respondents also reported that the project improved their ability to communicate with the geriatric population and helped them to better understand the availability of community services and resources for the aged. Open-ended student feedback reflected that some of the volunteer sites did not provide enough interaction with the geriatric population.

Potential improvement to the design and assessment of this project includes specific comparison of the volunteer sites and experiences, motions to provide a more equitable volunteering experience, obtaining experiential surveys from the senior participants, and utilizing more widely used surveys, such as the Geriatrics Attitudes Scale, which has been utilized in other research regarding attitudes of future medical professionals towards the aged population (Kishimoto, Nagoshi, Williams, Masaki, & Blanchette, 2005).

STUDENT REFLECTIONS

Students shared their experiences through reflection and pre- and post-experience surveys with comments. The reflections included open-ended questions to encourage students to examine and explore ideas regarding older patient's unique needs to promote empathy and understanding. Multiple students reported that the senior citizens were more knowledgeable and interactive than they had anticipated. Many seniors embraced the opportunity to converse and share their life experiences with our PA students. The PA students asked open-ended questions regarding life stressors which led to more personable interactive discussions.

POST SURVEY FEEDBACK: EFFECTS OF PROJECT ON INHERENT STUDENT BIAS TOWARD SENIORS

"I just expected them to not be interactive or to not engage in conversation. But they did the opposite. They shared even more than we asked. Because of the stereotypes we have about them, it makes us undermine their capabilities."

"That they don't understand complex terms. I had this bias because you really don't expect this of the geriatric population, but a lot of them are well informed and do a lot of their own research."

"Initially I thought seniors were hesitant and disinterested to try out new things but boy was I wrong! Seniors are as curious as ever."

"I thought they would be unhappy, but all of the residents seemed to enjoy their time."

"They have a lot of knowledge of the many comorbid conditions they have."

Student prejudices and assumptions regarding "old people" were challenged. Open-ended student feedback reflected that many students had previously stereotyped senior citizens as "moody" and "unhappy"; thoughts that were refuted after completing the assignment. Students found that senior citizen participants were more knowledgeable, enthusiastic and willing to try new things than they had previously imagined. They also discovered that seniors were able to utilize technology and were much more informed than the students had anticipated. Senior participants appeared at ease in their personal surroundings and some even had their pets nearby during the virtual senior center presentation. This AS-L

program, together with the teachings of St. Vincent, not only provided an opportunity for senior citizens to socialize with the community, but helped our students grow personally and professionally. Students wrote that they were grateful for the experience and would recommend it to other classmates. They also developed more confidence in public speaking through presenting topics, and would consider participating again in the future.

SENIOR CITIZEN REFLECTIONS

Participants in the Selfhelp Virtual Senior Center also had an opportunity to evaluate the PA students. The feedback was shared with the PA program and students. PA students were praised for their leadership skills, topic knowledge and thoughtfulness. Seniors who participated in the meditation and yoga presentation appreciated the instructions and reported that “their body felt great”. Likewise, seniors acknowledged the need for reminders on the benefits of healthy lifestyles as they “...keep slipping back into bad habits.” Some seniors disclosed that the Selfhelp Virtual Senior Center program provided human interaction and engagement that aided them in combating depression. It enabled them to socialize and develop friendships with other seniors in similar situations. Seniors also encouraged the PA students to offer more presentations.

CONCLUSIONS

Incorporating geriatric-focused AS-L into Physician Assistant education provides a platform to develop skills beneficial in the care of the older adult. By virtual or direct interaction with members of the geriatric community, students are temporarily immersed into their world, and have an opportunity to experience those challenges and deficits in healthcare accessibility that may impede seniors’ ability to “age in place”. It also fosters feelings of intergenerational empathy for this population, which in turn may increase the PA student’s responsiveness to the geriatric patient’s needs. For students who participated in the virtual senior center, it also brought to light how

“bridging” of technology can allow alternative care models that can improve accessibility to healthcare services for the aged homebound community. The results and student reflections collected in this study favor providing service opportunities to enhance the learning objectives of the geriatric course, as well as instill or reinforce compassion and service to aged underserved communities. One major goal of the study is that the teachings and opportunities related to the SJU mission will continue to inspire these future healthcare providers to contribute and serve those in need. In the words of St. Vincent de Paul, “it is from our hands that our Lord, in the person of the sick, seeks relief.”

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