British Society of Gerodontology

Newcastle University

Educating the next generation of clinicians: narrative medicine and the importance of including older people in dental education

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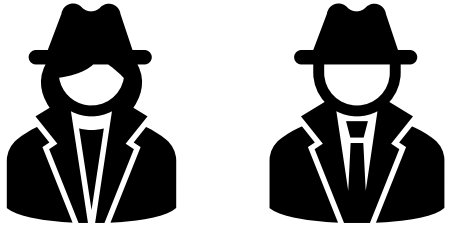
Aim

- Explore current approaches to the education and training of clinicians involved in caring for older adults

Secret Aim…



- Get you to think about trying something new…

Embedding education about older people- dementia as an example

Ellen Tullo, Luisa Wakeling, Tien K Khoo, Andrew Teodorczuk, Steven Brown
Rachel Pearse, Reece Foster, Mark Sanders

Embedding effective dementia education into undergraduate medical curricula

- Strategic need to meet the increase in people with dementia accessing healthcare
- Effective education about dementia remains the exception rather than the norm (across the world)
- The workforce does not always possess the necessary knowledge and skills to provide high quality care for people with dementia

Key questions:

1. Why effective interventions are not more frequently and systematically integrated into medical school curricula?

2. For whom and in which circumstances is successful dementia education effectively implemented in medical school curricula?

Realist review (synthesis)

A traditional systematic review to highlight key features of effective practice is unlikely to answer why dementia education remains under-represented in medical curricula.

- Realist review explains how and why an intervention works or doesn't work in specific contexts
- Review literature and synthesise evidence to develop a programme theory
- Understand the mechanisms and contexts that determine outcomes

Focus on the need to improve understanding of the barriers to implementation and the facilitators in institutions that have successfully introduced effective practice.

Tullo E, Wakeling L, Pearse R, et al Lost in translation: how can education about dementia be effectively integrated into medical school contexts? A realist synthesis BMJ Open 2023;13:e077028. doi: 10.1136/bmjopen-2023-077028

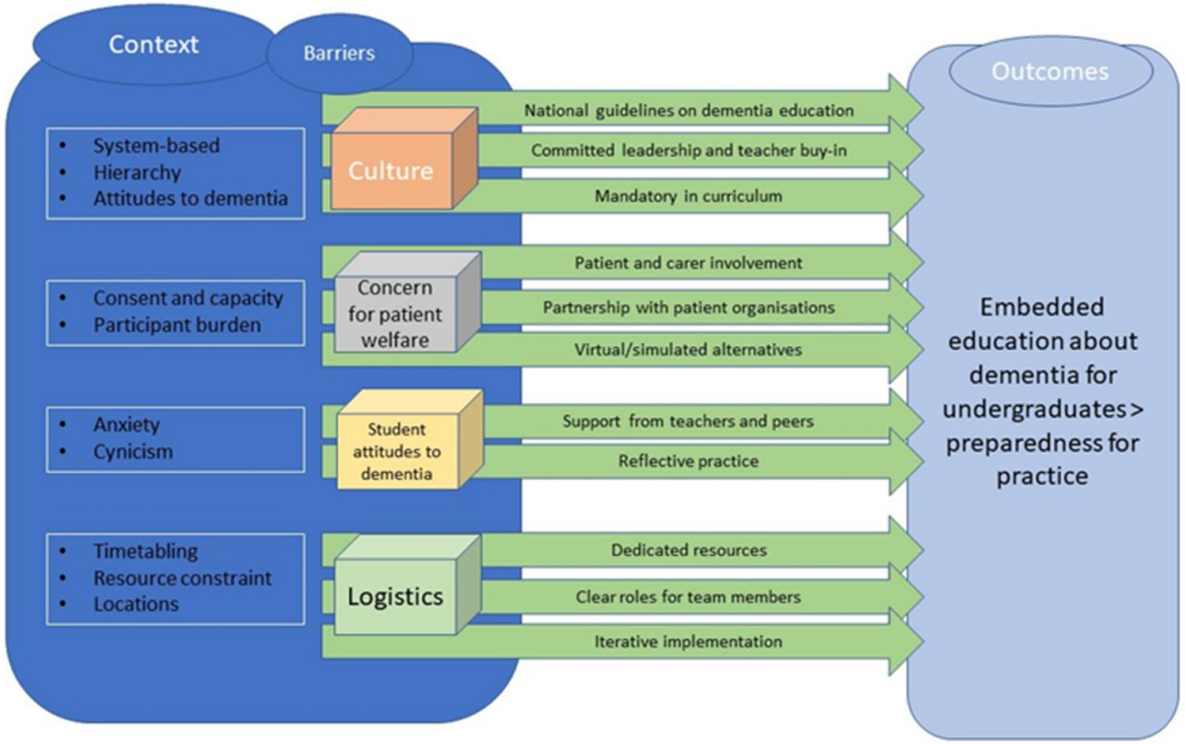
Initial programme theory

We identified twenty relevant papers for review.

Systematic extraction of data:

- nature of educational interventions
- narrative information that initially identified barriers and facilitators to integrating effective dementia education

Development of an initial programme theory (IPT).



IPT depicts the **contexts, mechanisms and outcomes** in relation to the curricular integration of UG education about dementia.

IPT structured around four **contextual barriers**

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Contextual barriers

- **Culture:** rigidity of curricular structures and the perceived lower status of conditions such as dementia in the hierarchy of 'ologies.
- **Concern for patient welfare:** potential vulnerability of PWD and their carers to be burdened by involvement in education
- **Student attitudes:** acknowledges the perception that clinical experience of acute care is a more valuable learning experience than community-based engagement with PWD.
- **Logistics:** resource implications in terms of time and money to implement longitudinal interventions for large numbers of students

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Validation and refining IPT

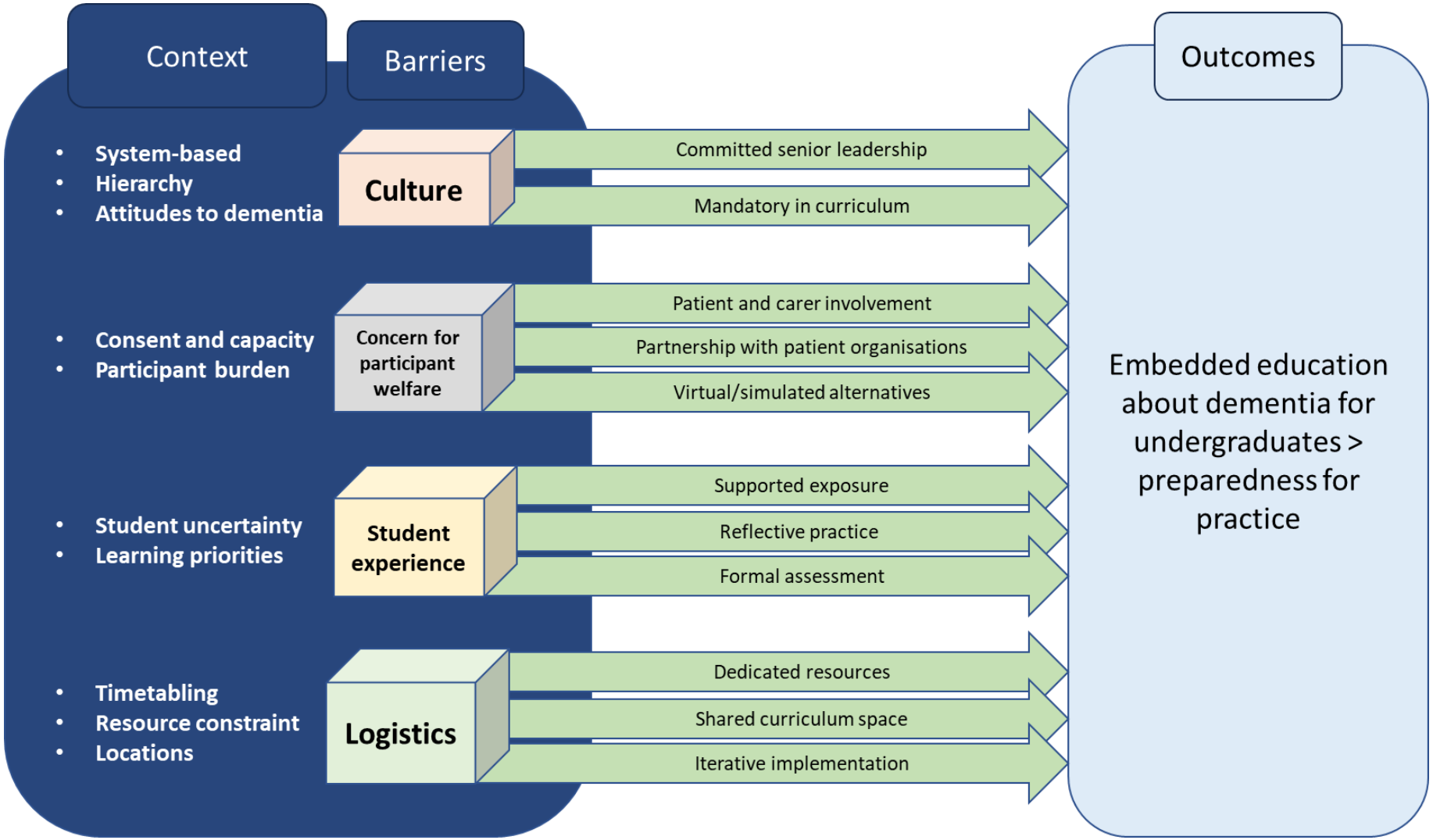
Examined further supporting literature (29) and undertook 18 interviews with a wide range of stakeholders:

- People with dementia and carers (Alzheimer's Society) (10)
- Educators* within higher education (9) (UK, Malaysia, South Africa, Taiwan and Brazil)
- Medical students (3)
- Educational programme organiser.

Refine the IPT, synthesising the contexts and mechanisms that influence the progress of effective dementia education.

*including a dentist

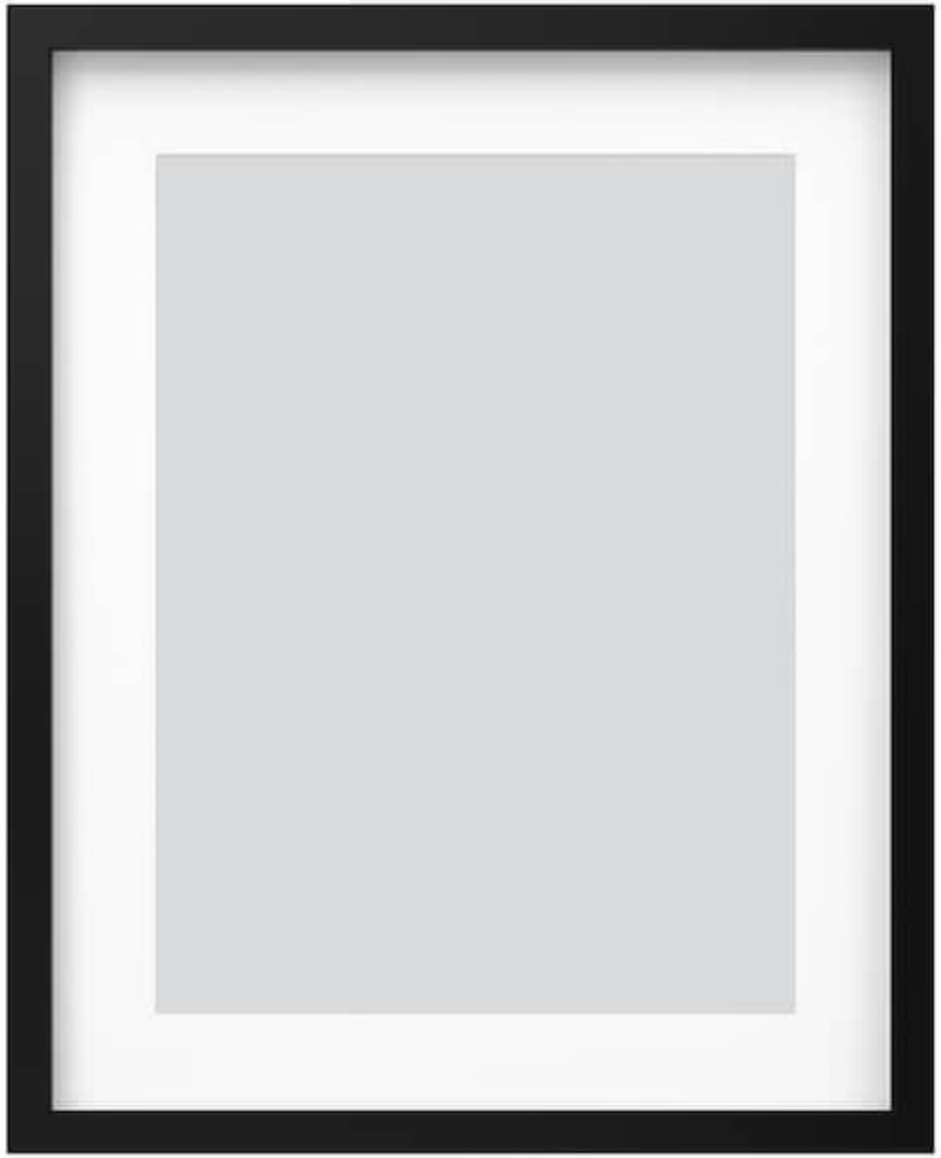
Embedding effective dementia education



Tullo E, Wakeling L, Khoo T, et al. Embedding effective dementia education into undergraduate medical curricula – a realist review. Submitted to Journal of the American Geriatrics Society.

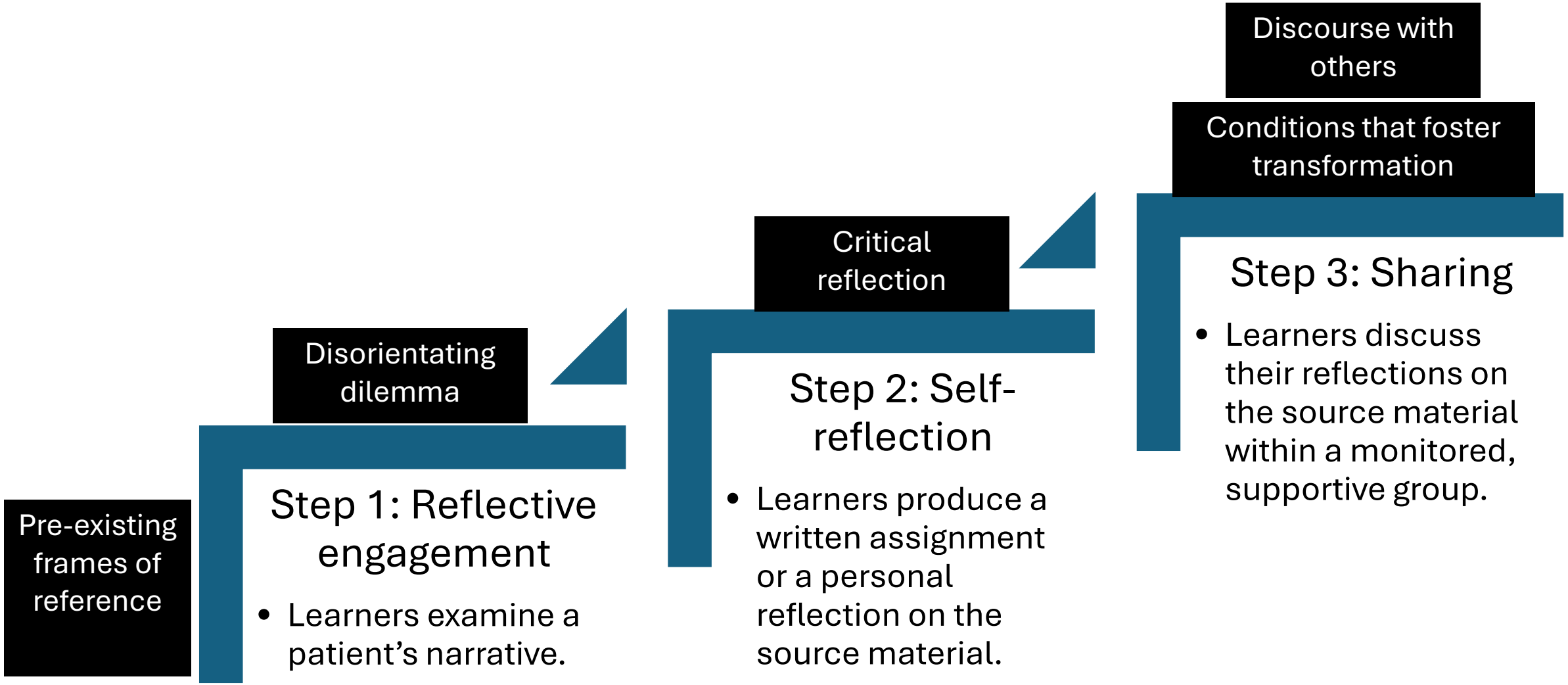
What is Narrative Medicine?

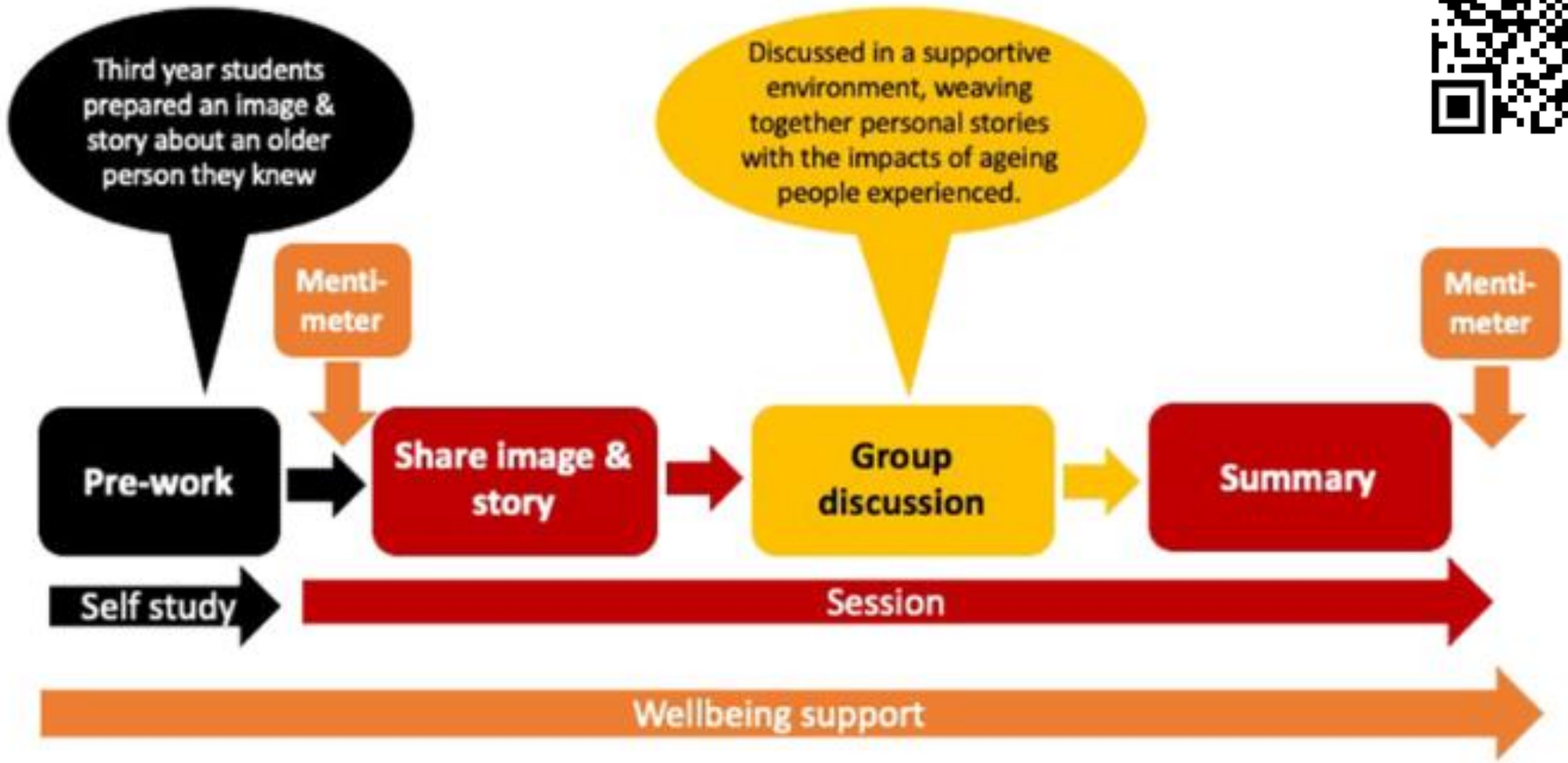
“A commitment to understanding patients’ lives, caring for the caregivers and giving voice to the suffering”

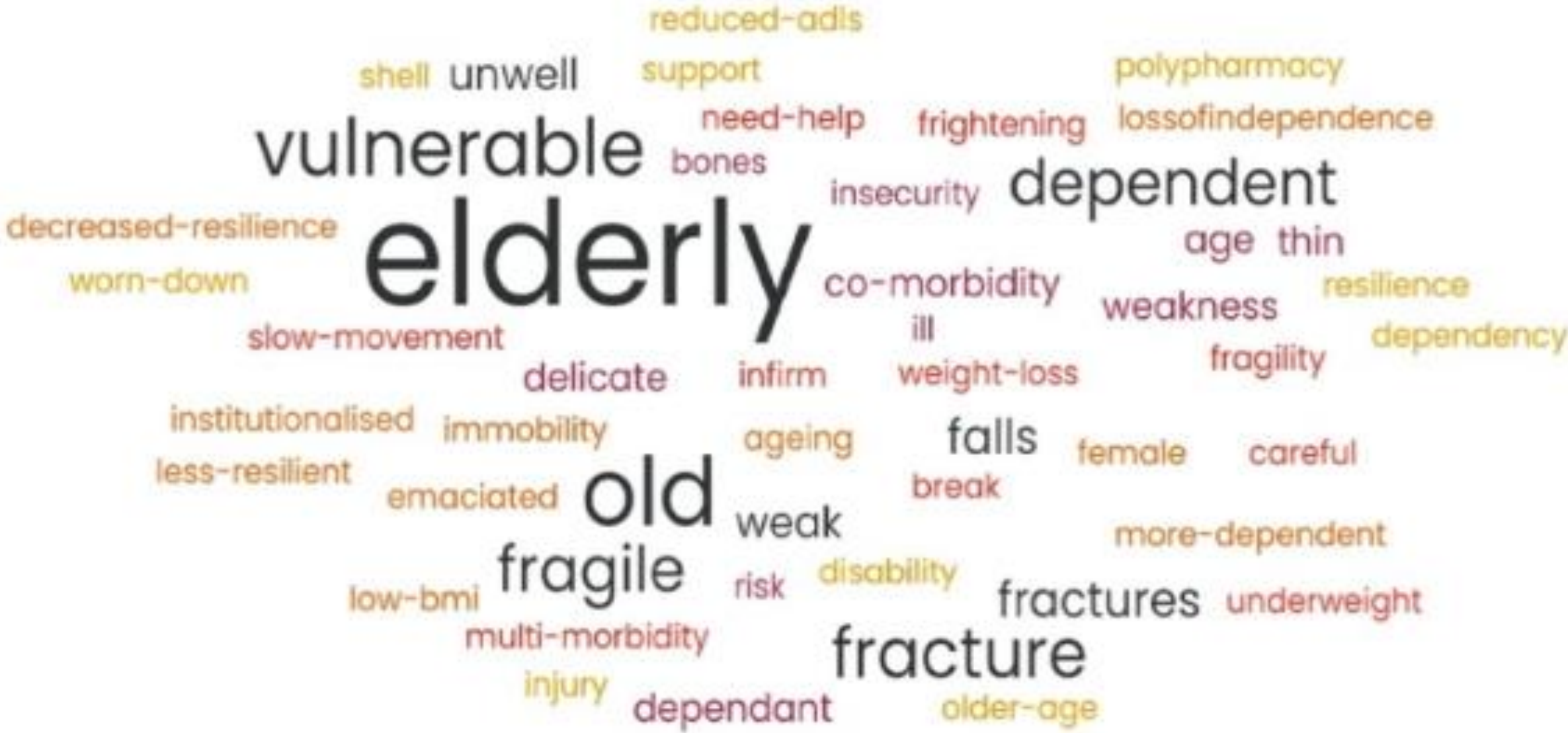


“In transformative learning, it is not just *what* one knows that changes; rather, it is *how* one knows something, how one sees oneself and others, and how one exists and acts in the world”.

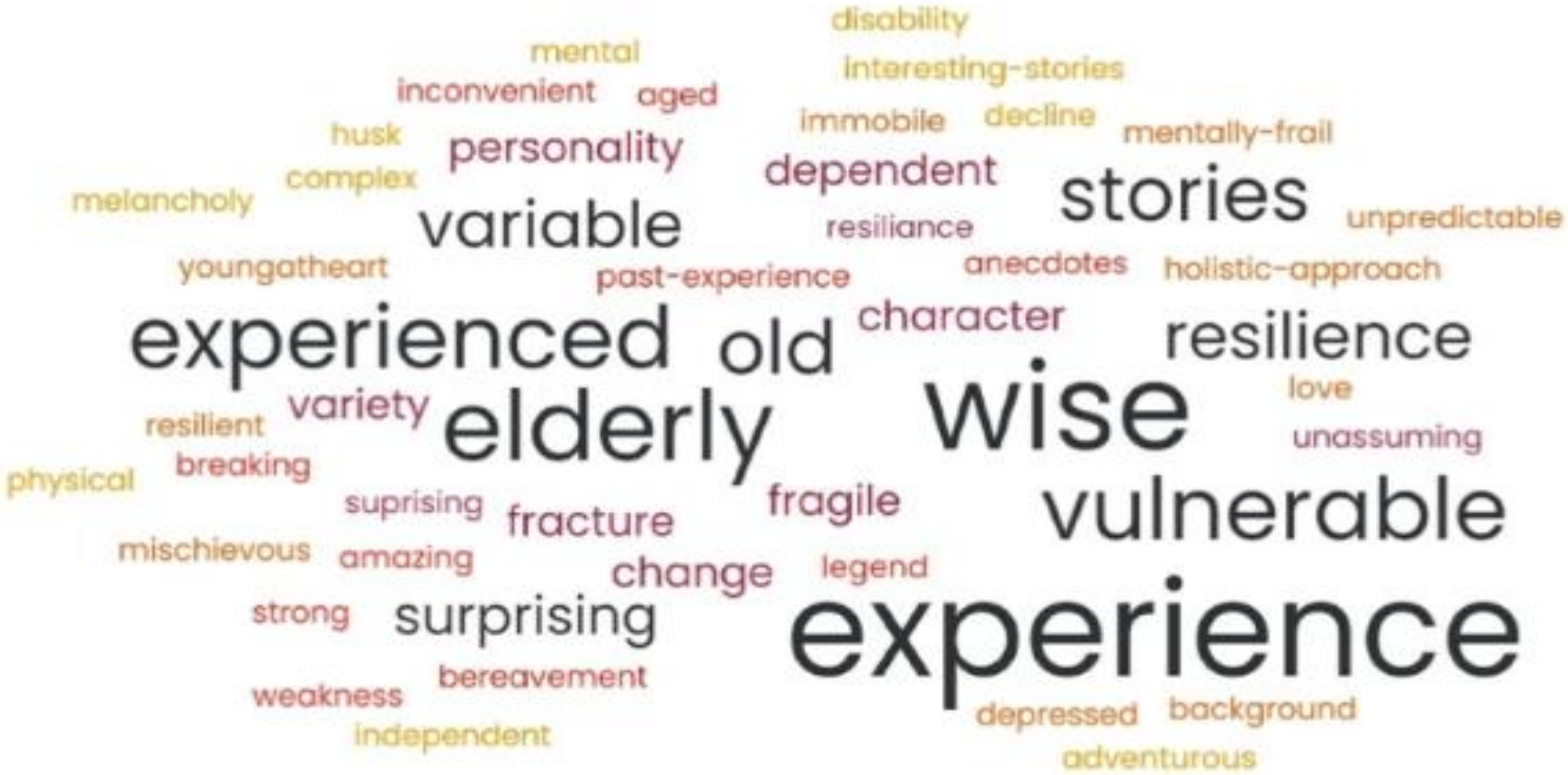
“Disorientating dilemma”


Pre-existing frames of reference
Disorientating dilemma
Step 1: Reflective engagement
• Learners examine a patient's narrative.
Critical reflection
Step 2: Self-reflection
• Learners produce a written assignment or a personal reflection on the source material.
Discourse with others
Conditions that foster transformation
Step 3: Sharing
• Learners discuss their reflections on the source material within a monitored, supportive group.


Third year students prepared an image & story about an older person they knew
Menti-meter
Discussed in a supportive environment, weaving together personal stories with the impacts of ageing people experienced.
Menti-meter
Pre-work
Share image & story
Group discussion
Summary
Self study
Session
Wellbeing support

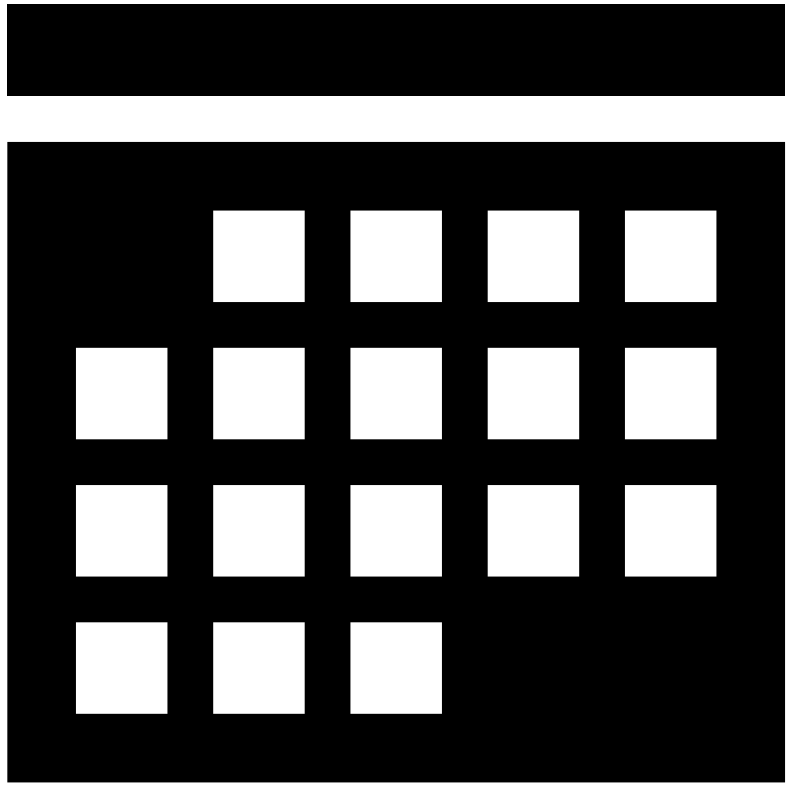


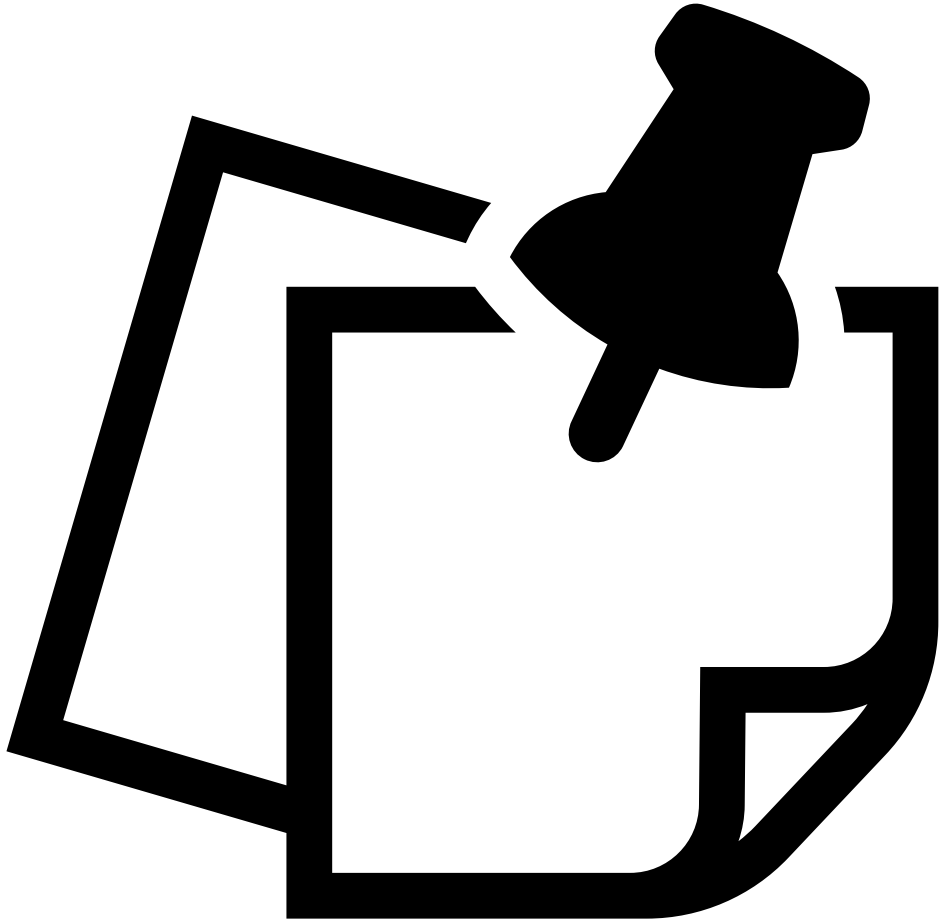
Pre-session words (n=130)



Post-session words (n=121)

You go into a clinical setting and you see all these elderly, frail patients, they're just sort of separate and then you don't think about the fact that ... if your grandparents or anyone elderly you knew ended up in hospital they would then also be considered under that same umbrella term ... after everyone had shared their stories that made me realise that, well if I wouldn't label the people that I'm close to who are older as frail, then I shouldn't do that with them.





CLINICAL TEACHER'S TOOLBOX

THE CLINICAL TEACHER

Clinical teachers' toolbox article: Harnessing narrative medicine to learn from underserved populations

James Fisher [1,2] | Nony G. Mordi [3] | Richard Thomson [1,2]

Twelve tips for teaching about patients with cognitive impairment

James Michael Fisher, Ellen Tullo, Kwong Chan & Andrew Teodorczuk

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Questions?

From Newcastle. For the world.