Letter to the Editor

Why aren't medical students specializing in geriatrics, and can arts-based experiences with the elderly help? Insights from 4th-year trainees

To the Editor,

There has been increasing concern over the geriatrician shortage in the USA and in Asia.1–3 While it is well-established that medical students feel overwhelmed by the negative aspects of geriatric care and discouraged by financial concerns (e.g., low compensation/loan debts),4 our knowledge of how these concerns evolve during medical training remains limited. Moreover, while data suggest that nonclinical geriatric experiences may improve student attitudes towards elderly patients,5 it is unclear how arts-based experiences enabling opportunities for reflection and meaning-making alongside elders might influence residency choices.

This study used qualitative methods to examine these questions with 22 4th-year medical students at Penn State College of Medicine, Hershey, PA, USA who participated in an elective called The Narratives of Aging in 2014–2015. As part of the course, a faculty member trained students in TimeSlips—a group-based improvisational storytelling program used in residential care with persons affected by dementia (www.timeslips.org)—and made four visits to a local dementia-care unit to host TimeSlips (Figure 1).

In addition to facilitating sessions, students were guided in undertaking several creative assignments related to their experiences, including a final artistic project developed from the stories residents told. Upon completion of the course, a private Google Doc was used to solicit de-identified student answers to two questions: (1) In thinking back on the past 4 years, what dissuaded you from specializing in geriatric medicine? (2) If you had been able to participate in TimeSlips in preclinical years, do you feel it may have impacted the residency program you chose?

Responses to both questions were grouped into common themes, and illustrative examples of each theme were identified. While students frequently expressed respect for geriatricians and affection for caring for older patients they identified two main reasons for not pursuing geriatrics. The most common rationale was that clinical experiences in geriatric medicine had caused them to encounter patients viewed as more difficult and less satisfying to work with. As one student wrote:

“I like caring for patients who have a disease-process with definitive treatments and potential to be cured. I found that several specialties, especially geriatrics and psychiatry, were a lot of medication management and had patients with complicated social needs, and just did not find it as gratifying.”

Other students noted that they did not want to subspecialize in geriatrics because it limited the diversity of patients available in other pursuits such as family practice/internal medicine.

With regard to whether earlier participation in an arts-based activity such as TimeSlips might have impacted their residency decision, students universally agreed that while the experience had improved comfort with elderly persons and broken down stereotypes of dementia being a dread disease, earlier exposure would not have impacted their path. As one student wrote: “Though having TimeSlips would have been fantastic during preclinical years, I don’t expect my career choice would’ve been any different.”

While this study had a small sample size that may not be representative, participants confirmed established findings by expressing that they were most strongly dissuaded from geriatrics by clinical experiences with elderly patients. It is perhaps notable that they did not mention financial concerns, which are often perceived as a major limiting factor. While students were dubious that earlier exposure to an arts-based experience (i.e., TimeSlips) with the elderly would have engendered a different residency decision, there may be a hindsight bias at play. There remains a need for faculty in academic medicine to develop innovative arts-based interventions that enable students to interact informally with older patients and develop meaningful

Figure 1. A 4th-year medical student guides a nursing home resident in TimeSlips storytelling. Students are trained in the creative storytelling technique and lead four sessions at a local dementia-care unit.
relationships during formative preclinical years, and examine how these experiences might counteract negative clinical experiences and impact residency decision-making.

Conflicts of interest

D.R.G. has served on a volunteer advisory board for TimeSlips with no financial stakes in the project. The author reports no conflict of interest. The author was solely responsible for the conceptualization, authorship, and preparation of this manuscript. No sponsors played a role in the design, methods, participant recruitment, data collections, analysis or preparation of paper.

References


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Available online 25 June 2016