

Introduction

An increase in the older adult population creates a proportionate shift in health conditions and impairments that require skilled medical management.¹ Several social issues such as ageism, limited awareness of the need for healthcare workers, and an overall lack of interest in working with an older adult population may impact the desire of student physical therapy professionals to work with older adults.^{1,2} The purpose of this study was to identify common barriers and trends among students of a doctor physical therapy program that may influence attitudes toward working with the older adult population following hands-on exposure through formal clinical practicums and didactic geriatric content.

Methods

Students in the second-year cohort of a DPT program in University Park, Illinois, participated in two mixed-methods online surveys. The first survey was conducted following 2 weeks of didactic content via classroom delivery with lectures and lab related to proper management of older adults' needs within physical therapy delivered by a Board-Certified Clinical Specialist in Geriatric Physical Therapy. The second survey was conducted after the students' first six-week clinical rotation. A Wilcoxon rank analysis was performed to interpret the data using SPSS V26.

Results

Illustrated in Figure 1 are the primary pre-clinical and post-clinical concerns that the students reported related to working with older adults in a clinical setting. Following their didactic experience, but prior to their clinical exposure, students' top concerns included lack of experience, fear of hurting a patient, and the complexity of care required to meet the needs of an older adult. After their clinical exposure, students expressed decreased concern for complexity and potential injury. Students' perceived comfort for working with older adults is depicted in Figure 2. Comfort level improved both after the didactic experience as well as with the clinical exposure. However, it is important to note that despite this overall improvement, a select number of students continued to report that they felt "very uncomfortable" after the clinical experience. Both pre- and post-clinical, students ranked "Potential to Improve Quality of Life" as their top anticipated positive expectations for working with older adults (Figure 3). Clinical exposure did not appear to greatly impact these expectations. Student bias pre and post didactic and clinical experience is depicted in Figure 4. Students reported they had less bias towards older adults after the didactic course compared to before the class, but no change in bias was noted pre- and post-clinical exposure. Lastly, students also were asked the likelihood of pursuing a career with aging adults (Figure 5) following both the pre- and post didactic and clinical experiences. The graph to the right shows a neutral chance pre/post the didactic course, and a decrease in likelihood post one clinical experience.



DPT Student Attitudes and Confidence Towards Working with Older Adults: Impact of Exposures

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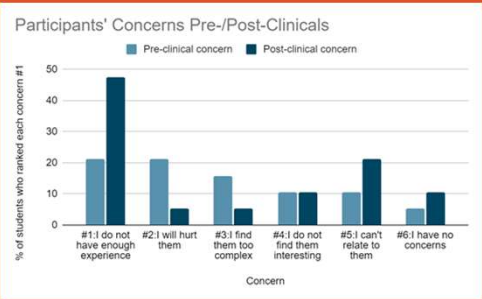


Figure 1: Concerns in Working with Older Adults Pre- and Post-Clinical

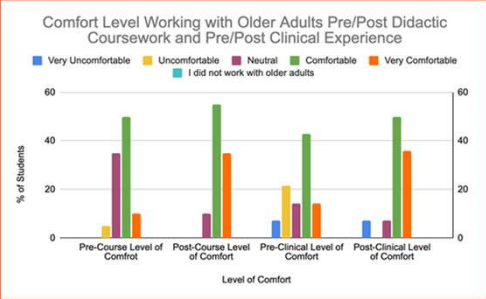


Figure 2: Comfort Level with Older Adults Pre- and Post-Clinical

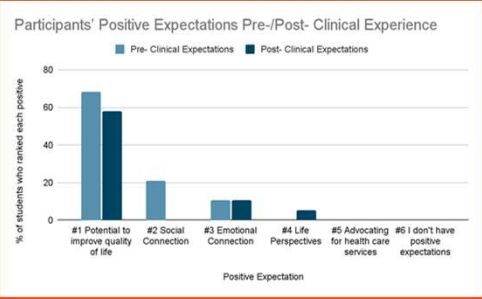


Figure 3: Positive Expectations Pre- and Post- Clinical

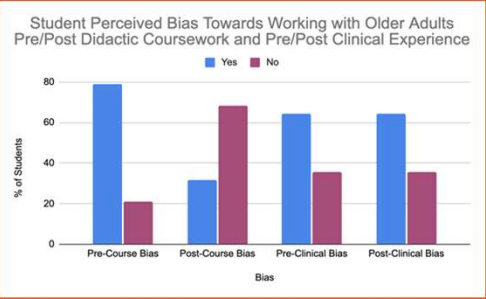


Figure 4: Perceived Bias Pre- and Post- Clinical

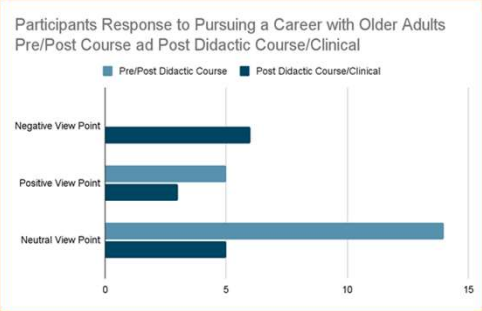


Figure 5: Likelihood to Pursue a Career in Aging

Discussion

The pre-clinical survey illustrated that most of the students felt comfortable or very comfortable working with older adult patients compared to reports of feeling neutral prior to the course. The post-clinical survey showed similar findings, in which most students felt comfortable or very comfortable after their clinical experience compared to mixed reports of feeling uncomfortable, neutral, and comfortable (Figure 2). It should be noted that more students overall felt less comfortable working with older adults prior to the clinical experience than after the didactic course. This could be due to a number of factors including nervousness related to participating in the first clinical experience of the curriculum and/or working with real patients for the first time. After their clinical exposure, students expressed decreased concern for complexity and potential injury, supporting the researchers' theory that increased education and exposure would demystify proper care of older adults (Figure 2). However, after clinical exposure, students rated lack of experience much higher as a concern. This could potentially be related to the exposure in the clinical leading to increased self-awareness of skills and performance, allowing them better insight into their true versus anticipated confidence levels (Figure 1). Two studies found that real-life exposure allowed students the opportunity to evaluate their knowledge and skills to determine their level of preparation, retrospectively student identified they may have been over confident in their rating of experience.^{3,4} This finding relates to the DPT students in the current study as seen in the pre and post-survey data, where although students felt more comfortable working with older adults after didactic coursework (Figure 2) and clinical experience, it was also found that students felt that they did not have enough experience with older adults was the top response for their concerns when working with older adults (Figure 1). Finally, while students were more neutral to seeking a career with older adults prior to the clinical exposure, it was through the clinical exposure that the students were more definitive in their decision to seek a career in aging, supporting the idea that students have to be sufficiently exposed to a population before making informed decisions in their preferences of treating population (Figure 5). A major takeaway from this study is that in order to improve DPT students' attitudes towards working with older adult populations, both didactic coursework and continuous clinical exposure should be implemented throughout the curriculum to address attitudes, comfort level, and ageist biases early in a student's physical therapy career. Future research should consider implementing real-life exposure with older adult populations throughout the curriculum in the didactic setting as a hybridized model to promote additional exposure through guided experiences with a Board-Certified Clinical Specialist in Geriatric Physical Therapy.

References

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