

# Brief Report

The Gerontologist  
doi:10.1093/geront/gnr035

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## Impact of Participation in TimeSlips, a Creative Group-Based Storytelling Program, on Medical Student Attitudes Toward Persons With Dementia: A Qualitative Study

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Received January 13, 2011; Accepted March 14, 2011  
Decision Editor: Helen Q. Kivnick, PhD

**Purpose:** To evaluate whether medical student participation in TimeSlips (TS), a creative group-based storytelling program, with persons affected by dementia would improve student attitudes toward this patient population. **Design and Methods:** Fifteen fourth-year medical students from Penn State College of Medicine participated in a month-long regimen of TS sessions at a retirement community. Student course evaluations were analyzed at the conclusion of the program to examine perceived qualitative changes in attitude. **Findings:** Qualitative data revealed insights into the manner in which student attitudes toward a geriatric patient population became more positive. **Implications:** This is the first known pilot study to suggest that participation in a creative group-based storytelling program might improve medical student attitudes toward persons with dementia.

**Key Words:** Dementia, Alzheimer's disease, Geriatric education, Storytelling

As the incidence of Alzheimer's disease and related dementias (ADRD) rises precipitously in industrialized nations as well as in low- and middle-income countries (Ferri, Prince, & Brayne 2005), geriatric care will become urgently demanded by modern health care systems, including the United States (Institute of Medicine, 2008). However, recent research has shown that medical students report not feeling appropriately engaged in geriatrics (Bagri & Tiberius, 2010). Recent systematic reviews have documented a variety of interventions that focus on improving student attitudes toward geriatric care, such as senior mentoring, didactic and experiential sessions, intergenerational programs, aging simulations, game-based and community contact programs, and Web-based curricula among others, suggesting that interventions that facilitate interactions between students and healthy older adults are more likely to improve student attitude than those with elderly patients in the clinical environment

(Flaherty, Fabacher, Miller, Fox, & Boal, 2002; Tullo, Spencer, & Allan, 2010; Yuen et al., 2006). Taken together, these emerging data suggest that student attitudes toward older patients may be improved by nonclinical geriatric experiences.

Despite other tried methodologies, there are no known interventions that integrate creative arts into medical student geriatric care education. Such interventions may foster positive attitudes by removing students from purely clinical interactions with aging persons and allowing less formal relationships to evolve around a cocreative activity. Such improved attitudes could ultimately contribute to students taking a more humanistic approach to the care of geriatric patients, including those with ADRD. This manner of care would address neuropsychological symptoms and brain pathology while also supporting the personhood of those affected by dementia, bringing the older person into focus rather than the disease, reducing the stigma associated with ADRD, and helping preserve meaningful interrelationships and social status for those so affected (Kitwood, 1997). Not only would such care benefit medical student education, it could also contribute more broadly to improvements in the training of paraprofessional caregivers, a disproportionate percentage of whom are ethnic minorities and/or persons from lower socioeconomic backgrounds who work in long-term care facilities and may hold culturally specific—and sometimes negative—views about people with dementia that are not necessarily informed by evidence-based practice (Ayalon, Aréan, Bornfeld, & Beard, 2009; see also Brodaty, Draper, & Low, 2003).

The purpose of this research was to evaluate the participation of fourth-year medical students in a nonclinical, group-based creative storytelling program called TimeSlips (TS), which was developed in the 1990s and is now practiced around the world (Basting, 2009). Unlike traditional reminiscence therapies that evoke biographical details to capture a sense of who a person with ADRD was in the past, TS elicits a performance of self in the present moment. The activity involves facilitators encouraging persons with ADRD to exercise their imaginations—even in the face of memory loss and disorientation—thereby underscoring the inherent dignity of persons with ADRD by creating a valued social role (Whitehouse & George, 2008).

A small evidence base suggests that participation in TS benefits persons with ADRD as well as their professional caregivers. Researchers have

found that individuals with ADRD who engaged in a 6-week session of TS experienced greater positive affect than those receiving a control intervention (Phillips, Reid-Arndt, & Pak, 2010). Facilities that have integrated TS into their care services over a 10-week period report that TS fostered more frequent staff–resident interactions and social engagement while also nurturing more positive staff views of residents than in control facilities (Fritsch et al., 2009). However, no existing studies have evaluated whether participation in TS can have an impact on the attitudes of medical students toward persons with ADRD. This pilot study used qualitative techniques to explore how medical students experienced their own attitudes and perceptions of persons with ADRD to have been affected by their coparticipation in TS sessions.

## Design and Methods

### *Study Sites and Population*

The study was undertaken in partnership with Penn State College of Medicine (PSCOM) and Country Meadows (CM), a retirement community in south-central Pennsylvania, which hosted the TS sessions. Fifteen fourth-year medical students—8 women and 7 men—participated in the study as members of a course elective entitled “Narratives of Aging.” As part of their Medical Humanities curriculum, fourth-year medical students at PSCOM must take one 4-week Humanities elective after completing medical school coursework. The course required that all students participate in TS as part of the class service-learning component.

### *Recruitment*

Students joined 20 participants affected by ADRD who were residents at CM. Floor managers at CM used Internal Review Board (IRB)–approved inclusion criteria—persons with ADRD who would potentially benefit from narrative therapy, worked well with younger persons, and could provide consent and/or assent for their participation—to identify potential participants, all of whom lived on the memory support unit. No data were collected from these participants, though consent was gained for their participation. Approval for the study was obtained from the PSCOM IRB and the IRB at CM.

### *Design*

The principal investigator (PI), previously certified as a TS facilitator, conducted student training

during classroom time. Students also attended an educational session at the retirement community to learn how to optimally interact with residents and what to do in the event of an emergency. Students were given the option of developing final creative projects based on the imaginative content that emerged from the TS sessions. Although all students were required to participate in TS sessions to satisfy the service-learning component of the course, they were not required to participate in the research. The lead researcher obtained student consent two weeks before the first visit to the retirement community. Students were reminded that they could withdraw from the study at any point without penalty and that grades would not be affected by participation. All 15 students completed the study.

### *Data Collection*

Written student course evaluations were collected after the TS sessions on the last day of class to examine qualitative changes in attitude that might have been related to participation in TS. On average, students spent 20 min providing answers to open-ended questions that were part of the standard evaluation form used in medical humanities courses.

### *TS Sessions*

During four visits to the retirement community, students were separated into two groups with 10 elder residents with ADRD in each group. Traditionally, during TS sessions, groups of approximately a dozen individuals with ADRD join in a semicircle with caregivers. Each person is given surreal staged pictures, and participants are encouraged to use their imaginations to make observations and tell stories about the people and objects in those pictures. Every comment is written down in the form of a prose poem such that at the end of each TS session, persons with ADRD (and those who have assisted them) have coauthored a collective story that is often full of whimsical imagery.

During each session at the retirement community, students used four TS pictures and took turns serving as facilitators, scribes, and storytellers with the residents. Facilitators prompted the residents with questions about the imagined events taking place in the pictures, whereas storytellers sat next to the residents, repeating the facilitator's questions

and offering encouragement. One scribe in each group transcribed each verbalized response onto a pad of paper. At the end of each story, the scribe would read the narrative aloud and query the group about what they wished to title it. Caregivers and staff from the retirement community joined students on each visit to minimize potential risk to students and to residents. The PI attended and oversaw each session, which lasted approximately 90 min including a debriefing with the course instructor.

### *Qualitative Analysis*

Each student completed narrative evaluations of the course responding to the following questions: (a) Please evaluate your learning experience in this course, (b) which aspects of the course did you find most meaningful/useful?, (c) which aspects of the course did you find least meaningful/useful?, and (d) comment about the course and components (strengths, weaknesses, suggestions)? An emergent coding scheme was used to identify relevant themes within 20 single-spaced pages of pooled student narrative data using a grounded theory approach (Glaser, 1992). The coding framework drew upon previous studies on TS referenced earlier. Codes were manually grouped under broader thematic categories based on perceived relationships (Corbin & Strauss, 2008; Ziebland & McPherson, 2006). Themes were formally identified when at least 10 codes were present that related to a particular theme. Confirmability was established by discussion with a colleague (H. L. Stuckey) from an alternative disciplinary background in public health sciences.

### *Findings*

Three themes emerged from the student evaluations, demonstrating an overall positive attitude toward the course and a shift in perspective toward persons with ADRD:

#### *Theme 1: Participation in the TS Sessions Had Surprising Results for Students*

Many of the students used the word "surprising" to describe how much they enjoyed the TS sessions as it was a novel experience for most of them to join with ADRD patients in an in situ setting and interact around a creative activity. One student said, "I was very surprised to enjoy the course as much as I did. I think I learned a lot

about dementia and more generally about an approach to caring for older patients.” Others commented that the course was “surprisingly wonderful,” and it “completely exceeded my expectations.” One student reflected, “I was very surprised by what I learned of AD/dementia as well as what I learned about myself.”

### *Theme 2: Creative Interactions With Retirement Community Residents Had an Impact on Students Personally and Could Affect Future Interactions With Older Patients*

For some, learning about the effects of ADRD and holding creative interactions with the retirement community residents became a source of personal growth. As one student wrote, “This course really helped me understand my previous interactions with Alzheimer’s patients better, including those in my own family.” For others, it helped to eliminate some of the common misapprehensions about dementia. Two participants stated that they learned how to more fruitfully interact with people with dementia and acquired a new set of knowledge and experiences to draw upon when they have future patients with ADRD, which will be useful in their careers. Lastly, a student commented that it was interesting to learn about dementia care from a viewpoint other than clinical evaluation. The student wrote that, “the concept of TimeSlips is . . . I believe, useful in dealing with persons with dementia.”

### *Theme 3: Students Appreciated the Change of Pace in Creative Teaching Methodology*

One student acknowledged that they had become accustomed to lectures and teaching from the biomedical perspective and appreciated the opportunity to learn more about the “liberal arts understanding of ADRD.” Another student appreciated the opportunity “to interact with the residents at the retirement community and . . . to do some creative writing during medical school (nice change of pace).” The creative teaching methodology was inspiring to one student who commented that she “really liked the chance to see our creative side in exploring the issues of Alzheimer’s.” Indeed, one of the more compelling findings in this study was that two thirds of the students found inspiration in the stories their elder partners told and chose to adapt TS narratives into short animated videos, songs, drawings, and short stories for final projects.

## **Discussion**

Previous research has demonstrated that student attitudes toward elder patients may be improved by nonclinical geriatric experiences. This pilot study adds that a group-based storytelling activity may improve attitudes toward persons with ADRD. During medical school training, interactions between students and persons with ADRD are often confined to clinical encounters. By establishing interactions in a nonclinical environment that are centered around a creative activity such as storytelling, students may view persons with ADRD as sources of creative expression and not merely persons with deficits. Such a process can powerfully humanize persons with ADRD.

Our working hypothesis to test in future research is that this programming can contribute to diminishing the “disability gap” (Gigliotti, Jarrott & Yorgason, 2004) and cultivating the “emancipatory potential” of artworks (Radley & Bell, 2007) by incorporating diagnosed persons in meaningful ways while also extending a more humane worldview to future health professionals. Understanding the value and utility of expressions of meaning in the moment for persons with dementia—as well as future health practitioners—greatly advances the empirical base on ADRD.

Future research will continue to test the working hypothesis in various contexts and increase the number of students and participants. If appropriate, this research can be expanded into an intervention or randomized controlled trial. Researchers may examine the pre- and postattitudes of persons with ADRD to evaluate their perceptions of medical students as well as the overall effect on quality of life or other psychosocial modalities of participants. It would be useful to integrate a more robust participant observation element to rigorously document the attitude changes students experience from session to session as well as to query students about previous exposure to persons with ADRD. Furthermore, it is unclear whether specific interventions concerning education in geriatrics have immediate or long-lasting effects on the knowledge, skills, and attitudes of medical students toward older adults. This study was not able to provide longitudinal data on efficacy, and thus, future interventions with longer—perhaps even postmedical school—study intervals would be desirable, especially for students going into primary or geriatric care. Researchers and medical educators are encouraged to develop other creative arts-based

interventions that may be especially relevant to their institution and region—such as music, physical activity, nature-based therapy, etc.—that may similarly improve student attitudes toward aging persons and inform a greater appreciation for the humanity of individuals with ADRD. The ultimate intent of such programs is to simultaneously improve the lives of elderly individuals with disabilities and educate future health professionals while demonstrating how the arts and humanities can inform this process.

## References

- Ayalon, L., Aréan, P., Bornfeld, H., & Beard, R. L. (2009). Long term care staff beliefs about evidence based practices for the management of dementia and agitation. *International Journal of Geriatric Psychiatry, 24*, 118–124.
- Bagri, A. S., & Tiberius, R. (2010). Medical student perspectives on geriatrics and geriatric education. *Journal of the American Geriatrics Society, 58*, 1994–1999.
- Basting, A. D. (2009). *Forget memory: Creating better lives for people with dementia*. Baltimore, MD: Johns Hopkins University Press.
- Brodady, H., Draper, B., & Low, L. F. (2003). Nursing home staff attitudes towards residents with dementia: Strain and satisfaction with work. *Journal of Advanced Nursing, 44*, 583–590.
- Corbin, J. M., & Strauss, A. L. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Los Angeles, CA: Sage Publications.
- Ferri, C. P., Prince, M., & Brayne, C. (2005). Global prevalence of dementia: A Delphi consensus study. *The Lancet, 366*, 2112–2117.
- Flaherty, J. H., Fabacher, D. A., Miller, R., Fox, A., & Boal, J. (2002). The determinants of attitudinal change among medical students participating in home care training: A multi-center study. *Academic Medicine, 77*, 336–343.
- Fritsch, T., Kwak, J., Grant, S., Lang, J., Montgomery, R. R., & Basting, A. D. (2009). Impact of TimeSlips, a creative expression intervention program, on nursing home residents with dementia and their caregivers. *The Gerontologist, 49*, 117–127.
- Gigliotti, C. M., Jarrott, S. E., & Yorgason, J. (2004). Harvesting health: Effects of three types of horticultural therapy activities for persons with dementia. *Dementia, 3*, 161–180.
- Glaser, B. (1992). *Basics of grounded theory analysis*. Mill Valley, CA: Sociology Press.
- Institute of Medicine. (2008). *Retooling for an aging America: Building the health care workforce*. Washington, DC: National Academies Press Retrieved November 1, 2010, from <http://www.iom.edu/CMS/3809/40113/53452.aspx>
- Kitwood, T. (1997). *Dementia reconsidered: The person comes first*. Philadelphia: Open University Press.
- Phillips, L. J., Reid-Arndt, S. A., & Pak, P. (2010). Effects of a creative expression intervention on emotions, communication, and quality of life in persons with dementia. *Nursing Research, 59*, 417–425.
- Radley, A., & Bell, S. E. (2007). Artworks, collective experience and claims for social justice: The case of women living with breast cancer. *Sociology of Health & Illness, 29*, 366–390.
- Tullo, E. S., Spencer, J., & Allan, L. (2010). Systematic review: Helping the young to understand the old. Teaching interventions in geriatrics to improve the knowledge, skills, and attitudes of undergraduate medical students. *Journal of the American Geriatric Society, 58*, 1987–1993.
- Whitehouse, P., & George, D. R. (2008). *The myth of Alzheimer's: What you aren't being told about today's most dreaded diagnosis*. New York: St. Martin's Press.
- Yuen, J. K., Breckman, R., Adelman, R. D., Capello, C. F., LoFaso, V., & Reid, M. C. (2006). Reflections of medical students on visiting chronically ill older patients in the home. *Journal of the American Geriatrics Society, 54*, 1778–1783.
- Ziebland, S., & McPherson, A. (2006). Making sense of qualitative data analysis: An introduction with illustrations from DIPEx (personal experiences of health and illness). *Medical Education, 40*, 405–414.