

BACKGROUND

Simulated aging experiences are increasingly used to improve healthcare professionals' attitudes and empathy toward older people.

Although many studies report positive outcomes from these activities, other literature suggests that disability simulations actually worsen participants' attitudes, promoting pity rather than empathy.

Given the existing stereotypes of functional decline with aging, we were wary of implementing a typical aging simulation activity in the education of physical therapy students.

Typical aging simulation suits create a level of disability more consistent with pathological aging (frailty) than with necessary and normal aging. Frailty is a geriatric syndrome that is largely preventable and often reversible with appropriate interventions.

PURPOSE & DESIGN

The goal of this simulation activity was to improve physical therapy students' attitudes toward addressing the needs of older adults without reinforcing negative assumptions about disability with aging.

In designing the simulation activity, we chose to frame it as **simulated frailty rather than simulated aging**. We also constructed the post-activity reflection to focus on patient advocacy.

Participants were 44 doctoral physical therapy students enrolled in a 3rd-year geriatrics course.

Students attended lectures on the causes and manifestations of frailty, and on effective interventions to prevent, minimize, and reverse frailty in older adults.

Students then paired up and took turns in the roles of patient with frailty and physical therapist.

Students completed the UCLA Geriatric Attitudes scale before the simulation activity and after the reflection. Data were analyzed using a one-tailed t test, $p < 0.05$.

ACKNOWLEDGMENTS

Misi-Grant from the Elon University Center for Advancement of Teaching & Learning
Dr. Srilant Vallabhajousala for statistical assistance

Effects of Simulated Frailty on Student Attitudes: A Mixed Bag

(IRB approval Protocol #22-132)

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Although there were positive changes in interest in treating older adults (Q3), sympathy and attention (Q9), and attitudes about social responsibility and allocation of resources (Q2, Q4, Q5), attitudes about functional performance of older adults (Q13) became more negative following a frailty simulation and guided reflection.

FRAILTY SIM SUITS

- exam gloves with cotton fingertips
- ear plugs
- distorting glasses
- rib binder
- knee wraps
- elbow braces
- cervical collar
- vest with pocket weights
- trunk flexion strap



REQUIRED TASKS

- completes a medical intake form
- Timed Up and Go
- shoes off and on
- up and down stairs
- open pill bottle
- phone a friend & explain what activity
- perform incentive spirometry
- simulated driving ("P") gives driving-related commands such as changing lanes, stopping at a red light, etc.)



GUIDED REFLECTION

- Based on your experiences and observations, what specific attitudes and communication would facilitate effective interactions with older patients experiencing frailty?
 - at the individual level?
 - at the clinic level?
 - at the community level?
 - In social policy?
- Based on your experiences and observations, what can be done to minimize frailty and its consequences:
 - at the individual level?
 - at the clinic level?
 - at the community level?
 - In social policy?

OUTCOMES

UCLA Geriatrics Attitudes Scale	Pre	Post	A
1. Most old people are pleasant to be with.	4.3	4.3	
*2. The federal government should reallocate money from Medicare to research on AIDS or pediatric diseases.	3.6	3.8	↑
*3. If I have the choice, I would rather see younger patients than elderly ones.	3.2	3.3	↑
4. It is society's responsibility to provide care for its elderly persons.	4.0	4.2	↑
*5. Medical care for old people uses up too much human and material resources.	4.0	4.3	↑
*6. As people grow older, they become less organized and more confused.	3.5	3.3	↓
7. Elderly patients tend to be more appreciative of the medical care I provide than are younger patients.	3.8	3.8	
*8. Taking a medical history from elderly patients is frequently an ordeal.	3.6	3.6	
9. I tend to pay more attention and have more sympathy towards my elderly patients than my younger patients.	3.0	3.3	↑
*10. Old people in general do not contribute much to society.	4.6	4.6	
*11. Treatment of chronically ill old patients is hopeless.	4.6	4.6	
*12. Old persons don't contribute their fair share towards paying for their health care.	4.3	4.3	
*13. In general, old people act too slow for modern society.	4.3	4.0	↓
14. It is interesting listening to old people's accounts of their past experiences.	4.8	4.9	↑

Significant changes are **in red**.

* Indicates questions with scores reversed

LIMITATIONS & IMPLICATIONS

The design of the written reflection prompts may have influenced the positive shift in attitudes toward societal resources, but the sense that older adults become slower and more confused intensified despite the differentiation between aging and frailty. Additional inquiry is needed to identify and influence the nuanced effects of simulation activities on learners' attitudes.

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