

### Office of Continuing Professional Development (OCPD)

**Shari Whicker, EdD, MEd**  
Director, OCPD & TEACH  
(Teaching Excellence Academy for Collaborative Healthcare)

**Sandra Dehart**  
Curricular and Media Project Specialist, OCPD

**Deborah Ferron**  
Department Secretary, OCPD

**Mariah Rudd, BS**  
Education & Faculty Development Manager, OCPD

**Christie Wills, MPA**  
Physician Leadership Development and Professional Wellbeing Manager, OCPD

Volume 6, No. 5  
May 2018

“The best classroom in the world is at the feet of an elderly person.” -- *Andy Rooney*

### Ageism in Medical Education

Why is ageism an important topic for a medical educator to consider, and something for our health care system to address at a larger level?

One definition of ageism is “negative or positive stereotypes, prejudice and/or discrimination against (or to the advantage of) elderly people on the basis of their chronological age or on the basis of a perception of them as being ‘old’ or ‘elderly’” (Iversen, 2009). Unlike racism and sexism, getting older, and the resulting experience of ageism is something we are all at risk of encountering.

When ageist attitudes transform into ageist behaviors in healthcare, we are adding to the problems encountered by our patients. Research suggests that one in five adults over the age of 50 report age discrimination by a healthcare professional. One-third of those who report frequent discrimination have worsening disability over four years (Rogers, 2015). Other research demonstrates ageism via under-treatment or misdiagnosis of conditions; over-treatment of conditions (e.g., feeding tubes at the end of life); ageist communication (baby-talk, speaking to others and not the patient); inadequately trained health professionals to meet the needs of adults with multi-morbidity; and exclusion of older adults from clinical trials (Ouchida, 2015).

As health care educators, are we transmitting our ageist beliefs to our learners, who then transmit these ageist beliefs on to others? In the Relational Ageism Theory, Gendron (2017) proposes that ageism manifests as stereotypes, attitudes and behaviors directed towards the aging self and others. This can present as *age blaming* (older adults creating problems for society/systems; the person is ‘too old’ for an intervention, or older adults burdening healthcare teams, etc.), and *age shaming* (denying a patient’s age, or avoiding and stigmatizing older adults in general). I will bet that if you re-played the events of your day, you’ve heard (or uttered) age blaming or age shaming comments in your workplace.

Understanding the issue of ageism may begin with self-exploration. Colleagues at Virginia Commonwealth University (VCU) wrote an article in 2017 in *The Gerontologist* titled “How old do you feel?” This inward perception of our own aging (‘aging anxiety’) may contribute to overly positive, overly negative, or ambivalent attitudes towards older adults. So, I suggest you join me in the mental exercises I am doing to push back against ageist beliefs and behaviors:

- How old do you feel? What is your internal view of aging?
- How does your aging anxiety impact your interpersonal relationships with older adults? What knowledge, skills, or attitudes do you possess that promote (or detract from) the care of older adults?
- How does your job role impact your view of aging and the care of older adults?
- How does your work setting (ED, clinic, hospital, nursing home, mental health facility, etc.) contribute to positive or negative views or behaviors towards older adults?

Perhaps in another newsletter, we can explore different ways of combating ageism in our personal and professional lives.

Brian Unwin, MD (with Tracey L. Gendron, Ph.D., MSG, MS - VCU and Jennifer Inker, Ph.D., MBA, MS - VCU)

1. Iversen, T.N., Larsen, L., and Solem, P.E. (2009). A conceptual analysis of ageism. *Nordic Psychology*, 61(3), 4-22.
2. Rogers, S., Thrasher, A.D., Miao, Y., Boscardin, W.J., Smith, A.K. (2015). Discrimination in healthcare settings is associated with disability in older adults: Health and retirement study, 2008-2012. *J of General Internal Medicine*, 30(10), 1413-1420.
3. Ouchida, K.M., Lachs, M.S. (2015). Not for doctors only: Ageism in healthcare. *Generations*, 39(3), 46-57.
4. Meisner, B.A. (2012). Physicians’ attitudes toward aging, the aged, and the provision of geriatric care: A systematic narrative review. *Critical Public Health*, 22(1), 61-72.



# Dean's Corner

## Cynda Johnson, MD, MBA

If you've been over to the Virginia Tech Carilion School of Medicine lately, you may have noticed the newest physician to our medical staff. It stands about five feet tall and has a commanding presence from its perch in the front lobby. *Roanoke Hokie, M.D.* was a gift to the school from the class of 2018. This new doctor may look familiar to many of you, as it appears in various iterations in dozens of other perches around Virginia Tech and Blacksburg.

Dr. Hokie came about through two other doctors, Kevin and Nancy Dye of Roanoke, who offered to cover the remaining cost of the project if every member of the class gave towards the gift. Challenge accepted. An effort led by Jonathan Hootman, Lia Manfredi, Alyssa Savelli, and Adam Tate secured donations from everyone in the class.

The group hired local artist Heather Gearhart, who cleverly transformed the plain, unmarked statue into a doctor with a white coat and stethoscope. Dr. Hokie's tail feathers are a rendering of the local scenery and Mill Mountain Star. Finally, each student signed the back as a fitting farewell to the place that has been their home for the past four years.

Dr. Hokie is a unique and especially meaningful gift in that we will officially be integrated into Virginia Tech as its ninth college on July 1.

[Watch more about the creation of and meaning behind Roanoke Hokie, M.D.](#)

Cynda