EXPLORING AGEING: AN OVERVIEW

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INTRODUCTION

Depth of Field: Exploring Ageing is a set of digital, interprofessional reflective learning resources that use photographs, questioning prompts and small group work to enhance empathy and the reflective capacity of current and/or future healthcare professionals. It was piloted and developed over a two-year period in the Faculty of Medicine, Dentistry and Health Science at University of Western Australia. The key aim of the resources is to improve healthcare students' awareness of ageism and promote positive perceptions of caring for older adults.

This project was driven by the passion to develop relevant, interprofessional education resources that bring learner's perceptions of older people into clearer focus. The resources encourage learners to identify and examine their personal perceptions of older adults by stimulating meaningful group discussions and surfacing unexplored stereotypes and/or negative attitudes about older people.

A pilot study with medical and nursing students was conducted in 2014 and strongly supported the use of photographs, narratives and group work to enhance student engagement and reflective capacity (Brand, Miller, Saunders, Dugmore & Etherton-Beer, 2015). The pilot evaluation data was the catalyst for developing the **Depth of Field: Exploring Ageing** photo-elicitation education resource.

Prior to taking the documentary style photographs of the older people who volunteered for the project, a mood/story board was created (based on each of their personal narratives) that illustrated the feel, style and mood we wished to convey in the photographs. Based on the pilot findings, we found that many of the student's assumptions about older people were challenged by deliberately juxtaposing photographs of different and contrasting scenarios. Developing cognitive dissonance between what the students' preconceived ideas about ageing and the older people's lived realities, was important for creating the tension required for Mezirow's (2000) transformational learning to occur.

The framework for the reflective learning resource was guided by previous studies that used photo-elicitation to enhance reflective practice in a group of first year nursing students (Brand & McMurray, 2009), and Aronson's (2011) guidelines for teaching reflection in medical education, which include:

– helping participants link past, present and future experiences
– integrating affective with cognitive learning experiences
– exploring unexamined beliefs and attitudes towards older people
– reframing how the learners view older people, and
– considering an older person's experience through multiple perspectives (e.g. shared small group dialogue).

Each of the photographic stories is presented in an individual Prezi software format, a storytelling tool that presents ideas on a virtual canvas. No other information or context for the older adult is given, just a series of five/six photographs and corresponding reflective questioning prompts which have been sequenced so that the assumed narrative (that participants construct in small groups) contrasts with the actual narrative, as told by the older person in a narrated film shown at the end of the session.

These educational resources will challenge learners to consider new perspectives of ageing that move 'beyond diagnosis' to a more humanistic approach in the care of older adults. We hope you enjoy using the **Depth of Field: Exploring Ageing** reflective learning resource as much as we enjoyed creating it. For questions or to provide constructive feedback please email: Gabrielle.Brand@monash.edu.au

HOW TO USE THIS RESOURCE

Training and practice in how to use the resource is important and will enrich the quality of the learning experience. The resource can be used as a stand-alone workshop, during lectures and/or tutorials, or as part of a continuing professional development activity. The resource is relevant to all healthcare professions and can be used uniprofessionally and/or interprofessionally.

We have designed the resource not to be too prescriptive and we encourage you to take an organic approach to the reflective learning process, drawing on your own and participants' personal and professional experiences and stories to ignite lively and dynamic discussions about ageing. It is recommended the first time you facilitate a session, you read the facilitator notes and use the introductory video and concluding Prezi presentation to assist in setting the educational context.

Each of the Depth of Field sessions is designed to run for up to 45 minutes (including 5 minutes to complete pre-post questionnaires if you have opted to evaluate the learning experience). The number of learners may vary however, we recommend a minimum of 8 and a maximum of 32.

The photographic stories (see table below) represent older people with a diverse range of health and social issues and who live in different contexts, from independent community living to hostel settings. We suggest that you use the independent-living stories* first, especially with learners who have no prior experience working with older adults. As learners develop more reflective capacity and/or experience with older adults, transitioning to more complex stories is recommended.

Stories	Key Themes
*Keith and Peggy –Young at Heart	Fun, laughter, life adventures, married 65 years.
*Diana – Stop and smell the roses	Reflecting on life, loss of a child, social support in communal living, falls.
Ken – Soldiering on	Military experience, computer gamer, model making, amputation, positive attitude.
John – 'I can do it'	Aneurysm at 40 years, physical impairment, needs assistance with ADL's, interaction with carer in shower.

SESSION PLAN

1. Choose the photographic story that best fits with the learning outcomes for your session/subject. The generic learning outcomes for Exploring Ageing include:

   – Identify and explore personal perceptions/perspectives towards older adults.
   – Reflect on roles as a current or future healthcare professional working with older adults.

2. Ask participants to complete the pre-questionnaire on their perceptions of caring for older adults – (5-10 minutes) (*optional*).

3. Show learners the 10 minutes introductory video (https://youtu.be/NKLweHHJPDo) and then divide them into groups of 3-4.

4. Load the selected photographic story (Prezi file) and run the through 5-6 photographs in sequence. Leave each photograph up for approximately 2-5 minutes of discussion (even if there are periods of silence) (15-20 minutes).

5. The last frame includes a 2-3-minute film of the older person sharing their story.

6. Bring the learners back together as one large group. Load the concluding Prezi presentation which includes six final debrief questions (5-10 minutes). You may also like to add additional discussion questions to align with your learning outcomes.

7. Ask participants to complete the post-questionnaire on their perceptions of caring for older adults – (5-10 minutes) (*optional*).

Note: When using the resource in subsequent sessions (but with the same group of learners) you will not need to repeat the introductory and concluding Prezi.

FACILITOR GUIDE

These notes are from the introductory video.

Frame 1: Are you prepared for the reality of working with older adults?

Over the last hundred years, we have witnessed great advances in medicine, public health, science and technology, which have enabled us to live to an 'older age'. It is vitally important to prepare current and future healthcare professionals to care for ageing people within complex healthcare systems. This is particularly important as older adults are now the largest group of consumers receiving care in the tertiary and community sector in Australia (AIHW, 2013). Educational interventions that deepen learners' reflections by bringing their perceptions of older adults into clearer focus are key to adopting a positive approach to older age, including an awareness of ageism and negative stereotypes that persist in today's society.

This learning resource uses photographs, films, reflective questioning prompts and group work to enhance reflective capacity in preparation for clinical placements and working with older adults. It is designed to foster socially responsible healthcare practitioners that engage in lifelong reflective learning and practice.

Frame 2: What is Reflective Learning?

Reflection fosters the development of core healthcare values such as compassion, respect, empathy and kindness, that are essential in delivering person-centred care. In healthcare curricula, we do a lot of reflection-in-action and reflection-after-action, but limited reflection-before-action (referred to as anticipatory reflection), which allows one to consider possible outcomes and anticipate a particular experience.

In recent years, there has been growing interest in the development of reflective practitioners (Wald, Norman & Walker, 2010; Sandars, 2009). However, despite reflective capacity being specified as an essential requirement for healthcare professionals, little is known about how we can effectively foster students' abilities. Research has identified that reflection is a learned skill and not intuitive (Wald & Reiss, 2010). Thus, educational interventions that enhance reflection need to be implemented and opportunities for students to practise reflection embedded into healthcare curricula.

In response to 'reflection' in educational contexts being poorly defined, Sandars (2009) proposes the following definition:

> '… a metacognitive process that occurs before, during and after situations with the purpose of developing greater understanding of both the self and the situation so that future encounters with the situation are informed from previous encounters' (p. 685).

Within this broad definition, three areas of reflection in healthcare education are identified: reflection for learning, reflection to develop professional practice and reflection to develop a therapeutic relationship. This latter area of reflection is pertinent to addressing the unexamined biases or stereotypes held by students towards older adults. As Sandars notes, therapeutic relationships are influenced by the beliefs and values of the clinician, often operating at a largely subconscious level, which can affect their decision making and actions, ultimately impacting on patient outcomes (Sandras, 2009).

Critical reflection occurs when we critique the assumptions upon which our beliefs and values have developed. Prior to engaging with this learning experience, you may like to ask students to consider the following questions:

− What do I know about older adults?
− How did I come to know that?
− Where did these assumptions come from?

Reflective practice can be also enhanced through interprofessional learning (IPL) which involves learning with, from and about other healthcare professions to improve collaboration and enhance patient care (Bennett, Gum, Lindeman, Lawn, McAllister, Richards, et al., 2011). Developing shared meanings leads to increased understanding of others and has the potential to build a foundation of mutual trust and respect (Zarezadeh, Pearson & Dickinson, 2009). This has become increasingly important as professional registration and accrediting bodies require healthcare professionals to be self-aware and engage in self-monitoring of ongoing professional practice (Mann, Gordon & Macleod, 2009), with the ability to communicate, collaborate and provide effective team-based care to respond to growing burden of chronic disease associated with ageing (Piterman, Newton & Canny, 2010).

Frame 3: What is Photo-Elicitation?

A recent focus on integrating the arts into traditional healthcare professions curricula is an important step in fostering aesthetic knowing which involves empathy, insight, perception and understanding the lived experience of people. The arts provide a means of fostering imagination, emotional capacity and reflection (Brett-MacLean, 2007). Using the photo-elicitation technique is a powerful teaching and research tool to promote depth of discussion and evoke an emotive response from participants (Collier & Collier, 1986). It encourages a visual language by representing abstract ideas; it also promotes depth of discussion, evokes an emotive response, and can challenge participants to express themselves at a more meaningful level. Using photographs and reflective questioning prompts integrates the affective (emotional) and cognitive learning experiences and encourages participants to explore and express unexamined beliefs and attitudes towards older adults. Research shows that the use of multiple senses enhances deeper learning (McAteer & Shaw, 1995); in particular, visual elements have been shown to both engage users and improve recall and memory (Paivio, Rogers & Smythe, 1968). Visual images can also promote reflection, which is a key part of Kolb's (1984) experiential learning cycle and often forgotten or undervalued.

Frame 4: Narrative & Storytelling

Atkinson (1995) affirms storytelling as an important social function that validates one's experiences by giving them greater meanings. Sharing stories helps people connect and explore commonalities with others. Atkinson suggests that the bond formed in sharing stories fosters a sense of community that helps make sense of established order and raises awareness of potential roles and standards within communities. Stories are an integral resource for people, enabling individuals to connect with and make sense of their world (Eckersley, et al.,2006). The therapeutic effects of storytelling have been explored in Holloway and Freshwater's (2007) paper on the role of narrative research in nursing. These authors suggest that the process of relating one's story benefits the storyteller by helping to link fragments, and brings together the story into a coherent whole, in their own way and in their own time, enabling the storyteller to gain a new perspective on their experience.

The process of storytelling also allows the storyteller to release emotion, a vital element of the reflective process (Gersie,1997). Narrative approaches have been used as a powerful tool to both engage and enhance healthcare professionals' understandings of vulnerable people (Holloway & Freshwater, 2007).

The acknowledging and witnessing of stories develop narrative capacity by encouraging reflective self-exploration and openness to shifting and re-visioning of stories for personal well-being (Goodson & Gill, 2011). In essence, the act of listening and sharing stories with each other provides participants with access to a new source of ideas, extending their vision and broadening their worldview.

Frame 5: Depth of Field: Exploring Ageing Learning Outcomes

Frame 6: Instructions

–   Setting the Scene – Make sure you provide a safe learning environment and reiterate the importance of maintaining confidentiality.

–   Early reflective learning may require a structure to help guide the process – beginning, middle and end. Start with a simple photo story and help scaffold learners to more complex reflective learning scenarios.

–   Explain to students that this type of learning strategy is a departure from the traditional didactic style of teaching that values *objectivity* over *subjectivity or emotionality*. It requires a heightened awareness of both thoughts and emotions.

–   Guide students to acknowledge, explore and learn from their own and their peers' responses to the photographs. Allow participants to set the agenda and direction of the narrative – encourage personal stories to be brought forward.

–   Don't interrupt students expressing their view; all shared dialogue (based on the photographs) is valuable. Sometimes (especially during early sessions) there may be long periods of silence or uncertainty – it often takes a while for the participants to warm up!

–   This learning strategy allows students to explore both cognitive and affective processes. Reflection takes time. Do not rush the process – Allow up to 45 minutes per session.

–   Gentle facilitator guidance is important to assist learners' understanding of their assumptions, and exploring why and how these have informed/interacted with their stories, including theirs views and practice. Guiding the learning journey is essential:

> *'If the culture and environment do not value and legitimize this learning strategy, reflection may not be used, potential benefit may be lost, and negative reflective experiences may result'* (Mann, Gordon & Macleod, 2009, p. 615).

–   Tell the participants that this learning experience may be challenging, as deconstructing personal thoughts, feelings, assumptions and expectations is not always comfortable. Explain to them that they may feel vulnerable or experience an inner discomfort as they explore the meanings the photographs hold for them. This discomfort is a *normal* process of reflective learning and helps in stimulating dialogue within themselves and with others; it is necessary for deep learning and new insights to occur.

–   Facilitators must stay alert (and notice) opportunistic and teachable moments that support transformative learning. For example, if a participant's view is challenged and they begin to recognise that there is a cognitive discrepancy between their previous ideas, beliefs and values and the lived experiences of older adults, help them make sense of the experience (including emotional responses), and to embrace the uncertainty and discomfort occurs when new understandings and perspectives are formed.

Concluding Prezi – Bring whole group back together

Frame 1: Reflection integrates affective with cognitive learning experiences and will help you link theory to practice.

Frame 2: Discussion questions

The discussion questions are designed to help guide learners' reflection at personal, professional and interprofessional levels. The focus is on enhancing reflective awareness of the perceptions, beliefs and socio-contextual influences that have shaped perceptions of older adults and how it may inform future practice. Debriefing with the group is essential in closing Kolb's experiential learning cycle and includes active experimentation or *what's next*, *what I will do differently* and *how will these new insights inform my future practice*. The discussion questions may also be linked to a written reflective assessment, professional portfolio item or professional development appraisals.

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