Development of a Professionalism Curriculum for Geriatrics Residents

Muhammad Sheikh[1], Kristina Kokorelias[1], Bernice Ho[1], Dov Gandell[1], Edwin Wong[1], Stephanie Brooks[1], Arielle Berger[1].
[1]*University of Toronto.*

Background/Purpose: Professionalism is universally accepted as a core medical competency; however, few residency programs include professionalism education in their formal curriculum. We developed a longitudinal curriculum on professionalism and related competencies for geriatrics residents at the University of Toronto. This study describes the development and initial outcomes of the Professionalism Plus (PP) curriculum.

Method: We used the CanMEDS framework and collaborated with local content experts to develop learning objectives and workshops for a two-year longitudinal curriculum. Topics included personal-professional identity, physician well-being, communication, collaboration, and leadership. Opportunity for self-reflection was common across all sessions. Graduated residents from 2018-2020, who had attended some but not all of the sessions, were invited for interviews to obtain further feedback. Interview transcripts were analyzed using thematic analysis to identify emergent themes.

Results: Thirty written evaluations of the seven individual workshops were analyzed. The average teaching effectiveness score was excellent: 90%. Seven of thirteen eligible graduated residents (53%) were interviewed. Four key themes emerged: (1) PP provided a unique opportunity for self-reflection that enhanced participants' understanding of themselves; (2) participants gained a sense of community; (3) the facilitator played an essential role in establishing a safe environment; and (4) participants did not link PP to any change in their medical practice as they felt it was delivered too late in training, there was not enough curricular time to be impactful, or it was too removed from clinical practice.

Discussion: Our curriculum was successful at increasing self-reflection and building community among residents, two important mediators of physician well-being and improving professional behaviour.

Conclusion: A formal program evaluation is underway. We are hopeful that the full two-year curriculum will have a greater impact on practice than what was reported in this pilot.

Introducing Animatronic ("Robotic") Pets for Residents Living with Dementia in Long-term Care: Practical Delivery Implications for Recreation Staff

Brooklynn Fernandes[1], David Hogan[1], Jennifer Hewson[2], Ann Toohey[1].
[1]*Dept of Community Health Sciences, Cumming School of Medicine,* [2]*Faculty of Social Work, University of Calgary.*

Background/Purpose: Therapeutic, non-pharmacological interventions involving animatronic ("robotic") cats and dogs are frequently delivered within long-term care (LTC) settings. To date, researchers have focused on therapeutic impacts for residents living with mild-to-moderate dementia. The objective of this project, however, was to explore practical considerations for introducing robotic pet programming into a LTC setting for this resident population.

Method: Data from longitudinal qualitative group interviews and ethnographic observations were synthesized and triangulated to understand and evaluate practical approaches to facilitating robotic pet programming for residents living with dementia in LTC. Two group interviews with recreation staff (n=4-6) from a care facility in Calgary, Alberta, were conducted to compare perspectives before and one month after the program's introduction. Researchers also observed program delivery during this period.

Results: Recreation staff and researchers noted a range of resident responses to robotic pets, from strong attachments to disinterest. Offering residents opportunities to briefly "take care of the pets" to assist staff enhanced engagement for some residents. Staff and researchers noted anxiety when residents were disinterested in robotic pets or were ready for an interaction to end. Intake assessments establishing past trauma related to animals could suggest exclusion from the intervention, yet a history of pet ownership was not necessary for a resident to benefit from robotic pets.

Discussion: Robotic pet programming may enhance quality of life for many but not all LTC residents living with dementia. How staff deliver the intervention can influence resident response. An awareness of prospective challenges will help mitigate unintended negative experiences for some residents.

Conclusion: Understanding the practical implications of introducing robotic pets into care settings will help enhance robotic pets' therapeutic potential for residents living with mild-to-moderate dementia.