

Medical student education program in Alzheimer's disease: The PAIRS Program

<i>Category</i>	<i>Description</i>
Title of intervention.	Medical student education program in Alzheimer's disease: The PAIRS Program
Objectives	<p>Objectives IROHLA taxonomy</p> <ul style="list-style-type: none"> ✓ To inform and educate older adults and/or professionals ✓ Improving skills of older adults and/ or professionals <p>Short description of the objectives of the intervention</p> <p>To improve the knowledge and change the attitudes of medicine students about Alzheimer Disease.</p> <p>The program's student-focused objectives include:</p> <ol style="list-style-type: none"> 1. educating students about Alzheimer Disease and related cognitive impairment; 2. familiarising students with care and support-related issues patients and their families encounter; 3. improving students' communication skills with elders and cognitively impaired individuals; and 4. introducing students to career opportunities in geriatrics and related fields.
Target groups	<ul style="list-style-type: none"> ✓ Others: medicine students <p>Short description of the target groups</p> <p>Medicine students, mean age 24 (SD=3), 48% male – 52% female</p>
Problem analysis	<p>Scope and consequences of the problem</p> <p>Alzheimer's disease (AD) affects an estimated 5.3 million older Americans. While there are a number of pharmacological and non-pharmacological approaches that have been shown to effectively treat AD symptoms, there is no proven treatment to prevent, arrest, or reverse pathophysiological changes associated with the disease.</p> <p>Distribution of the problem</p> <p>Alzheimer's disease (AD) affects an estimated 5.3 million older Americans.</p> <p>Perception of target groups (of the problem)</p> <p>Primary care physicians report pessimistic attitudes toward dementia care including difficulty establishing a definitive</p>



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	diagnosis, discomfort discussing diagnosis and care options, and lack of community and social service referral information. Unfortunately, a majority of medical students report similar barriers with limited knowledge about aging, mixed attitudes toward older adults, and limited interest in pursuing geriatrics or dementia care. Early exposure may increase comfort with older patients.
<i>Short description of the modifiable determinants of older adults.</i>	Modifiable determinants of older adults -
<i>Short description of the modifiable determinants of professionals.</i>	Modifiable determinants of professionals Knowledge about AD disease, attitudes about AD disease, skills to manage patients with AD disease
Components of the intervention	<p>Components ✓ Other</p> <p>Description of components Students were paired with an early-stage AD ‘buddy’ (taking into consideration shared interests and geographical proximity) and introduced to their “buddy” at a Match Day event in October. Between November and May, the ‘pairs’ met monthly for a minimum of four hours and participated in social and cultural activities, such as dinner or visiting a museum. Students reported reactions via activity journal entries and attended monthly luncheons to receive supplemental education from guest lecturers (e.g., AD diagnostics, neuropathology) and share experiences with each other and program staff. Students completed post-program dementia knowledge tests following the final program meeting in May.</p>
Approach	<p>Didactics used Education via a buddy with Alzheimer’s’ disease</p> <p>Techniques used Pairing medicine students with patients with AD disease</p> <p>Stakeholders involved Boston University – Department of Medicine</p>



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	<p>Type of professionals involved Medicine students</p>
Resources and qualifications	<p>Duration of the intervention 4 academic years 2007-2011 (For each academic year 6-7 months for at least 4 hours per month)</p> <p>Financial costs for the implementing organisation No info</p> <p>Financial costs for the target groups No info</p> <p>Required competencies of professionals To be medicine students.</p>
Implementation	<p>Implementation strategy See description of components.</p> <p>Conditions for effective implementation Medicine students interest for the program.</p> <p>Stakeholders involved Boston University – Department of Medicine</p>
Transferability	<p>Since the intervention is based on the interaction between medicine students and patients with AD disease it is required a network, organised by the Department's Administration that will bring them in touch.</p>
Evaluation	<p>Methods used Quantitative analysis in order to evaluate the improvement in knowledge and qualitative analysis to evaluate the attitudes regarding geriatric healthcare.</p>



Category	Description
Effectiveness	Main results Improvement in knowledge about AD disease and patients (quantitative results) and improvement in attitudes towards AD disease (qualitative results).
<i>Key elements/components of the intervention that must stay intact in order to have an effective intervention</i>	Key elements Interaction between medicine students and AD patients.
Level of evidence	✓ Other: one group pre-test – post test
Sector	Private sector
Country of development	USA
Provider	<i>Name:</i> Angela L Jefferson (1,2*), Nicole G Cantwell (2), Laura K Byerly (2,3) and Darby Morhardt (4) <i>E-mail:</i> angela.jefferson@vanderbilt.edu <i>Organisations:</i> <ol style="list-style-type: none"> 1. Vanderbilt Memory & Alzheimer's Center, Department of Neurology, Vanderbilt University Medical Center, Nashville, TN, USA. 2. Alzheimer's Disease Center & Department of Neurology, Boston University School of Medicine, Boston, MA, USA. 3. Oregon Health & Science University School of Medicine, Portland, OR, USA. 4. Cognitive Neurology and Alzheimer's Disease Center, Northwestern University Feinberg School of Medicine, Chicago, IL, USA.
Relevant documents/links	http://www.bu.edu/alzresearch/education-program/professional-training/pairs/

