

# Listening to Understand, Not to Diagnose:

Oral History as a Strategy for Promoting Cultural Competence and  
Increasing Interest in Aging Populations among Health Professions Students

Shannon E. Bell  
Mountain State Geriatric Education Center  
West Virginia University

# Table of Contents

<b>1) Introduction.....</b>	<b>3</b>
The Need.....	3
Improving Attitudes toward Aging Populations.....	4
Cultural Competence.....	4
Oral History as an Intervention for Improving Attitudes toward the Elderly and for Increasing Cultural Competence.....	5
<b>2) Implementing a School-Based Oral History Project with Health Professions Students:     A Step-By-Step Guide.....</b>	<b>6</b>
I. Gathering Your Partners and Promoting Buy-in.....	6
II. Setting Goals, Learning Objectives, and the Project Timeline.....	7
III. Building Student Buy-in and Enthusiasm: The Community Tour and Pre-Interview Reflection.....	8
IV. Creating the Interview Guide.....	10
V. Recruiting Interviewees.....	11
VI. Preparing for the Interview.....	11
VII. Conducting the Interview.....	14
VIII. Post-Interview Reflection.....	14
IX. What to Create from the Interviews.....	15
X. The Community Celebration!.....	17
<b>5) References.....</b>	<b>18</b>
<b>6) Appendix.....</b>	<b>20</b>
Sample Interview Guide.....	20
Interview Equipment and Supplies Check-List.....	21
Interview Release Form .....	22

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## Introduction: The Need

Despite the increasing needs of an ever-growing aging population, geriatrics is still not a desirable field for a large portion of health professionals across the various disciplines, including physicians, social workers, nurses, dentists, and physician assistants (Abyad, 2000; Bernard, *et al.*, 2003; Gellis, *et al.*, 2003; Hought, 2002; Michielutte and Diseker, 1985; Wilderom, *et al.*, 1990). Research has revealed that many health professions students enter their programs with negative attitudes toward aging (Gellis, *et al.*, 2003; Hought, 2002; Reuben, *et al.*, 1995). Furthermore, these negative attitudes often remain unchanged or even deepen as students progress through their education (Hought, 2002; TenHaken, *et al.*, 1995; Wilson and Hafferty, 1983), diminishing the chances that they will elect to enter the field of geriatric health care upon completing their respective programs of study.

Furthermore, ethnic, racial and cultural minority groups within the aging population are doubly disadvantaged; not only are there not enough health professionals trained in geriatrics, but aging individuals in minority groups suffer a disproportionate share of health disparities in terms of access, quality of care, and health outcomes (Lillie-Blanton and Hoffman, 2000; Mayberry *et al.*, 1999). The Institute of Medicine advocates cultural competence training for all health professionals as a strategy to lessen the healthcare disparities affecting cultural minority groups (Smedley, Stith, and Nelson, 2003).

Thus, there is a clear need for interventions that will improve health professionals' attitudes toward aging persons, while at the same time increasing their competence in issues facing cultural minorities.

## Improving Attitudes toward Aging Populations

Research suggests that students who express an interest in geriatrics tend to have had more experiences with older persons than students who do not express an interest in the field of geriatrics (Reuben, et al., 1995; Schigelone and Ingersoll-Dayton, 2004; Wilderom, *et al.*, 1990). Furthermore, Schigelone and Ingersoll-Dayton (2004) conclude that “social contact with older adults...may impact students’ interest in geriatrics differently than does the educational and clinical contact they experience in medical school.” Marie Bernard, MD, professor and chair of the Donald W. Reynolds Department of Geriatric Medicine at the University of Oklahoma College of Medicine argues that the many negative views students have about aging are “related to seeing the oldest and sickest segments of the aging population, and encountering what often seem insurmountable challenges in their care” (Hought, 2002). Thus, through providing students the opportunity to interact with healthy older adults on a social level, many of these negative stereotypes may be dismantled.

In a study conducted at the University of Oklahoma College of Medicine, Bernard, *et al.* (2003) found that exposing medical students to healthy elders through a structured, low-intensity intervention increased students’ positive attitudes toward aging persons on the Aging Semantic Differential (ASD) scale, as compared with a control group. Thus, the key to undoing negative attitudes of health professionals toward aging populations may be as simple as providing structured non-clinical opportunities for positive interaction with healthy elders.

## Cultural Competence

The American Medical Association defines cultural competence as

The knowledge and interpersonal skills that allow providers to understand, appreciate, and work with individuals from cultures other than their own. Cultural competence involves an awareness and acceptance of cultural differences; self-awareness; knowledge of the patient’s culture; and adaptation of skills (Davis and Voegtler, 1994).

Cultural competence does not simply mean identifying when there is a need for interpreter services or knowing how certain medications or health disorders affect ethnic groups differently. Cultural competence is also about having those skills necessary to communicate effectively with persons from different cultures. It is about acknowledging

our own biases and working to respect the beliefs and values of others, no matter how different or foreign they may seem. Most importantly, cultural competence is having the willingness to work with patients to agree upon a treatment plan that is acceptable within their system of values and beliefs. Central to becoming culturally competent is learning to see strengths and value in diversity, despite the challenges this may pose to medical treatment within the mainstream Western approach.

### **Oral History as an Intervention for Improving Attitudes toward the Elderly and for Increasing Cultural Competence**

Initiating an oral history service-learning project provides a way for health professions students to interact with the geriatric population in a deeper, more meaningful manner than they traditionally do in the clinical setting. Not only can oral history interviews offer students insight into the daily challenges, activities, and ways of life of elders, but this form of interaction can also change students' images of older adults from that of "sick patients" to vibrant individuals with passions, joys, sorrows, and fascinating stories to share.

During the Summer of 2005, pre-medical student Rachel Fong engaged in a service-learning internship at Cabin Creek Health Center in Dawes, West Virginia. Among other projects, Rachel conducted interviews with older residents of Cabin Creek, most of whom were also patients she saw on a regular basis at the health center while shadowing with health center providers. In a reflection essay she wrote at the end of her internship, Rachel describes the different perspective she gained from engaging elders in this project:

During the interviews, I hardly saw any slight sense of illness, pain, misery or worry in [the elders] as I had seen at the clinic; on the contrary, it was very encouraging to see excitement, dedication and energy.

One of the patients Rachel interviewed took her to the woods on several occasions to show her how he collects medicinal herbs. She relates,

While I was cautiously watching my steps, he was dashing through the forest in search of natural treasures. I felt that I was more fortunate than the doctors to be able to see the energized side of a patient in the green mountains, instead of the helpless side within the sterile walls of an exam room... I have come to realize that medicine is not confined inside a clinical setting and that being a physician is not the only way to heal people.

Thus, through the interview process, Rachel was able to see another side to the geriatric patients she interviewed, one that was detached from the negative images of pain and poor health that had been her only perceptions of these individuals. This glimpse into a different part of their lives provided her with an alternative, and more positive, image of the aging population.

Rachel also learned about the culture of the Appalachian people through her project, gaining insight into the various definitions of “health” that her interviewees hold and learning about the importance of spirituality and connectedness in the healing process. Understanding these cultural aspects of the Appalachian people, and any other cultural minority, is necessary for the adequate delivery of health care services.

Many of the core skills that Xakellis, *et al.* (2004) describe as necessary to becoming culturally competent in geriatric care can be achieved through engaging health professions students in oral history projects, including:

- “Be familiar with culturally specific methods of showing respect to elders and nonverbal communication styles”
- “Understand, elicit, and work with culturally related health beliefs that may not be congruent with dominant American culture (e.g., believing that disease states are caused by an imbalance in ying/yang or by karma from past lives)
- “Be sensitive to critical cohort experiences shaping a patient’s world view and psyche (e.g. place and country of birth, major life experiences, histories of migration, war, torture or refuge status)”
- “Understand the use of spiritual advisors and native healers” (Xakellis, *et al.* 2004).

Through the use of oral history, health professions students are provided the opportunity to learn, first hand, from representatives of the population they serve, about the various aspects of the local culture, traditions, and beliefs. Furthermore, they are able to have a positive, non-clinical experience with elders in the community, providing these students with a different frame of reference about aging that takes the focus away from illness and weakness, to reveal the wonderful strength, beauty, and wisdom of the individuals they interview.

# Implementing an Oral History Project with Health-Professions Students: A Step-by-Step Guide

## I. Gathering your partners and promoting buy-in

The first step in initiating an oral history project is to find partners in the community who will be willing to be interviewed, to help organize interviews, and to provide general background information about the community to the health professions students.

### Where to Start?

- Local senior center – Not only are senior centers great places to find potential interviewees, but it is also a good place to find a “community liaison,” someone who will take on the role of introducing the students to the history of the community and will facilitate the interview process by finding the appropriate individuals to be interviewed.
- Civic Organizations, such as the Lions Club, Rotary Club, Women’s Club, or Historical Society. These people often have many connections in the community and can help gather interviewees. They may also be willing to take on the role of community ambassador to introduce the community’s history to the students.
- Churches, Temples, and other places of worship.
- If none of those outlets proves fruitful, take out an advertisement in the paper for volunteers interested in preserving their community’s history.

## II. Setting Goals, Learning Objectives, and the Project Timeline

It is important for the community partner and the health professions student coordinator to articulate their goals for the project before it begins. This will ensure that both parties understand the other’s hopes and anticipated outcomes for the project.

The community partner may have certain goals about the number of interviews to be completed, the individuals that are to be interviewed, and the final product. The coordinator of the health professions students may have certain learning goals for the students in terms of the content and focus of the interviews and the final product. Both partners should write out their shared goals, deciding ahead of time what the outcome(s)

will be. The responsibilities of each partner should also be clearly stated and recorded for future reference. Along with the responsibilities, goals, and objectives, a clear timeline with dates and tasks should be created.

This document should be typed up and given to all people involved in administering the project. This will ensure accountability and will provide a document to which all involved can refer if questions arise.

### **Learning Objectives**

When formulating the learning objectives for the health professions students, it is important that it is clear how these goals fit with practical skills and knowledge that they will need as practicing health professionals. If possible, tie the objectives to goals of the existing program curricula. It is not enough to simply write the objectives and leave them in a manual somewhere. Introduce them to the students and continually remind them how particular tasks fit in with meeting those goals. The coordinator may also wish to ask the students to add their own objectives to the list.

As an example, the learning objectives for the health professions students that took part in the Boom Days of Coal Oral History Project follow:

#### Student Learning Objectives:

1. Understand the values, traditions, and beliefs of rural elders
2. Understand the health practices and traditional remedies of rural elders
3. Develop leadership and organizational skills in coordinating and planning a project
4. \* Develop adequate communication skills for enhancement of interpersonal relationships
5. \*\* Communicate accurately and effectively with diverse populations
6. \*\* Express oneself effectively in group settings, formal and informal
7. \* Appreciate the impact a community-oriented physician can have
8. Develop a deeper respect the geriatric population and an understanding of the history of this population.

\* WVU Family Medicine rotation objectives

\*\* WVU Community Nursing rotation objective

### **III. Building Student Buy-In and Enthusiasm:** **The Community Tour and Pre-Interview Reflection**

Particularly if the oral history project is a mandatory component within a clinical rotation, it is important to arouse excitement in the students over the project and to help them think ahead about what they can learn and how they can benefit from being fully engaged in the project. A community tour led by an elder who grew up in the area can help students see this community through a different lens.

#### **Activity: The Community Tour**

If it is possible to take the student interviewers on a guided tour of the community, led by an elder, it can be an excellent way to generate enthusiasm and connection to the project. Health professions students who have participated in the Boom Days of Coal Oral History Project in Cabin Creek, West Virginia and other service-learning projects in this community have benefited tremendously from such a tour of Cabin Creek before the start of their projects.

Cabin Creek has a rich history relating to the Mine War of 1912-1913 and the unionization movement at the beginning of the twentieth century. Community leader Owen Stout, who grew up in a coal camp on Cabin Creek, has agreed on multiple occasions to take students on a tour of some of the historical sites in the community. He has taken students to see overgrown machine gun bunkers dating back to the early days of coal mining, (the bunkers were used by the coal companies to prevent miners from gathering in groups of more than two, so as to stop any unionizing efforts) old graveyards buried beneath decades' worth of weeds, and to the top of Kayford Mountain to see one of the current Mountain Top Removal operations taking place in Cabin Creek. Along the way, Owen tells stories of growing up as a youth in Cabin Creek and the ways in which things have changed over the past fifty years. He also relates some local wisdom about the medicinal herbs and food plants that grow on the mountains.

After the tour, it is a good idea to have students write a short reflection about what they learned from the experience. Reflections are an important way to help students process what they have seen. The reflection is what changes a simple experience into a *learning* experience.

### **Activity: Pre-Interview Reflection**

Self-reflection is an important part of the preparation for the interview process. Students should formally assess their own cultural beliefs, as well as their attitudes toward the aging population. When students become aware of the stereotypes they hold, they will be more aware of the ways in which their interview experiences either reinforce or dispute these stereotypes.

Students can engage in this process in a number of ways. They can reflect in a discussion format with other students, or they can write a brief essay analyzing their values and biases. Whatever the format, students should answer the following questions:

- How do I define health and illness?
- How do I believe my definitions of health and illness differ from \_\_\_\_\_ population (the population that will be interviewed)?
- How might the differences between my definitions of health and illness and my patient populations' definitions affect my ability to administer health care services?
- What are the descriptors that I would use to describe \_\_\_\_\_ population?
- How might my biases and generalizations help me better understand my patient population?
- How might my biases and generalizations limit my ability to treat my patient population?

Through engaging in this process of self-reflection, students will analyze their own biases and preconceived notions of various populations, making them more mindful of how their interactions may be shaped by these stereotypes, for better or for worse.

## **IV. Creating the Interview Guide**

In order to promote ownership over the interview process, allow the students develop their own interviewing guide, being sure to include information that one would not normally ask in a traditional medical history. If there are a number of different students who will be conducting interviews, have them develop the interview guide as a group. The first step in this process should be defining what it is that the students perceive as being different about the interview population. These perceived differences can serve as a starting point for the development of questions.

Attachment 1 offers a sample Interview Guide.

## V. Recruiting Interviewees

The community liaison is essential during the recruiting process. He or she will have an idea of who in the community should be interviewed, based on the research interests and learning objectives of the students.

A flyer describing the project can be made for recruiting purposes. The community liaison should work with the health professions student coordinator to set the interviewing schedule and arrange transportation if necessary.

## VI. Preparing for the Interview

There are two key logistical components to prepare the students for the interview: gathering and learning how to use the equipment, and learning how to conduct an oral history interview, which is different than taking a medical history in many ways.

### Equipment:

- Audio recorder – You can use either digital audio recorders or tape recorders. It is advisable to use some sort of audio recorder to free up the interviewer from taking notes, allowing the interviewer to be more engaged in the interaction. Using an audio recorder makes the interview run more smoothly, more like a conversation. That is not to say that the interviewer cannot make occasional notes, but an audio recorder means that the interviewer does not need to continually take notes.
- Extra tapes (if the audio recorder is a tape recorder)
- Extra batteries
- Notepad
- Pens/Pencils
- Extension cord (if recorder needs a power source)
- Camera (digital or film)
- Interview release form
- Interview guide

See [Attachment 2](#) for an equipment checklist

## Workshop: How to Conduct an Interview

A number of aspects of interviewing technique should be included in this workshop. Following are some points that should be included in a discussion of proper interviewing technique, led by the health professions student coordinator or community leader. It may also be helpful to create a hand-out of these points for the students.

### **Interviewing Technique**

1. Introduce yourself at the beginning of the interview and take a little time to tell your interviewee about yourself. This will help establish rapport and a sense of comfort for the elder.
2. Ask the interviewee if you can record the interview. Tell him or her that it will help ensure that you will be able to accurately transcribe the interview and will not miss any of the important things they may say.
3. Place the audio recorder on a flat surface within easy reach and run a test before you begin the interview to ensure that the equipment is working properly.
4. Read the **Interview Release Form** (see Attachment 3) aloud to the interviewee. Never assume that the interviewee can read. It is best to make it part of the interview protocol to read the release form to everyone. Fill the form out for the interviewee and ask him or her to sign where you indicate.
5. Begin the interview with simple, straight-forward questions, such as, “What is your full name?” “Where were you born?” “How many brothers and sisters did you have?” Simple questions will help the interviewee feel more relaxed and less nervous. Many people you will interview will have never been interviewed before and will worry about “giving the wrong answers.”
6. Look interested and give non-verbal feedback throughout the entire interview. Once you ask a question, your job is not done. You need to be an active listener, making the interviewee feel like he or she is telling you the most interesting thing you’ve ever heard. Some tips for active listening:
  - a. Sit forward on your chair close to the person – don’t slouch.
  - b. Nod your head every once in awhile to let them know that you’re listening
  - c. Smile often
  - d. Maintain eye contact. This will make them feel like what they have to say is important

7. Prepare an interview guide ahead of time. Be sure that the questions are open-ended and avoid “yes” or “no” questions. The *Smithsonian Folklife and Oral History Interviewing Guide* suggests that using questions that begin with “How” “What” or “Why” will draw out fuller responses than asking questions that begin with “Do” or “Did.” (For example, ask, “How did you learn your trade?” or “What was it like learning your trade?” instead of “Did you like learning your trade?”)
8. If there is a pause or silence, don’t rush onto the next question. Give your interviewee time to think about what you’ve asked. If it seems that the interviewee doesn’t understand your question, you may need to ask it in a different way.
9. Ask the interviewee for stories or anecdotes about the topic you are interested in. As the *Smithsonian Folklife and Oral History Interviewing Guide* relates, “stories are important sources of information for the community researcher – they encapsulate attitudes and beliefs, wisdom and knowledge that lie at the heart of a person’s identity and experience.”
10. Be aware of your interviewee’s body language. If it seems that he or she doesn’t want to talk about something, don’t push it. Just move on to the next question.
11. Don’t be a slave to the interview guide. If your interviewee goes off in some different direction, let it happen. You may end up learning about a subject you didn’t even think of.
12. Ask your interviewee if he or she has any old pictures, scrapbooks, photo albums or momentos, tools, or letters. These can be great “triggers” for old memories that may be buried.
13. If your interviewee is getting tired, stop the interview and schedule it for another time.
14. Always be extremely thankful to the interviewee for his or her time. Send a thank you note, and if possible, a copy of the interview transcript and/or pictures.

## VII. Conducting the Interview

It is optimal to conduct the interviews at the elder's home. This environment will provide access to items such as old photographs, family heirlooms, and other historical objects that can act as "cues" to spark memories and stories. In addition, the elder may be more comfortable and more talkative in his or her own space.

If, however, it is not possible to conduct the interview at the elder's home, (he or she may, for instance, not be comfortable having the students see the living arrangements) find an alternative location that is both easily accessible and has quiet areas where the interview can take place. If this is the approach taken, the interviewees should be asked to bring along any visual aids, such as pictures or historical objects to show during their interview. If a scanner is available, photographs can be scanned, and objects can be photographed. Transportation needs should also be discussed. If an elder has difficulty driving or must rely on someone else for transportation, try to arrange a pick-up to make it as convenient as possible for the interviewee.

## VIII. Post-Interview Reflection

As was noted in Section III, reflection is the key that translates a simple experience into a *learning* experience. It is essential for the students to engage in critical reflection in order for the learning to concretize itself in their minds. After they have completed their interviews, ask the students to write an essay about what they learned from their interview. The pre-interview reflection can act as a starting point, allowing students to react to their preconceived notions about the interview population before the project began.

Some additional questions students might consider in their reflections include:

- What are the various ways that this population defines health?
- How does this definition differ from my own?
- What alternative methods of treating illness/maintaining health did these interviewees use?
- How have my perceptions about this population changed?
- What did I learn about this population that I did not know before?

## IX. What to Create from the Interviews

There are many, many creative outcomes produced from oral history interviews. Following is a list of seven possibilities, but there are many more possible outcomes and variations on these seven.

- 1) **A Book** - This book could include interview transcripts, student reflections on the project, narratives of stories told in the interviews, poems, photographs and/or essays that combine historical research and lessons learned from the interviewees. This book can be created and sold as a fundraiser for the project or to cover the costs of the publishing. The “Boom Days of Coal” Oral History Project in Cabin Creek, West Virginia used this approach. There have been two volumes created to date, and they can be viewed at \_\_\_\_\_.
  
- 2) **A Website** – The website can act as an online archive of all of the interview transcripts that have been completed. Photographs, video clips, audio clips, songs, poems, and other important records generated or discovered through the interviews can be included. Examples of school oral history websites include:
  - “The Boom Days of Coal Oral History Project,” Riverside High School, Upper Kanawha Valley/Cabin Creek, West Virginia: \_\_\_\_\_
  - “Bland County History Archives,” Rocky Gap High School, Virginia:  
<http://bland.k12.va.us/bland/rocky/gap.html>
  - Llano Grande Center for Research and Development, Edcouch-Elsa High School, Texas. [www.llanogrande.org/publications/home.html](http://www.llanogrande.org/publications/home.html)
  - Montana Heritage Project: [www.edheritage.org/index.htm](http://www.edheritage.org/index.htm)
  - “We Made Do – Recalling the Great Depression,” Mooresville High School, Indiana. Webpage: [www.mcsc.k12.in.us/mhs/social/madedo/2002](http://www.mcsc.k12.in.us/mhs/social/madedo/2002)
  - Pasco High School, Washington. “: <http://users.owtcom/rpeto/stu.html>
  - San Mateo Middle College High School, California:  
<http://pages.prodigy.net/meng25/mchs>
  - “What Did You Do in the War, Grandmother?” South Kingstown High School, Rhode Island. Webpage:  
[www.stg.brown.edu/projects/WWII\\_Women/tocCS.html](http://www.stg.brown.edu/projects/WWII_Women/tocCS.html)

- “Tell Us How It Was: Students Interview their Elders” What Kids Can Do.  
Webpage: [www.whatkids-cando.org/intro.html](http://www.whatkids-cando.org/intro.html)

**3) A Play** – Students can interview elders about a particular event in local history and develop a play or plays from those interviews. A performance of some of the plays could be given in front of an audience of the interviewees and others from the community

- See <http://www.whatkids-cando.org/oralhistorymedley.pdf> for an example of a play written from oral history interviews in Steamboat Springs, Colorado.

**4) A Mural** – Using events and people discussed in the interviews, students could create a mural or other pieces of artwork to depict the history of their community. This mural could hang in the school, in a community building within the town, or be a traveling exhibit.

- “Forever Told, Forever Kept” is one such storytelling mural based on oral history interviews with elders in McHenry County, Illinois. After conducting the interviews, students did research at the McHenry County Historical Museum to learn what types of clothes were popular and the modes of transportation that were used before World War II. The students completed sketches, which were then transferred to five large canvas panels that made up the mural. The finished painting includes an image from each elder’s childhood and a portrait of each of the storytellers as they appear today. The mural is entitled “Forever Told, Forever Kept” to reflect the students’ belief that “once people tell about their life experiences, their memories are forever kept in the hearts and minds of those who hear and see their stories.”

The mural is in five parts so it can be easily moved from one location to another. Educational materials, a video, a book, and poetry written by the student artists accompany the mural as it travels around the state. For more information, see:

[http://www.artsusa.org/animatingdemocracy/labs/lab\\_076.asp](http://www.artsusa.org/animatingdemocracy/labs/lab_076.asp) and  
[http://servicelearning.org/resources/links\\_collection/index.php?popup\\_id=412](http://servicelearning.org/resources/links_collection/index.php?popup_id=412)

**5) An Oral History Newsletter or Yearly Journal** – This publication could be sent to people in the community to document the school’s progress in creating an oral history archive for the community. Narratives, poems, artwork, photographs, and excerpts from interview transcripts could be included in the publication.

6) **A History Exhibit** – Students can create a display that tells the story of their interviewee and of the community through photographs and objects that have been collected or borrowed. Students can print a few quotes from their interviews that are reflective of the times, and create interpretive labels for each item in the display.

- The Latin American Youth Center in Washington, DC created a “Heritage Box” for each of the individuals interviewed in their oral history project. For more information see <http://www.layc-dc.org>

7) **A Community Recipe Book** – This book could include local favorite dishes, along with memories, stories, and pictures of the cooks. The celebrations and traditions that typically accompany these foods could also be documented within this volume.

## X. The Community Celebration!

An absolutely essential component to any oral history partnership is an end-of-project celebration in which the storytellers are thanked and honored for their participation in the project. The manner in which this can be done is varied, but the purpose is the same: to show the elders the end result of the time they gave and the stories they shared during the interview process.

The Boom Days of Coal Oral History Project in the Upper Kanawha Valley, West Virginia held a reception for the interviewees and their guests in the library of Riverside High School at the end of the school year. The students each gave a presentation on their topic relating to coal history, incorporating stories and what they learned from the elders they interviewed. The interviewees were publicly thanked and their student interviewer presented them with a thank-you gift and a copy of the *Boom Days of Coal Oral History Book*, which included transcripts from each of the interviews, a copy of each student’s paper, and their reflections from their interview and the community tour. Students and elders socialized after the presentations with finger food and punch. This project, culminating with the celebration, was a wonderful way for elders to engage in “life review,” an important process in which every elder should engage. This activity provides the elder with a sense of having led a life that has had meaning and value.

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## Sample Interview Guide: General Questions to Begin a Dialogue

1. What is your full name? What was your maiden name (if applicable)?
2. In what town did you grow up?
3. What year were you born?
4. In what places have you lived throughout your life and when did you live at these places?
5. How many brothers/sisters do/did you have?
6. With what culture do you identify yourself?
7. What historical event or events do you think shaped your life the most?
8. What is the first language you learned to speak?
9. How would you define being healthy?
10. How would you define being sick?
11. Is there anything you eat, drink or do on a regular basis to stay healthy? If so, what are those things?
12. Are there any home or folk remedies that you use to treat illness? If so, please describe.
13. Who are the people you go to for help with your health problems? (Please list all)
14. Tell me about your spiritual life. Are you a part of a spiritual community?
15. How do your spiritual beliefs help you with illness?
16. Have you known anyone to be healed by prayer? If so, please describe.
17. What have been your most memorable experiences in \_\_\_\_\_ (the community in which the elder lives)

## Interview Equipment and Supplies Check List

- ⇒ Audio Recorder
- ⇒ Extra Batteries
- ⇒ Extra Tapes (if applicable)
- ⇒ Interview Guide
- ⇒ Interview Waiver Form
- ⇒ Camera
- ⇒ Extra film (if applicable)
- ⇒ Pens
- ⇒ Notebook
- ⇒ Scanner (if possible – for old photographs and newspaper clippings)

## Interview Release Form

I understand that this interview and/or photos will be used by (organization/school name) for the purposes of preserving and promoting the history and culture of the people of (town/community). I grant permission for the use of this interview in various formats, such as (but not limited to) written, audio, visual, and internet-based formats.

Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Address:

Phone number: (   )

Interviewer Name: \_\_\_\_\_

Interviewer Signature: \_\_\_\_\_