The Patient Companion Program: A pilot model extending opportunities to pre-health students and healthcare partnership to older adults

Sarah Bardwell; Janna Hardland
University of Colorado School of Medicine

Background

Admission to medical school is an inequitable process. Wealthier applicants are more likely to have prestigious experiences [1]. Medical schools require that applicants demonstrate adequate exposure to clinical medicine. However, clinical experiences are not uniformly available to undergraduate pre-med students. Shadowing opportunities present many barriers, including cumbersome regulations around patient confidentiality that make gaining access to hospital physicians difficult [2].

While many pre-med students have difficulty finding adequate clinical experiences, many under-resourced older adults struggle to navigate healthcare. Poor communication between patient and physician, lack of patient involvement in treatment, dissatisfaction with doctors’ visits, [3] and non-comprehension of medications and instructions all contribute to non-adherence among older adults which can result in poorly controlled disease and increased disability. In addition to older age, social isolation and depression are highly associated with noncompliance [4]. A lack of social support is also strongly associated with depression and perceived social isolation is associated with cognitive decline [5] while social participation has been strongly linked to perceived social support [6].

Patient navigation models have been shown to improve the patient experience and reduce costs compared with non-navigated patients [7]. The role and contribution of companions at healthcare appointments has also been studied. Patients find their companions to be supportive and their involvement has demonstrated improved patient comprehension, provider-patient communication, and patient comfort during appointments [8]. It has also been demonstrated that undergraduate pre-health students have been able to improve patient outcomes and provide useful information to healthcare providers [9].

Given that laypersons and pre-health students have successfully improved patient experiences and health outcomes through both patient navigator and patient companion models and many pre-health students lack adequate resources to secure meaningful clinical exposure, we sought to create a pilot companion program in which undergraduate pre-health volunteers (USV) are paired with vulnerable older adults (OAC), with the goal of having pre-health students accompany their companions to healthcare appointments.

The Patient Companion Program (PCP) aims to determine if a low-cost partnership model can be used to the mutual benefit of these populations. The goals of the PCP are:

1. To implement a volunteer companion model that partners pre-health undergraduates students with vulnerable older adults to improve healthcare experiences through low maintenance volunteer initiatives.
2. To support underrepresented pre-health students in building their resumes and experience in healthcare by providing a venue for patient interaction and relationship building, mentorship, opportunities for communication skills acquisition and clinical shadowing.

Methodology

Volunteer Recruitment

The USVs were recruited from the University of Colorado Denver (UCD) and Regis University through word-of-mouth, verbal announcements at student groups, by submitting the Project Recruitment to student support offices and the Colorado State Chapter of the Society for Asian Scientists and Engineers.

Companion Recruitment

All OACs were selected by the Activities Coordinator at the Colorado State Veteran’s Home (CSVH) based on lack of social support and desire for companionship and were excluded if they had a severe dementia. Companions were paired randomly.

Curriculum

Regular meetings were held for student reflection and mentorship related to their OAC and educational topics related to healthcare and geriatric medicine were presented.

Data Collection and Analysis

Online Visit Trackers were used by USV to anonymously record information about their visits with their OAC. An Exit Survey was administered to USVs after the end of their term. Medical student and faculty leadership participated in a Leadership Survey.

Program Description

USV responsibilities:

1. A two-year commitment to the program
2. Management of one patient companion relationship
3. Meeting with a OAC twice a month and attending healthcare visits as appropriate
4. Using an online visit tracker to record visit duration
5. Assist OAC with goal setting and reflection on health care visits
6. Attending an orientation and regular educational sessions.

Program curricula:

1. An orientation: training in healthcare related motivational interviewing, teach backs, goal setting, communication and HIPPA
2. Monthly educational sessions covering relevant healthcare topics
3. Information about other educational opportunities on the CU campus
4. Shadowing opportunities with project faculty

OAC benefits:

1. Assistance with goal setting
2. Compassion and reflection
3. Assistance in clarifying appointments, going to the pharmacy, labs or imaging

Results

The USVs were able to improve patient experiences through the PCP. All OACs were selected by the Activities Coordinator at the Colorado State Veteran’s Home (CSVH) based on lack of social support and desire for companionship and were excluded if they had a severe dementia. Companions were paired randomly.

Conclusions

The program provided meaningful clinical exposure and improved knowledge and comfort with older adults. Educational sessions and longitudinal relationships with leadership and OACs were the most successful. There were problems with volunteer retention and attendance and rotating medical student leadership created confusion and inconsistency. Identifying older adults and securing their participation was a lengthy process and had significant effects on USV retention.

Discussion

Current models available to undergraduate pre-health students for the acquisition of clinical experience are not adequate. This pilot program indicates the potential of a companion model in benefiting older adults and pre-health undergraduate students. Robust inter-institutional relationships would be needed to facilitate the meaningful involvement of USVs in the healthcare of our OAC. Significant institutional structures are needed to ensure leadership quality and consistent participant.

Authors

1. Sarah Bardwell. MD Candidate Class of 2021, University of Colorado School of Medicine.
2. Janna Hardland, MD. Assistant Professor, Division of Geriatric Medicine, University of Colorado School of Medicine. Janna.hardland@cuanschutz.edu

References