

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

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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 students volunteers (USV) are paired with vulnerable older adult companions (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 patient companion model that partners pre-health undergraduate students with vulnerable older adults to improve healthcare experinces 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.

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

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 Description to student support offices and the Colorado State Chapter of the Society of 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.

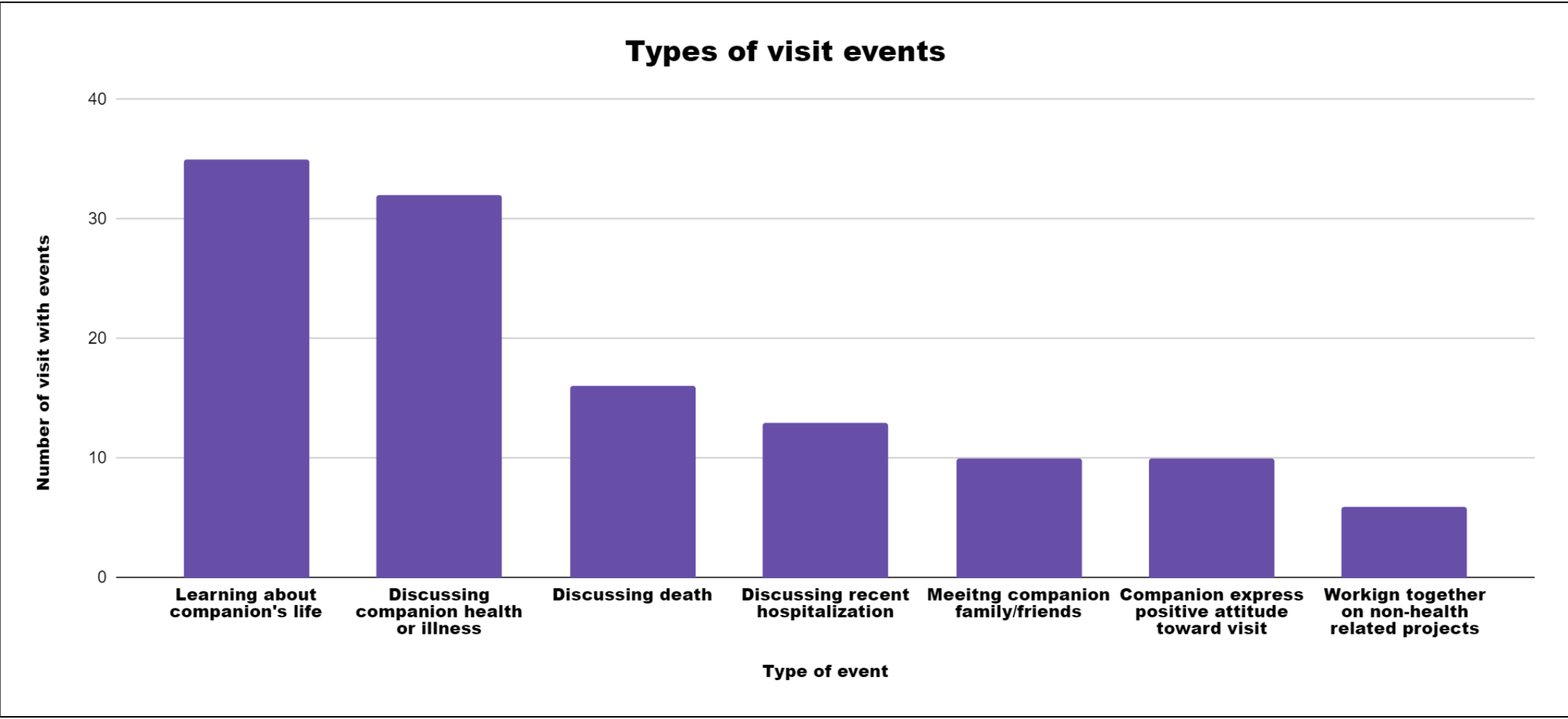
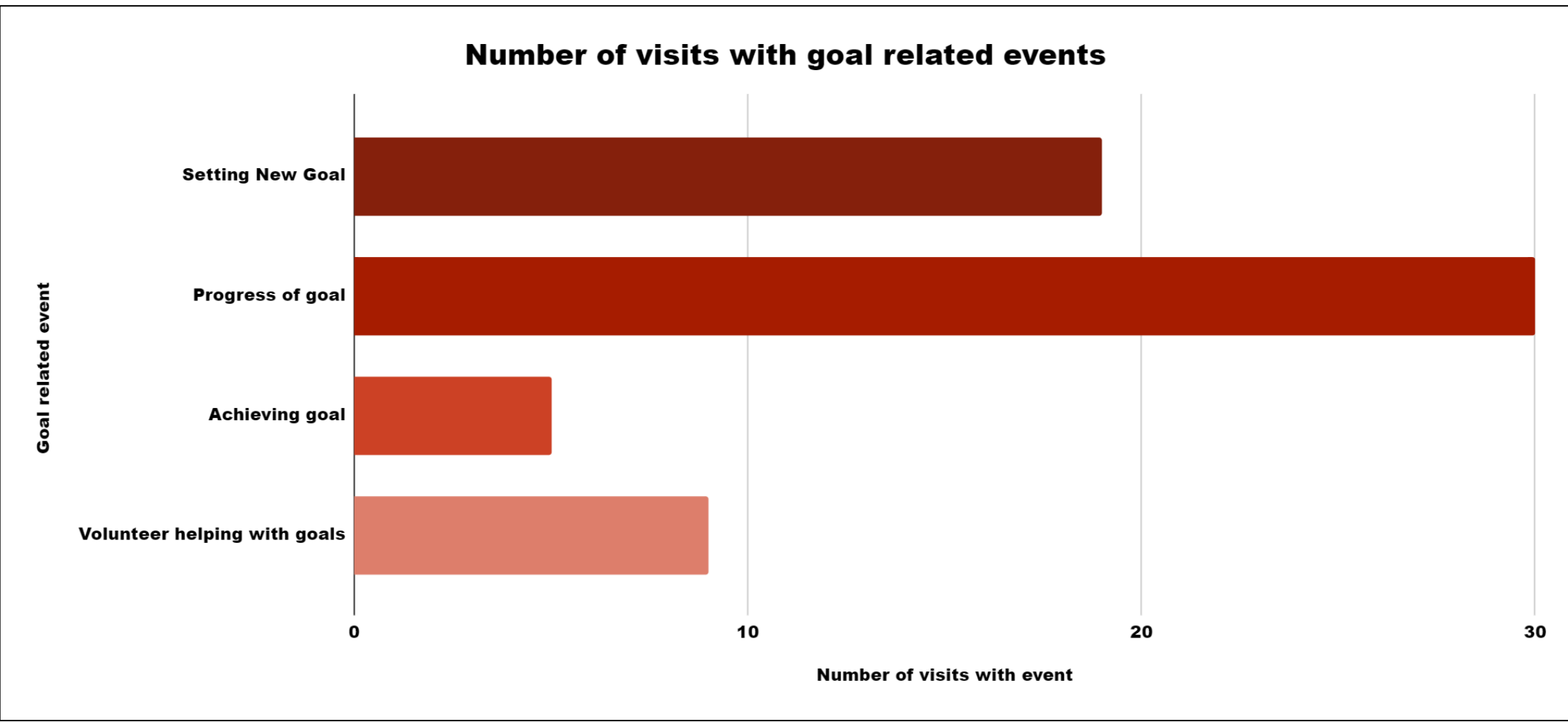
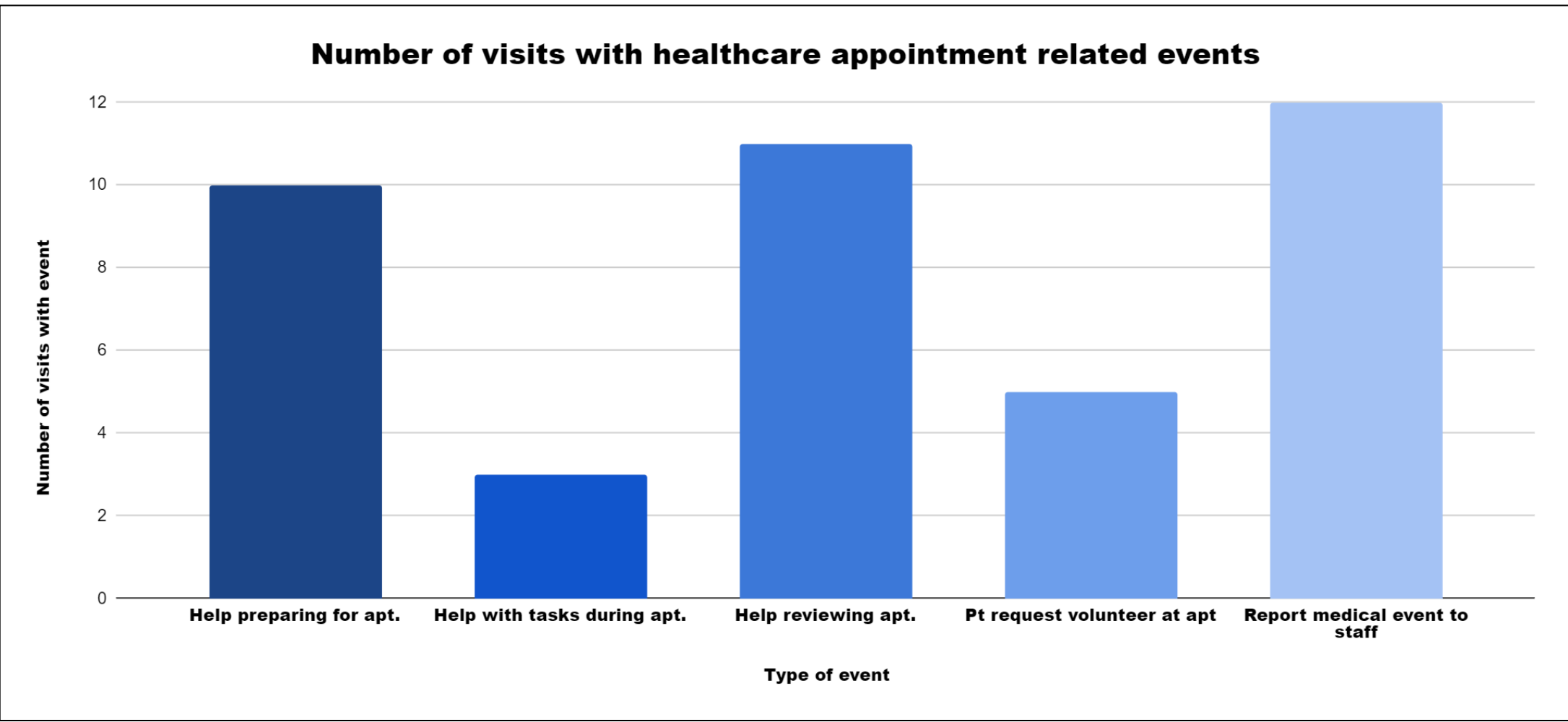
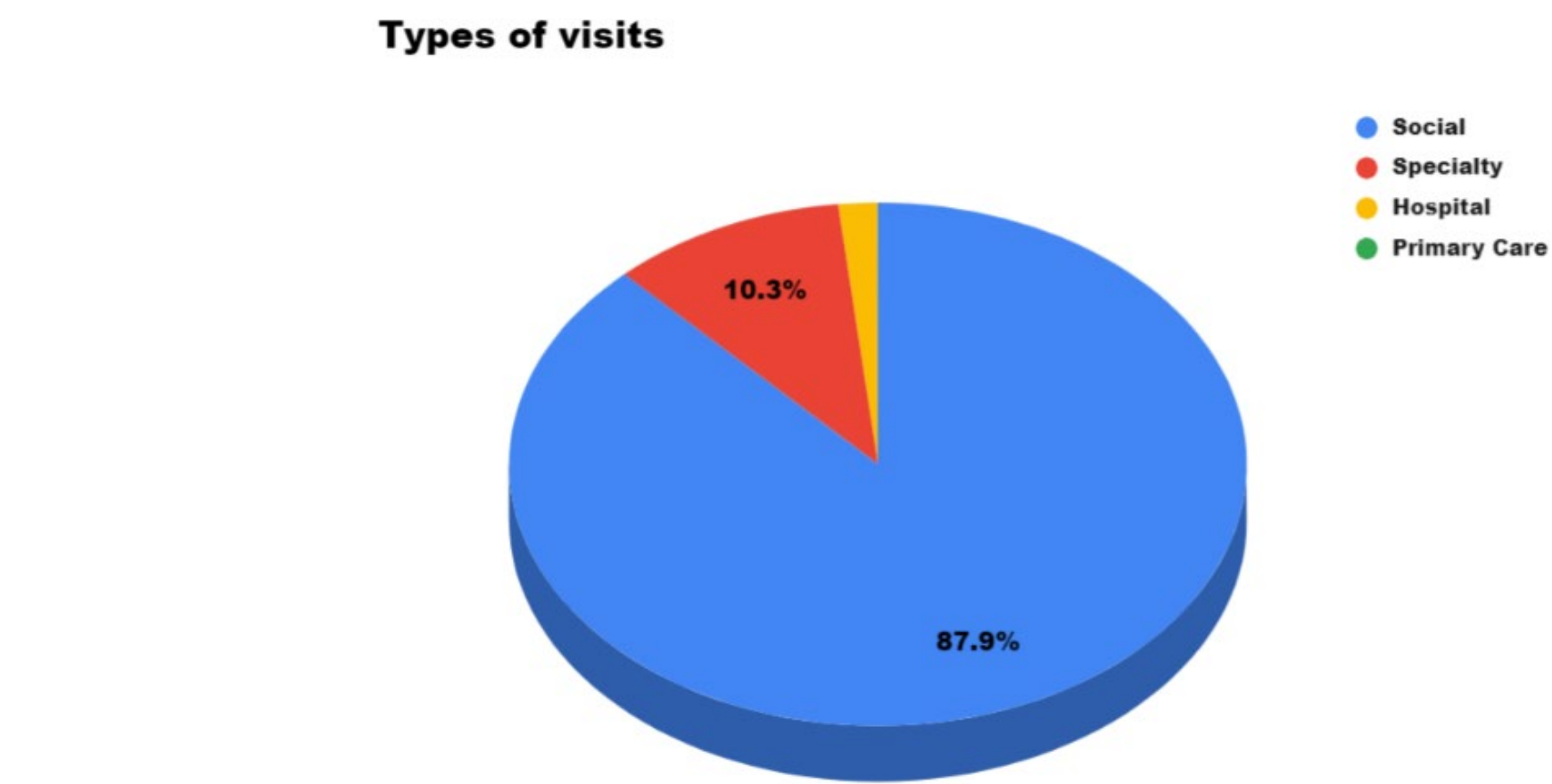
Curriculum

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.

Results



Results

Volunteers:

Of nine interested students, two were referred by word of mouth, two by student support organizations, and five by student groups. Eight were from UCD, one from Regis. Of the nine students, one took a leadership role, two did not complete the application process, one was disqualified for lack of attendance, and one dropped out of the program. Of the four remaining volunteers, all are pre-medicine undergraduate students.

Volunteer Cohort 1 Exit Survey:

Positives: Making a difference in life and developing longitudinal relationship with OAC, providing compassion and goal setting, increase comfort communicating with older adults, understanding SNFs and challenges of older adults, improved application to health professions program, educational sessions

Negatives: Lack of leadership consistency, not being able to attend healthcare

appointments, lengthy processes at the CSVH and lack of staff understanding

Scheduling difficulties due to: 50% scheduling conflicts, 75% OAC confusion

USV attendance of healthcare appointments: 50% none, 50% more than 3

Leadership Survey

Program is viable: 88% agreed

Positives: Educational sessions, providing exposure to SNFs and older adults, companionship for OAC

Negatives: Fluctuations in medical student leadership skills and participations, USV attendance and retention, lack of consistent curriculum, small number of healthcare appointments attended, lack of shadowing, older adults not surveyed

Older adult companion goals elicited by undergraduate student volunteers	
Healthcare Related Goals	Non-Health Related Goals
<ul style="list-style-type: none">• Make lists of questions for medical appointment• Getting dental work done• Getting hearing aids fixed• Getting a suprapubic catheter• Transferring• Not to fall when transferring• Walk farther without walker• Walking again• Practice speaking with new dentures• Use bicycle at PT• Put on own shoes• Improve sleep	<ul style="list-style-type: none">• Trip to Air Force Army Football Game• Moving home• Write a story• Learn how to text• Learn how to use google• Learn how to use iPad• Learn to play guitar• Make birthday plans

Educational Topics			
Year	Semester	Topic	Presenter
2017	Fall	• Orientation	Program leadership
2018	Spring	• Motivational Interviewing	Faculty leadership
		• Medical Aid in Dying	Geriatrics resident
	Summer	• Wish of a Lifetime	Community partner
2019	Fall	• None	
	Spring	• Medicaid and Medicare	Faculty leadership
	Summer	• End of Life Planning	Medical student leadership
		• The Geriatric Patient Interview	Physician guest lecturer
		• Palliative Care	Physician guest lecturer
	Fall	• Opioids and Pain Management	Physician guest lecturer
		• Cognitive Assessments	Medical student leadership
		• Focus Group and Farewell	Medical student leadership

Discussion

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 highly dependent on the staff members participation at the CSVH. Limitations include the small volunteer cohort size which limits the ability to extrapolate the model on a larger scale; lack of surveys of the OACs were not conducted and conclusions cannot be made about their experiences; pre-and post-educational sessions surveys were not administered, making it difficult to determine which educational sessions were most useful and why.

Conclusions

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 their OAC. Significant institutional structures are needed to ensure leadership quality and consistent participant.

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CONFLICT OF INTEREST

The author reports no conflict of interest.

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