Assessing the Benefit to Students From the Patient Companion Program Design

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Background
The Patient Companion Program (PCP) partners undergraduate students interested in healthcare careers with veteran patients to serve as a patient companion. Student volunteers are shadowed and social visits with their companion and utilize goal setting and motivational interviewing strategies to develop on a working impactful relationship with their patient. These pre-health student volunteers (PSV) look for clinical experiences to further their academic and career interests. When recruited for the PCP, many applicants cite an interest in attending a primary care or nursing school. However, medical school admission is an intractible process [1] and clinical experiences like shadowing, which are commonly viewed as pre-requisites for entry to medical school, have burdensome regulations around patient confidentiality which make them difficult to attain [2]. The PCP provides PSVs with clinical experience during service to their veteran patients as companions. Utilization of trained pre-health students in clinical settings has demonstrated they can be important members of clinical teams by gathering data from patients and their implementation shows promise for improving outcomes and healthcare access for older adults [3]. It is among the aims of the PCP to investigate the impact of this patient companion model on both veteran patients and their pre-health student companions.

The initial phase of the PCP was conducted by my colleagues: Sarah Bardwell, Clarinda Hougen, Catherine Mann, Samuel Altman, Catherine Whorter, Kristin Rieder, and Tyler Wieman. Some members focused on supporting underrepresented pre-health students in building their resumes and experience in healthcare as well as assessing the views of the PCP leadership as to the viability of the PCP model to benefit veteran patients and PSVs [4]. Other members focused on efforts on surveying PSVs regarding their confidence levels related to the PCP objectives with pre and post program Likert scale questions and open-ended questions regarding the impact of the program on the PSVs career goals [5].

My role in the PCP was to conduct a focus group of the first student volunteer cohort, assist in recruiting the second cohort, and implement changes to the program to be utilized with the second cohort of PSVs. The primary objective of this portion of the PCP was to provide meaningful volunteer opportunities to pre-health students while benefiting their patient companions. The secondary objective was to assess volunteer feedback regarding the program on the design and future avenues of research for the program.

Program Strengths
• Attending medical visits allowed PSVs to engage with their patient companion to help their companion understand the medical care they received.
• Setting and helping their companions achieve goals with their patients was a valuable exercise for PSVs.
• The program staff and guest lead lecture series prepared students to engage with elderly patients with a variety of medical complexities and taught them about common and topical issues in healthcare.

Program Weaknesses
• Lack of clearly defined PCP staff roles which caused delays in communication and action.
• Student volunteers wished to have more direction from staff to direct volunteer interactions with their patients toward program goals.
• Lack of data and measurable effect of student volunteers on their patients

Limitations
This study was limited in its ability to quantify the benefit to our student volunteers and their veteran patients as IRB approved surveys have not been utilized to this end. Additionally, feedback received through a focus group from one cohort is insufficient to draw generalizable conclusions as to the benefit of our patient companion model program for pre-health student volunteers in other, similar models.

There is a body of research demonstrating beneficial and potential harms to patients who bring a companion with them to medical visits. The PCP intended to have student volunteers accompany their companions to medical visits in addition to social visits. For some students this was invaluable, but others did not have patients whose medical visits allowed for this interaction. Program staff were unable to remedy this situation for either cohort one or two of student volunteers. Given the sporadic involvement in medical visits and lack of IRB approved metrics to quantify the impact of companions on various outcomes related to medical visits with elderly, socially isolated patients, this research avenue was postponed.

Discussion
The primary objective of this portion of the PCP was to provide meaningful volunteer opportunities to pre-health students while benefiting their patient companions living in the Colorado state veteran’s home. The feedback received from the focus group conducted with the first cohort of student volunteers indicated students found the PCP provides avenues for meaningful clinical experiences.

The secondary objective was to assess volunteer feedback regarding the program to improve upon the design and generate future avenues of research for the PCP. The focus group of cohort one elucidated strengths and weaknesses of the current program design and the dialogue generated many ideas for ways the PCP leadership can improve upon the design. Additionally, ideas for future research were discussed including using surveys to quantify the impact of this patient companion model on both our veteran patients and their student volunteers.

We were pleased to hear the meaningful experiences students received throughout their involvement as this was the primary objective of this phase of the program. Much of the negative feedback we received during the focus group was expected. The issues surrounding communication, staff roles, and program direction were a consequence of changes in leadership as the medical students who oversaw the day to day activity were either no longer available or had moved on from the PCP. The lack of clearly defined PCP staff roles which caused delays in communication and action should be remedied with formal surveys.

Research for the PCP. The focus group of cohort one elucidated strengths and weaknesses of the current program design and the dialogue generated many ideas for ways the PCP leadership can improve upon the design. Additionally, ideas for future research were discussed including using surveys to quantify the impact of this patient companion model on both our veteran patients and their student volunteers.

Materials and Methods
An audio recorded focus group session was conducted using a templated discussion format with the student volunteers from the first cohort.

Three of the four students in cohort one were able to attend, one could not attend due to scheduling conflicts. Student volunteers were each given the opportunity to respond to the questions and a notetaker was also available for written comments they did not wish to share with the rest of the group. A transcript of the focus group was used for data purposes.

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Next Steps
• A focus group will be conducted with the second cohort of student volunteers using the same format to evaluate the same end points discussed in this presentation.
• Formal surveys to assess the impact of student companions on outlook, mood, and understanding of healthcare decisions are also potential next steps to be conducted with our veteran patients.
• This patient companion model could serve to enhance our understanding of triadic physician-patient-companion communication.

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