

Seniors as Mentors Program

at Mount Sinai School of Medicine



Geriatric Medicine and Training

SUMMARY

Target Audience

First-, second-, and third-year students

Purpose

To develop a strong foundation in patient-centered medical care for older adults with chronic illnesses

Program

A clinical experience through which students develop longitudinal relationships with older patients as part of the chronic illness care team, observing healthy aging, the impact of aging on health, and coping with chronic disease

History

Created in 2005 for first-year students, it has since been rolled out to three incoming first-year classes and continued into the second and third years of medical school. The Seniors as Mentors concept has been operating in medical schools nationwide since 2000

Operating Costs

Program coordinator; materials for a few meetings for student, doctor, and mentor

Outcomes

Research is ongoing to determine whether student participation in the program effects favorable change on their patient-centeredness and attitudes towards older adults

Available Materials

Detailed Program Description; Medical Schools with Senior Mentor Programs in Geriatrics, 2005; Publications List

For More Information

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Program Overview

The pilot Seniors as Mentors Program was introduced in 2005-06. It utilizes community-dwelling functional older adults living with chronic illnesses as adjuncts (Mentors) in conveying geriatric content. Mentors are diverse in age, race, religion, ethnicity, education, sexual orientation, and socioeconomic status. The Program matches first-year students, in groups of two or three, with older adults. The primary purpose is to ensure that students see patients as people, not just as diseases and organs. Students establish a long-term relationship with their Mentors over the course of the academic year. Students observe firsthand the challenges faced by these older patients, how their medical conditions impact their quality of life, and the coping mechanisms they have developed to live with the challenges their chronic illnesses pose.

The Seniors as Mentors program is a required clinical experience for all first-, second-, and third-year medical students. The program goals are to:

- have students develop a strong foundation in patient-centered medical care through longitudinal relationships with older patients (Mentors)
- promote team learning and team care
- have students understand transitions of care.

This program is inspired by the 23 medical schools which established Senior Mentor Programs as part of the AAMC-Hartford Geriatrics Curriculum Program in 2000 and 2001, modeled after the University of South Carolina's original program.

Program Operations

Course objectives for students are to:

- reflect with fellow students and the primary care physicians about developing and maintaining a longitudinal relationship with a patient



- recognize the burden of chronic illness and the importance of the chronic care model
- recognize the complexity of coordinating care for older adults
- understand the influence of the home environment on the patient
- learn how to prioritize and balance patient responsibilities with competing professional and personal responsibilities
- work as part of a primary team to manage a patient longitudinally.

Students are precepted by their Mentor's primary care physician and are regarded as junior members of their Mentor's medical team. All physicians involved in the program are geriatricians. They serve as faculty preceptors and formally meet with their medical students four times over each academic year to discuss and analyze the Mentor's health status, as well as to review the patient's medical information. Multiple informal meetings have also occurred outside these set formal meeting times.

Students form relationships with their patient care teams as their Mentors navigate the health care system. Students have the opportunity to experience chronic illness from both the patients' and the health care providers' points of view. They learn about the challenges of, and the opportunities to advocate for, coordination of care. When a Mentor is hospitalized, the first- and second-year students are notified; they then visit the Mentor in the hospital and learn about the inpatient experience. A "SWAT" team comprised of geriatrics and palliative care faculty works with the patient and the student to assure that appropriate emotional support is available for students.

During the years of medical school, the students follow their Mentors as they age and traverse the various sites of care in the health continuum. Students become an integral part of their Mentor's chronic care management team. They have the opportunity to witness firsthand the role of health care providers and

the need for and importance of communication, coordination, and teamwork in patient care.

Staffing Requirements

The program is overseen by a leadership team of clinician-educators in the departments of Geriatrics and Medical Education. The program is taught by faculty Course Directors in the mandatory first- and second-year "doctoring"/clinical skills courses (The Art and Science of Medicine I and II), as well as in the third-year clerkship (Integrated Internal Medicine-Geriatrics Clerkship). The Course Directors are medical doctors whose specialties are internal medicine and geriatrics (in years one and two), and geriatrics (in year three).

Geriatrics faculty preceptors, who work with the students to understand the patients' care, are an essential feature of the program's success. Currently there are 25 geriatrics faculty preceptors for the program.

A full-time Program Coordinator manages day-to-day operations. The Program Coordinator is a trained geriatrics social worker who serves as a liaison between the Mentors, students, faculty, and Course Directors. The coordinator also helps facilitate relationships between the students and Mentors, and sends reminders of upcoming formal meetings as well as e-mails to students about inpatient admissions to, and discharges from, the hospital.

Program Costs and Funding Sources

The primary expense is the salary of a full-time Program Coordinator to help with scheduling and communication. Additionally, one or two social activities are held yearly for the Mentors to meet with their doctors and the students.

Initially funded through donations, the program is now being absorbed into the medical school's Chronic Care curriculum. It is anticipated that about half of the students



will be paired with a senior when this occurs; the rest will work with other patients with a chronic illness, such as HIV or chronic kidney disease.

Process and Outcomes Data

Focus groups of Mentors reported that participating in the Seniors as Mentors program provided them with a sense of utility and purpose in their lives; valuable social connections with the students; the opportunity to become more aware of their health status; and a sense of empowerment, as they helped future physicians dispel common misconceptions about aging.

Research is also ongoing to determine whether student participation in the Seniors as Mentors Program effects favorable change on their patient-centeredness and attitudes toward older adults.

Implementation Lessons

- The Seniors as Mentors Program owes its success, in part, to the collaborative efforts of the departments of Geriatrics and Medical Education, and to the support of the Dean for Medical Education.
- During the 2007-08 school year, the program continued to build on the lessons learned in the first two years of the program, and a pilot program has been launched for third-year medical students. The extension of the program into the third year integrates the "lessons learned" by students during the first two years into their actual care of patients during their clerkships in geriatrics and internal medicine.
- The educators hope that students will enhance their comfort and skill in relating to older people and those with chronic illness; understand how age-associated changes affect health and coping with chronic illness; and recognize the roles of physicians and other members of the health care team in helping to manage illness and enrich lives. It is hoped that the students will become more receptive to

working with older and chronically ill patients, and more eager to acquire the skills needed to work effectively with these patients over time.

Available Materials

Tools/Resources

- Detailed description of the Seniors as Mentors Pilot Program
- 2005 Listing of U.S. Medical Schools with Senior Mentor Programs in Geriatrics

Publications

- Gearing up for a graying generation
Croasdale, M
American Medical News
June 9, 2008
www.ama-assn.org/amednews/2008/06/2009/prsa0609.htm
- Special Issue focusing on Seniors as Mentors Programs
Gerontology and Geriatrics Education,
2006
- University of South Carolina School of Medicine
Roberts, E, Richeson, N, Thornhill, J, Eleazer, GP
Academic Medicine
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This document is part of a compilation of approaches to geriatrics recruitment, career development, and programmatic expansion, based on the work of the John A. Hartford Foundation "Centers of Excellence in Geriatric Medicine and Training." For more information, visit www.afar.org/recruitment or www.jhartfound.org.

