



2007- 2008 Seniors as Mentors Program

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Expanding the MSSM Seniors as Mentors (SAM) Program into the Clinical Years *Return to "Patient Centered Care"*

"This program was exactly what I needed. It provides some social outlet as well as medical outreach support. The students I have had were very pleasant and open, giving me complete confidence and reassurance. They were empathetic towards the elderly. They provide reassurance that someone is looking out for me. It is an avenue to express any concerns I may have about my medical well-being."

Senior Mentor

"They are great people, bright, enthusiastic, and intuitive. It is so refreshing and gives me great hope about their future in the medical profession."

Senior Mentor

"This is a very special program and I am very fortunate to be able to share my thoughts and knowledge of experiences that I have gathered throughout my ailing years. I only hope that I am doing the program a great service. I look forward to my visits with the students and get very excited just being able to talk to them by phone. When I die, it will be a good feeling knowing that I left a small legacy to my students."

Senior Mentor

"This is a wonderful program, so innovative with the potential to humanize medical education early on. Hopefully, the future patients and physicians will benefit. Thank you."

Senior Mentor

Introduction

In 2005, an unsolicited donation to the Brookdale Department of Geriatrics and Adult Development resulted in the piloting of a new required clinical experience for all Mount Sinai School of Medicine (MSSM) first year medical students. The MSSM Seniors as Mentors (SAM1) program is designed to allow students to observe healthy aging and recognize the impact of aging on health through a relationship with a patient from the Coffey Geriatrics Associates practice. This also allows the patients to be 'adjunct faculty' engaged in the teaching of medical students. In 2006, further funding from this donor allowed expansion of the program to the new first

year class and piloting of a second year curriculum (SAM2). The program, embedded in the two-year pre-clinical Art and Science of Medicine (ASM) course, imparted rich patient-related issues and helped the students understand the complicated ethical, cultural and health system issues addressed in the classroom. Additionally, a major goal of this program is to have our students develop a strong foundation in “patient-centered” medical care through longitudinal relationships with patients, rather than the ‘snapshot’ view they currently get due to the (scheduling) of medical education.

The SAM program has been a major success, mainly because it is a collaborative effort of the Departments of Geriatrics, Medical Education, and has the full support of the Dean for Medical Education. We have planned, for the school year 2007-2008, to build on the lessons learned in the SAM2 pilot and to pilot a third year program (SAM3). The third year of medical school is the first truly clinical year, when the vast majority of student learning occurs during the care of patients, not in the classroom. Extending SAM into the third year would integrate the ‘lessons learned’ by students during SAM1 and SAM2 into their actual care of patients, helping them better understand how seniors’ cope with disease and transitions of care while assuring that the patients are seen as ‘people’ and not just ‘diseases’ and ‘organs’.

Highlights of the SAM Program

SAM and Longitudinal Patient Care and Chronic Care

- As a longitudinal program, SAM introduces students to community-dwelling functional older adults living with chronic illness. Students see the challenges faced by these patients and how their conditions impact quality of life. They also learn coping mechanisms that patients with chronic illness have developed to live with these challenges - thus, Seniors as Mentors.
- When a Senior Mentor is hospitalized, the first- and second-year students visit the mentor in the hospital and learn about the in patient experience. A “SWAT” team comprised of geriatrics and palliative care faculty work with the patient and the student to assure that appropriate emotional support is available for students.
- Students get to know the patient care team as their Senior Mentors navigate the health care system, and they get to experience chronic illness from the viewpoint of both the patient and the health care providers.
- Students learn about the challenges and the opportunities to advocate for coordination of care.
- Over the years of medical school, the students will follow their Senior Mentors as they age and traverse the various sites of care in the health continuum. They will be an integral part of the chronic care management team, and have the opportunity to witness first hand the role of health care providers, and the need for and importance of communication, coordination and teamwork in patient care.
- This ongoing relationship will allow students and Senior Mentors to reflect on the value of a longitudinal long-term mentor relationship including learning about the changes over time in one another’s life circumstances, and intellectual, emotional, physical and cognitive capacity, etc. This model will also serve the added role of providing a built in mentoring program for the most junior of our medical students and provide them with a link into the clinical realm.

The Program Goals

- Build a strong foundation in patient-centeredness.
- Promote team learning.
- Understand transitions of care.

Program Objectives

- Recognize the complexity of coordinating care for the elderly.
- Recognize the burden of chronic illness and the importance of the chronic care model.
- Work as part of a primary team to manage a patient longitudinally.
- Understand the influence of the home environment on the patient.
- Learn about prioritizing patient responsibilities with competing professional and personal responsibilities.

Specifics of the SAM Program SAM 1 and SAM2

Who is involved?

- The Students: Each first year student (2-3 students/team) is matched with 1 senior Mentor whom they work with during the 2 pre-clinical years, as part of the required Art and Science of Medicine (ASM) course.
- The ASM Course Directors: Medical school faculty who direct the ASM course, in the first year this is a faculty member from the Department of Medicine, in the second year the director is from the Department of Geriatrics.
- The Senior Mentors: All Senior Mentors receive their healthcare at the medical center's geriatric outpatient practice, Coffey Geriatric Associates. At recruitment, they are primarily 65-85 years old with an array of chronic, often disabling conditions including COPD, DM, DJD, CHF, etc. Over the years, patients may become more frail and lose some functional and cognitive capacity.
- The Preceptors: The Senior Mentors' primary care geriatrician who 'precept' the students by providing direct, practical experience, guidance and training related to the care of the patient who is the students' mentor. The preceptors are key to building the students' understanding of the patients as people.
- The SAM 'Team' = 1 Mentor + 2-3 Medical Students + 1 Preceptor + 1 Course Director.

What is the Program?

A series of encounters between the students, the Mentors and the Preceptors, as follows:

Large Group Meetings

- Introductory meet-and-greet luncheon for all SAM team members in the Fall.
- End of year debriefing luncheon for Mentors in the Spring.
- 'Faculty Development' for the Mentors in the Fall and in the Spring.

Students and Mentors

- Students make at least one home visit to the Mentors each year; many have more.
- Students and Mentors have at least one 'social event' together (dinner, movie); many have more.
- Students attend at least one "doctor's visit" with Mentor and Preceptor.
- If Mentors are hospitalized, students are notified and visit during the hospitalization; a "SWAT" team of geriatrics faculty provides support for students, as needed, when this happens.
- The following assignments are completed:

SAM I

1. *Life History Assignment:* In ASM students are taught communication skills and the art of developing a deep relationship with a patient by getting to know them as a person. The assignment is to obtain a detailed life history to understand the many different dimensions of their very first longitudinal patient. The students debrief with the patient's primary care physician in order to appreciate how these role models approach their patients in a patient-centered manner.

2. *Behavior Modification Assignment:* In ASM students are taught the theory behind behavioral change. The assignment is to decide with the Mentor, and the assistance of the primary doctor, on a behavior change goal and to monitor the Mentor's progress for 4-6 weeks. The students learn first hand how important and challenging partnering with a patient to make life style changes can be.

- *Examples of actual goals this year: tobacco cessation, weight loss, increased walking, increased fluid intake, de-cluttering apartment.*

3. *Chronic Illness Care Assignment:* In the basic science courses students are taught about human physiology. This assignment allows the students their first opportunity to apply their physiology to a patient's illness and to explore with the mentor his/her understanding of the disease and its consequences. The students are able to bridge their basic science knowledge with their blossoming clinical skills.

SAM II

1. *Home Safety Assessment:* In ASM students are taught how to conduct an environmental assessment of a person's home for safety. The assignment is to observe first-hand the interaction of the Mentors with chronic illnesses and their home physical environment and identify ways to increase physical safety and reduce hazard risks.

2. *Advance Directives and Organ & Tissue Donation Discussions Assignment:* In ASM students are taught about communication skills regarding difficult decisions such as advance directives, health care proxy discussions, organ and tissue donation discussions. The assignment is to assist the Mentor in expressing how they would want to be treated if they become seriously ill and were unable to speak for themselves using the 'Five Wishes' – an approach that looks at all of a person's needs: medical, personal, emotional and spiritual. The students learn the value of effective communications between patient, physician and family with regards to end-of-life care decisions.

3. *Medication Management Assignment:* In ASM students are taught how to conduct a "Brown Bag" assessment of the Mentor's medications. The student learn to appreciate the problem of polypharmacy among older adults, identify potential effects, either positive or negative, of drug therapy on co-morbid diseases, identify potential medication compliance issues and appreciate the value of effective communications between physician and patient regarding medication management.

Preceptors and Students

- Faculty development training sessions for the faculty who are Preceptors four times yearly, separate sessions for SAM1 and SAM2 Preceptors
- Student small group debriefings four times yearly, separate sessions for SAM1 and SAM2 preceptors

Specifics of the SAM Program Pilot Third Year Program (SAM3) 2007 – 2008

Who is involved?

- The Students: All third-year medical students during the portion of their 12-week Integrated Geriatrics/Internal Medicine clerkship when they are rotating in our geriatrics outpatient practice, the Coffey Geriatric Associates.

- The Geriatrics/IM Clerkship Directors: Medical school faculty who direct the Integrated Geriatrics/Internal Medicine clerkship. These are one faculty member each from the Department of Medicine and the Department of Geriatrics.
- The Senior Mentors: The third-year students' relationship with the Mentors becomes more 'medicalized' when they see the students during special 1-hour return visits to their primary care physician scheduled during the weeks that the students are rotating in the geriatric outpatient practice. Because the third year students rotate through clerkships at different times, Mentors who have been paired with groups of 2-3 students for the first two years now see each mentee student separately, and each student completes a different assignment during the Mentor's visit to the outpatient practice.
- The Preceptors: The Senior Mentors' primary care geriatrician may not be available to precept the students on the day they see the Mentor in the outpatient practice. Other department faculty, primarily the Clerkship Director and the Medical Director of the Coffey Geriatric Associates, serve as preceptors, when needed.

What is the program?

- The third year of medical school is incredibly busy. Students may be at any of up to eight different hospitals, depending on which rotation they are on. SAM Mentors continue to have a relationship with their original students, and may choose to participate more frequently as 'mentors' for incoming students.
- The third-year students each see their Mentor at least once during the third year, during their during their Integrated Internal Medicine-Geriatrics clerkship. During the special 1-hour return visits to their primary care physician (the students' preceptor) each student completes a different assignment.
- Assignment 1 is a Medication Literacy, Assessment, and Management Experience; Assignment 2 is a Fall Risk Assessment Experience; Assignment 3 is to be determined. (As the SAM Clerkship component is currently in the pilot year, we will determine what will be Assignment 3 depending on curricular and patient needs.)