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The Senior Mentoring Program at VCU's School of Medicine

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Case Study

The Senior Mentoring Program at VCU's School of Medicine

by Leland H. Waters, PhD, and
Madeline McIntyre, BA



Educational Objectives

1. To demonstrate the value of senior mentoring in geriatrics education for medical students.
2. To provide a framework for positively influencing student attitudes toward older adults.
3. To describe the underlying human relationships that contribute to patient-centered care.
4. To describe effective verbal and non-verbal skills to establish and build relationships.

Background

Senior mentoring is a medical education component whereby medical students and community older adults establish a connection, with the intention being a fuller understanding by the student of the complex lives of older adults who represent future patients.

Embedding geriatrics into U.S. medical education and practice is a relatively recent phenomenon. In 1974, the National Institutes of Health established the National Institute on Aging. In 1982, the Veterans Administration established two-year geriatrics fellowship programs at 12 VA medical centers and the first separate department of geriatrics was created at Mount Sinai School of Medicine. In 1988, the American Board of Internal Medicine recognized geriatrics as a specialty. At Virginia Commonwealth University, Peter Boling, MD, Professor of Internal Medicine and Chair of Geriatrics in the School of Medicine, has been championing geriatrics education since 1984. His 2001 *Strengthening Training in Geriatrics* grant from the Donald W. Reynolds Foundation increased geriatrics education for thousands of medical students, residents, and practicing professionals, always with the goal of improving geriatric care.

Senior mentoring programs began in the early 2000s as a geriatrics curriculum intervention in U.S. medical schools, funded by the John A. Hartford Foundation and the Association of American Medical Colleges; this initiative was noted as one of the most promising geriatrics curriculum strategies (O'Neil & Holland, 2005). Evaluation of early senior mentoring programs found students experiencing positive attitude change about geriatric patient care and better knowledge of geriatrics (Bates et al., 2006). Students reported enhanced sympathy and empathy, greater respect for older adults, and an appreciation that aging is an individualized process (Hoffman et al., 2006). Several of the Reynolds Foundation *Strengthening Training in Geriatrics* grantees adopted senior

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mentoring programs.

By 2008, various program models emerged (Eleazer et al. 2009), including one in which the student-mentor relationship is maintained throughout the college experience. Students and mentors would meet several times a semester and many student-mentor relationships became social, sharing meals, meeting families, and attending weddings and other social events. Another model is more formal, with the program scheduling joint student-mentor orientations, luncheons, and lectures. Both of these models are voluntary for students. A third model, the brief curriculum model, adopted by VCU in 2014, is a required experience with assignments using the student-mentor relationship and is concentrated into a single academic year. The Eleazer et al. evaluation of 10 senior mentoring programs found that for a significant proportion of both students and mentors, the relationship became a valued and poignant one.

In 2010, Dr. Boling received a *Next Steps in Physicians' Training in Geriatrics* grant from the Donald W. Reynolds Foundation to support programs to train medical students, residents, and physicians in geriatrics. The schools of Nursing, Social Work, Pharmacy, and Allied Health Professions (now the College of Health Professions [CHP]) made a commitment to student and faculty participation, technical support, and continuation of the educational program after this grant ended. One of the objectives was to implement a senior mentoring program for first-year medical students. Tracey Gendron, PhD, Associate Professor in the Department of Gerontology, CHP, developed the curriculum and administered the program from the Fall Semester of 2014 through the Spring Semester of 2017. Leland "Bert" Waters PhD, Assistant Professor at the Virginia Center on Aging, CHP, has been program administrator since then, and Madeline McIntyre, B.A., serves as program coordinator.

Dr. Boling chose to include the adoption of a senior mentoring program in the VCU medical school curriculum as part of the *Next Steps in Physicians' Training in Geriatrics* grant because he "wanted to show medical students meaningful aspects of life for older people and how physicians could make a difference." When asked why he chose the brief curriculum model for first-year students he said, "We

wanted to get the students before they became jaded and distracted by all the biomedical issues and the difficulties they were going to face in the course of their career."

Program Structure

Dr. Gendron originally designed the senior mentoring program curriculum as an interprofessional education (IPE) experience. First-year medical students, who were required to complete the course, were paired with volunteer nursing, pharmacy, and social work students. The teams, consisting of 2-3 students each, were matched with an older adult mentor, many of whom were recruited from assisted living communities in the Richmond area. The initial goals of the program were to increase knowledge, improve attitudes, and to expose students to different professional perspectives on aging while working with older adults. The task of recruiting both nursing and pharmacy students became more challenging as there was an increase in competing IPE requirements, so the program administrator decided to focus only on pairs of first-year medical students who are matched with one senior mentor or one couple.

The course is delivered through a learning management system called Blackboard. An online orientation lecture introduces the topics of person-centered care, effective communication with older adults, and awareness of ageist stereotyping. Students view a service-learning video that details best practices for volunteering with elders in the community. A pre-interview journal assignment poses two questions: (1) How do you feel about your own aging? (2) How do you feel about working with older adult patients after you complete your medical training?

Each team, usually two students, is required to meet with its senior mentor three times over the course of two semesters. In a few instances, married couples choose to meet with an individual student team. The students are required to make initial contact and meet the senior mentor at a time and place of the mentor's convenience. The students have reading assignments and guided interview questions, which are used as a starting point for conversation. Assignment topics include: 1) aging and health, 2) life-space, 3) quality of life, and 4) generativity.

The first assignment on aging and health introduces the processes of normal aging, activities of daily living (ADLs), instrumental activities of daily living (IADLs), and functional status that is determined by looking at both physical and cognitive actions. The students ask questions in the first interview about their mentor's perception of health and their experiences with the healthcare system and are required to post an individual reflection on the Blackboard site for this and each subsequent interview. Reflections are not graded but are reviewed by the course instructors for completion.

At the second interview, the students conduct a life-space assessment and interview their mentors about quality of life. A larger life-space is associated with better quality of life and health, while a slightly constricted life-space, such as going into the neighborhood fewer than four times a week, is an important marker of or risk factor for, the development of frailty. A severely constricted life-space, such as never leaving for home, indicates a high risk of mortality.

Quality of life represents an individual's perception of his or her well-being, including emotional, social, and physical aspects of their own life. It is a broad-ranging concept that encompasses level of independence, social relationships, personal beliefs, and relationships to salient features of their environment. Quality of life is a subjective term and for older adults may include aspects of maintaining independence and autonomy. Within a healthcare context, being able to make decisions about one's own health may be key components to quality of life.

The third and final interview focuses on generativity, an evidence-based, psychosocial concept, which is defined as a desire by older adults to nurture and guide upcoming generations, in order to make meaning of their own lives. Examples of generative actions include sharing accumulated wisdom and life experience, mentoring younger people, and giving practical support. There is empirical evidence that older adults who display generative behaviors derive a sense of personal meaning from their nurturing actions and that generativity may be a strong predictor of emotional and physical well-being in later life. It has also been suggested that older adults who do not develop generative behaviors may face a life

conflict in which they stagnate, with their energy and interests turned inward rather than outward towards a concern for creating a legacy for future generations. The students ask advice from their mentor and ask about their mentor's perceptions of themselves and the world.

The final reflection requires the students to answer the same two questions asked in the pre-test: (1) how do you feel about your own aging? (2) How do you feel about working with older adult patients after you complete your medical training?

After each interview with their mentors, students are required to post their reflections. Dr. Gendron's requirements for these reflections mimicked the Twitter brevity limit at the time, 140 characters. Students were instructed to create a tweet that represented the learning gained from the interview with their mentor, and these tweets were posted on Blackboard, viewable by all course participants and instructors.

When the Virginia Center on Aging (VCoA) assumed administration of the program in 2017, it eliminated the 140-character limit. Now, the student's assignment is to write a paragraph-length post-interview reflection. VCoA also started to recruit community-dwelling older adults from the Lifelong Learning Institute (LLI) in Chesterfield and the Jewish Community Center (JCC) in Richmond. The senior mentoring program decided to recruit older adults living independently and experiencing normal psychosocial issues of aging without major medical problems. This proved so successful that in the second year the program began recruiting only older adults living independently in the community and no longer recruited older adults living in assisted living communities. We also recruited a more diverse group of mentors from a Friendship Café site associated with Senior Connections, The Area Agency on Aging; the Café in inner city Richmond offers social programs for community-dwelling older adults who are not homebound and are physically, mentally, and medically able to attend.

In 2018, the Department of Gerontology at VCU collaborated with Leading Age, a Washington D.C. based aging advocacy nonprofit, to develop curriculum to address ageism. They produced three

three-minute videos appropriate for a wide range of audiences. We required all students in the 2018 senior mentoring cohort to respond to several questions after reviewing these ageism videos. Their responses were overwhelmingly positive. Over 98 percent of the students reported having a better understanding of ageism after watching the videos and said they would apply what they learned to their practice. All of the students reported that they were motivated or willing to change how they think or act and would apply what they learned from the videos in their everyday lives.

Case Study #1

Y and B are each second-year medical students who participated in the Senior Mentoring Program during the 2017-18 academic year, as members of different student teams. Both students reported they did not know what to expect going into their first assignment, as most of their prior experience with older adults and aging was limited to their grandparents; they did understand, however, that a great amount of individualization occurs among older adults. They both admitted to not wanting to linger too long with their respective mentors because of their own busy schedules.

The time limit expectation quickly disappeared after the first interview. Y's mentor was the one to end the first meeting after more than an hour and a half because Y and her partner were so engaged. B, in turn, stated that the interview was more like a conversation with a peer rather than a task to collect information, for there was "a lot more give and take" than expected. Both students relied on the guiding questions in the first interview to broach more difficult topics, such as life satisfaction, but the subsequent interviews were less scripted and students followed the flow of conversation wherever it went.

Because of the depth of the initial conversation, the second interview was more of an update instead of a discussion solely about life-space and quality of life. Y and her mentor spoke mostly about relationships with her doctors, family, friends, and her community. B and his mentor delved into healthcare and her progress towards some of her health goals. Y and B said their mentors wanted to know just as much about how they were doing, with a particular focus on what

they were currently learning in medical school.

The easy familiarity continued into their third and final meetings a few months later. "[It] felt more like catching up with a friend," said Y. This final meeting was designed to allow for more reflection by the mentors and the medical students. Both students felt the introspective nature of the conversations. B stated that the first two interviews applied more specifically to his future career, whereas the third interview became an opportunity to gain more general life advice from his mentor. His mentor stressed the importance of pursuing one's passions, "both in our careers and our lives outside of work," and Y's mentor stressed the importance of hard work in creating happiness.

At the end of the three interviews, the students found it difficult to end the relationship with their mentors even though they had only spent a short amount of time together. B felt there was far more that they could learn about each other, while Y found talking with an older adult outside of her family to be "almost therapeutic," since her mentor had such a breadth of life experiences to share and no topics were off limits. Both students stated that the VCU Senior Mentoring Program provided an opportunity to learn both professionally and personally about older adults and aging.

Case Study #2

Ms. D volunteered in the senior mentoring program during the 2017-18 academic year and agreed to volunteer again this year (2018-19). She has been retired for about 12 years. She is a member of the LLI and the JCC. She holds an advanced degree and volunteers in the community at a hospital and a legal aid center. She moved away from her grandparents while growing up and her parents died at relatively young ages, so she had little experience with older adults as a young person. The meetings with her mentees occurred at Ms. D's house first, then at a shopping mall, and for the final interview, they walked from her house to a nearby coffee shop. Each session lasted over an hour.

Between her first and second meetings with her mentees, Ms. D experienced a medical event. "I had

fallen and I recovered fine, but something like that does change you when you are older, and they saw that.” She knew that falls were seminal events for older adults, sometimes leading to loss of independence, and that it was important to alert the students to the reality that a fall can be a different life event for people in their 70s compared to medical students in their 20s.

When asked to reflect on her experience with last year’s students, she said, “They were both surprised about how much they ended up liking me as a person. I do not think that it impacted at all their interest in aging or not. One of the students was always interested in being a family [physician], not a geriatrician. Some of the things I talked about had to do with their relationship with aging, and how important that is [with] me being a recipient of services [and my] not being dismissed.”

Last year she was paired with one male and one female student, and this year her mentees are both female students. When asked about her first meeting with this year’s students, she said, “I had such a good experience the first year that my expectations were high.” She wanted the students to be as interested and engaged as last year’s students were. She was pleasantly surprised that the students this year “were so delightful.”

Ms. D reported a marked contrast between last year’s mentees and this year’s mentees. “Last year they followed scripted questions and this year they didn’t. That was not a bad thing, and they were very interested in me.” Ms. D mentioned that a close friend who had volunteered as a senior mentor last year did not have the same uplifting experience. Her friend, Ms. R., was paired with two male students who did not initiate the conversation or ask specific questions. She had the feeling that they were not interested in her as a person.

When Ms. D was asked if the students had mentioned the new ageism module for this year’s cohort in their first encounter, she said, “They were telling me about the videos, and they were quite taken with that. One [student] in particular was telling me what she learned in that and that she wasn’t aware of [ageism].”

At the end of the interview, Ms. D reiterated the most important aspect of her experience as a senior mentor was realizing that as she ages, she is still the same person. “Now, I sense the way people treat me, not in a bad way, but I am still the same inside.” She hopes her efforts to mentor medical students may help bridge the gap of perception between young physicians and older adults.

Conclusion and Lessons Learned

Senior mentoring can help shape the perspectives that future physicians hold about older patients. An evaluation of the effectiveness of a senior mentoring program for first-year medical students (Hoffman et al., 2006) found that, through informal interactions with their senior mentors, their sympathy and empathy grew for older persons. As the students learned the elder’s stories, they gained an appreciation that aging is an individualized process, abandoned preconceived notions, and came to recognize the person within. Themes that arose from this study included recognition of the commonality among generations, that one can learn strategies to deal with experiences from other generations, and that the complexity of the healthcare system can have a differential impact on the older population.

A qualitative study exploring the benefits of being a senior mentor (Halpin et al., 2017) found that mentors had decreased levels of concern and anxiety over ageism at the end of the program. Mentors indicated that they viewed participation as an opportunity to affect positively how future health care professionals will interact with older patients.

Of note in these programs is the reciprocal nature of the interaction between the students and the senior mentors. Both groups can have a generative experience in which the mentors provide their wisdom and the students develop a bedside manner. When VCU’s Dr. Gendron hosted an end-of-year reflection session for both mentors and students several years ago, participants shared experiences and learning gained from the visits; the reciprocal capacity of the program in building relationships was evident. In the present study, both Y and B successfully established and built on their relationships with their mentors as the meetings progressed. When B and his mentor delved into

her progress towards her health goals at their second meeting, he was in effect practicing patient-centered care strategies. This experience allowed an opportunity for medical students to practice a patient-provider partnership approach to care.

The VCU Senior Mentoring Program will implement changes in the program administration based on feedback from the students and senior mentors. We will prompt students more explicitly to use the questions given in the assignments or create their own questions, rather than allowing them to go into the interviews with no framework. Because of Ms. D's friend's experience with paired males, and similar comments from other mentors, students will be randomly paired, with a priority given to mixing genders. Some medical students interviewed also mentioned that they knew of other students in their cohort who had teamed with a friend and did not understand the importance of the senior mentoring experience, which further supports the decision to randomize the pairs. In addition, beginning next year, we will require a joint final reflection, a sharing by students and senior mentors, in order to provide follow-up and closure for the relationship.

Study Questions

1. What are the benefits of providing several hours of dialogue between medical students and an older adult living independently in the community?
2. What is the value of viewing health care through the eyes of an older adult?
3. Can one learn strategies to deal with experiences from other generations?
4. How does informally interacting with medical students help older adults?

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