

## **HIPPOCRATIC COUNCIL INNOVATOR GRANT**

### **Part 1 – Identifying Information**

Title of Project: Medical Students as Hospice Volunteers: a Collaboration between the Schulich School of Medicine and Dentistry and the Hospice of London

### **Part 2 – Project Description**

Death following prolonged illness is common, and something all physicians will experience with patients. A physician's attitude towards end-of-life issues has an impact on patients' feelings and acceptance of palliative care, and therefore comfort in discussing such topics is important.<sup>1</sup> However, with an average of only 11 hours of palliative care teaching in Canadian pre-clerkship programs, many medical students feel unprepared to address end-of-life topics.<sup>2</sup>

Our project, in collaboration with the Hospice of London, provides pre-clerkship medical students at the Schulich School of Medicine and Dentistry the opportunity to train as certified Hospice volunteers. Student volunteers are chosen based on random selection, and visit Hospice patients throughout the year to provide palliative and bereavement support. As such, our program provides an early opportunity for patient interaction, and exposes students to the human and emotional aspects of medicine that cannot be taught in the classroom. This program was piloted last year with great success. This year, we are currently introducing improvements based on student and Hospice feedback, with the aim to transition into a long-term, sustainable program. For example, this year we have introduced a peer-assisted learning<sup>6,7</sup> component into our program. Previous student volunteers from last year will continue to be involved, by facilitating small group discussion with new students and help provide ongoing guidance and support.

We are only beginning to understand the benefits of Hospice volunteering for medical students. Last year, research was conducted to assess the attitudes, comfort level, and emotions of Hospice-trained students with respect to death and dying. Students reported overcoming challenges, increasing comfort levels, and better understanding of the palliative process. Furthermore, medical students who trained and acted as Hospice volunteers showed statistically significant improvements in both the Fear of Death Scale and the Communication Apprehension in Regard to the Dying Scale. In contrast, students who did not participate with Hospice showed no changes in these scales. Thus, it is evident that Hospice volunteering can benefit medical students, yet there is still a need to further understand how this benefit can be enhanced for maximum numbers of students. This year, as our second-year Ethics research project, we will further analyze what aspects of the Hospice experience are helpful for students, and how this fits with the current literature on patient-centered medical education. Furthermore, we will also study the impact of peer mentorship on student development. The results from our research will be used to inform others about our program, and to help advocate for faculty and administrative support for long-term integration with the medical education curriculum.

In order to support similar learning opportunities for the Windsor Campus, we have initiated discussions with Windsor Hospice to determine how to successfully expand our program. So far, members of our group have visited the Hospice Village facilities in Windsor and have been met with tremendous enthusiasm from staff directors. We aim to establish the Windsor chapter of our project by next April, in preparation for incoming students in Fall 2011.

### **Part 3 – Selection Grading/Requirements**

#### **Why is your project innovative (max 150 words)?**

Most palliative care education occurs in the pre-clinical years of medical school through didactic classroom lectures.<sup>2</sup> In Canada, only one medical school employs the use of a simulated patient, two schools offer an elective rotation in palliative care, and four schools have specific supervised encounters with a palliative care physician or other member of a palliative care team.<sup>2</sup> Our program provides pre-clerkship medical students with a different perspective and understanding of palliative care, as students train as Hospice volunteers and interact directly with Hospice patients over the course of a year through home visits. Students will also benefit from peer mentoring with those who completed the pilot program previously<sup>6</sup>, an initiative that expands upon the original groundwork to transition into a sustainable, long-term program. Benefit of our program will be assessed through peer and focus group discussion, a process that will complement the student experience.

#### **What is your objective with this initiative (max 150 words)?**

It is important for physicians to feel comfortable discussing and managing end-of-life care<sup>1</sup>, yet many medical students experience a fear of death and caring for end-of-life patients.<sup>3-5</sup> Our project will respond to this need by providing a supplementary method of palliative care education. Specifically, our objectives include:

- Provide pre-clerkship medical students with a non-clinical, personal experience of palliative care
- Establishing sustainability of our program to provide a long-term supplement to current palliative care education
- Compare differences in comfort regarding death and dying between medical students with only traditional education versus those trained as hospice volunteers
- Expansion of our program to the Windsor Campus, in order to enhance cross-campus collaboration between future student hospice volunteers

Building upon the pilot project that began last year, we will employ multiple strategies to improve the Hospice experience in the upcoming year.

#### **How will medical students be involved (max 150 words)?**

Students join the program in their first year on a voluntary basis for a two-year commitment. In the first year, students receive training from the Hospice of London tailored specifically for medical students, certifying them as qualified volunteers. They will then be matched with a Hospice patient, who they will visit throughout the year for a minimum of 10 visits. In their second year, students act as peer tutors for incoming students entering the first year of the program. They will lead small group sessions with their peers about their experiences, to help encourage discussion and facilitate reflection. These sessions will be in accordance with published Peer-Assisted Learning frameworks, a learning strategy that has been shown to enhance education for both parties in the engagement.<sup>6,7</sup> We plan to include Windsor students starting fall 2011, and aim to increase the number of London students involved in the program in the future.

#### **How do you plan on publicizing the initiative (max 150 words)?**

We hope that this program will demonstrate the benefits of Hospice volunteering for medical students, and how it can be integrated with the curriculum to supplement medical education. We will present our findings to our medical class as part of our Community Health course. In addition, we have also applied to present at the 2011 Canadian Conference on Medical Education and the 2011 Festival of International Conferences on Caregiving, Disability, Aging and Technology.

We are also working towards a media release to publicize our initiative through the local news to help raise awareness for the Hospice of London and showcase our Schulich student initiative. So far, we have letters of support from our dean Dr. Strong and associate dean Dr. Rebel, and have drafted a statement for media release. We are currently working with the media-relations officers of Schulich and Hospice of London to coordinate a collaborative media release.

**What additional resources are required for the project (max 150 words)?**

The primary cost for the project is funding to help support the Hospice of London, who has been generously volunteering their participation for our program thus far. To ensure their continued support, we would like to reimburse them as soon as possible for costs such as staffing, administrative fees, and training expenses for the study participants. We also need funding to help cover costs associated with our research project, which include preparing printed survey materials, transcription and event fees for the focus groups. Please see the more detailed breakdown in our budget below.

**If necessary, how can the project be sustained for future years (max 150 words)?**

The structure of the program incorporates long-term continuity. As described previously, upper year students in the program will act as peer mentors for first-year students in the program, a cycle that will both help ensure the sustainability of the program as well as enhance the experience for students through Peer-Assisted Learning. Upper year students will also assume leadership in the organization and administration of the program.

Currently, our program is possible through the voluntary corporation of the Hospice of London to train, match, and support medical students on a charitable basis. However, to ensure the sustainability and continuation of this program for future years, we require funding to support Hospice and help reimburse the costs they have accumulated. The HIPPO Innovator Grant would help us tremendously for this reason.



## Part 5 – Detailed Timeline

### Timeline of Activities:

- May 2010 – Completion of project proposal, meet with faculty supervisor to discuss project design
- August 2010 – Ethics approval, plan Hospice training and patient visits in collaboration with Hospice of London
- September 2010 – Recruit student participants, survey first year medical class using the Collett-Lester Fear of Death Scale and the Hayslip Communication Apprehension in Regards to the Dying Scale
- October 2010 – Train medical students, survey first year medical students at the Windsor campus
- November 2010 – Match student participants to experienced hospice volunteers and hospice patients
- November 2010 – Second year students to meet with Hospice of Windsor to discuss expansion of project
- November 2010 to March 2011 – Student participants complete a minimum of 10 hospice visits, partake in peer assisted learning sessions with previous volunteers to debrief and discuss experiences, data collection throughout this time period. Second year students to continue working with Hospice of Windsor to determine logistics of program expansion.
- March 2011 – Large focus group with all student participants to gauge the usefulness of peer assisted learning and to gain feedback to improve the program in future years
- March 2011 to April 2011 – Data analysis, interpretation of results, writing of final manuscript
- April 2011 – End of year dinner at Hospice of London to show appreciation for volunteers and their commitment, presentation to peers, presentation at conferences across Canada
- April 2011 – Selection of new organizing team from the first-year class to take over leadership for the next academic year
- Summer 2011 – Planning for the following year

## Part 6 – Additional Information

### The Hospice of London

“Hospice of London provides palliative and bereavement support to hundreds of individuals and their families living in London and surrounding area. Hospice is a philosophy of caring. It’s a refuge on the journey of life that is the most difficult to imagine- a life threatening illness or the eventuality of dying. Hospice of London was established in 1985 founded on the belief that care should not only be focused on physical health needs, but must also be compassionate and aimed at improving quality of life.”

- Quoted from [www.hospiceoflondon.com](http://www.hospiceoflondon.com)

### Our Faculty Supervisors

Dr. Valerie Schulz is our mentor and principal supervisor. She is an associate professor at the Schulich School of Medicine and Dentistry, and a member of the Department of Anesthesia and Perioperative Medicine at the London Health Sciences Centre. Her research interest is in Palliative Care.

Dr. Lorelei Lingard, a researcher from the Centre for Education Research and Innovation at the Schulich School of Medicine and Dentistry, is an expert on qualitative research methodology and acts as a research advisor for our project. She has played a vital part in our project by providing us with ongoing guidance and helping to ensure rigor in our research methods.

## References

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