

# **Meeting the New LCME Service Learning Need in Geriatrics** S. Baker, MA; C. Grant, CRC, EdS; L. Granville, MD; J. Lloyd, MD; A. Pomidor, MD Florida State University College of Medicine; Department of Geriatrics; Tallahassee, Florida This work is supported by a grant from the Donald W. Reynolds Foundation.

### Abstract

PURPOSE: This poster describes geriatric-centered service learning opportunities for 1st and 2nd year medical students at FSUCOM which meet the LCME service learning standard and support students making meaningful contributions to the older adult community. The objectives for the service learning projects are to: 1) increase students' knowledge base and positive perceptions concerning the treatment of older adults; 2) create interactive social learning activities for students with older adults in the community; 3) increase student contact with older adults in non-medical settings; 4) provide positive examples of active aging and living independently; 5) enhance development of students' communication and examination skills. METHODS: Students are provided with opportunities for service learning activities each year, through varied structures such as student interest groups, courses, and student learning communities. The three activities highlighted include an annual senior picnic, a senior mentor program, and a program where 1st and 2nd year medical students visit older adult independent living facilities and provide health screenings and document vital medical information. Faculty and staff are responsible for guiding the students through these experiences and providing direct oversight and logistical support. Educational goals, learning objectives and written exercises are provided. Evaluation of the service learning activities is conducted both qualitatively and quantitatively, including reflective writing, structured course assignments, faculty debriefings, and program evaluation surveys. <u>FINDINGS</u>: Examples of student assignments, summaries of reflective writing, evidence of clinical skills enhancement and survey results are presented. Obstacles including faculty time, financial resources, and staff support and coordination of events are discussed. <u>CONCLUSION</u>: We have found that community based older adults provide a rich resource for creating service learning activities. Students enjoy these interactions in their preclinical years and sometimes form relationships which last into later years. Older adults enjoy the opportunity to teach and receive time-intensive services. Selection of receptive older adults and facilities is critical. Involving community site-specific coordinators is essential for success. It is likely that only 2 of the 3 activities described would be needed to meet the LCME service learning standard.

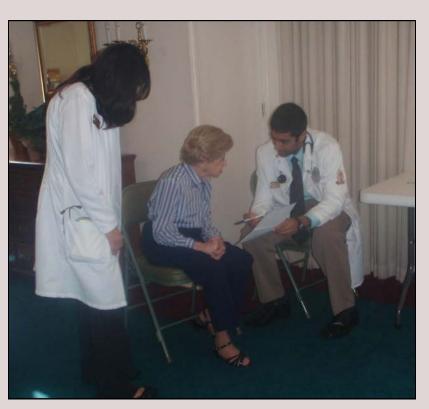
### Purpose

The objectives for the service learning projects are to:

- increase students' knowledge base and positive perceptions concerning the treatment of older adults
- create interactive social learning activities for students with older adults in the community
- increase student contact with older adults in non-medical settings
- provide positive examples of active aging and living independently
- enhance development of students' communication and examination skills







## **LCME Service Learning Standard**

### IS-14-A. Medical schools should make available sufficient opportunities for medical students to participate in service learning activities, and should encourage and support student participation.

"Service-learning" is defined as a structured learning experience that combines community service with preparation and reflection. Students engaged in servicelearning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens and professionals.

### Learning Communities

Learning Communities (LC) are spaces created for 1st and 2nd year medical students that provide 24 hour access to study areas as well as provide a comfortable congregating lounge for eating and socializing. Each LC is comprised of 30 students that bond over the their first two years of medical school. The LC fosters a sense of community and encourages group learning which create the perfect opportunity for service learning projects. Faculty advisors and the Division of Student Affairs provide staffing and support for each LC.

### Agenda:

Session: 10am - noon Set-up (30 min) Service activity (1 hours) Debrief (30 min)





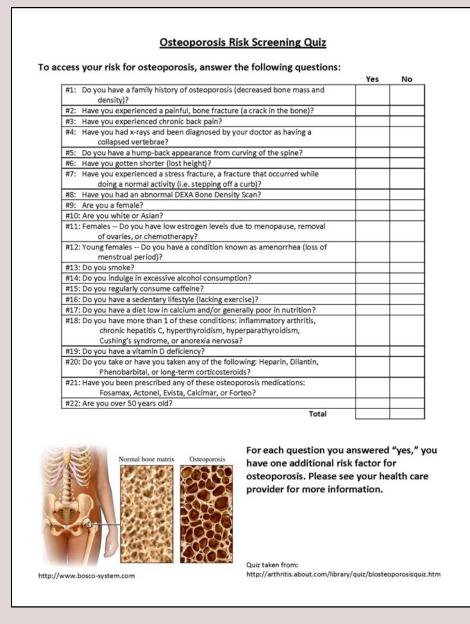
#### **Overview of Activities** On the day of the event:

- Some students worked together to provide patient education on the topic of the month. Presentation formats may include a slide show, Jeopardy game, skits, etc. Presentations are 15-20 minutes followed by a question and answer period.
- Post presentation students worked in the common areas. Activities include 3 stations:
- 1. Blood pressure measurement
- 2. Interview of patient experience with the condition (for example "living with diabetes" 3. Screenings relevant to disease topic (ex. "Get-
- up and Go" assessment and home safety discussions at falls presentation)

### **Examples of service project topics include:**

Vital signs measurement Gait assessment (Get up and Go) Fall Prevention Presentations Osteoporosis Risk

Home Safety Evaluations Vision screening Flu vaccine information Stoke Risk Assessment



 Some students worked in pairs to conduct an interview of a resident in the resident's room; content of conversation will include medical history, functional ability and service needs.

File of Life

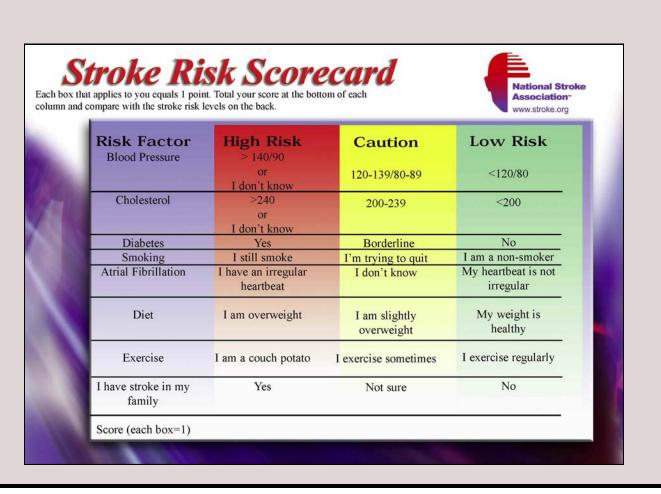
**Emergency Instructions** 

To be used for anyone in an emergency



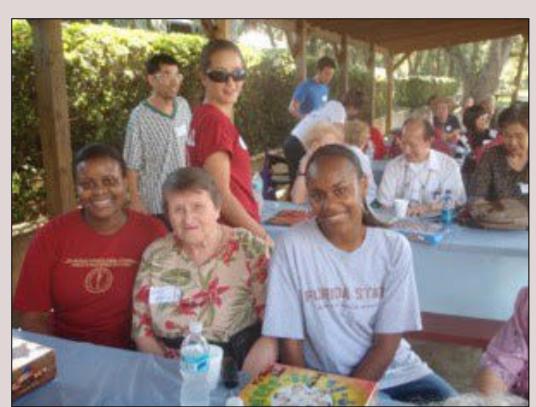
### • Students noted..

..risk assessment and counseling in a setting like this one is beneficial.. This project showed me that we can have a positive impact by just spending the time to explain lifestyle"



# **Senior Picnic**

The student Geriatrics Interest Group (GIG) hosts an annual fall barbecue. This event is planned by about 10 students with support from 6 geriatrics department faculty and staff. It is attended by 80-100 first and second year students and 50-60 older adults. Senior attendees include residents from a low income independent living facility and the senior mentors program. Admission is free; costs are covered by the Reynolds grant and department support.





Activities include intergenerational dining, games, and prizes for seniors. Students are offered an extra credit opportunity to submit a reflection paper describing insights gained from interacting with a senior person engaged in recreational activities. The reflection addresses what skills (psychological, social and physical abilities) relating to successful aging were observed and what student biases or misconceptions about older adults were identified.

### **Senior Mentors**

#### **Description of Program and Learning Methods:**

Student partners make three home visits to an "elder friend" during the Fall semester. This "friend" will be generally healthy and require primarily preventive health care measures. Visits are arranged for a mutually convenient time and location.

Home visits are shared in Small Group meetings. Students read about the elder friend's medical condition(s) in preparation for Small Group.

Visit 1: Introductions, demographics, family background, personal development information Visit 2: Medical history, perceptions of health, informal

assessment of mental health

Visit 3: Information regarding future plans, Giving back with home safety evaluation or preventive health screens

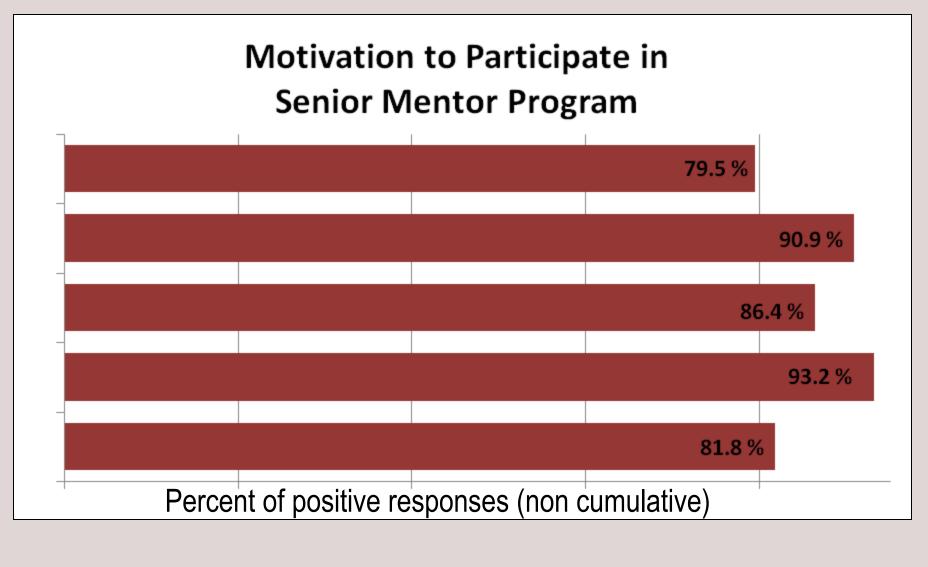
Following each home visit students submit a written assignment noting topics discussed, observations, and evidence of successful aging.

Students are given an extra credit opportunity to submit a reflection paper comparing and contrasting the health care needs of older adults and developmentally challenged younger adult populations.

The program is evaluated by both from the students' and the senior mentors' perspectives. Survey results confirm that the program is enjoyable for both populations and successfully impacts students' perceptions of older adults.

The chart below describes what motivates active older adults to serve as senior mentors.

I wanted students to understand and appreciate the diversity of the senior population I wanted to contribute to the professional education experiences of future physicians. I enjoy meeting and talking with young people. I wanted to help future physicians prepare to deal with issues confronting seniors. I thought it would be interesting.







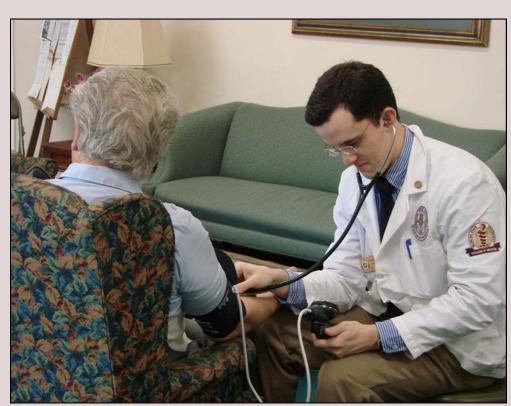
# **Student's Reflections**

#### LC Projects

"We were able to witness a prime example of a stroke and hear it from the patient herself and see it! It reinforced the physical findings of strokes, but enlightened me to the struggles and, later, the elation that is possible with stroke survival."

"I learned more about the risks, warning signs, and outcomes of strokes and how it relates to an at-risk demographic. While talking to the residents.., I got better at talking to them, I grew more comfortable not only with the material I was teaching, but with communicating to the older population, as well. I had fun!"

"I really enjoyed talking to the people..They all were very happy and really proud that medical students came to talk to them about heir health. They also gave me and other students doing blood pressure very nice complements about our tone and demeanor.."



"Companionship and compassion are the two most important things I was able to provide during the activity, ad I believe they will also be vital in my career as a patient-centered doctor.'



"There was a wider range of cognitive and social abilities among the seniors than observed with motor skills. I could tell a few seniors had trouble hearing or staying alert with the conversations around them. This made me think about the importance of elder care and the need of assistance for this population since many seemed that they would be incapable of reacting to danger or get out of harm's way."

"I was very surprised to see how... flirtatious the ladies were. They were constantly trying to get me to draw extra cards, skip my turn, and just pick on me whenever possible. The women were all pretty lively, and this surprised me; even the ones that seemed like they were less physically functional were witty and spunky while playing Uno. I didn't expect them to be so spunky at all."

#### **Senior Picnic**

"It amazed me how energetic and active Mr. W is even at 81 years old. I am not sure if I myself could go fishing all day and then attend the picnic without throwing a few yawns in the mix."

"We had a lot of fun, and my partner and I were able to observe the physical, social and psychological abilities of our mentor. All three components contributed to the overall evidence of his successful aging."

#### **Senior Mentors**

"I have realized that at an age considered "old," older adults can still be very active in their hobbies and community—remaining self-sufficient."

"The program really taught me that age is only a number. I was very surprised at how functional my senior mentor was."

### Conclusions

We have found that community based older adults provide a rich resource for creating service learning activities. Students enjoy these interactions in their preclinical years and sometimes form relationships which last into later years. Older adults enjoy the opportunity to teach and receive time-intensive services. Selection of receptive older adults and facilities is critical. Involving community site-specific coordinators is essential for success. It is likely that only 2 of the 3 activities described would be needed to meet the LCME service learning standard.