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Early learners as health coaches for older adults preparing for surgery



Jennifer A. Kaplan, MD,^{a,*} Zabecca Brinson, MD,^a Rebecca Hofer, BA,^a
 Patricia O'Sullivan, EdD,^{a,b,c} Anna Chang, MD,^{c,d}
 Helen Horvath, RN, MS, ANS,^e George J. Chang, MD, MS,^f
 and Emily Finlayson, MD^{a,d}

^a Department of Surgery, University of California, San Francisco, San Francisco, California

^b Department of Medicine, School of Medicine, University of California, San Francisco, San Francisco, California

^c Department of Medicine, University of California, San Francisco, San Francisco, California

^d Division of Geriatrics, Department of Medicine, University of California, San Francisco, San Francisco, California

^e Community Health Systems, School of Nursing, University of California, San Francisco, San Francisco, California

^f Department of Surgical Oncology, U.T.M.D Anderson Cancer Center, Houston, Texas

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ABSTRACT

Background: Few opportunities exist for early learners to engage in authentic roles on health care teams. In a geriatric optimization clinic for frail high-risk surgical patients, first-year medical and nurse practitioner students were integrated into an interprofessional team as health coaches.

Materials and methods: Frail surgical patients with planned operations were referred to a new preoperative optimization clinic to see a geriatrician, occupational, and physical therapists and a nutritionist. A curriculum for health coaching by early learners was developed, implemented, and evaluated in this clinic. Students attended the clinic visit with their patient, reviewed the interdisciplinary care plan, and called patients twice weekly preoperatively and weekly in the first month after discharge. Students logged all calls, completed patient satisfaction surveys 1 wk before surgery and participated in feedback sessions with team members and medical school faculty. Call success rate was calculated, and team communications were recorded and analyzed.

Results: Median call success rate was 69.2% and was lowest among medical students ($P = 0.004$). Students and research assistants contacted or facilitated patient contact with their medical team 84 times. Overall, patients were extremely satisfied with the health coach experience, felt better prepared for surgery, and would recommend the program to others. **Conclusions:** Early medical and nurse practitioner students can serve the important function of health coaches for frail patients preparing for surgery. Motivated students benefited from a unique longitudinal experience and gained skills in communication and care coordination. Not all students demonstrated capacity to engage in health coaching this early in their education.

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* Corresponding author. Department of Surgery, University of California, San Francisco, 513 Parnassus Avenue, Suite S-321, San Francisco, CA 94143-0470. Tel.: +1 415 476 1398; fax: +1 415 502 1259.

E-mail address: Jenny.Kaplan@ucsf.edu (J.A. Kaplan).

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Introduction

Older adults with multiple chronic conditions constitute a growing proportion of surgical patients.¹ For these surgical candidates, interprofessional optimization strategies offer rehabilitation services preoperatively to enhance functional recovery and prevent complications.² The Surgery Wellness Program (SWP), a novel optimization program at our institution, includes geriatric, nutritional, physical therapy and occupational therapy assessments and recommendations, as well as health coaching before surgery. This process inherently provides an opportunity for interprofessional learning.

Health coaching empowers patients to take an active role in their care. The coach can review a clinician's care plan, set short-term and long-term goals, and motivate behavioral change to meet these goals.³ Medical and nurse practitioner students can fill this role in the care of patients with chronic illness, as has been shown with hypertension and diabetes, thus becoming important members of the clinical team.^{4,5} Integral to the SWP are student health coaches who ensure that patients are meeting their preoperative goals and communicate with other team members when questions or concerns arise.

Medical schools incorporate clinical experience into the pre-clerkship years, but these preceptorships tend to include shadowing without a clear identified role for the student.⁶ In their discussion of workplace learning in a community of practice (such as a clinic), Lave and Wenger recommend allowing students to "legitimately" engage in the workplace activities, even if peripherally ("legitimate peripheral participation").⁷ An important benefit of genuine contribution to patient care is that learners can develop their sense of professional identity and learn directly from their patient.^{8,9} The next challenge for health professions schools is to identify communities of practice in which to place their learners in a way that allows for authentic workplace learning and also that represent the interprofessional teams who provide care. An optimization clinic seems like an ideal place to give learners legitimate and interprofessional opportunities to develop clinical skills and professional identity.

Our study is the first implementation of student health coaching in the setting of perioperative geriatric optimization. The purpose of this study was to describe the development and implementation of a health coaching curriculum for medical and nurse practitioner students in an optimization clinic and across the continuum of care, determine how well students could fulfill this role, and assess student impact on patient satisfaction.

Methods

Overview

This descriptive pilot study is part of a prospective cohort study of a geriatric intervention to prepare frail older adults for surgery. Here, we focus on a key element of the larger study: incorporating early learners into the interdisciplinary

care team as health coaches. This study was approved by the Institutional Review Board at the University of California, San Francisco. All students consented to participate in the descriptive pilot study.

Patients

Surgeons referred patients to the SWP optimization clinic if they met inclusion criteria. Eligible patients had to be scheduled for elective surgery or be listed for transplant and either be aged ≥ 60 y and have a geriatric syndrome (i.e., weakness, cognitive impairment, and weight loss) or be aged ≥ 80 y. Patient consent for program participation was obtained before the first SWP clinic visit, and patients agreed to allow students to contact them pre- and post-operatively. Patients included in this study attended the SWP clinic visit and had at least one health coaching call. Patients were kept in the SWP outcomes registry, but deemed no longer eligible for health coaching if their surgery was cancelled or prolonged indefinitely.

Student enrollment

The SWP and student health coaching debuted in February 2015. Students were enrolled during the pilot period of 5 mo (February 2015-June 2015) and a subsequent period of 4 mo (September 2015-December 2015). The second period correlated with the first half of the school year. Our pilot period coincided with a pilot curriculum within the UCSF School of Medicine to incorporate first-year learners in clinical teams. Volunteer students were recruited by the medical school and placed in the SWP clinical experience during our pilot study. Our experience was considered to be a longitudinal clinical preceptorship—a required curricular element for all first-year medical students. A faculty member in UCSF's graduate program for nurse practitioners approached a student who had an interest in geriatrics to participate as part of their clinical requirement, and she accepted. For the subsequent period, four first-year medical students were selected at random from the entire class, and there were no nurse practitioner students because of scheduling conflicts. All students received clinical credit for the rotation and none dropped out. The pilot period included two medical students and one nurse practitioner student.

Two research coordinators oversaw the clinic and assigned patients to students. Two research assistants also participated as health coaches during this time frame to ensure clinic coverage when students were not available.

Procedure

Curriculum

All students attended a 2-h health coach training session from the School of Medicine that included motivational interviewing skills and scripts for scenarios involving chronic illness.¹⁰ Before participating in the clinic, students received scripts for their preoperative and postdischarge calls. They also received written instructions for how to communicate patient concerns to team members, and what to do if a patient's complaints were a cause of concern. On their first day, incoming students in the second period shadowed outgoing students in

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