

Chronic Illness Care Education: Reflections on a Longitudinal Interprofessional Mentorship Experience

Lauren Collins, MD

Assistant Professor

Division of

Geriatric Medicine

*Department of Family and
Community Medicine*

Christine Jerpbak, MD

Assistant Professor

Director, Introduction

to Clinical Medicine

*Department of Family and
Community Medicine*

Christine Arenson, MD

Associate Professor

Director, Division of

Geriatric Medicine

*Director, InterProfessional
Education Center*

*Department of Family and
Community Medicine*

Richard Dressel

Occupational

Therapy Student

College of Health

Professions

Jillian Necky

Jefferson Health Mentors

Education Coordinator

Department of Family and

Community Medicine

Reena Antony, MPH

Education Programs

Administrator

InterProfessional

Education Center

Thomas Jefferson

University

Patrick Kane

Medical Student

Jefferson Medical College

Ayo Oduneye

Nursing Student

College of Health Professions

The prevention and management of chronic disease is a leading healthcare concern. Currently 133 million Americans live with at least one chronic condition and seven out of ten deaths are due to chronic disease.^{1,2} Well-functioning teams of highly trained professionals are needed to provide rational, patient-centered, evidence-based care of chronic disease.³ While there has been some evidence to show that interprofessional patient-centered care improves health outcomes, evidence to support interprofessional educational interventions is sparse.⁴ This article describes a longitudinal research study that incorporated the use of mentors with chronic illness into the training of future health care professionals. The study implemented a qualitative analysis of student reflection essays to assess the impact of this training approach.

To address the gap in chronic illness care education, Thomas Jefferson University developed and implemented an interprofessional education program for a mixed audience of students in medicine, nursing, occupational therapy, and physical therapy. The keystone of this program is the use of a health mentor. The health mentor is an

adult of any age who has one or more chronic medical conditions and who volunteers to meet with a small group (3 or 4) of students 4 times a year for 2 years. Mentors were recruited from Jefferson outpatient practices, community organizations, and continuing care retirement communities in the Philadelphia area. Each mentor received an individualized orientation to the program by Jefferson faculty that included a review of program goals, objectives, and logistics.

At the end of the first year of the program, students were each asked to respond to the following prompt: *In the health mentor program, the mentor is the teacher. Please describe the impact your mentor has had on your education as a future health care provider.* Student essay responses were qualitatively analyzed and entered into the NVivo 8 data analysis software program, a program which allows for importing, sorting and analyzing of separate text files. Independent coders from 4 different disciplines (medicine, nursing, OT, and public health) reviewed the essays. Coder consensus was established through weekly meetings where themes were operationally defined, differences in coding were reconciled, and a definitive theme set was agreed upon. In total, 60 papers (15 from each discipline) were reviewed and coded before no new themes emerged. Student essays addressed personal learning experiences during this mentorship program including their overall understanding of chronic illness and their attitudes toward chronic illness, aging, and inter-professionalism. The following seven major themes were identified in students essays: 1) Ability to see patient-mentor as person/individual, 2) Increased positive attitudes toward chronic illness care, 3) Increased positive attitudes toward elderly and aging, 4) Broader understanding of the role of the health care provider, 5) Increased understanding of the importance of health care provider-patient communication, 6) Importance of patient-centered care, and 7) Deeper understanding of the healthcare system.

Findings from this study suggest that a longitudinal, interprofessional mentorship program may be a promising tool for the development of higher-quality interprofessional healthcare teams. Our results lend support to other research that calls for early exposure to chronic disease prevention and management in health professions training.^{5,6} Repeated visits with health mentors in the community, instead of the hospital, gave students an alternative first-time exposure to chronic illness.⁷ The longitudinal relationship with mentors gave students insight into the importance of empathy and a holistic approach to care. Attentive listening, allotting enough time, and the importance of developing a rapport during the interview process were noted by participants as positive outcomes of this program.

This study suggests that early, longitudinal patient contact may help to prevent the negative connotations many students come to associate with chronic illness during their later clinical experiences. Further work is needed to assess the impact of the full two-year curriculum on longer term attitudes and behavior (i.e. at graduation and in practice). Students will be followed using the Jefferson Longitudinal Study to monitor these outcomes. Community health mentors with well controlled chronic conditions can have a positive impact on health professions' student attitudes and should be utilized in chronic illness care education.

For more information on this program contact Lauren Collins, MD at Lauren.Collins@jefferson.edu.

References

1. Chronic Disease Overview. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/nccdphp/overview.htm>. Updated March 20, 2008. Accessed July 2, 2008.
2. Hsian-Ching K, Hoyert DL, Xu J, et al. Deaths: Final Data for 2005. National vital statistics reports. Hyattsville, MD: National Center for Health Statistics, 2008;56(10).
3. Institute of Medicine. Report brief. Crossing the quality chasm: A new health system for the 21st Century. <http://iom.edu/Object.File/Master/27/184/Chasm-8pager.pdf>. Published March 2001. Accessed September 2, 2008.
4. Arenson C, Rattner S, Borden C, et al. Cross-Sectional Assessment of Medical and Nursing Students' Attitudes toward Chronic Illness at Matriculation and Graduation. *Acad Med*. RIME Suppl. Submission accepted, in press.
5. Haidet P, Dains JE, Paterniti, et al. Medical student attitudes toward the doctor-patient relationship. *Med Educ*. 2002;36(6):568-74.
6. Gaver A, Borken JM, Weingarten MA, et al. Illness in Context and Families as Teachers: A Year-Long Project for Medical Students. *Acad Med*. 2005;80 (5):448-451.
7. Yuen JK, Breckman RB, Adelman RD, et al. Reflections of medical students on visiting chronically ill older patients in the home. *J Am Geriatr Soc*. 2006;54(11):1778-83.