

Active Mind, Active Body in Action: Assessing the Impact of Medical Student Volunteerism in the Hospital



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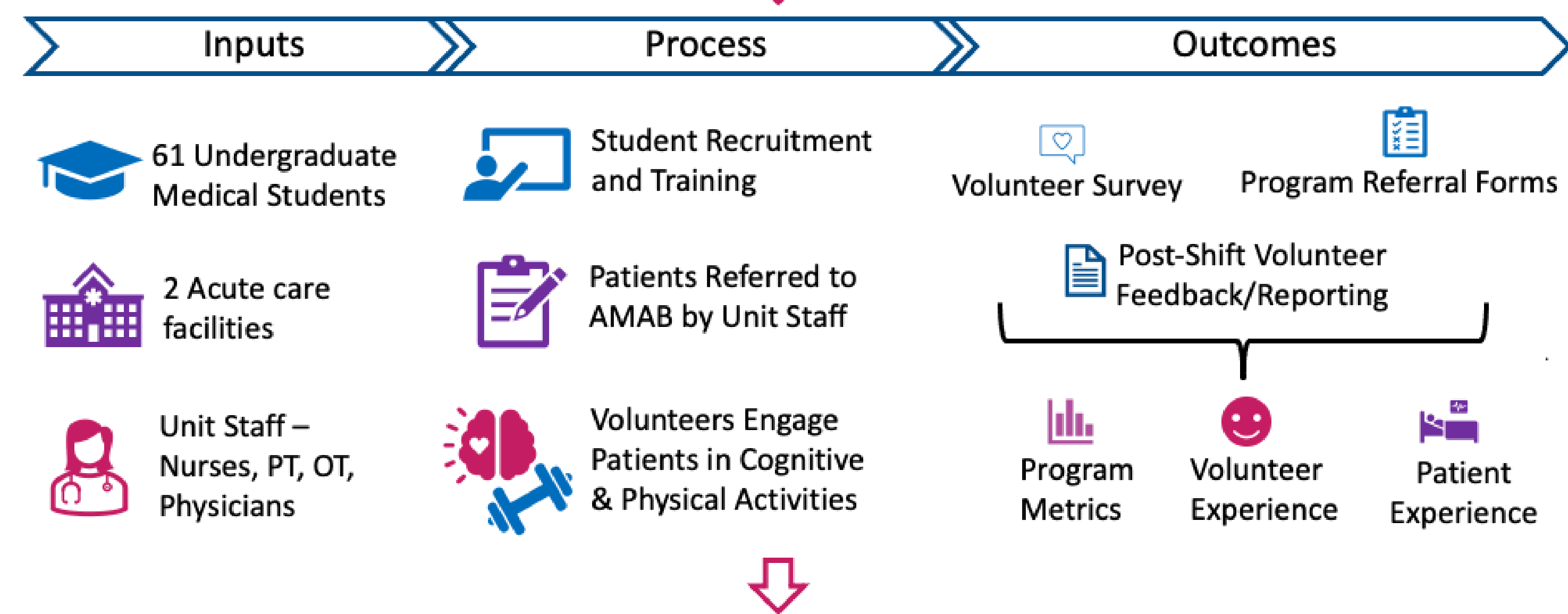
INTRODUCTION

- The acute care healthcare system is under tremendous strain and struggles to optimize inpatient mobility and cognitive stimulation, particularly among elderly patients¹. There are often limited opportunities for meaningful engagement, companionship, and activities promoting mobility and well-being.
- These issues for hospitalized patients were exacerbated by the COVID-19 pandemic, which also restricted in-person learning opportunities in medical education programs for some time².
- In response, the Active Mind Active Body (AMAB) volunteer program was developed in July 2021 to address these challenges by involving pre-clerkship undergraduate medical students (UMS) in patient care, promoting interdisciplinary collaboration, and reducing mental and physical isolation of hospitalized patients through social and physical activities.

PROGRAM DESIGN AND METHODS

Objectives

- Understand the **UMS volunteer experience** with the program and patient interaction.
- Understand the **patient experience** through the patient narrative recorded on program referral forms.
- Determine areas for improvement**, and sustainment of the program.



Program Evaluation

- Convergent mixed methods approach used to analyze qualitative and quantitative data from program outcomes³
- Data was analyzed using **descriptive statistics and thematic analysis**.

VOLUNTEER FEEDBACK

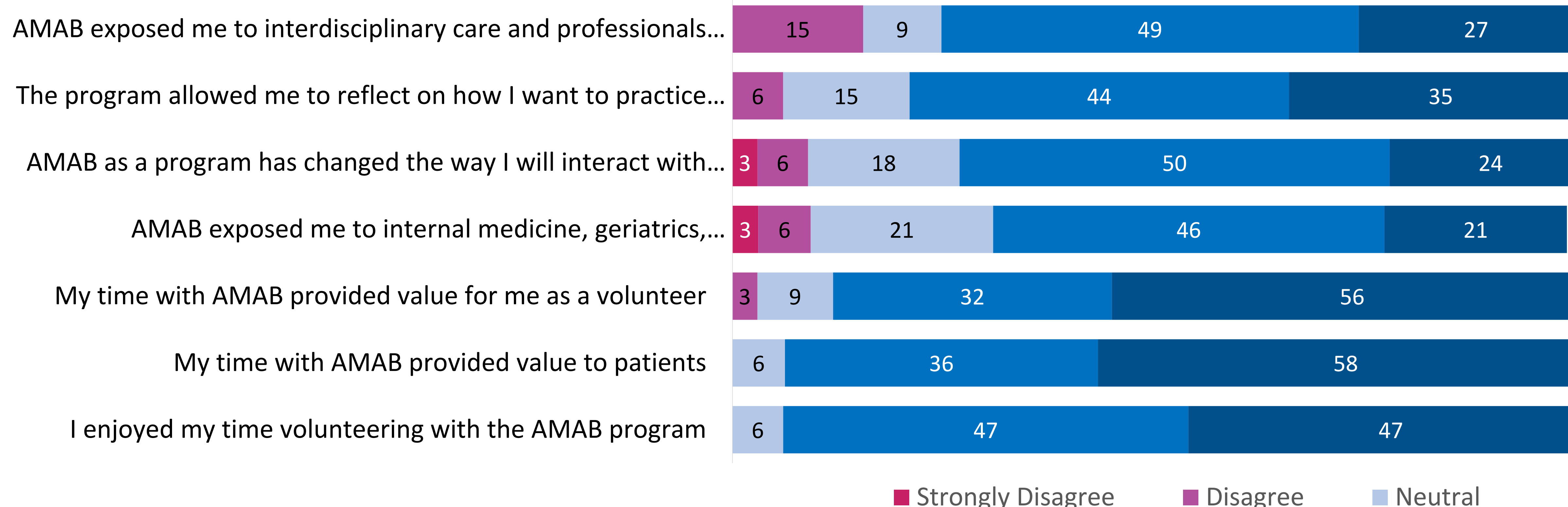
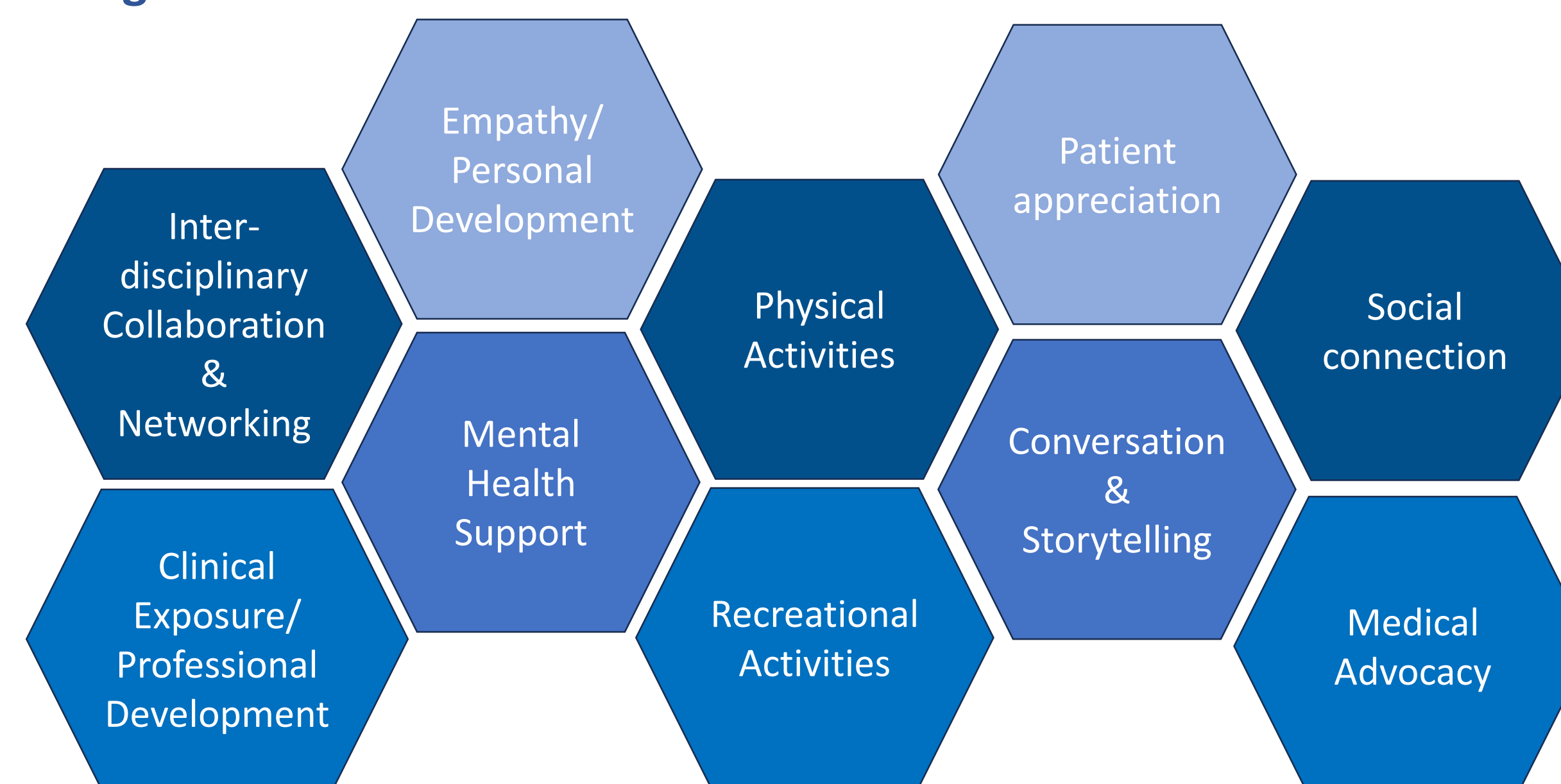


FIGURE 1: UMS perspectives on their experience with AMAB. Data was collected retrospectively using a survey that was completed by 34 UMS who volunteered with AMAB during the period of study. Responses were recorded on a 5-point Likert scale. Figure data is displayed as the percentage of UMS who selected a response.

Program Outcome Themes



Improvement Themes

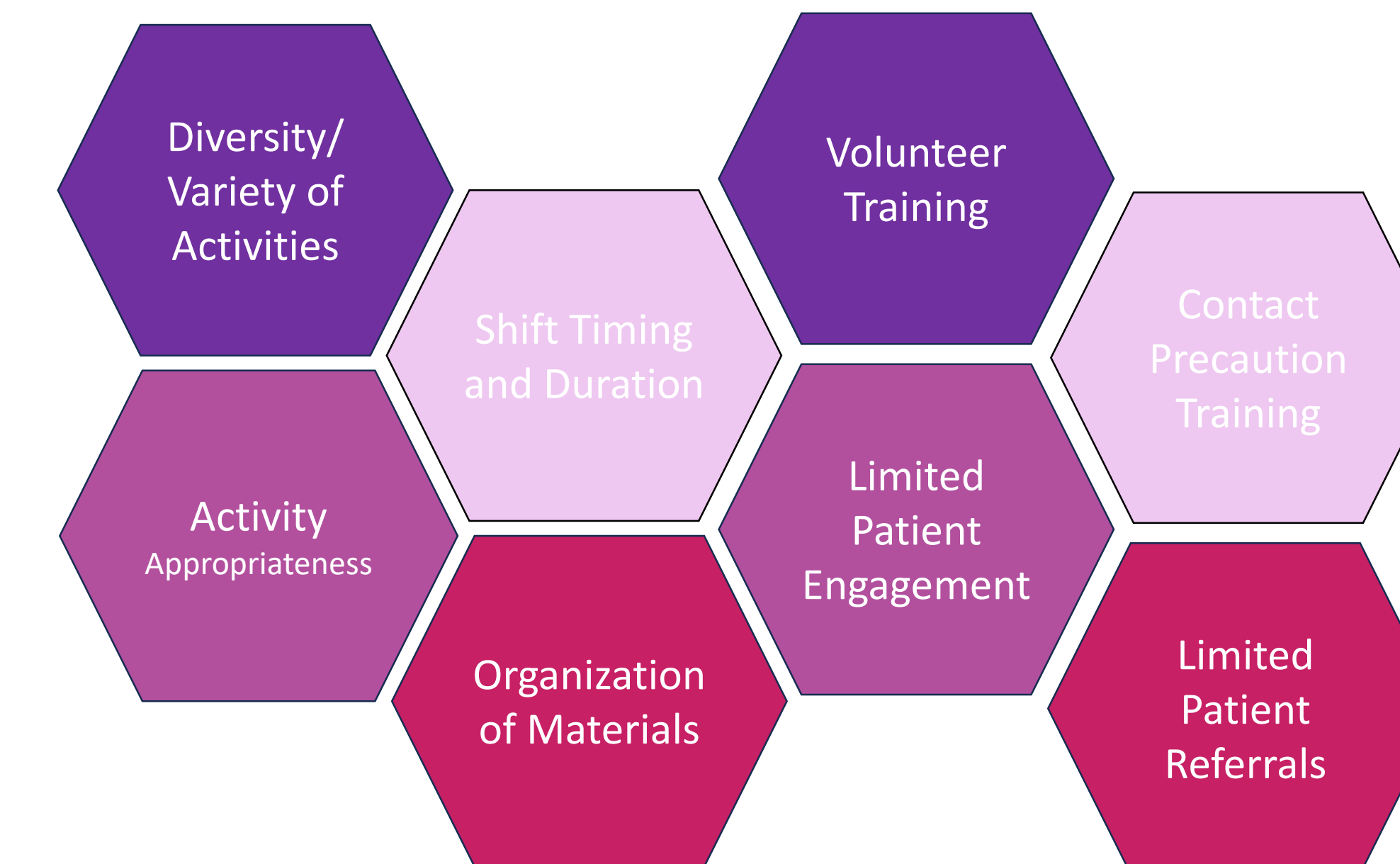
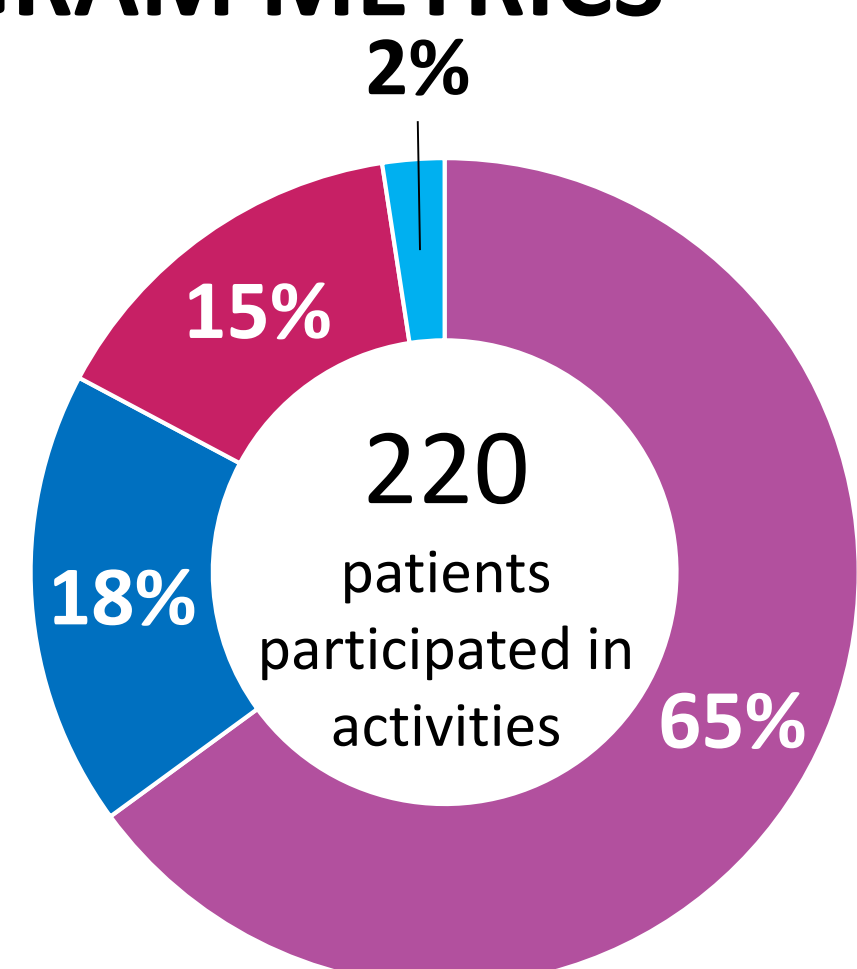
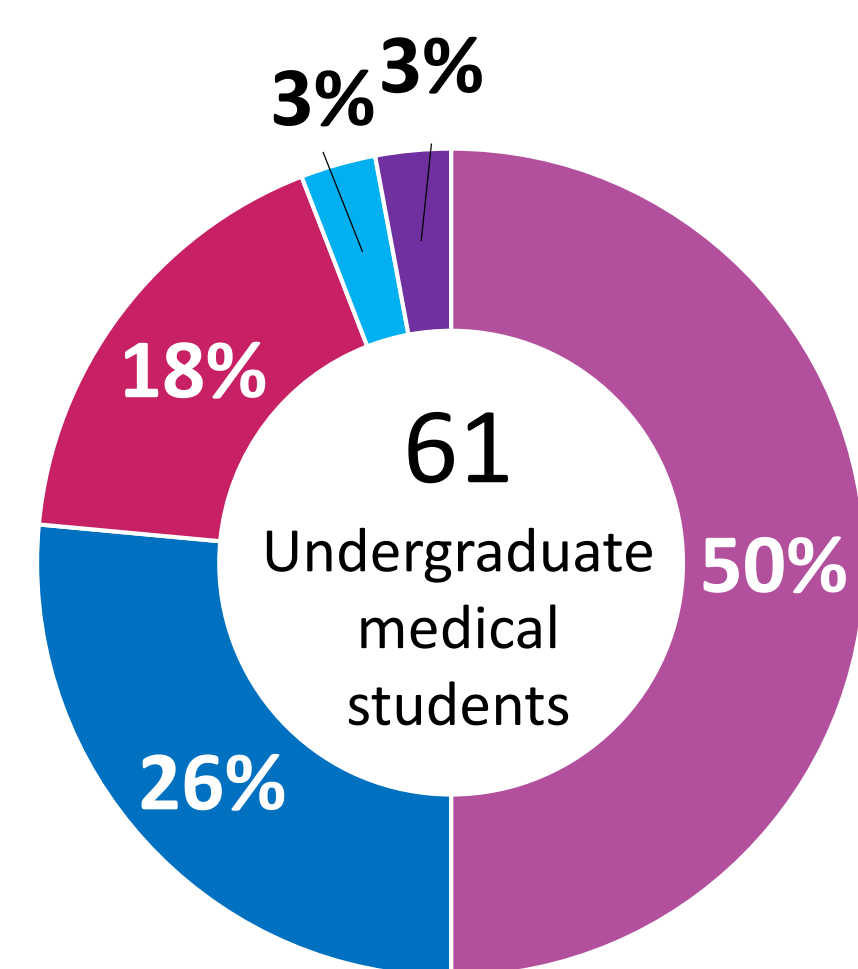


FIGURE 2: Qualitative themes identified in UMS responses. Data was collected through open textbox responses on prospective data sources including a feedback form completed by UMS after every shift, and a retrospective survey that was distributed to all UMS who participated in the program during the period of study. Data is displayed as themes related to program outcomes (blue) and themes related to program improvement (pink).

PROGRAM METRICS



- Types of activities performed:
- Socialization
 - Cognitive Exercises (2 player games, current events etc.)
 - Physical Exercises (walking, bed or chair exercises etc.)
 - Other



- Years of prior clinical experience:
- None
 - Less than 1 year
 - 1-3 years
 - 4-6 years
 - 7+ years

CONCLUSION

- 220 patients participated in the AMAB program during their hospital stay, with the majority of interactions including socialization, cognitive activities, or physical activities.
- 61 UMS participated in the AMAB program, with the majority feeling that AMAB was a valuable experience, exposed them to different medical specialties, and would improve their interactions with patients in the future.
- Identified areas for improvement included diversifying activities for patients, increasing the number of patient referrals, and implementing strategies to increase patient engagement.
- This pilot program may offer a replicable model that can be adapted to other medical education programs to provide early clinical learning to UMS while improving hospital stays for patients.

ACKNOWLEDGEMENTS

- The AMAB program was founded by Dr. Winnie Sia with the support of the Students in Service (SIS) program at the University of Alberta, Faculty of Medicine and Dentistry.
- AMAB is led and coordinated with the help of several dedicated UMS program co-leads.
- This project was unfunded.

REFERENCES

- Chen Y et al. Hospital-associated deconditioning: Not only physical, but also cognitive. *Int. J Geriatr Psychiatry*. 2022.
- Dhillon J et al. Impact of COVID-19 on Canadian Medical Education: Pre-clerkship and Clerkship Students Affected Differently. *J Med Educ Curric Dev*. 2020.
- Creswell J. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. SAGE Publications. 2018.