

Investigating Barriers to Volunteerism in a Medical School Volunteer Patient Program: A Program Development Project

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Abstract

Background: Volunteer patients (VPs) are commonly used for the education of pre-clerkship medical students to facilitate realistic, one-on-one learning. They are available at no cost and are often enthusiastic educators of future physicians. Exposure to socio-culturally diverse VPs will help to prepare students for the patient diversity of medical practice.

Methods: In June 2012, the Mississauga Academy of Medicine in the Faculty of Medicine of the University of Toronto launched a volunteer patient recruitment program to recruit more socio-culturally diverse VPs. To understand barriers to volunteerism and garner suggestions for improving and expanding the program, the existing 85 VPs were surveyed in the spring of 2013 using semi-structured questionnaires.

Results: The response rate was 41%. Most VPs were Caucasian (74%), spoke English as their first language (83%), and had post-secondary education (85%). Most VPs agreed or strongly agreed that they enjoyed the volunteer experience (89%) and were likely to volunteer again (94%). Top perceived participation barriers were lack of program awareness in the community, educational session timing during working hours, and privacy concerns. Key program improvement suggestions were advertising, recruiting, improving communication with volunteers, and accommodating cultural preferences.

Conclusions: The majority of VPs had a positive experience and they provided constructive recommendation for program improvement. Targeted recruitment strategies to increase VP diversity are being developed.

Introduction

The Mississauga Academy of Medicine (MAM) in the Faculty of Medicine of the University of Toronto opened in the fall of 2011 with 54 first year medical students. As a new satellite campus, MAM strives to prepare medical students for rewarding careers as knowledgeable, competent, and culturally sensitive physicians.¹ Mississauga is one of the most diverse communities in the Greater Toronto region and has the highest percentages of Roman Catholic, Muslim, Hindu, and Sikh populations in Ontario.² Almost half (47%) of the population has a mother tongue other than English or French, and 27% speak a non-official language at home.³ The top five non-official languages spoken in Mississauga are Chinese languages, Urdu, Polish, Punjabi, and Arabic.³ To help better educate and prepare trainees for such diversity, students need opportunities to interact with and learn from the different cultural and linguistic communities they will be caring for.

Because University of Toronto medical students spend most of their first two years in a didactic learning environment, exposure to diverse patients reflective of the surrounding community is critical during their clinical skills courses to improve their knowledge and practical skills and help them better understand their therapeutic roles.⁴ Therefore, first and second year students at the MAM also have educational interactions with standardized patients (SPs), inpatients, and volunteer patients (VPs).

Standardized Patients, Inpatients, and Volunteer Patients

SPs are paid professional actors who generally participate in more difficult or invasive sessions such as psychiatric interviews or breast examinations. They can be an expensive resource and while reliable and relatively easy to schedule, can sometimes lack authenticity.⁵ Conversely, although inpatients have authentic medical histories and physical findings, they are unpredictable to schedule, given unpredictable timing of therapeutic procedures and tests, and are often too ill to participate in certain physical exam maneuvers. Furthermore, finding appropriate inpatients for student interviews can be time consuming for instructors.

VPs combine the educational strengths of both SPs and inpatients. They are available at little or no cost, are generally in

stable or good health, can be booked in advance, and are often enthusiastic participants in physician education. Furthermore, exposure to local VPs from a wide range of ages, races, cultures, religions, and illness experiences helps prepare students for the diversity of patients they will encounter in clerkship and medical practice. The benefits of VP involvement led the MAM to found a program called “Patients Playing a Part” (PPP) to recruit and retain VPs.

Patients Playing a Part Program

The PPP program consists of 85 community volunteers who are healthy or have a range of diseases or conditions. They act as ‘patients’ in simulated clinical encounters with first and second year medical students, thereby enabling the students to practice history taking and physical examination skills. All information shared by the VPs in these educational sessions is confidential. VPs are booked two to three weeks in advance by the Medical Education Office at Trillium Health Partners for three-hour sessions. Clinical skills classes are held twice per week during the school year and volunteers are free to share as much or as little of their medical histories as they feel comfortable with, making the encounter highly authentic.

Benefits of Medical Student Interaction with Diverse Patient Populations

Medical students can benefit from practicing examination skills with refugee and minority patients by developing more effective communication skills and awareness of potential clinical power imbalances.⁶ Such understandings are crucial for the development of culturally competent physicians, which is a prioritized outcome of both Canadian and American medical curricula.⁷ In addition, participation in volunteer patient programs appears to positively impact the health of the volunteers themselves. For instance, members of minority populations involved in healthcare training can become more responsive to and understanding of health programs and health recommendations.⁸

Study Rationale

In light of the importance of the PPP program, this investigation aimed to categorize the existing VPs and identify participation barriers, motivators, and strategies to increase participation in the PPP program. Secondary objectives were to assess the volunteer experience and to increase the number and diversity of VPs. Our overarching goals were to improve community engagement in the PPP program and thereby increase exposure of MAM students to a more diverse VP population. Knowledge of the barriers to VP participation and how to address them could improve recruitment and retention of this low-cost and reliable pool of patients, improve community engagement with the medical school, and, in the long run, improve health generally through the development of more competent, knowledgeable physicians. We sought to determine

what the barriers and motivators are for VP participation at the MAM and assess how their characteristics influence engagement in the PPP program.

Methods

Research ethics approval was obtained from the Trillium Health Partners.

Study Population: 85 VPs from the PPP in Mississauga were surveyed in the spring of 2013 for their knowledge and insights about the program and their abilities to make suggestions for improvement.

Study Protocol: Recruitment packages were created and sent to the VPs by the Medical Education Office at Trillium Health Partners. Each contained an information and consent letter, an anonymous survey, and a stamped self-addressed envelope for completed survey return.

Survey: The semi-structured survey requested demographic, Likert-scale, and short answer responses. Requested demographic information included: sex, age, employment status, income range, level of education, marital status, country of birth, first language spoken at home, ethnicity, and number of volunteer sessions completed. Likert-scale questions investigated the volunteer experience and motivators and barriers to volunteerism. Short answer questions encouraged VPs to respond in more detail.

Data Analysis: Demographic data were analyzed with basic descriptive statistics. Respondents ranked their answers to Likert questions as strongly disagree (SD), disagree (D), neutral (N), agree (A), strongly agree (SA) or not applicable (NA). Responses were grouped into four categories: SD+D, N, A+SA and NA. Short answer responses were analyzed using descriptive thematic analysis, in which written responses were coded line by line, grouped into categories and then larger themes.⁹

Two investigators (TS+RD) analyzed all data separately and then compared results to limit errors and bias. Furthermore, coding of all written responses was reviewed with the broader project team (JH+JNY).

Results

The survey response rate was 41% (35/85). The mean age of volunteers was 59 (range 21-87 years, median 64 years).

Table 1. Participant Demographics

Demographic data show that the majority of VPs identify as white (74%), are retired (66%), speak English at home (83%), are Canadian born (63%), and have university level education (71%). Roughly equal numbers of males and females responded. Three respondents had not yet participated as VPs and were awaiting contact by the medical school. The five individuals in the ‘Other’ category for country of birth were born in Egypt, Indonesia, Iraq, Trinidad, and Philippines. The six non-native English speakers spoke Polish, Arabic, Indonesian, Urdu, Telugu, and Tagalog.

Table 1. Participant Demographics

Sex	Respondents	
	Number	%
Male	16	46%
Female	19	54%
Number of Times Volunteered as VP		
0	3	9%
1	5	14%
2	2	6%
3	5	14%
4+	20	57%
Employment status		
Employed Full-time	1	3%
Employed part-time	2	6%
Self-employed	3	9%
Unemployed	1	3%
Full-time homemaker	3	9%
Retired	23	66%
Student	1	3%
Disability	1	3%
Annual Household Income Before Taxes		
Under \$25,000	5	14%
\$25,000 - \$49,999	2	6%
\$50,000 - \$74,999	7	20%
\$75,000 - \$99,999	3	9%
\$100,000 - \$124,999	3	9%
\$125,000 - \$149,999	1	3%
\$150,000 or more	3	9%
Prefer not answer	11	31%
Highest Level of Education Completed		
High School or less	5	14%
Vocation/trade/technical school	4	11%
University – undergraduate	14	40%
Post graduate/Professional	11	31%
Prefer not to answer	1	3%
Marital Status		
Single, never married	2	6%
Married/common law	25	71%
Widowed	3	9%
Divorced/separated	4	11%
Prefer not to answer	1	3%
Country of Birth		
Canada	22	63%
United Kingdom	5	14%
India	3	9%
Other	5	14%
First Language Spoken at Home		
English	29	83%
Non-English	6	17%
Ethnicity		
White	26	74%
Arabic	2	6%
South Asian	3	9%
Chinese	1	3%
West Indian	1	3%
Filipino	1	3%
Prefer not to answer	1	3%

Figure 1. Volunteer patient opinions about their experiences with the PPP program

Nearly all VPs agreed or strongly agreed with the following statements: I am likely to volunteer again (94%), the sign-up process was easy (91%), I am treated respectfully by students (91%), I am likely to recommend the PPP program to a friend (89%), I am treated respectfully by administrative staff (89%), I enjoyed the volunteer experience (89%), and I was treated respectfully by physicians (86%).

Figure 2. Volunteer patient opinions about their motivation for volunteering with the PPP program

The main motivators for VPs who volunteered were to improve the quality of the healthcare system (91%) and to feel good about themselves (65%). Few VPs stated they were volunteering to fulfill a religious belief or obligation (3%), to improve their resume (9%), or because they have friends (9%) or family (11%) who have volunteered.

Figure 3. Volunteer patient opinions about what prevents people from volunteering with the PPP program

The major barriers to volunteerism stated by VPs were: lack of awareness about the program (88%), not knowing how to volunteer (88%), not being able to afford time off work (85%), not being allowed time off work (82%), inconvenient timing of sessions (79%), not being able to commit long term (79%), and discomfort with student touch (77%). 69% of respondents agreed or strongly agreed that privacy concerns were a barrier to volunteering.

Similarly, short answer responses indicated that the top four barriers to participation were: awareness, timing, privacy, and communication:

1. *Awareness:* Volunteers believed that “the public in general are just not aware of the program.” One VP said: “No one I’ve told about the program knew it existed... awareness is not huge.”
2. *Timing:* VPs reported the timing of the volunteer sessions (Thursday and Friday mornings) as prohibitive. One VP stated, “The time factor is the greatest deterrent – younger people are at work and cannot take time off. Seniors already volunteering do not want to take on additional responsibility. Many think it’s a great program but do not follow up on it.”
3. *Privacy:* Many people have different comfort levels with physical touch and personal disclosure and “many people are very private about their bodies.” The program is off-putting to those who do not want to discuss their personal health or have students touch them. VPs pointed out that these privacy concerns might be exacerbated by gender differences between students and VPs.
4. *Communication:* Several volunteers felt they “weren’t well informed” about their VP role and lacked “preparation and instruction”. One VP also stated that slow program follow-up after sign up and before volunteering was a concern.

The top four suggestions for program improvement were advertising, recruiting, communication and preparation, and cultural adaptation:

1. *Advertising:* To increase program awareness, VPs suggested a widespread advertising campaign “in churches, temples, and synagogues” as well as “doctor’s offices, pharmacies, and walk-in clinics.” One VP suggested the program should partner with a local community college to develop more effective marketing. The overall sentiment was that “this worthy program needs a lot more hype.”
2. *Recruiting:* VPs believed that family physicians tutoring in the MAM program “will know best who among their patients will enjoy and be most suitable” for the PPP program. They also suggested involving medical students in recruiting, as “many of your students seem to be representative of Canada’s cultural diversity ... Could they act as ambassadors of the program through cultural newsletters, groups, and media?”
3. *Communication and Preparation:* VPs would like more coaching regarding their roles and what is expected of them. For instance, “It would be helpful to know what to expect, specifically, when you come, i.e., ‘Students will be performing a head and neck examination. Please wear a shirt with a loose collar or a t-shirt type top.’”
4. *Cultural Adaptation:* To ensure VPs from particular cultural and religious groups have their traditions respected, it was suggested the program accommodate VPs preferences for medical student gender: “Perhaps making female students and physicians available for women of certain cultural groups might increase their willingness to participate.”

Discussion

As measured by demographics, education, and employment, this study demonstrates relative lack of engagement in the PPP program by non-white and low socioeconomic status (SES) individuals (Table 1). To diversify the VP population to match the diversity of Mississauga, the PPP program will need to target recruitment efforts to minority groups, as well as to people of lower SES.

To prepare medical students to serve their local community, VPs from a wide range of ages, cultures, and SES should be recruited. Data indicated the current VP pool is primarily composed of white, educated, and retired individuals who were born in Canada and whose mother tongue is English.

Comparing demographics of our study population to the overall population in Mississauga confirms that our VP pool is not reflective of the local community. Their median age was 64, while the median age in Mississauga is 38.¹⁰ In Mississauga, just over two thirds of the population aged 25-64 has post-secondary education, compared to 85% of VPs.¹¹ Finally, 23% of VPs identified as visible minorities, while 49% of Mississauga’s population are visible minorities.¹²

Primary volunteering motivators were to improve the quality of the healthcare system and to feel good about contributing.

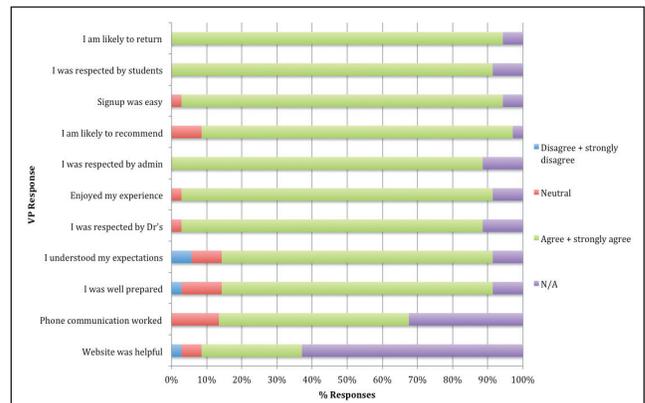


Figure 1. Volunteer patient opinions about their experiences with the PPP program.

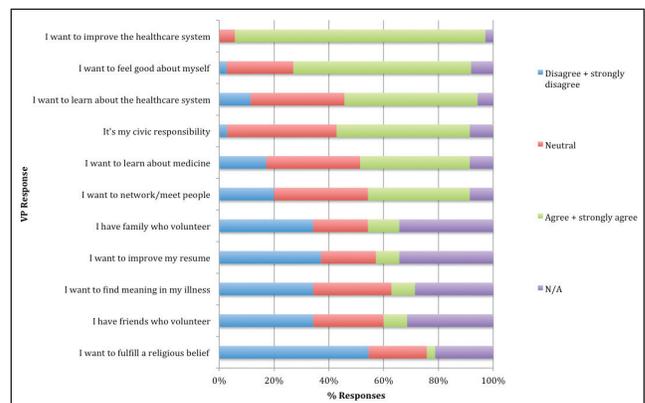


Figure 2. Volunteer patient opinions about their motivation for volunteering with the PPP program.

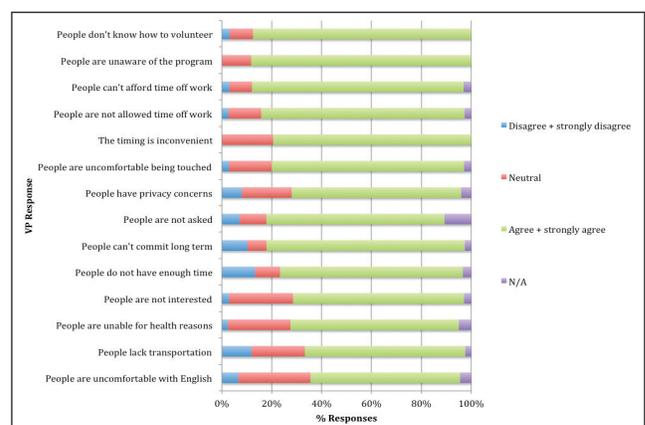


Figure 3. Volunteer patient opinions about what prevents people from volunteering with the PPP program.

Notably, only three VPs expressed being motivated by a desire to improve their resume and only one reported volunteering to fulfill a religious belief. Top participation barriers included lack of program awareness, difficult timing of volunteer sessions, privacy concerns, and lack of program communication about volunteer role expectations. The vast majority of volunteers stated they enjoyed their experiences and were likely to

return in the future. They felt respected by staff and students and would recommend the program to friends and family. Most VPs felt well prepared and knew what was expected of them, however several desired more preparation and training. These results give us confidence that the internal barriers to participation in the program are minimal.

The study was limited by a 41% response rate. Given the fact that the majority of our respondents were retired, we cannot assume the opinions of youth or working age community members are accurately represented. It may be that younger, visible minority volunteers or those with lower education levels chose not to respond due to lack of time or work commitments. VPs were asked to respond to the survey only once, however it is possible that some may have responded multiple times, thus skewing the results toward their responses. Finally, one must take into account that those responding to the questionnaire had already committed to volunteer and therefore would be more likely to view the program favorably.

Our results are generally consistent with pre-existing literature. Previous studies indicate that volunteer patients enjoy their experience, have positive attitudes toward participating in medical education, and want to play active roles in teaching.¹³⁻¹⁵ Prior studies showed that volunteers' satisfaction increased if they received written information prior to participation.¹³ Privacy and confidentiality concerns are also common.¹³ Our results may be particularly relevant to hospitals and medical schools initiating volunteer patient programs.

This study resulted in several recommendations for recruiting more diverse VPs for medical education purposes:

1. Engage in a widespread, culturally diverse advertising campaign. Consider partnering with communications or graphic arts programs to design effective marketing strategies. Advertise in multiple languages and place flyers or brochures in popular, culturally diverse places. Medical students could also be encouraged to spread the word about the program, as they belong to diverse communities and interact with community agencies during their training.
2. Consider holding clinical sessions on evenings and/or weekends. This would allow more working individuals to volunteer and potentially give students a more realistic view of community demographics.
3. Clearly communicate program expectations to VPs and provide options to participate in sessions suiting their physical comfort levels and privacy concerns. Inform them of the type of clothing to be worn to each session and whether or not changing into a gown will be requested. Maintain accurate volunteer demographic profiles so that cultural and religious preferences can be respected and gaps in VP demographics can be more readily assessed and addressed.
4. Consider holding clinical sessions with volunteers who do not speak English as their first language. Students could learn to interact with patients through an interpreter and VPs could have an opportunity to improve their English skills.

Conclusions

The MAM's new volunteer patient program consists of volunteers who are more educated and less culturally diverse than the surrounding community. Volunteer patients generally had a positive experience with the program and are a valuable source of information for program assessment and improvement. The main barriers to volunteering were lack of awareness of the program, session timing, privacy concerns, and sub-optimal communication. Solutions to overcome these barriers include better advertising, recruiting, communication, and preparation of VPs, as well as accommodating VP preference for medical student gender. Our results can be particularly beneficial to established medical schools and hospitals, and new medical school satellite campuses or hospitals that may be looking to initiate volunteer patient programs.

Conflict of Interest

There are no conflicts of interest to declare. This project was unfunded. Travis and Ravjot were medical students at the University of Toronto who conducted this study in partial fulfillment of their Year 2 Determinants of Community Health course.

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References

1. University of Toronto MD Program. Mississauga Academy of Medicine. Available at: <http://www.md.utoronto.ca/MAM>. [Accessed February 7, 2017].
2. City of Mississauga Planning and Building Department. 2001 Census update: Income and Religion. Available at: <http://www.mississauga.ca/file/COM/2001censusupdate8.PDF>. [Accessed Aug 31, 2013].
3. City of Mississauga Planning and Building Department. 2011 Census results: Language. Available at: http://www5.mississauga.ca/research_catalogue/K_5_2011_Census_Language.pdf. [Accessed Aug 31, 2013].
4. Dyrbye LN, Harris I, Rohren CH. Early clinical experiences from students' perspectives: A qualitative study of narratives. *Acad Med*. 2007;82(10):979.
5. Krahn LE, Sutor B, Bostwick JM. Conveying emotional realism: A challenge to using standardized patients. *Acad Med*. 2001;35(1):216-217.
6. Griswold K, Zayas LE, Kerman JB, Wagner CM. Cultural awareness through medical student and refugee patient encounters. *J Immigr Minor Health*. 2007;9(1):55-60.
7. Dogra N, Reitmanova S, Carter-Pokras O. Teaching cultural diversity: Current status in U.K., U.S., and Canadian medical schools. *J Gen Intern Med*. 2012;25(2):164-168.
8. Jackson A, Blaxter L, Lewando-Hundt G. Participating in medical education: Views of patients and careers living in deprived communities. *Br J Med Educ*. 2003;37(6):532.
9. Johnson B, Christensen LB. Educational research: quantitative, qualitative, and mixed approaches. 3rd ed. Thousand Oaks, Calif.: Sage Publications; 2008.
10. City of Mississauga Planning and Building Department. 2011 Census results: Age and Sex. Available at: http://www5.mississauga.ca/research_catalogue/K_3_2011_Census_Age_Sex.pdf. [Accessed Aug 31, 2013].
11. Millier Dickinson Blais. City of Mississauga: Canada's Global Investment Destination: An international marketing strategy. Available at: http://www.mississauga.ca/file/COM/International_Marketing_Strategy.pdf. [Accessed Aug 30, 2013].
12. Peel Data Centre. 2006 Census: Visible Minorities and Ethnic Origins. Available at: <http://www.peelregion.ca/planning/bulletins/2006/2006Census.pdf>. [Accessed Aug 31, 2013].
13. Howe A, Anderson J. Involving patients in medical education. *BMJ*. 2003;327:326-328.
14. Lynoe N, Sandlund M, Westberg K, Duchek M. Informed consent in clinical training - patient experiences and motives for participating. *Med Educ*. 1998;32(5):465-471.
15. Leung A, Nyhof-Young J, James J. Impact of Volunteering in Medical Teaching on Patient Volunteers' Sense of Social Support. Oral presentation to the Canadian Conference on Medical Education: The Quest for Quality Improvement. Quebec City, QC. April 20-23, 2013.