

# Capstone for Impact Submission | GY2019

Project Title: My Life, My Story Pilot Program

Student Name(s): Phillips, Lauren

Advisor Names(s): Nate Houchens

Branch: Systems & Hospital Based Care

Path of Excellence: N/A

#### Handover/Transition:

If this project can be continued by another UMMS student, you may contact them at the following email address/phone number (N/A if project cannot be handed over): **Email: lphill@umich.edu. Phone** 7349298764

#### Summary:

"My Life, My Story" aims to give Veterans a venue to share their non-medical life story with their care team. This program was initially developed in Madison, WI, and is currently a Gold Status Project that is being implemented nationally at VA sites around the country. The program involves a volunteer who listens and writes down a Veteran's story during a 30-60 minute visit (typically in the inpatient setting), which is then shared back with the patient and placed in their medical chart. This gives Veterans the opportunity to share important things about their lives in a non-rushed environment, where they can speak as freely as they would like. These stories have information that impacts a person's overall health and wellness, but in the medical world of only a few minutes of face time with the patient each day, these stories can be easily missed. This program essentially bridges the gap between what Veterans would like their providers to know about them and the time constraints that providers struggle with.

Implementing a program at a VA facility required recognizing and gaining buy-in from multiple stakeholders. Medical leaders, student leader/members, other healthcare providers such as inpatient nurses, and members of the Veteran Experience Review Board were approached with the idea of implementing this program. With the help of the creator of MLMS (Thor Ringler), we gained support from these stakeholders and developed a plan to implement a pilot program at our Ann Arbor VA. This consists of medical student members who gather stories from Veterans and share them with the patient and their providers. Since this is a smaller-scale operation, obstacles are able to be identified and fixed more immediately. We've additionally brainstormed different ways to incorporate aspects of narrative medicine and measuring the effect this program has on Veterans and the student volunteers.

#### Methodology:

The overall objective was to establish the feasibility of implementing this program at the Ann Arbor VA on a small scale and to identify obstacles to better be able to implement this on a broader scale in the future.

- 1) Identify point-person at the VA
- 2) Discuss with Veterans Experience Review Board

3) Using help from the creator of this program, establish a plan for logistics (who will get the stories from Veterans, what training is required, how to incorporate these into EMR)

- 4) Create a pilot program to do this on a smaller scale and more easily trouble-shoot as needed.
- 5) Develop plans to quantify the impact this has on student volunteers and Veteran participants.

### **Results/Conclusion:**

Stories are in the process of being collected. There is not yet a mechanism in place that allows us to place these into the EMR yet, however this is being discussed. We are additionally developing an evaluation tool to quantify the impact that this program has on student volunteers as well as the Veterans.

## Reflection/Lessons Learned:

1) Gaining buy-in from important players can be one of the most difficult aspects of starting a project within a hospital system. Having data and tangible information to share can help this process.

2) Establishing a team of members with clear roles and tasks is important and keeps things moving forward.

3) Reaching out to many different people is helpful, even if they are not directly involved in the project. For example, I spoke with leadership from the Medical Humanities Pathway who gave me great support and ideas of how to potentially incorporate Narrative Medicine into the project.