

Capstone for Impact Submission | GY2020

Project Title: My Life My Story

Student Name(s): LaVana Greene

Advisor Names(s): Dr. Nathan Houchen

Branch: Diagnostics and Therapeutics

Path of Excellence: Global Health and Disparities

If this project can be continued by another UMMS student, please include your contact information or any other details you would like to share here:

N/A

Summary:

My Life, My Story (MLMS) is a form of narrative medicine. This program was initially started at the University of Wisconsin Madison Veteran's Association and has since spread to other institutions. MLMS aims at engaging veterans during their hospitalization to tell their life story and share their story with their healthcare team so that their providers can have a deeper understanding of veterans value system. Our goal was to pilot this program at the Ann Arbor Veteran's Association to provide another resource to our veterans.

Methodology:

- Meet patients on internal medicine floors or in the extended care center and ask if they would like to participate in MLMS.
- Interview patients for 30 minutes to 1 hour to gather their life story. Take notes or use a tape recorder during the interview.
- Type up their life story (should be 800-1100 words in length)
- Meet veteran in person (call or email if discharged) w/i 72 hours to go over typed up version of their story for recommendations and final approval . If requested, can give the veteran a copy of their story
- Upload their story onto the computerized patient record system (CPRS) for their healthcare team to review

Results:

Currently, the MLMS team at the AAVA has created a template that allows veteran's stories to be uploaded on CPRS. The majority of the team and I have completed a MLMS training course and will start training volunteers and medical students to participate in this program this year to officially start the pilot. My student co-lead and I have already interviewed several patients. Common topics that have explored in our conversations with veteran's include their childhood, military experiences, family, and what envision for their future.

Conclusion:

MLMS is a form of narrative medicine that we are piloting at the AAVA. So far we have interviewed several patients and have created a template to upload their life stories on CPRS. In the upcoming weeks, our goal is

to have medical students and community volunteers trained to collect these stories to develop a more wide reaching program. Our first training session is currently scheduled for 1/23/2020.

My life my story is a form of narrative medicine that has been shown at other institutions to be beneficial to patients and their health care teams. We are in the process of piloting the program with volunteers and medical students to allow for a larger reach of the veteran population.

Reflection/Impact Statement:

My Life, My Story (MLMS) was initially introduced to me by a M4 (Lauren Phillips) as she wanted the project to continue after her graduation. I was intrigued by this program because I loved my time at the VA during my internal medicine and infectious disease rotation. I also have always enjoyed listening to people tell me about their life because I feel that how we see the world and the choices we make are a direct reflection of what we have experienced in their lives. The veteran population is a unique patient population and I felt that many of them just wanted someone to chat with them once in a while during the hospitalization. So when I heard about this project I knew instantly that I wanted to be involved.

My student co-lead and I got introduced to the faculty leads for this pilot program. We then started walking around the extended care center and the internal medicine inpatient floors asking nurses who they felt would be interested in participating, meeting those patients, and chatting with them for about 45 minutes about their life while taking notes. We interviewed several patients during the fall. I was then able to attend a formal MLMS training at the Detroit VA. After that training session we regrouped with our faculty leads to discuss our perspective with our experiences interviewing patients and some areas of improvement. The main obstacle were creating a template on CPRS that would allow for these stories to be uploaded on the electronic medical record and obtaining a tape recorder as that would allow a better record of what the patient stated and allow for one volunteer to one veteran ratio. Over the next couple of weeks a template was created and a recorder was found to be of use. This process highlighted some of the bureaucracy involved and made me extremely thankful for the faculty leads that were able to deal with the VA logistics.

The overarching goal of this program is to create something beneficial for patients and providers. For patients, they have the ability to chat with a volunteer, feel that they are being heard, and know that their health care team has a better understanding of who they are as people. For the provider, they get a better

understanding of the values the patient has as well as some information about their social determinants of health.

There are several next steps to create MLMS as a flourishing program that the AAVA can offer. We plan to have training sessions over the next several weeks to get medical students and community volunteers involved we taking stories and typing them up. We need to figure out a system of uploading these stories onto CPRS as not everyone involved in this program will have CPRS access. Another goal is creating a list of participants so that we are not asking veterans that have already engaged in the program or veteran's who did not want to participate more than once. In the future I would be interested in seeing if the MLMS increase veteran satisfaction and if it plays a role in medical students communication scores (if they participate M1 year) during the clerkships.

My advice to another student completing their CFI is to one start early and two really do something that they are interested in. CFI doesn't have to be researched based just something additional they want to engage in. Also, to let them know that a poster is required for completion because I did not know that.

You may use the following questions to guide your reflection:

1. How did the process of conducting this research confront any limitations of your prior thinking?
2. Who could potentially benefit from this CFI project over different timescales and how?
3. What actions will you take afterwards to continue the momentum of this project, and maximise the likelihood of the identified benefits being achieved?
4. What advice would you give to another student completing their CFI?