

Community Eldercare Outreach Programme

—A Student-Led Healthcare Initiative

By S Surenteran

Chronic disease management is a challenging process, often compounded by many different factors. When faced with cases of chronic diseases, medical students like us are hard pressed to determine the most suitable and effective management method for each patient. If even we, as students of Medicine, face difficulties in comprehending chronic disease management, it is a wonder how the elderly are able to grapple with the difficulties in understanding their own chronic illnesses and in adhering to different lifestyle measures and medical therapy. Weaving through our resourceful, but sometimes rather confusing healthcare system is an even bigger hurdle for them. We thus believe that it is important to provide assistance to the elderly with chronic diseases, to make management of their conditions more comfortable and long-lasting.

So a group of us medical students decided to team up and come up with a support programme that could benefit the elderly suffering from chronic diseases. After engaging in in-depth discussions, we decided that the best step forward would be a simple

system of identifying elderly persons in the community with chronic illnesses, and constantly following up with them on the management plans given to them by their doctors and other healthcare professionals. In providing them continual support outside healthcare institutions, we believe that they will gain greater awareness and motivation to attain the goals of their management plans and thus lead healthier lives.

Although the programme sounded simple, we were aware of the potential challenges we would face during its execution. Although most healthcare professionals would readily agree that our idea was the right way forward, idealism is slave to the constraints of reality, and we realised that the actual implementation of our programme would be more difficult than what we had theoretically planned.

We identified the crucial factor to bring our idea to fruition – we needed to engage committed volunteers with relevant medical knowledge and who would be able to visit the elderly regularly and consistently. Although we as medical students fit the criteria of committed volunteers, our crazy medical school schedules prevented us from conducting regular house visits. We thus decided to create a structured programme that would be able to assist the elderly in their chronic disease management, and was tailored to the time constraints of medical student volunteers.

Introducing our project, the Community Eldercare Outreach Programme (CEOP)!

Project objectives

- Identify the elderly who have problems with chronic disease management
- Manage chronic illnesses within the elderly population with subsequent follow-ups
- Foster strong bonds between volunteers and the elderly
- Engage the help of other healthcare professionals to provide other aspects of healthcare outreach



Our volunteers Ser Yee (left) and Evonne (right) with their elderly client Lin at her house during one of their weekly follow-ups



Celebrating an elderly resident's birthday together with her family



Medical student volunteers help the elderly arrange their numerous medications in an orderly manner at the start of every week

Project beneficiaries

There are two main criteria that the elderly must meet before they are considered eligible for our programme:

- They must be 50 years and above
- They must have one of the seven main chronic diseases (ie, diabetes mellitus, hypertension, hyperlipidemia, stroke, asthma, chronic obstructive pulmonary disease, and dementia) or with disabilities (ie, unable to perform one of six activities of daily living: feeding, transferring, washing/bathing, toileting, dressing and mobility)

We chose Serangoon Avenue 4 as our main target area. Prior to launching the programme, we scoured the neighbourhood, knocking on doors to look for elderly residents whom we could offer our services to. At the end of this effort, we discovered ten people who had poorly-treated chronic illnesses, and a lack of financial and/or social support. Soon after, eight pairs of medical students began visiting these families nearly every week. We made a first visit to assess the medical and social background, and history of each person, and when we recognised an opportunity to make a difference, we sought permission to follow up with them on their management plans.

This model worked brilliantly for our volunteers for three main reasons:

- All the volunteers resided near the homes of the elderly whom they were following up with
- The programme is organised to allow volunteers to prearrange meetings with their respective elderly patients and visit them in their own time, instead of adhering to a strict schedule
- There was good support from our main partners, the North East Community Development Council (CDC) and the Boundary Ville Residents' Committee (RC)

Of course, the elderly were the ones who benefited the most from this three-month pilot programme, and

here is what we achieved during its course:

1. Home visits

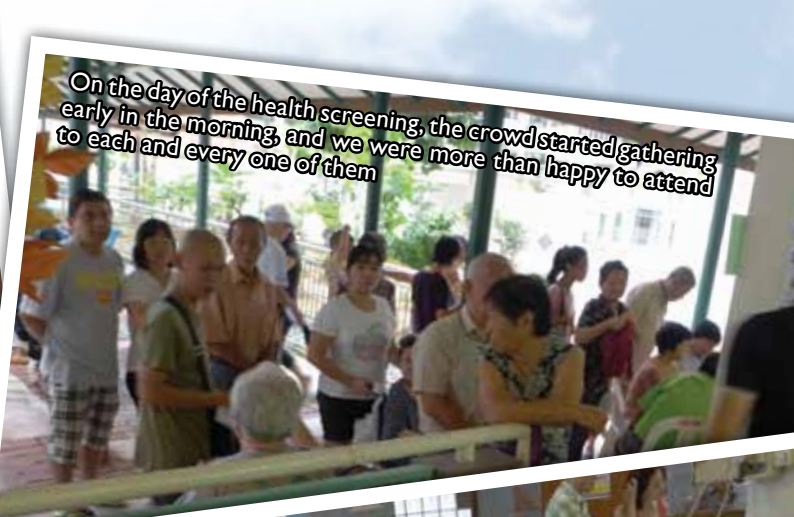
We started a self-sufficient/sustainable model which allowed volunteers to become comfortable visiting families themselves. We visited the families weekly or fortnightly. After prior introductions by the RC chairperson and a few visits to these families, they became comfortable and welcoming to our volunteers. This facilitated the process of breaking the ice and gathering important information. Our objectives for each visit are summarised in Table 1.

Table 1: home visit objectives

1. Make sure the patient is following up long term with GP or polyclinic for his chronic illness
2. Check for any ongoing symptoms that may require more thorough check-ups
3. Check for medication compliance, and advise accordingly
4. Check for lifestyle choices such as smoking, drinking, unhealthy diet, lack of exercise, and advise accordingly
5. Enquire with regard to the patient's medical condition and explain to him the gaps in his knowledge so that he is involved in his own care
6. Check to see if he is able to monitor his own chronic illness well
7. Enquire about any need for social/financial assistance and relay them over to the CDC
8. Befriend the elderly and provide social support during follow-ups
9. Screen for dementia using Abbreviated Mental Test, followed by Mini-Mental State Examination
10. Screen for depression using Geriatric Depression Scale
11. Screen for fall risk assessment using Fall Risk Assessment and Barthel's Index together



We collaborated with volunteers from the Boundary Ville RC, which has been very supportive of our programme thus far



On the day of the health screening, the crowd started gathering early in the morning, and we were more than happy to attend to each and every one of them



Medical student volunteers hard at work

Some examples of how we assisted the elderly residents:

- Encouraged two elderly persons, who had previously missed all their appointments, to go for their follow-ups
- Helped an elderly person apply for the Health Assist card from the Community Health Assist Scheme
- Helped an elderly person with stroke buy healthy fresh food to replace her diet of unhealthy canned food, and advising her on the importance of a healthy diet
- Referred some of the elderly persons to the RC to engage them in social activities

2. Documentation

We understood the importance of documenting the initial visit to the elderly resident and subsequent follow-up sessions. To facilitate this process, we dedicated a file to each elderly person which contained our questionnaire, the subsequent follow-up updates and other screening forms including the Fall Risk Assessment, Abbreviated Mental Test, and so on. This will enable the volunteers to track their own progress with the elderly person, and at the same time, they will be able to share information with other volunteers and medical professionals who are helping the elderly.

3. Review and discuss

We also realised that we as medical students might lack knowledge and experience with regards to managing the more complex issues involving the elderly. Thus, we had a sit-down session with a volunteer doctor where we ran through the different cases. The doctor then gave us his input and advice on the possible actions that could be taken. It was a fantastic opportunity for us to learn essential knowledge and skills needed to manage chronic illnesses and we were subsequently able to apply the advice given by the doctor:

4. Mentoring

Volunteers were paired according to their level of competence. Thus, most of the senior clinical students were paired up with the preclinical junior students. This ensured that there was teaching value in these sessions, as the seniors were able to guide the juniors in management of the elderly and other areas of mentoring.

5. Contact channel

We set up a common hotline which the elderly residents could call to seek advice or non-medical help. This enabled the elderly who needed to reach our volunteers to simply call the hotline and reach the project leader attending to the hotline, who would then relay the elderly person's message over to his respective student volunteer. Some of the volunteers had built up good relationships with the elderly residents and were thus able to give the elderly their mobile numbers, so that the latter could contact them directly and seek assistance when needed.

Some examples where the hotline proved useful:

- A patient, who was subsequently admitted into A&E, contacted our volunteer and volunteer in charge of the patient was able to visit her and address her concerns
- Another patient needed advice on how to change

appointments and the volunteer was able to assist him so that he could keep up with the follow-up dates

Although these may be small issues, we believe that they should and must be solved early to prevent them from affecting the elderly persons' health.

6. Establishing a firm relationship

Initially, when we started out in September 2012, the Serangoon residents were quite wary of us and our intentions. Despite this, we continued to visit the area weekly, and the residents slowly began to change their opinions of us. Nowadays, whenever we walk around the estate, we would receive warm smiles from the residents. This has certainly worked to our benefit because the residents feel more at ease to share personal information. Moreover, they are better placed to listen to our advice seriously and to make more sincere attempts at changing their lifestyle. Along the way, the elderly residents assisted us by telling us where needy patients might reside. Some of them even

The results of this pilot programme surprised us and gave us many encouraging signs. The elderly were extremely grateful and we were bolstered by the support of the CDC and the RC. Most importantly, however, we have been able to ensure that volunteers remain motivated to go down once a week and to realise that the elderly residents have actually seen improvements in their disease symptoms.

All in all, this model showcases a real possibility to find a balance in chronic disease management and getting volunteers to make regular house visits. We hope that



Our volunteers also emphasised the importance of faecal occult blood test (FOBT) screening and gave out FOBT kits to the elderly



Dr Vincent Chan attending to an elderly resident, who wanted to consult a doctor, during the health screening

declined our good intentions to help them, saying that we should channel our resources to help those who are needier than them instead.

7. Health screening

We were very fortunate to be able to hold a health screening on 20 January this year at the elderly corner in the void deck of Block 228, Serangoon Avenue 4. (Check out the photos on these two pages to find out what went on during the event!) We had three aims for this health screening:

- To reach out to more elderly living around the area
- To do basic health screening for the elderly
- To impart certain skills and knowledge to the elderly

we can expand our programme to patients who live in areas beyond Serangoon. Given our ageing population, we will need to combine the efforts of all medical professionals to ensure that we are able to keep the incidence and prevalence of chronic illnesses in check. In this regard, we feel that early involvement of medical students will really make a difference in chronic disease management.

We are on a constant lookout for interested healthcare professionals who might want to join us in CEOP. We are only students and could always use with a lot more guidance from experienced individuals such as yourselves. So if this article has piqued your interest, feel free to contact us at either suren_vs13@hotmail.com or 9760 2560 (Suren)/9151 7619 (Joel). **SMA**



S Suretheran is currently a third year medical student at the Yong Loo Lin School of Medicine. He enjoys his community work and is always on the lookout for crazy adventures!