



## HEALTH MENTOR Program – Information for Potential Applicants

### 1. What is the UBC Health Mentor Program?

The interprofessional 'Health Mentors' program is a new educational initiative at the University of British Columbia. Teams of 4 students from different disciplines will learn **together, from** and **with** a mentor. Over the 16 months of the program the student teams will visit their mentor twice each term. Each visit will focus on specific learning goals. This program will run from September 2016 to December 2017 with about 50 health mentors and 200 students from at least 6 different health and human service programs at UBC. Students will be volunteers but will receive academic credit for participation.

The program is coordinated by the Patient & Community Partnership for Education and funded by the UBC Teaching and Learning Enhancement Fund and the Office of the Vice Provost Health.

### 2. Who are the Health Mentors?

Health mentors can be adult patients/clients with a chronic condition / disability or health mentors can be caregivers who provide long-term care to a loved one with a chronic condition / disability. Mentors are 'experts' in their life and will help students to learn how health care providers can support people with chronic conditions / their caregivers. Mentors will teach students about their experiences of living / caring for someone with a chronic illness/ disability, their experiences with the health care system, and their interactions with health care professionals.

### 3. What do Health Mentors do?

Health Mentors are expected to take part in all activities of the program, as follows.

#### *Orientation (3 hours)*

- Orientation for mentors and students will occur the evening of October 3<sup>rd</sup> 2016. It will provide detailed information about the program.
- The event will begin with a one-hour pre-meeting for mentors and Faculty supervisors, including an opportunity to hear from mentors in the 2015-2016 program.
- Each team (4 students and mentor) will meet to get to know each other, discuss ground rules such as confidentiality and disclosure, plan how they will work together and fix a date for their next meeting.

#### *Visits / Learning Sessions with Health Mentor (6 x 2 hours = 12 hours)*

- There will be 6 sessions. Each session will focus on a broad cluster of topics. There will be two related topics per term, e.g., "*Chronic disease/disability and its everyday management*"; "*Experiences with the health care system*"
- Groups will receive a set of questions and tasks to guide the discussions at each session. In addition, everyone will be encouraged to bring their own questions to the group. The session should be a true discussion, not the students just interviewing the mentor.
- Groups will be responsible for scheduling the time and place of sessions. We expect that most sessions will occur out of scheduled class time (e.g., 5-7 pm) and off-campus at a location convenient to the Health Mentor, e.g., in community organization offices or a community centre. Home visits may be arranged where appropriate and agreed to by all group members.

#### *Symposium (4 hours)*

- At the end of the first year (i.e., after 4 sessions) the group will meet (2 hours) to prepare a poster or storyboard to summarize the story of their learning journey together, the most important events and discoveries and questions remaining.



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- There will be a symposium in late April / early May where groups will share their learning and the posters will be used as ‘conversation pieces’ with other groups and faculty supervisors.
- The first part of the symposium (1 hour) will be a ‘closed’ session for participants only; the second part (1 hour) will be open to all students and faculty.
- Learning from the symposium is expected to inform group discussions in the remaining two sessions.

#### 4. Possible topic clusters for discussion (not in any sequence) are as follows:

*Words and meanings:* Discussion of terms such as health, disease, disability, patients, clients, consumers, coping, normality, recovery, self management; experiences of stigma, stereotypes, culture and generational differences. The importance of the meaning we give to words.

*Living with chronic disease / disability and its management:* The illness journey of the Mentor. What’s involved in managing chronic illness / disability? Role of informal and formal (professional) care providers. Make a map of the Mentors ‘care team’ (family, friends, health providers etc.).

*Managing every day life with a chronic condition:* How the Mentor manages everyday life. For example, money, work, social relationships, home and family life. Competition for resources (time, energy, money). Achieving a balance. Compare how students manage their lives.

*Experiences with the health care system:* Treatments and their effects, including side effects. Factors that influence the care that Mentors receive. Barriers to access. Examination of an example from the Mentor’s experience. Review of the Mentor’s care plan. What works what would make a difference?

*Finding, managing and sharing health information:* Group explores how they each find and share health information. Internet, social networking, peer support, community resources. What is expertise? Information, knowledge and power.

*Partnerships, collaboration, shared decision making and the future:* What does it mean to work in partnership with patients, with other health professionals? How are decisions made? How is patient autonomy enhanced (or not)? How can we improve communication and collaboration? Looking to the future: dealing with uncertainty (e.g. about the course of illness?); how have we grown as people and professionals?

#### 5. Why would someone want to be a Health Mentor?

Health Mentors have an opportunity to play an important role in the education of future health professionals because they will work with a group of students in the early formative stages of their education and development as professionals. This important educational contribution by mentors will be formally recognized through certificates of participation and a concluding reception. Mentors will have their travel expenses for the orientation and symposium events reimbursed.

This is a new program; mentors will have an opportunity to shape how it develops in the future. Mentors will be invited to give feedback through evaluation questionnaires and interviews or focus groups. A small honorarium to cover expenses will be provided for this additional time commitment.



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### 6. How are Health Mentors prepared and supported?

Health Mentors will attend an orientation (October 3<sup>rd</sup>, 2016) with their team of students to get details of the program. They will receive a handbook with guidelines and instruction for their roles and tasks. Mentors will also be provided with a detailed session outline, including learning objectives and suggested format, before each session. Mentors will also have the opportunity to attend an optional Mentor Support Group meeting mid-way through the program. This event provides an opportunity for mentors to meet and learn from other mentors, receive feedback from the program coordinators, and get their questions answered.

Mentors will also be given the contact number of a person that they can go to with questions and concerns at any point during the program.

The health care of mentors will not be affected by their participation. The information they share with students will be confidential to the group and the students' co-supervisors.

### 7. What are characteristics of the 'ideal' mentor?

- Interested in, and responsive to students; willing to answer students' questions (and help them to reframe questions that may be inappropriate).
- Had several years of experience in managing their condition/disability.
- Had interactions with a variety of health care professionals.
- Responsible and able to commit to the time requirements of the program.
- Respectful of confidentiality including naming of other patients, clinicians, locations; respectful of differences among individuals (gender, age, sexual orientation, cultural beliefs)
- Thoughtful about the issues, backgrounds and histories brought to the experience.
- Without a personal 'agenda'; being careful to relate experiences (both positive and negative) but in the spirit of helping to educate a future generation and not with a single purpose. Interested in helping students think of ways they could make things better in the future.
- For caregiver mentors: you are able to obtain the written agreement (assent) from your loved one to participate in the UBC Health Mentors program.
- **Mentors should live in the Metro Vancouver area or be able to meet students in the Metro Vancouver area**

### 8. How are Health Mentors selected?

First complete an application form including the names of at least 2 people willing to provide a reference (work, professional, volunteer or character). Based on the number of applicants and information we receive, we will shortlist people for an interview with two members of our steering committee (a community member/health mentor and a student). We expect to make provisional offers by the end of August. However, we will not know exactly how many mentors we need until early September when the students are selected. Some mentors may be put on a waitlist.

If you are interested and would like to help, please fill out an application form and return to Cathy Kline, UBC Health Mentors Program Coordinator, [cckline@mail.ubc.ca](mailto:cckline@mail.ubc.ca) or fax to 604-822-2495.