

Tri-Generational Homecare, a student-led interprofessional project

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I. INTRODUCTION

The advent of the silver tsunami (Gan, 2015) highlights the need for the younger generations to be aware and exposed to the challenges and struggles that our elderly face daily. 2 medical students, Kennedy and Angeline, foresaw this need. Many of our elderly are afflicted with chronic conditions that result in frequent readmissions and associated morbidity. They are besieged (Donaldson, Smith, Balakrishnan, Kadir & Mudaliar, 2015) with multiple non-medical issues such as insufficient finances, poor medical literacy and a lack of social and family support, resulting in poor control of their diseases - many of which can potentially be arrested in the community.

Kennedy and Angeline, the original founders of TriGenerational Homecare (TriGen), approached North West Community Development Council (NWCDC), which at the time were developing volunteer programs aimed at visiting the homes of these elderly. NWCDC subsequently linked the founders with the Ageing-In-Place (AIP) program under Khoo Teck Puat Hospital. With a tripartite relationship, the needs of the elderly could be met from every aspect; healthcare-related referrals could be made by AIP, while social schemes and support options could be taken care of by NWCDC's Social Support Office.

They envisioned that every elderly in Singapore can experience the protection, care and love of a family. Care teams constituting of university healthcare students and secondary students are involved in assessing and meeting

the needs of the elderly, as well as coordinating their care.

II. OBJECTIVES AND METHODS

TriGen achieves this through sending out teams of youth who provide long-term holistic care over a 6-month period, targeted towards the medical, social, and psychological well-being of the elderly. Students grow in their compassion, learning more about the struggles that the elderly face. The experience also provides the youth with opportunities to understand the aspects of aging and develop caregiving skills, many of which can be brought home as they reach out to their own grandparents.

The teams comprise of students from both university and secondary school levels. Each student brings something unique to the team; nursing students with their knowledge of wound care, pharmacy students with the skills to reconcile the medications, medical students with their understanding of chronic disease complications, therapists with the methods of improving their daily function etc. The secondary students provide their youthful energy and immense creativity, coming up with activities to encourage and fulfil the wishes of the elderly such as cooking, folding origami, or even painting.

The teams conduct at least one visit every fortnight, and their findings and assessments are presented to a multi-disciplinary team of geriatricians, social workers, pharmacists and therapists, who provide their input and necessary referrals. The teams also share about their experiences and challenges they faced during the visits.

These multi-disciplinary meetings are held in the middle and end of every cycle.

The committee developed a training curriculum that would prepare the university and secondary students for their home visits. The curriculum is split across 4 sessions, covering modules that were identified to be necessary for the home visits. These include but are not limited to:

- Physiology of ageing
- Common comorbidities in the elderly
- Assessing vitals and recognising emergencies
- Fall risk assessments
- Social schemes for the elderly
- Basic medical procedures

One of the practical sessions include a facilitation skills workshop. Committee members function as facilitators, engaging the team leaders on a personal level to help students understand team dynamics and how to complement each other as a team. The facilitation workshop was designed with the mission and goals of TriGen in mind: inculcating important values, educating and empowering youths to be champions of the community.

The trainings culminate in an Observed Structured Clinical Examination (OSCE), where teams must work together to complete a focused task, such as managing emergencies or handling difficult secondary students. These OSCEs help the team leaders apply what they learn and go through during our training sessions, in a realistic yet safe and fun environment.

III. STRENGTHS AND LIMITATIONS

Over the past 6 cycles, TriGen has engaged over 150 elderly patients, 300 university students and 400 secondary students. Elderly patients felt that their medical needs were addressed more promptly, and they were more motivated to make lifestyle changes for their health. The students feel that they are more aware of the needs and difficulties that the elderly face, and are more confident in providing basic caregiving skills. Importantly, the elderly patients and the students created lasting memories together – sharing their stories from World War 2, the struggles faced in Singapore's early days, and their life experiences, while the students helped them to perform tasks they were no longer able to such as cooking their favourite dish, walking to the nearby park, or playing mah-jong together.

However, each project is not without its limitations. The long-term visits create a heavy commitment on students, who also have to focus on academic work in school. It may also be difficult to schedule a common time for students of different faculties for their home visits -

resulting in less than ideal visit frequencies. Some teams feel that a duration of 6 months may not be long enough to work on the changes necessary for the issues that the elderly face. The heavy commitment of the project also discourages students from volunteering - in comparison to many of the health screening projects that only require 1 or 2 days of commitment.

IV. MOVING FORWARD

The committee is currently in discussion with National University Health System, to explore the possibility of expanding the project's influence to include the South West region of Singapore. This would highlight the viability of whether this program can be replicated in various areas of Singapore, a goal that TriGen hopes to achieve down the road; to reach out to elderly patients everywhere. Other plans also include piloting a 1-year cycle, to provide teams with a longer duration to assess and manage the needs of their elderly patients, many of whom have issues that require more time to overcome. Most importantly, TriGen maintains its visions for every elderly in Singapore to receive the care and love of a family.

Notes on Contributors

Dillion and Carey are final year medical students from Yong Loo Lin School of Medicine, National University of Singapore.

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Declaration of Interest

There is no conflict of interest, including financial, consultant, institutional or otherwise for any of the authors involved in this manuscript.

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