



*Kirke Rogers*

## Improving elders' communication with their doctors

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As the recipient of the Wisconsin Medical Society Foundation's Summer Fellowship in Government and Community Service, I spent the summer between my first and second years of medical school working with the Area Agency on Aging (AAA) of Dane County to refine a training workshop and develop curricular materials that can be used to teach self-advocacy and health competency principles to the elderly in the Dane County area. This fulfills a recent recommendation by the Task Force on the Aging of Dane County to develop a program "to teach groups of older adults, and not-so-old adults how to take ownership of their health, how to talk to their health professional and to advocate for themselves."

My mentors for this project were Steven Barczy, MD, a geriatrician and principal investigator for a Student-Senior Partnership Program at the University of Wisconsin School of Medicine and Public Health, and Nell Mally, MS, a volunteer with the AAA and chair of the Task Force on the Aging of Dane County. Under their supervision, I began the summer by producing new curricular material and by heavily adapting (with permission) a workshop originally developed by MATCH-UP Interfaith Volunteers (a Boston-based nonprofit with whom I had volunteered in the past). Once the workshop curriculum and associ-

ated materials had been revised to my supervisors' satisfaction, I began to present the workshop at senior community centers and retirement communities in Dane County.

The workshop, which lasts an hour and a half, is organized into 4 parts. First, participants are invited to share past challenges they've had in communicating with their doctors. These stories are used as an introduction to some of the most common communication barriers faced by elderly patients including sight, hearing, and memory difficulties; cultural differences; emotions such as fear, embarrassment, vulnerability, and uncertainty; and patients' lack of preparation, trust, or honesty with their health care professionals. Next, participants are coached on actions and resources elders can use to improve communication with their health care professionals. The third part of the workshop focuses on things other people (specifically, caregivers or other elder advocates) can do to improve the communication between elders and their health care professionals, and boundaries or ground rules that apply in such situations. The workshop's conclusion attempts to reinforce all the lessons by having participants role-play a good patient/doctor interaction or commit to at least 1 new good habit or future action. I presented this program to about 100 participants at 7 sites in the Dane County Area before resuming my medical school classes and having a volunteer from the AAA take over responsibility for the project.

The workshop was well-received

by participants, although its efficacy in altering patient behavior remains unclear. At the very least, participants have been exposed to the repeated message that as patients, they must play an active role in their own health care and that as caregivers or elder advocates, they can play a constructive role in facilitating the communication between an elder and his or her health care professional, and all participants walk away with good information on resources available to help them do that. Furthermore, the AAA now has new curricular material and an established model for conducting senior health self-advocacy workshops—fulfilling the need identified by the Task Force on the Aging of Dane County—and the AAA and other area organizations are already exploring and finding innovative uses for this material.

The curricular material for this summer project includes the workshop facilitator's manual, associated handouts addressed to caregivers, training videos with associated discussion guides (that can stand alone for a "short course" if time does not permit the presentation of an entire workshop), copies of a simplified "Tips for Improving Communication with Your Doctor" packet addressed to elders, and copies of a very useful "Reminder Sheet for Your Doctor Visit." These are all available through the Dane County AAA office (2322 S Park St, Madison, WI 53713; phone 608.261.9930; fax 608.261.9787; TTY 608.261.9905; e-mail [aaa@co.dane.wi.us](mailto:aaa@co.dane.wi.us)). Anyone interested can schedule a free seminar with a volunteer from the AAA, ac-

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cess the materials, and check out a copy of the training video used during workshops. Much of the material is also available through the Wisconsin Medical Society Foundation Web site: [www.wisconsinmedicalsociety.org/physician\\_resources/foundation/rogers\\_report.cfm](http://www.wisconsinmedicalsociety.org/physician_resources/foundation/rogers_report.cfm).

For physicians and other health care professionals who are searching for more effective ways to interact with older patients, the National Institute on Aging publishes the comprehensive (and free) pamphlet *Working with Your Older Patient: A Clinician's Handbook*. This handbook served as a valuable reference in developing certain aspects of the workshop, and contains many excellent recommendations that address the most common complaints workshop participants had about their doctors. The handbook is available by contacting the National Institute on Aging Information Center (PO Box 8057, Gaithersburg, MD 20898-8057; phone: 800.222.2225; TTY 800.222.4225; [www.niapublications.org](http://www.niapublications.org) or [www.nia.nih.gov](http://www.nia.nih.gov)).

Finally, it should be noted that while my project focused on training senior citizens and their caregivers to be better self-advocates, training future health care professionals in good communication strategies with elders is also imperative. Doctor Barczy plans to emphasize many of these communication skills by adapting the workshop materials for the Medical Student-Senior Partnership Program within the first year of the UW medical school's curriculum. The Partnership Program's goals include expanding student understanding of psychosocial and communication issues affecting the health of older patients, giving students experience working with other health professional students and exposing participants to cross-cultural issues in health care. The objectives of my project and this program overlap substantially.

Many people contributed to the success of this project. My work could not have been possible without the help of Dr Barczy, volunteers at

the Dane County AAA such as Nell Mally and Janie Riebe, the many representatives from organizations such as Independent Living, the SAIL Project, and Oakwood Retirement who offered their knowledge and assistance, and the generous support of the Wisconsin Medical Society Foundation.

The Foundation's Summer Fellowship in Government and Community Service provided me with a unique opportunity to see first-hand how intimately government agencies must cooperate with the private sector to achieve many shared goals. I learned that it takes committed individuals from all of these various groups to achieve broad objectives such as improved elder health. I am thrilled that with the Wisconsin Medical Society Foundation's support I was able to contribute to improved elder health competency with a project that fulfilled a specific, identified need and I am thankful for the Foundation's continued strong commitment to medical and health education.

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