Transformation

ADAPTING TO THE CHANGING NEEDS OF SENIORS DURING A PANDEMIC

NGIG

The National Geriatrics Interest Group Publication

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Editors-in-Chief



Bernice Ho MD Candidate 2023 University of Toronto

Bernice's enthusiasm towards geriatric medicine stems from her fond memories of volunteering at a senior home, working as a Cantonese medical translator for older adults, and through taking care of her own grandma. This passion was further strengthened during COVID-19. Thus, through her work with NGIG, initiatives related to mitigating senior social isolation during COVID-19, and her research in geriatric medical education, she strives to mitigate their current health needs and increase medical education in geriatric medicine. She plans to integrate geriatrics into her future practice.



Alexandra Sylvester MD Candidate 2022 Western University

Alexandra is a third year medical student who has been drawn to geriatrics since caring for her late grandmother throughout high school. She has since been highly involved in advocating for older adults during her undergraduate and medical degrees, through research, fundraising and increasing peer exposure to the field through holding executive roles on Schulich's Geriatric Interest Group, in addition to co-founding the Palliative Medicine Interest Group. She strives to provide optimal care to older adults in her future practice.



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The NGIG is a centralized medical student-led group with the goal of bringing together individual Geriatrics Interest Groups and creating Canadawide education initiatives in the field of aging

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Letter from the NGIG Co-Chairs

Dear Readers,

It is our great pleasure to share with you the 9th Edition of the National Geriatrics Interest Group's (NGIG) Annual Publication! Medical and allied health professional students across Canada have continued to inspire us with their articles, artwork, and photographs for this year's theme, **Transformation:** Adapting to the Changing Needs of Seniors During a Pandemic.

This year's publication is released at a very difficult time for our community at large, with the continued fight against the COVID-19 pandemic. Through it all, the Geriatrics community continues to inspire us with ongoing advocacy for older adults and increased support for the multitude of challenges faced by them and their caregivers. It is these collective efforts that have inspired this year's theme of "transformation". With every submission, we witness how students across Canada have transformed their passion for improving the health outcomes of older adults into action and change.

The NGIG is a national student-run organization that is supported by the Canadian Geriatric Society (CGS). The primary goal of our organization is to promote education in geriatric care amongst all medical schools across Canada. This year, we worked with an amazing group of executives from the Geriatric Interest Groups (GIGs) at each medical school, who played instrumental roles in bringing Geriatrics education and initiatives to their peers in a virtual environment. We have continued some of the successful initiatives started in previous years, including #WhyGeriatricsWendesday, a social media campaign highlighting local care of the elderly initiatives in the communities of each medical school. Other successful initiatives this year included new research opportunities in Geriatric Interest Group (RGIG) in promoting a mentorship program for medical students, and the establishment of a new "People's Choice Award" for our submissions to the Annual Publication thanks to the generosity of NGIG Founder, Dr. Magda Lenartowicz.

This publication, along with the work done by NGIG, would not be possible without many individuals and organizations. We would like to express our deepest gratitude to the CGS for their ongoing support throughout this unprecedented year, Dr. Tricia Woo for her continued mentorship to our NGIG team, and RGIG for their commitment to our collaboration. Last, but certainly not least, we would like to say a huge thank-you to our NGIG co-Editors-in-Chief: Bernice Ho and Alexandra Sylvester, and Associate Editor, Josh Solomon. They have shown extraordinary dedication to the publication over the past year, and we are delighted to be showcasing their incredible work.

We are honoured to present **Transformation: Adapting to the Changing Needs of Seniors During a Pandemic**. We hope you enjoy the read!

Sincerely, Manan Ahuja & Shannon Gui NGIG Co-Chairs 2020-2021



Manan Ahuja MD Candidate 2021 McMaster University

Manan is a third-year medical student at McMaster University. He has always been passionate about caring for the elderly and was fortunate to with the Delirium work Research Group at McMaster University in an efforts to research and promote geriatric-friendly practices. He is very excited to continue his passion for geriatrics and start his training at McMaster University's Internal Medicine residency program.



Shannon Gui MD Candidate 2021 McMaster University

Shannon is third-year medical school at McMaster University and a former NGIG co-Editor-in-Publications Chief. Throughout medical school, her involvement in the McMaster GIG and NGIG has shaped her passion for caring for older adults, a population with the richest and most inspiring narratives. She is thrilled to begin her training at McMaster University's Internal Medicine residency program, alongside her co-Chair Manan.

"STARTING TO LOOK UP" | NEW YORK

Qamar Halat MSc Class of 2021 | McMaster University

Qamar Halat is a second year Speech-Language Pathology student. Prior to beginning her Masters, Qamar spent many years facilitating communication for those who have suffered a brain injury. She hopes to continue helping this population in her career as a Speech-Language Pathologist.

Connection:

Reducing Social Isolation for Seniors During the Pandemic and Beyond

ALEXANDRA HILLYER, JOHN TALIA, DAVID ZHENG

MD Class of 2022 Western University

In March 2020, as the COVID-19 pandemic began taking hold in Canada, government-mandated shutdowns were the new normal. Long-term care (LTC) homes were most notably affected whereby non-essential visitors were prohibited, exercise and community engagement programs were cancelled, and meals were served in isolation (1–3). These restrictions were a necessary evil in preventing the spread of COVID-19 as LTC residents accounted for over 80% of the COVID-19 deaths in the first wave in Canada (4). Although it was a lifesaving initiative, these shutdowns left many seniors socially isolated and lonely.

In geriatric populations, social isolation is strongly associated with increased hospital admissions, more frequent emergency department visits and worse health outcomes (5). Additionally, seniors who live alone or lack meaningful social connections are at 50% increased risk for developing dementia (6), 29% increase in developing coronary heart disease, and 32% increased risk of stroke (7). In fact, the risk on health outcomes of social isolation is higher than obesity and physical activity, and parallels smoking consumption in mortality (8). Social connectedness is evidently vital to the health of seniors.

Three medical students, David Zheng, Alexandra Hillyer, and Heidi Li sought to help overcome the severe isolation that seniors across the country were experiencing. With platforms like Zoom becoming the new norm for communicating, virtual volunteer work was one such solution to this problem. David had transitioned his previous volunteer role as a piano player at a London-based LTC home to an online platform. Zheng, Hillyer, Li quickly realized that they could recruit others to do online musical performances as well; it was this way that Creative Connection was formed.

Creative Connection is an organization which aims to

FEATURED ARTICLES

reduce social isolation for senior residents and patients of healthcare institutions through mediums such as music, art, and personal interactions over video calls. They are now working to connect LTC homes and volunteers all over Canada, providing regularly scheduled entertainment for seniors who are isolated due to the pandemic. Volunteer musicians with varving backgrounds are connected with LTC homes and healthcare institutions to perform over Zoom for up to an hour per session. To facilitate the sessions, therapeutic recreational staff along with nursing staff set up iPads that residents can access in small groups while physically distancing. Depending on the restrictions at the LTC home at that time, the iPad may also be moved from one individual resident's room to another so that residents are not sharing space. Video calls allow for this flexibility to adapt to LTC homes' respective needs and restrictions. One testimonial from a staff member at Queen's Garden Long Term Care Residence in Hamilton, Ontario describes the music performances as having "brought back a sense of normalcy, togetherness and joy in a time when [personal interaction] is needed more than ever."

By providing live musical performances to isolated seniors, Creative Connection hopes to provide personal connections for the most socially vulnerable people in a COVID-19 plagued world. Of course Creative Connection has had many challenges to overcome. For one, operating an iPad or using Zoom is not always within LTC residents' skillset, meaning that therapeutic recreation staff or nursing staff are required for logistical assistance. With COVID-19 outbreaks, small group performances are often not allowed. Unfortunately, one-onone performances are often not allowed. Unfortunately, one-on-one performances require greater resources and increased staff availability which many LTC homes cannot provide. As they grow, the group plans to connect with other institutions and fundraise for iPads and even iPad training for seniors as one such solution to this problem. They have already done some work with Connected Canadians (9), a nonprofit group that provides technology support and training for seniors. While Creative Connection has its challenges, they still believe that the work they are doing is beneficial to the senior population at large.

The services of Creative Connection extend beyond the COVID-19 pandemic. Mobility and barriers in communication will continue to be a problem for many seniors in our communities. Astoundingly, 50% of Canadians over age 80 reported feelings of loneliness before the COVID-19 pandemic (3). Barriers to accessing community support programs and therapeutic recreation has been an ongoing issue for Canada.

To begin, transportation can be an issue for seniors who cannot drive or mobility (10). have concerns Compounding this can be sensory issues and disabilities, with vision and hearing often being a problem (11). Finally, there are many language and cultural barriers associated with accessing therapeutic recreation (10). Using music as a universal language via an easily accessible platform, Creative Connection aims to minimize the barriers to accessing social engagement in these populations. Not only can our programming be accessed for free from the comfort of anyone's home with an internetcapable device, but it also does not

back-and-forth relv on conversation. Loneliness and social isolation have plagued LTC residents well our before the COVID-19 pandemic. Moving forward, we hope to further overcome barriers to accessing our services, such as the need for stable internet connections and knowledge of using internet-connective devices. By doing so, we can create an accessible service that can help fight against social isolation. Although vaccinations are ramping up and there is hope that life can return to some semblance of normalcy, perhaps Creative Connection should be here to stay.

For more information, or to get involved with Creative Connection:

www.creative-connection.ca
 info@creative-connection.ca
 @creativeconnectioncanada
 f /creativeconnectioncanada

Alexandra, John "JT", and David are third year medical students at Schulich School of Medicine and Dentistry. Alexandra's clinical and research interests include internal medicine, neurology, and senior care. Outside of medicine, she volunteers with the mental health support line at CMHA and is one of the Creative Connection Co-Founders. JT's clinical interests include gastroenterology, hepatology, general internal medicine, and geriatrics. Outside of medicine, JT enjoys gaming, cooking, reading, plants and memes. David's clinical interests include music in health, emergency medicine and geriatric care. Outside of academics, David has played piano for 15 years, performing as part of volunteer music therapy programming in long-term care homes in Ottawa and London, and he continues to do so through virtual programming as part of the Creative Connection initiative.

A Dance a Day Keeps the Doctor Away

ANGELICA RIVAS, DR. PATRICIA HEWSTON MD Class of 2022 | McMaster University Labarge Post-Doctoral Fellowship | McMaster University

> L xercise keeps the brain and body healthy as we age. Everyone can benefit from weekly exercise to build or maintain a healthy body. However, only 37% of seniors are participating in 150 minutes of exercise per week as recommended by the Canadian Guidelines for Physical Activity (1).

> There are many reasons why this might be beyond lack of time or lack of motivation. Older adults are more afraid of exercise and injuring themselves. This may be due to lack of knowledge on how to exercise properly or inadequate support to exercise safely (2). Additionally, for many older adults, exercise can be viewed as a chore that must be completed – Where is the excitement in that? What if exercise could be fun?

FEATURED ARTICLES

New research shows dance is not only fun - it has added benefits to improve health outcomes in older adults including cognition, social isolation and physical functioning. Clinician scientists at McMaster University reviewed 11 research studies on dance and brain health involving 1412 seniors (5). Learning dance steps resulted in new improved cognition and executive function. These are mental processes that enable us to plan, follow instructions and make decisions.

With the closure of facilities and community centers, it is more important than ever to find an exercise that is not only enjoyable but also safe to do at home. Higher levels of anxiety, depression and social isolation have been reported amongst older adults as a result of the COVID-19 pandemic and social distancing regulations (3). A recent meta-analysis found that social isolation was associated with an increased risk of mortality (5). Social isolation even has similar health smoking consequences to 15 cigarettes a day (5). Dance is a promising intervention that has been associated with improved social connections and decreased social isolation in older adults.

Why dance is so enjoyable may be deeply rooted in our brain. Dance activates an area of the brain called the reward system, which evokes positive emotions such as happiness and pleasure. These feelings can motivate us to keep participating. practiced in a When group environment in-person or virtually, it provides opportunities to meet new people and dance can build a sense of belonging in the community. Often, there is a chance for participants to engage in group discussion after the class to share their experiences with the group. Participants have reported feeling more willing to participate in other social activities, as well as happiness and motivation in the face of new friendships(6).

Older adults have reported that participating in dance had made them feel better, gave them a sense of well-being and improved their self-efficacy despite have comorbid conditions (6). The research is clear that older adults can live healthier and longer lives by increasing physical activity and staying socially connected. Dance is an effective intervention that gets older adults moving while simultaneously building friendships.

GERAS DANcing for Cognition and Exercise (DANCE) is a new older adults' dance program that was developed by rehabilitation and geriatric medicine specialists Hamilton Health Sciences and McMaster University in partnership with the YMCA. This program brings the joy of dance to seniors in our community bv making dance accessible for those new to exercise and/or experiencing memory or mobility problems. Over 90% of the GERAS DANCE pilot program participants rated the classes as excellent. 100% would and recommend to a friend/family member.

So why not join to boost your health and dance a day to keep the doctor away?



^{1.} Statistics Canada. Table 13-10-0096-13 Physical activity, self reported,

Stephyeda-Loyola W, Rodriguez-Sanchez J, Perez-Rodriguez P, Galla F, Torralba R, Oliveira D V, et al. Impact of Social Isolation Due to COVID-19 on Health in Older People: Mental and Physical Effects and Recommendations. J Nutr Health Aging. 2020 Sep 25;1–10.
 Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. Perspect Psychol Sci 2015;10(2):227-37.

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 H. J. Bethancourt, D. E. Rosenberg, T. Beatty, and D. E. Arterburn, "Barriers to and facilitators of physical activity program use among older adults," Clin. Med. Res., 2014 Sept 1;21(-2):10-20.
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Perspect Psychol Sci 2015;10(2):221-3.1.
S.Hewston P, Kennedy CC, Borhan S, Merom D, Santaguida P, Ioannidis G, et al. Effects of dance on cognitive function in older adults: a systematic review and meta-analysis. Age Ageing. 2020 Dec 19.
6.Murrock CI, Graor CH. Depression, Social Isolation, and the Lived Experience of Dancing in Disadvantaged Adults. Arch Psychiatr Nurs. 2010 Det 100/007214

²⁰¹⁶ Feb 1:30(1):27-34.

Need some he with your pho iPad or laptop

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Bring your de to us for free

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Maintaining Human Connection Through COVID-19:

How Connected Canadians Transitioned its Operating Model to Reduce Senior Isolation

> STUART FRASER Senior Instructor and Volunteer Mentor



Connected Canadians provides technical support services free of charge to older adults in the National Capital Region and across the country. The pandemic caused a significant shift in delivery from in-person sessions to remote, virtual support.

"WE BELIEVE DIGITAL LITERACY IS A HUMAN **RIGHT.**"

Founded in January of 2018 and program ended. headquartered in Ottawa. Connected Canadians is a federally In its endless quest for funding, incorporated, nonprofit organization Connected whose philosophy is simple: "We submitted another major grant believe digital literacy is a human application in an effort to recreate a right. Our mandate is to reduce similar isolation and loneliness amongst newcomers could be hired and older adults by promoting digital trained for a term. The hope is that literacy skills and technology training and support."

Connected Canadians' long- term goal is no less ambitious: "By 2030, we want all Canadian seniors to have access to free technology training and support."

Connected Canadians is funded by donations. sponsorships and. occasionally, by grants. Early in 2020 the organization was awarded an Economic Development Grant from seniors the City of Ottawa to train and temporarily hire hospitality sector workers laid off due to COVID-19.

Individuals in this program were pandemic hit. trained to provide online virtual assistance to seniors, and many remained as volunteers when the

Canadians recently environment where providing they, too, will stay on as volunteers at the end of the program.

HELPING OTTAWA SENIORS OTHERS CONNECT WITH **VIA TECHNOLOGY**

"You're never too old to learn. I'm a good example. I'm learning all the time." Bay Ward Councillor Theresa Kavanagh was addressing a group of Ottawa Community Housing (OCH) enrolled in workshop designed to help them improve their digital literacy skills. That was in February of 2020, just before the

Led by a cadre of Connected Canadians volunteers, workshops like this provided seniors with the skills needed to connect with friends and loved ones, and to improve their quality of life. As the largest social housing provider in Ottawa, OCH seniors - along with those of other Ottawa communities such as Bruyère Village, Perley and Rideau Veterans' Health Centre, and Westwood Retirement Living frequent recipients were of personalized face-to-face training.

When Ottawa Community Housing CEO Stephane Giguere told workshop participants that "Connected Canadians brings something special to break isolation for residents," he couldn't have known at the time what was coming. The workshop date was just one month shy of the Covid-19 lockdown. which changed everything. Elderlv Canadians suddenly found themselves more isolated, lonely and physically cut



Ottawa Bay Ward Councillor Theresa Kavanagh & Ottawa Community Housing CEO Stephane Giguere (back left) address a workshop conducted by Connected Canadians.

off from others than ever before. in-person Their needs became more urgent.

COVID-19 CAUSED A SIGNIFICANT RESTRUCTURING OF CONNECTED CANADIANS' SERVICE DELIVERY

It was the advent of COVID-19 that resulted in the need for a sudden "As and significant shift in how Connected Canadian volunteers 300 Ottawa area seniors with

technology workshops. No longer being able to between the volunteer organization conduct physical meetings, massive challenge to cofounders online. An enduring advantage of Emily Jones Joanisse and Tas Damen this new delivery model was that (CEO and CIO respectively).

we serve а population, we suspended inperson programming indefinitely to The cofounders explain that onedeliver services. Since its inception, ensure the safety and wellbeing of on-one and prior to the lockdown, the our senior clients and team," normally 60 to 90 minutes in length. organization had assisted more than explained Tas, a Software Architect Examples of topics covered are: by vocation.

training Going forward. interactions face-to-face and its senior clients would have to however, presented a be virtual, with all mentorship done the scope was broadened markedly. Now seniors across the country vulnerable could benefit regardless of location.

> remote sessions are setting up and using email;



"VANTAGE POINT" Bernice Ho MD Class of 2023 | University of Toronto

video chatting (FaceTime, Skype and Zoom); texting on a smartphone; Facebook and YouTube basics; Internet safety; troubleshooting common computer problems, etc. In addition to their regular free technical support offerings, Connected Canadians established several specialized programs in direct response to Covid-19.

"Senior isolation is an ever-present issue that needs an equally sustained response," says Emily, who previous to Connected Canadians worked in Information Technology for over 15 years. "Some of the ways we are addressing this need are through programs such as remote social gaming for seniors, support for families of hospital patients, to name a few."

Tas and Emily emphasize how important it is during this challenging time to offer these services "We are committed to helping our clients stay connected with friends and loved ones, and so we are pleased to offer free remote support over the phone or online," they agree.

CONNECTED CANADIANS RELIES UPON A NETWORK OF SKILLED VOLUNTEERS

There is always a need for volunteers, with a high comfort level in technology, who can be paired with senior clients. Working by phone and online using a host of digital tools, they tackle clients' various technology challenges.

Prior to COVID-19, Connected Canadians' volunteer base was composed mainly of new immigrants, collectively speaking 12 languages. During the pandemic lockdown, however, Connected Canadians began a new program to retrain underemployed hospitality industry workers as remote tech mentors. Many of these program participants from the hospitality sector are now part of the volunteer team.

Volunteers also include active and retired specialists from the tech sector, former government workers, and retired teachers and post-secondary educators, among others.

In its ongoing quest for qualified volunteers, Connected Canadians is hoping to tap into the vast wellspring of talent and resources to be found among retirees. Those interested in volunteering with Connected Canadians may sign up using their online volunteer form: connectedcanadians.ca/volunteer.

ARE YOU A SENIOR IN NEED OF HELP WITH YOUR TECHNOLOGY?

Connected Canadians offers free technical training and support for seniors. If you are an older adult who needs help with Zoom, FaceTime or other video conferencing tools, or want to learn more about how to use technology to connect to online support groups, learning events, and social programs, you can contact them in several ways:

-) 1-877-304-5813
 - _
 - Email: info@connectedcanadians.ca
- connectedcanadians.ca/ connectedcanadians.ca/dona

Stuart Fraser is a retired educator who has been a senior instructor and volunteer mentor with Connected Canadians since April, 2020. Knowing that the pandemic would present new challenges to seniors — many of whom were already isolated — Stuart searched for a volunteer organization that would be an ideal match for his interests, experience and skills. "It has been an eyeopener for me," he says of the many issues seniors face. Whether helping students sharpen their computer skills, assisting educators with their technical needs, or lending a volunteer hand to the retiree down the street, Stuart has always enjoyed mentoring others.

MUSIC in the Wards:

Responding to the Social and Cognitive Needs of Geriatric Patients in the Midst of a Pandemic

MATTHEW A. HINTERMAYER, JIAYIN HUANG, EMILY OULOUSIAN, JOAN M. ROMERO

MDCM-PhD Class of 2027 | MDCM Class of 2023 & 2024 McGill University

G eriatric patients are at great risk of functional and cognitive deterioration during hospital stay (1). Indeed, at the time of discharge, up to one third of patients over the age of 75 will experience functional deterioration that impacts their ability to accomplish activities of daily living (2,3). While admitted to the hospital, geriatric patients are particularly vulnerable to developing delirium, associated with cognitive decline, an increased risk of falling, and elevated morbidity and mortality (4–6). Thus, the prevention of delirium and functional decline in geriatric patients while admitted to the hospital is critical (7).

Behavioural interventions - including cognitive,

social, and musical activities – aimed at preventing functional decline and delirium in geriatric patients have been implemented with notable success (8,9). However, the coronavirus disease 2019 (COVID-19) pandemic has forced such programs to temporarily stop, reducing the quality of care that can be provided (10,11). In order to supplement the social and cognitive needs of these patients, modified programs that can be safely implemented during the pandemic are critical.

The use of easily implemented musical activities have been the subject of numerous studies and are immensely beneficial for elder patients in hospitals and residents of long-term care settings (12). Music listening reduces agitation, depression, and anxiety (13–17), contributing to an improved patient experience during hospital stay. Music therapy can temporarily improve working and verbal memory, as well as benefit overall cognitive functioning in dementia patients in long-term care (18,19). Additionally, active musical activities that involve participation have been shown to promote social engagement, and reduce delusions, agitation and apathy in dementia patients (20). Listening to musical concerts has been associated with decreased reduction in fall risk in geriatric patients when compared to similar non-musical interventions (21,22). Given the wealth of literature demonstrating benefits of musical interventions in geriatric patients, we sought to initiate a virtual music program in hospitals in Greater Montreal.

The McGill Medical Student Society (MSS) 'Musicians United for Student Instruments and Creativity' (MUSIC) club is a student-run organization that was established in Fall 2020 to facilitate medical student involvement and collaboration in musical activities. Our club has recently initiated a program entitled MUSIC in the Wards (MITW), which aims to promote geriatric patient well-being in the time of COVID-19. MITW The initiative involves distributing pre-recorded concerts with performances bv medical students and healthcare workers to patients in hospital wards. These concerts are each approximately 30 minutes in length and are accessed via sanitized tablets provided by our program. Each performance is preceded by a short introduction by the medical student or staff member, who discusses their level of medical training and the role that music has played in their lives. Bv communicating with patients through the shared language of music, we aim to create a connection between the oldest in our medical system and the youngest in training who will soon be responsible for providing care. We aim to further develop this program by incorporating live interactions with musicians after concert viewing further facilitate social to connectedness between patients and healthcare trainees/providers. We also hope to expand our program to other patient populations within

hospitals, including those in oncology and pediatrics wards.

Through the support of fundraising initiatives, the McGill MSS, and St. Mary's hospital, we plan to officially pilot the MITW project in February 2021. Our ultimate goal is to establish musical interventions as a standard of care for geriatric patients, during the COVID-19 pandemic and beyond. To support this in an evidence-based manner, we will be collaborating with researchers to formally assess the efficacy and benefits of the MITW program. Once established. this program can be expanded to other departments and hospitals that do not have the infrastructure necessary for in-person concerts.

If you are interested in learning more about MITW, or if you are a

healthcare trainee or professional that would like to record and submit a performance, we encourage you to contact our organization. Together, we can greatly improve the social environment for our patients by bringing musical activities safely back into the hospital.

For more information, or to get involved with MUSIC in the Wards:

music.mcgillmed@gmail.com

/groups/mssmitw

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Matthew Hintermayer and Joan Romero are second year MDCM-PhD students (class of 2027) currently conducting research in the fields of neuroscience, and experimental medicine, respectively. Jiayin Huang is a second year MDCM student (class of 2023), and Emily Oulousian is a first year MDCM student (class of 2024). All authors are studying at McGill University, and are executives of the Medical Student Society (MSS) club, Musicians United for Student Instruments and Creativity (MUSIC).

Ride to Connect: A Campaign to Unify in an Era of Distancing

JOELLE SORIANO, FRANCESCO FAZZARI, ADRIANO PETRANGELO, KARINE RIAD, SIMON PUPULIN, SONIA DANCEY, BRENDAN COTTER, MITCHELL CROZIER, NATHAN CHIARLITTI, AMY YU

MD Class of 2022 & 2023 University of Ottawa

n late May, the Government of Canada enlisted the assistance of the Canadian Armed Forces to investigate the living conditions in long-term care (LTC) facilities. What the military described was appalling: cockroaches and insects in living centres, food rotting on tables, and neglected residents calling out for help - their calls unanswered [1]. Furthermore, the COVID-19 pandemic has resulted in an increase in visiting restrictions and distancing measures, which disproportionately affect seniors [2] - a group that is already more vulnerable to social isolation and loneliness [3]. While the broader population turned to modern, virtual approaches to replace physical social interactions, many Canadian seniors were left behind; they lacked the necessary access and skills to use the technology that connected so many other Canadians during the pandemic. To combat the pervasive problem of social isolation and loneliness in seniors, a group of eleven medical students from the University of Ottawa founded an initiative called Ride to Connect (RTC).

RTC is a cycling fundraiser and advocacy initiative. Our primary goal is to combat social isolation in Canadian seniors by providing technological access and training through united advocacy efforts. We partnered with Connected Canadians and HelpAge Canada, to support their Seniors Can Connect! Program. This program strives to promote digital literacy skills amongst seniors by providing free technology access, training, and support in the form of a tablet lending program in addition to virtual classes where seniors can learn how to use these tablets to access the online world Our second goal is to raise awareness and draw attention to the issues that seniors in LTC facilities face. To this end, we created an online platform to unite our community through cycling, with the hopes of our message being heard across the country. In an effort to increase awareness about senior isolation and to emphasize the importance of closing the digital divide, we engaged our community through social media channels and our official RTC Community Cycling Club, which was hosted virtually on the Strava fitness platform. Our social media channels on Facebook, Twitter, and Instagram gained thousands of followers who were passionate about our cause. We were also featured on televised news programs and radio shows which allowed us to spread our message across the country.

Our first campaign ran June through August. During this time, we organized engaging cycling challenges, such as sponsored cycling rides, which helped promote community engagement and inspired hundreds of cyclists to ride for our cause. Our RTC Community Cycling Club expanded to over 400 Canadian cyclists of all abilities, including amateur riders and Canadian Olympians. Our unified community collectively cycled over 210,000 km - more than double our original cycling goal of 100,000 km. This directly translated into sponsorships from local businesses and corporations in Toronto, Ottawa, and Montreal, as well as private donations from community members. We also designed and sold custom RTC cycling apparel, the sales of which were directly donated to our cause. Ultimately, we eclipsed our initial fundraising goal of \$15,000 by raising over \$53,000 for the Seniors Can Connect! Program.

The COVID-19 pandemic has cast a spotlight on the painful reality of social isolation and loneliness amongst Canadian seniors. Unfortunately, these deep-rooted issues will not simply go away when the pandemic is over and restrictions are lifted. For this reason, we are now in the midst of planning our second annual RTC campaign, which will launch on June 1st, 2021. To expand our reach and increase our impact, we have begun recruiting student ambassadors from medical schools across the country. will continue advocating for RTC Canadian seniors and empowering them by increasing technological access and literacy. It is time to close the digital divide.

Joelle, Francesco, Adriano, Karine, Simon, Sonia, Raphael, Brendan, Mitchell, Nathan, and Amy are a group of medical students from the University of Ottawa. They are passionate about advocating for Canadian seniors and empowering them with technology.

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Role of Youth in Bridging the Technological Divide for Seniors

SALONI GUPTA, CYNTHIA NOHRA

BSc Class of 2020 University of Toronto

The COVID-19 pandemic has presented many challenges and suffering for millions of people across Canada. For scientists and healthcare

workers, it has highlighted striking shortcomings in geriatrics and long-term care (LTC). As we recover and assess preparedness for future health crises, special attention must be paid to the aging population, as they have faced disproportionately high burden of the pandemic and increased social isolation (1,2). While the medical field has evolved include geriatric-specific specialties, the to pandemic demonstrated how the skills of the most technologically proficient generation have not been employed to address the psychosocial needs of the fastest growing age demographic in the country (3.4). This is particularly concerning as widespread social distancing and lockdown measures have made society primarily reliant on technology to conduct business, attend school, and connect with family and friends. Here, we present the challenges COVID-19 has had on mental health and highlight intergenerational programs as an antidote to the rising social isolation experienced by youth and seniors.

COVID IMPACT ON SOCIAL WELL-BEING

While the COVID-19 pandemic affected all of society, different age groups experienced distinct impacts. A multi-center American study recently found increased vulnerability to COVID-19 in older adults with dementia (5). In Canada alone, during the first wave of the pandemic, LTC facilities and retirement homes accounted for more than 80% of all COVID-19 deaths in the country (4). In order to protect these residents, harsh lockdown measures limited contact ended family visits, and recreational activities, and even visits between residents.



Throughout the year, reports have surfaced of residents being confined to their rooms for weeks, unable to leave (6,7). Loneliness and negative mental health outcomes plagued residents, with social distancing decreasing their access to therapy (8,9). The overall handling of LTC homes in the pandemic was widely criticized, with increased infections in residents, limited protection for care staff, and abundant mental health issues (1,2,10).

As the rest of the world scheduled Zoom calls and adjusted to online routines, this option has been unavailable to parts of the elder generations. Many groups in society face inequitable access to the internet and technology(8). Technical non-proficiency, increased costs, or limited devices or internet coverage are at the root of the divide (11). In addition to these, older adults in LTC also face health issues such as decreased mobility, visibility, hearing, or even memory severely impairments limiting their ability to comfortably adapt to the online space (7). In these conditions, social networks break down and can increase intensity of depression, despair, and even cognitive decline (12,13).

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Younger generations have had mixed results adjusting to the pandemic. Our current generation has widespread usage of smartphones and it is reported that ~99% of students across Canada have access to the internet using a variety of devices (14). Education systems have migrated to online and remote learning (15). On the other hand, the shock and stress of losing loved ones, disruption of routines, reduced social contact, have taken a toll on mental health (16-18). Analysis of Twitter posts and numerous health surveys show increased loneliness and cases of depression in youth (19). And now, similar to seniors in LTC, the most technologically-connected generation is experiencing social isolation and disconnection. In fact, Dr. Louise Hawkley, a lead researcher on the COVID Response Tracking Study remarked, "It doesn't take a pandemic for some older adults to feel what many younger adults are only now appreciating viscerally and emotionally" (20). It is curious that two generations, so vastly different in their social environment and technological literacy, are confronted with the same issue of isolation.

BENEFITS OF INTERGENERATIONAL PROGRAMS

Prior to the pandemic, intergenerational (IG) programs showed promise in improving connectivity and mental health. IG programs describe the social curricula that purposely brings together younger and older individuals through a sharing of activities, experiences, and resources (21). These programs are guided by psychosocial theories that posit that older adults benefit from passing along values and unique life skills to help guide the successive generation (21,22). Numerous studies have described the implementation and efficacy of IG programs. These programs typically pair teenagers with older adults for a variety of activities, including in-person visits, phone calls, horticultural therapy (23), performing arts, or filmmaking classes (24). These activities decreased negative aging stereotypes, mental and physical stress, and increased social connectedness and overall wellbeing for both groups. A recent project focused on Italian nursing homes found that both generations were able to positively reframe an understanding of their lives and values, as well as improve the mental health of older residents (25). IG programs have also been shown to be effective for individuals diagnosed with dementia, which make up 66% of nursing home residents in Canada, as measured through increased activity engagement, improved mood, quality of life, stimulation of mind, and reduced social isolation (4,26,27). Given the multi-dimensional nature of these interactions, IG programs not only benefit both older and younger adults, but also play a role in improving technological literacy and connectivity of older adults as they interact with the "digital natives" (12,28).

More specifically and appropriate for the pandemic, information and communication technology-mediated IG programs serve as key promoters of physical and mental health in the elderly (11,29). Recent technology iteracy studies have shown that tech-mediated IG engagement activities reduce loneliness, a risk factor for cardiovascular disease, compromised immune system, and stroke in older adults (30). In fact, the public health risks of loneliness have been comparable to widely accepted risk factors, including smoking up to 15 cigarettes per day, obesity, physical inactivity, and air pollution (11,31). More recent evidence similarly demonstrates that tech-mediated IG programs promote quality of life and social integration of older adults by engaging them with their reduce loneliness, a risk factor for cardiovascular disease, compromised immune system, and stroke in older adults (30). In fact, the public health risks of loneliness have been comparable to widely accepted risk factors, including smoking up to 15 cigarettes per day, obesity, physical inactivity, and air pollution (11,31). More recent evidence similarly demonstrates that tech-mediated IG programs promote quality of life and social integration of older adults by engaging them with their surrounding community (30). At the same time, IG activities present multiple benefits for older adults, including improved selfreported health, stress reduction, greater sense of meaning and social connectedness, and reduced presence of depressive symptoms. Hence, IG activities can and should continue during times of crises, such as pandemic lockdowns. As we reflect on the handlings of LTC homes in the pandemic, special care should be taken to ensure IG programs are also translated digitally to protect the wellbeing of youth and seniors. Young people, armed with their technical literacy and access to resources, are well-positioned to navigate the digital divide and bridge these social connections.

WHAT SAGE IS DOING TO SUPPORT IG PROGRAMS:

We present our own work at the Student Association for Geriatric Empowerment (SAGE) Project as an example of successful transition of IG programs to a digital platform. In light of the pandemic's devastating effects on LTC in Ontario, several University of Toronto students founded the SAGE Project in hopes of providing relief and support to LTC homes. This initiative was inspired by the course on dementia, HMB440, taught by Dr. Franco Taverna, where students regularly made in-person visits to residents they had befriended at local LTC homes. When lockdown measures prevented students from continuing these visits, SAGE members became determined to find ways to safely reach out and overcome the barriers of social distancing. SAGE launched a variety of social programs, such as Pen Pals and Companion Calls, exchanging letters and video calls between students and residents in LTC across the Greater Toronto Area. So far. SAGE has coordinated over 70 video calls between seniors in LTC homes and youth in the community. We hope that our work presents a model to inspire youth to use their technology to set up and engage in IG programs for the benefit of themselves and their older friends.



Saloni Gupta and Cynthia Nohra completed their B.Sc degree at University of Toronto in is the Co-Founder and D Education & Advocacy for Student Association for Gen Empowerment (SAGE) Project Cynthia is the Fundraising community through times through improving the quality life of the elderly and supporting long-term care residents and workers.

Student-Senior Isolation Prevention Partnership (SSIPP): Adapting to stay connected during COVID-19

NATALIE PITCH, SUMANA NAIDU, LAUREN KANEE, LAUREN DIAMOND, GRACE HUANG, CATHERINE MENG, NITISH DHINGRA

> MD Class of 2023 University of Toronto

"STOP" | ELLIOTT LAKE

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Qamar Halat MSc Class of 2021 | McMaster University When the world first began to grapple with COVID-19, it quickly became clear that this virus was not just a threat to physical health. The social distancing measures put in place to fight the spread of the virus led to other serious consequences: social isolation and loneliness. Recognizing there was an opportunity to create an intervention to support older adults, a group of medical students at the University of Toronto Student-Senior established the Prevention Partnership Isolation (SSIPP) in January of 2019. This program initially recruited medical and undergraduate students to make at-home visits to older adults in the community. The goal of the program was to provide older adults isolated in their homes with companionship and support, in an effort to counteract the negative effects of social isolation and loneliness.

PROGRAM ADAPTATION AND EXPANSION

Social distancing measures adopted to tackle the spread of COVID-19 greatly impacted the implementation of SSIPP. In line with provincial protocols, volunteers were no longer able to make home visits to their older adult partners by mid-March of 2020, and there was a growing concern that social distancing and stay-at-home exacerbate orders would the experience of loneliness in the older adult population. The protocols for disproportionately self-isolation impacted older adults, whose previous forms of social connection occurred community centres. through recreational programs and places of worship (8). To help address this concern, the program model was swiftly adapted from in-person home visits to virtual visits facilitated through phone and video calls. While this transition was taking place, the number of older adults referred to SSIPP their healthcare bv professionals grew at such an increasing rate that the demand could not be met by the existing volunteer base. To bolster student volunteer recruitment, social media platforms such as Facebook and Twitter were used to promote SSIPP and highlight its potential to help older adults in need of social support. Fortunately, SSIPP was able to reach a wide network of health professional students who were eager to contribute to the program. This allowed for SSIPP's exponential

growth in a short period of time: the program expanded from 6 studentsenior pairs prior to the lockdown to over 100 pairs by the end of April 2020.

When the model first shifted its delivery, the SSIPP leadership team was concerned that virtual support would not have the same impact on participants as in-person visits. However, after 10 months of facilitating the program through virtual visits, older adult participants and volunteers alike have expressed their gratitude for the companionship facilitated by the virtual program. One of the older adult program participants shared the impact having a volunteer partner has had on his life, "He came into my life during a time I needed it the most. I don't have family around and often feel alone, but he has been the most incredible support and is always there for me to talk. I am so grateful for this experience, and I don't know how I'll ever repay him." His student volunteer partner felt equally as grateful, "I'm so glad I decided to get involved in this program! All of my grandparents passed away when I was quite young and I always felt like I missed having a connection with an elder. My partner and I grew really close to one another really quickly. We started off talking once a week, but now we talk almost every day! We even have plans to go visit the place where he grew up when the pandemic is over. I am so grateful to have this person in my life!"

After the successful implementation of SSIPP's new virtual model, the University of Toronto executive team realized the potential for other schools to use the program model and make a impact similar in their own communities. The executive team reached out to universities across Canada and within a few months, six medical schools joined the initiative and established their own local SSIPP chapters. To support this rapid expansion and standardize procedures across chapters, SSIPP also created a National Executive team and Board of Directors to oversee the six SSIPP chapters now operating nationwide.



Temerty Faculty of Medicine University of Toronto Chapter. of the program within their local chapter, which involves the recruitment, training, and supervision of over 150 active volunteers.

CURRENT STATUS

Currently, there are over 500 student volunteers across the six Canadian SSIPP chapters, operating in four provinces. In addition to the inaugural chapter at the University of Toronto, SSIPP has chapters at Western University, University of Ottawa, University of Manitoba, University of University Calgary, and of Saskatchewan. In September 2020, SSIPP was selected as one of six recipients of the 2020 CMA Joule COVID-19 innovation grant worth \$50.000. under the category "Population Health." SSIPP was the only student-led initiative in this category. This grant will allow SSIPP to further develop its programs and increase its positive impact on the geriatric population of Canada. Some of the grant money has already been used for anti-oppression, anti-ageism, mental health training for and executive and volunteer members. of the founding members, One Monisha Persaud said, "This funding will have an enormous impact on SSIPP, allowing the program to achieve significant geographic expansion, invest in strategic growth opportunities, and improve the quality of the SSIPP experience for both volunteers and older adults."

Several initiatives are currently underway to enhance the functioning and services delivered by SSIPP. For example, an evaluation committee composed of executive members from each chapter was recently established to formally assess what changes can be made to optimize program The student-led administration. committee will administer surveys to adult volunteers and older participants to generate data that can be used for a future quality improvement initiative. Further, SSIPP is currently recruiting older adults for participation in advisory groups. The goal of working with these groups is to obtain their feedback on ways SSIPP can better address the needs of older community. The adults in the facilitated with the discussions advisory groups will also shed light on any program accessibility barriers.

The SSIPP leadership team is dedicated to using this insight to eliminate these potential barriers, ensuring equitable access to the program.

CONCLUSION

While social isolation and loneliness were already prevalent in the older adult population prior to COVID-19, distancing social efforts have worsened the problem. The pandemic has highlighted the need for community-based organizations like SSIPP to rethink ways of engaging with older adults. SSIPP was able to quickly pivot from its original model and mobilize a large volunteer base to support older adults as they face the challenges of social isolation and loneliness. While older adults continue to limit their interactions during the pandemic, virtual visits facilitated by SSIPP will create opportunities for meaningful connection.

ACKNOWLEDGEMENT

We would like to sincerely thank SSIPP's co-founders and current National Board of Directors including Monisha Persaud, Geoffrey Sem and Victoria O'Driscoll, as well as the student volunteers. The immense impact SSIPP has had on the older adult population during COVID-19 would not be possible without their passion, work ethic, and dedication. We also want to thank Dr. Sabrina Akhtar for her ongoing support and Dr. Dominik Nowak for his revisions on this article.

Noteworthy Music Program: Ledside to Webside

NATALIE PITCH, REBECCA WANG, MATTHAEUS WARE, RACHEL LU, MAGGIE LI

MD Class of 2023 & 2026 University of Toronto

The Noteworthy Music Program (NMP) was launched in 2017 to bring the joy of music to hospitals in Toronto and the Greater Toronto Area. In the midst of the COVID-19 pandemic, the quality of music provided by this program has not changed, but the way in which it is delivered has. FEATURED ARTICLES

Before the COVID-19 pandemic, students from various undergraduate and graduate programs at the Toronto University of volunteered their time to bedside hold musical performances for patients, caregivers, and family members in hospital. The aim of this initiative was to alleviate feelings of loneliness and boost the overall morale of bedbound patients, the majority of whom were older adults. These live performances provided student volunteers the opportunity meaningful form to connections with older adult patients through a shared love of music.

Regular program delivery came to a halt in March of 2020 when implemented hospitals limited visitation from friends and family in an effort to mitigate the spread of COVID-19. Policies on visitation varied from hospital to hospital, with some allowing one visitor while others maintained a strict no-visitor policy. The experience of being in a hospital, due to either COVID-19 or other medical conditions, results in significant psychological distress (1). The presence of friends and family

can provide patients with emotional support and distraction during this stressful time. Without this, patients may be left vulnerable to battle their health problems alone. To address concerns over limited visitation, recommendations were made to patients support in-hospital in isolation during the pandemic (2). A key recommendation was to provide entertainment to patients through the adoption of technology. The rationale behind this is that entertainment can be used both as a distraction and a solution to boredom for patients during their hospital stay.

In line with this recommendation, the current co-directors of the NMP have transitioned the program to a virtual platform. Currently, volunteers in the program pre-record their musical performances on video and submit their recordings to the executive team at the end of each month. The co-directors then regularly upload these videos to NMP's virtual platforms. The performances include music from a wide range of genresfrom classical to Broadway to pop-to cater to a broad range of preferences. These videos often include a short from the performers, message including an introduction to the song and words of encouragement to the patients. Recreational therapists then

share these video performances with patients via a YouTube channel. This provides patients with the opportunity to enjoy the unique talents of students, with a 'live-music' feel.

NMP has not only provided the opportunity for students to connect with older adult patients, but also for students to connect with each other. Volunteers from the program have collaborated through virtual platforms to produce music pieces involving multiple instruments and vocalists. The new program model allows for more robust musical performances than before-now that volunteers are not restricted by instrument portability or scheduling conflicts.The volunteers have found it incredibly rewarding to leverage their musical talents to make a positive impact on the experience of older adult patients in hospital. One volunteer, a first-year medical student, shared with the executive "I've team. had a wonderful experience with the Noteworthy Music Program thus far! This has been an incredible opportunity to share my love for music with patients and also my peers through virtual collaboration. I think the transition to virtual performances has been very smooth and personally have had a lot of fun recording. With that being



Pre-pandemic: Rachel and Grace perform a violin duet at Credit Valley Hospital

Pre-pandemic: Neha and Rosa perform a duet at Mount Sinai Hospital



During the pandemic: Maya, Max, Julianah, and Nina collaborate virtually to record a performance together.

said, I can't wait to perform in person one day."

The feedback from healthcare providers has also highlighted the value of this program for delivering optimal care to patients. А recreational therapist who facilitates the program at Credit Valley Hospital (CVH) in Mississauga told the executive team, "The NMP has been helpful in caring for our geriatric patients at CVH. Listening to music and engaging with the musicians has brought them joy and comfort. Working together and collaborating with the volunteers from the NMP has also been successful in managing responsive behaviours. The COVID-19 pandemic has challenged us all to think of creative ways to continue to provide care and comfort to our patients. The NMP continued to provide support with the creation of their YouTube channel and transitioning virtual musical to programming.'

When musician volunteers were able to go into hospitals before the pandemic, patients would often make special requests for music pieces. Now, the program has developed an online form that allows patients to continue making these special requests. When patients are admitted to hospital, feelings of loneliness can be exacerbated as these individuals are disconnected from the people and things to which they attach meaning (3). Familiar music can connect patients back to their memories that bring them joy and provide them with a temporary escape.

While the COVID-19 pandemic has caused hospitals to place restrictions on visitation, efforts must be made to ensure the needs of patients are still met. Until student volunteers are allowed back into hospitals, NMP will continue to adapt and share the gift of music with older adult patients at a safe distance.



Natalie Pitch is a NMP volunteer musician. Rachel Lu, Rebecca Wang, Maggie Li, and Matthaeus Ware are the NMP co-directors for the 2020-2021 academic year. All authors are medical students from the University of Toronto's Temerty Faculty of Medicine.

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KHealth: A Student-Led Interprofessional Comunity Health Initiative, Services for Seniors

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MD Class of 2023 & 2026* Queen's University

INTRODUCTION TO KHEALTH

KHealth is currently the largest student-led interprofessional community health initiative in Kingston, Ontario. At KHealth, students from medicine, nursing, occupational therapy (OT), and physical therapy (PT) programs at Queen's University work together to improve the health and wellbeing of their local community. KHealth's initiatives aim to support older adults, disabled, vulnerable, and equity-seeking populations in Kingston and educate students through learning and volunteering.

KHealth's Community Cares Program (CCP) consists of two key initiatives: 1) Community Carts, where groceries and essential supplies are delivered to those in need, and 2) Community Calls, where weekly phone calls are made to community member participants to decrease isolation. KHealth's Interprofessional Community Health Program (ICHP) is a set of interactive online modules, speaker series, and a culminating case-competition designed to be carried out in interprofessional teams. The organization also hosts fundraisers and awareness campaigns to help the vulnerable members of the Kingston community though these other initiatives will not be a focus of this article.

All KHealth's programs have a focus on supporting older persons in the Kingston community. For instance, KHealth's ICHP program focuses on educating students about geriatric health, wellbeing, and available support. Just recently, ICHP's monthly talk series featured a discussion on how older adults are disproportionately affected by COVID-19 and the specific challenges they face. Community Carts and Community Calls have hundreds of logged deliveries and phone call hours to older adults.

"IF YOU EVER WONDER" Bernice Ho MD Class of 2023 | University of Toronto





ORIGIN OF KHEALTH AND ITS CALL TO ACTION DURING THE PANDEMIC

KHealth is an organization that was founded by Valera Castanov, and voted for and supported by Queen's medical class of 2022 as a class project. The original aim of KHealth was to establish a student-run clinic in Kingston supervised by physicians, nurses, social workers, PTs and OTs to provide support and vulnerable equity-seeking healthcare to and populations. With the help of Minnie Fu, Adam Gabara and numerous volunteers, the foundation of Kingston's largest interprofessional student-run health initiative was laid in 2018. The following year, a diverse, interprofessional executive team began running all KHealth's operations.

By March 2020, the WHO announced the global pandemic. Realizing the impact COVID-19 would have on the local Kingston community, and the unique and privileged position of KHealth as a conduit between the large body of interprofessional health students and the community, KHealth introduced several support programs to aid vulnerable and affected populations in the city.

As students, we felt inspired to support the Kingston community by providing services that would ease the burden of the pandemic. We recognized there was a need in the community as COVID-19 seemed to be disproportionately impacting older adults, both physically, mentally, and emotionally due to their isolation.

Since older adults were at higher risk, yet still needed to obtain groceries during COVID-19, we created *Community* Carts to minimize their risk while supporting their access to food. Our *Community* Carts *Program* connects older adults within the community with student volunteers who are able to purchase groceries on their behalf and deliver them to their homes with free, contactless delivery.

Another challenge we noticed in our community for older adults that was not being adequately addressed, especially at the beginning of the pandemic when their safety was being prioritized, was social isolation. In particular, the lockdown escalated their experience of isolation, and thus we began our Community Calls Program. Through this initiative our student volunteers connect weekly with a community member to provide social support and interaction over the phone.

These initiatives have provided Kingston community members the support they desperately needed to take care of their physical and mental health and wellness throughout the COVID-19 pandemic and have allowed KHealth volunteers to give back to their community, providing them a sense of meaning.

THE ABUNDANCE OF HELP OFFERED BY STUDENTS FOR OLDER ADULTS

In the early weeks of the pandemic, we received an abundance of Queen's Faculty of Health Science student volunteers - within one day we had 16 students sign up to help with Community Calls, Community Carts, or both. KHealth's Community Calls and Community Carts were quickly operational and fully rolled out to the public within 10 days of the original idea! The number of volunteers continued to grow to 28 by the time the program was released publicly and to date we have received over 100 volunteer sign ups. It is only with their help that we were able to start the services and kept them in operation. Volunteers are not compensated, though we would like to take this time to recognize them for their dedication and hard work.

COMMUNITY CARTS: A GROCERY DELIVERY PROGRAM

Even during lockdown, it is essential to get groceries. Student volunteers of KHealth's Community Carts, who were, on average, at a lower risk than elderly adults, volunteered to pick-up and do contactless groceries deliveries to older adults to minimize their risk of acquiring COVID-19. In addition to contactless deliveries of groceries, volunteers on occasion delivered Salvation Army food baskets and even completed laundry runs to help individuals in our community. Many times, the requests were very specific and on short notice, but our volunteers were always up for the challenge! Even as the operation gathered more participants from the community, mainly those who were older adults, we were also able to coordinate with social workers at the local hospital to connect with



participants being discharged who were vulnerable in their recovery. To date there have been 25 one-time deliveries and 8 weekly recurring deliveries for ongoing support of vulnerable individuals, making it 113 deliveries to date.

COMMUNITY CALLS: A PHONE CALL PROGRAM

Over the past 10 months, KHealth has been able to connect 28 community members with student volunteers, who have engaged in weekly phone calls, totaling 350, to provide social comfort. For the most part, we have an abundance of volunteers and can offer 1:1 pairings of volunteers to community members to allow the development of a professional bond to alleviate social isolation. When needed, we have also informed and directed these community members to other community resources including mental health resources, food services, shelters, and financial resources. Although student volunteers are not formally trained in crisis management and do not give medical advice, they are provided with a Crisis Response document to help in difficult situations by connecting the community members with appropriate and professional medical assistance.

HOLIDAY HAND SANITIZER FOR OASIS GROUP LIVING

As we approached the holiday season, KHealth recognized that the holidays would look very different than previous years. This could be particularly isolating for older adults in the Kingston community, who likely no longer live with their children and may not be able to 28 see their family due to rising COVID cases. KHealth was

able to connect with Oasis, a program aligned with KHealth's missions, providing older adults living independently in local apartment buildings with oversight to prevent social isolation, facilitate better nutrition, and promote physical fitness. KHealth was able to provide 70 bottles of hand sanitizer to promote hand hygiene and send holiday letters to members of Oasis. Additionally, we were able to direct members of the Oasis community to our Community Carts Program and Community Calls Program. KHealth saw 6 sign-ups to its services following the initiative, which corresponded to the second wave of the pandemic.

CLOSING REMARKS

At KHealth, we are dedicated to furthering our support of older adults in Kingston. We are constantly trying to reach more older adults who could benefit from our initiatives. Over time and as the impact of COVID-19 diminishes, we will continue our other communitybased initiatives and education. We are forever grateful for all the members of the KHealth team and volunteers who ensure these projects can continue being a success.

For more information, or to contact us, visit:

The authors (Kate Mamo, Jenn Campbell, Kiera Libik, Minnie Fu, Peter Lee, Valera Castanov, and corresponding author Meagan Wiederman) represent some of the executives of KHealth, a student-run Kingston health initiative. Castanov was the original founder of KHealth, which is now directed by Wiederman, who represents medicine, along with her 3 codirectors from each of nursing, occupational therapy, and physical therapy. Campbell was the original co-lead of the Community Cares Program, now continued by Mamo.

Home Care in Ontario

JENNY BICONG GE MPPA Class of 2021 Ryerson University

Home care services are vital to Ontario's healthcare system. Home care supports seniors who want to continue safely age in their own homes and communities. In 2016, Ontario provided over 6.5 million nursing visits and 27 million hours of personal support and home making services to more than 600,000 home care patients per year (Health Quality Ontario, 2016).

Demand for home care is driven not only by the needs of an aging population but also by advances in medical technology that now allow for more medical procedures to be conducted in a home setting (Grant and Church, 2015). Although home care is publicly-funded in Ontario, all frontline care has been outsourced to a variety of external organizations ranging from large for-profit companies to non-profit organizations.

Home care is an alternative to expensive acute care. Hospitals are constantly overcrowded and advocates for home care argue that this sector could reduce pressures on hospitals if funded adequately (Salvian, 2018). Not only do patients prefer home care, it's also less costly. A single day in the hospital costs \$450 compared to \$45 for home care (Grant and Church, 2015).

Home care has been criticized as lacking consistent care standards, being a hard-to-understand maze, and having a lack of transparency for patients and families. With demand increasing but funding lagging behind, government agencies have had to modify assessment criteria and reduce services and home care hours. Reliance is high on family members to engage in informal caregiving. Since home care is not designated as an essential health service under the Canada Health Act there is little agreement over what home care entails and who should be responsible for its payment (Grant and Church, 2015). Low levels of funding for home care causes home care providers to reduce the length of home visits to as little as 15 minutes in extreme cases (Salvian, 2018). Shorter visits don't allow staff to spend adequate time with patients, which may result in the progression of medical conditions without anyone noticing (Grant and Church, 2015).

A major issue in the home care sector is wages, which for personal support workers in home care are 18% lower compared to hospitals and 9% lower compared to long-term care homes. Rates set by contracts between government agencies and home care companies have not kept pace with inflation since 2010, which makes it difficult for employers to recruit staff to meet increasing demand for home care (Home Care Ontario, 2020).

The home care sector is vital to Ontario's healthcare system. Home care services allow an aging population to receive care at their homes, easing pressure from an already overburdened

hospital system and presents a lower cost alternative to hospitals or long-term care homes. The majority of patients prefer to receive care at home. However, funding for home care services has not kept pace with inflation for the past decade. This has resulted in fewer publicly-funded home care hours available, leaving families to rely on informal caregiving or, for those who can afford it, pay out of pocket for private home care services. Informal caregivers are burning out as home care patients are increasingly frail with multiple health conditions. Even for those who can afford to pay for hundreds of hours of home care services each year, a shortage of personal support workers who provide a bulk of home care services means there is fierce competition for caregivers.

Government policies should first address the lack of personal support workers. Currently, personal support workers are poorly paid, have little control over their work schedules and shuttle between patients for 15 minute appointments. Solutions that address the low pay and low autonomy characteristics of the personal support worker role can positively impact the entire home care system by attracting and retaining the caregivers that are central to the home care system.

Jenny Bicong Ge spent 3 years working at the Ontario Ministry of Health/Ministry of Long-Term Care, developing expertise in healthcare policy and programs. Jenny holds a Bachelor's degree in Biology, Honors Specialization in Genetics with a Minor in French Studies, from the University of Western Ontario in addition to an Honors Business Administration degree from Ivey Business School. She is currently a graduate student in the Masters of Arts in Public Policy and Administration (MPPA) program at Ryerson University. Jenny is passionate about health technology and has been an avid community volunteer since 2006.

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The Emergence of Global Population Ageing as a Horizontal Health Programme

JASMINE MAH MD Candidate Dalhousie University

There is on-going debate in the global health literature regarding the best way to approach and structure healthcare programmes. Healthcare systems can be organized "separately for one or a few specific diseases (vertically) or jointly for many diseases through general health care systems (horizontally)".(1) This commentary provides evidence to support a horizontal approach to caring for the health of ageing populations.

Population ageing is a relatively new player on the global health agenda.(2) Historically, ageing was not framed as a health issue; rather it was an integral part of other societal problems. Ageing first emerged in a 1948 "Declaration of Old Age Rights" draft by the United Nations (UN) to promote the Universal Declaration of Human Rights.(3) Ageing re-emerged at the 1982 World Assembly on Ageing, in recognition of "the serious economic and social implication of this phenomenon".(4) Global population ageing should have been part of the 1980s debates on primary health care as many of its tenants (the shift from curative to caring health models and the growing importance of health promotion and community participation) were particularly relevant to the needs of older adults.(3) But by prioritizing services for mothers and children instead, this movement echoed the lack of concern about ageing in global health discourses and further marginalized older adults in developing countries.(3) In the 1990s, ageing appeared once again in economic debates following bankruptcies of Latin American pension funds, the consequences of China's one child policy and the increasing social impacts in highincome countries.(3) From these historical roots, even before its recognition as a health issue, population ageing had already epitomized the horizontal approach by both affecting and being affected by multiple sectors.

Ageing has only begun to gain traction as a health issue in the past two decades. The 2002 Madrid International Plan of Action and Ageing spearheaded this framing with priority direction two: advancing health and wellbeing into old age.(5) Next, the World Organization (WHO) compartmentalization of older people under its Health of the Elderly Program and subsequently published "Active Ageing: A policy framework" and "Global strategy and action plan on ageing and health" (GSAP). (6,7) The principles of a horizontal approach are GSAP: to align health systems to the needs of older populations, to develop sustainable and equitable populations requires integrated, longitudinal and sustainable solutions, the importance of having these

(i.e. economic) agendas.

Moving forward, the health of ageing populations must continue to be framed as a horizontal health programme. Most countries face the prospect of "becoming old before becoming rich".(8) To illustrate, it took France 142 years to transition from 10% to 20% of the population being over the age of 60 years old. (8) In China, this transition is projected to take less than 25 years.(9) These global demographic changes are uncharted territory and will require a flexible approach to delivering health programmes across a variety of settings. Additionally, diseases of older adults are not limited to a single condition that can be treated in isolation. Non-communicable diseases (NCDs) cause 71% of all global deaths, with the burden of disease rising disproportional in LMICs.(10) Management of NCDs requires coordination across a variety of sectors from healthcare and social services to government officials who fund these services. NCDs are

strongly linked to preventable risk factors that are entrenched in underlying socio-economic environments. It would be outside of the scope of a vertical strategy to address the underlying determinants that cause NCDs and poor health in older age. The sheer number of people affected by NCDs on a global scale, and the magnitude of the interventions required to prevent, delay, or treat these chronic conditions requires pooling of inter-sectoral resources, coordination of action, and overall systems-wide approaches.

In short, the health of global aged populations, especially continuum of care rather than a traditional fix-it model.

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Ageing-in-Place: Importance, Benefits, and Challenges

NAVJOT GILL, DR. DENISE M. CONNELLY Ph.D Aging, Health and Wellbeing | University of Waterloo

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A majority of older people prefer to 'stay-put' in their own homes (1). This preference is referred to in the literature as 'ageing-in-place.' Ageing-in-place is defined as "the ability to live in one's own home and community safely, independently and comfortably regardless of age, income, or ability level" (2).

IMPORTANCE OF AGEING-IN-PLACE

Ageing-in-place is described as advantageous for older adults to maintain their sense of attachment or connection and promote feelings of security and familiarity for home and community (3). Moreover, ageing-in-place is related to caring relationships and roles (3), an older person's sense of identity, both independence and autonomy, and especially important in Western cultures where "dependency" is viewed negatively (4). Previous studies with older adults in Sweden described that home is a place of importance to them (5) and is an essential link to self-perceived health in 'old age' (2). The home is more than a symbol of quality of life at all ages (6). It can have specific benefits for one's physical health and psychological wellbeing (7). Ageing-in-place is a preference and a state of mind and

represents older individual empowerment (8). The term 'place' can be described through various dimensions with associated importance: a physical dimension that can be seen and touched like the built home or neighbourhood; a social dimension comprised of relationships with people and connections with others; an emotional and psychological dimension related to a sense of belonging and attachment; and a cultural dimension representative of older people's values, beliefs, and ethnicity (9). Thus, the home is not just a physical space or setting of residence. The home manifests meaningful life events and social identity for an older person, even when they become chronically ill or disabled (9). Gitlin (10) stated that the home reflects an extension of the self, individualization, enabling preservation of the self's integrity and promoting a sense of personhood. Older adults identify home with comfort and familiarity (3).

BENEFITS OF AGEING-IN-PLACE

Research conducted by Sixsmith and Sixsmith (4) explored the meaning and experience of 'home' and ageing-in-place for older people, many of whom faced the challenge of increasing frailty while living alone. The findings highlighted three things older adults valued about ageing-in-place. 1) The home provided them with control over their privacy and helped maintain their sense of identity. 2) The home was a safe space and a place to be with family, friends, and neighbours to maintain their social connections. 3) The home could be adapted, and where caregivers could come to them to provide help and support for independent living (4).

Home has an emotional connection and provides the individual with a sense of purpose in life (11). It is the home and the community, which plays a vital role in wellbeing (12). The community provides a social connection, which is a crucial element for a high quality of life. Participants in a study by Horner and Boldy (8) revealed that meaningful social connections and involvement in social activities were essential for them. Along with the social environment, ageing-in-place provides financial independence, with homeownership serving as a mechanism for saving with ageing (13), also described as 'income-poor but housing-rich' (14). Furthermore, homeownership may be a status of social standing. Research suggests that homeownership is an important variable influencing individual health (15), especially for older adults (16). Ageing-in-place is not only a preference or goal of older adults but also benefits society, policymakers

and the health care systems for reducing social and health care costs. The world population is ageing at a rapid rate. As per the World Health Organization (17), the number of people aged 60 years and older as a proportion of the global population will double from 11% in 2006 to 22% in 2050. According to the United Nations, the global average life expectancy is 72.6 years (18). Today's global average for life expectancy is higher than any country in comparison to 1950 (18). Increased life expectancy leads to an increasingly aged population, which places a demand for health and welfare services inherently with an age-associated rise in morbidity and disability with extreme old age. Hence, ageingin-place is seen as a beneficial approach to support the shift in demographics, i.e., ageing population and reducing the healthcare system burden.

CHALLENGES FOR AGEING-IN-PLACE

Although a desire of many older adults, ageing-inplace requires personal, financial and social resources to afford or put-in-place the services needed for an older adult to remain at home. Horner and Boldy (8) identified that some older adults tried to cope at home for too long so that when they moved to institutionalized care, they needed a higher level of care than if they had moved earlier, resulting in physical and mental exhaustion for both the older adult and the caretaker (8).

While signifying 'rootedness' and a sense of security, ageing-in-place also implies rigidity, which can be harmful in the long run. As per Fokemma et al. (19), as individuals grow older, they may be grounded by their residence area or feel trapped by it. Lawton (20) expands upon the concept of 'feeling trapped,' stating that an older adult may feel the effects of living in an "impoverished" area more than their younger counterparts, secondary to increased sensitivity or vulnerability. Steps and stairs within. the home environment may become barriers to moving through the whole house, pose physical risks for falls, and lead to social isolation (4). Friends and relatives of similar age with similar functional limitations may not be able to navigate these barriers and be unable to visit (4). Frailty, loss of energy, decreased functional ability, and health problems have the potential to transform 'home' into a place of social exclusion, isolation, fear and vulnerability (4). Older adults may not want to adapt to their home if it signifies their frailty; for example, shower bars may be seen as a "symbol of disability" (4). Further, a home's privacy may enable the older adult to hide their growing frailty and vulnerabilities (4). The disproportionate effects of the pandemic on long-term care homes, a

vulnerable sector of society, may have limited available services and opportunities for care needed by older adults struggling to live well and safely in their homes. It would be beneficial for future studies to explore how the ongoing pandemic has shaped older adults' views regarding ageing-inplace.

In conclusion, ageing-in-place is an important concept that has advantages for older adults, society and the healthcare systems, especially with the unprecedented increase in the ageing population. However, one must consider the challenges associated with ageing-in-place and understand that it may not be a goal of every older adult. As a care partner, family member, or healthcare provider of an older adult, both the benefits and challenges of ageing-in-place must be considered to optimize the quality of life and a person-centred approach to care and support for an older individual.

Navjot Gill is a doctoral student in the Aging. Health and Wellbeing program at the School of Public Health and Health Systems, University of Waterloo. She is a physiotherapist by training. Her research interests are health-seeking behaviour of older adults, ageing-in-place, home care and the use of community support services by older adults.

Dr. Denise Connelly is an Associate Professor in the School of Physical Therapy, Faculty of Health Sciences at Western University. Her research aims to understand the role and effects of exercise or physical activity participation in older adults' lives and self-care activities living with a chronic health condition. The implications of her research are to promote uptake and adherence to participation in physical activity or exercise for health and wellbeing. Dr. Connelly has supervised 13 graduate students to completion and published over 35 peer-reviewed papers.

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These paintings were created by residents of Devonshire Care Centre, a long-term care (LTC) centre in Edmonton, AB as part of an art therapy program initiated by SAM (Senior's Advocacy Movement). The art therapy program was initiated at the beginning of the pandemic in early 2020 and was implemented as a way for seniors in LTC as an outlet to express how COVID-19 has impacted them. The paintings are on display at a popular shopping centre in Edmonton (Southgate Centre) in order to bring awareness to the public of how the pandemic has disproportionally affected the elderly, particularly those living in LTC. SAM is a student group initiative created by Danielle Portnoy, MD Candidate 2022 from University of Alberta.



Telemedicine is Here to Stay: Switching from Reactive to Proactive Virtual Care

MAIRA N. KHAN, KELLY S.Y. CHEUNG, MOHAD NASIR, COLIN WHALEY* BSc Class of 2023 | University of Waterloo MD Class of 2023 | McMaster University*

l elehealth services, healthcare provided when patients and providers are separated by a distance, have seen a drastic increase in use by older adults in Canada during the COVID-19 pandemic (1). In 2019, only 10% of Canadians aged 50 and over had a telehealth appointment between May and July of 2020 (2,3). There are many benefits to telemedicine, including a decrease in patient and provider costs, a decrease in wait times for specialists, and an improvement in care transitions from assisted living facilities (4). Telehealth also has the potential to mitigate various barriers to accessing healthcare, including mobility challenges and the proximity of patients to care settings (5). Due to the positive impact telemedicine has on patient care, it should continue to be utilized after the pandemic. However, ensuring that telehealth appointments provide the highest standard of evidence-based care will require a shift in thinking from being "reactive" in response to the COVID-19 pandemic, to being "proactive" in addressing concerns around care modality, technology literacy, and equity.

Telehealth appointments can be delivered through a variety of modalities, including telephone and video call-based visits. While video-based appointments have shown to be most clinically useful, 93% of telehealth appointments for Canadians over 50 have been audio-only during the pandemic (3,6). Moving forward, increasing the use and uptake of video-based appointments should be prioritized. One strategy to promote video appointments involves ensuring access to high quality broadband internet service among patients, as previous trials using lower bandwidth 3G mobile networks for telehealth failed almost a quarter of the time (7). Having an internet connection that can support high quality audio and video transmission also increases patient comfort, which was shown to increase the effectiveness of telehealth sessions and to improve the quality of care (7).

Technology literacy, the capacity to access, use, manage and understand technology, presents another area of concern for telehealth care provision to older adults (8). Feelings of inadequacy towards the ability to use and navigate technology can stem from a lack of knowledge and being overwhelmed by the complexity of technology (9). In order to effectively use telehealth with older adults, it is necessary to provide custom training for the new technology along with clear instructions on troubleshooting (7). Creating IT support services that can be accessed easily (e.g. via phone, home-visits) and are dedicated to patients receiving telehealth appointments could help them feel more supported.

Lastly, the greatest challenge facing widespread telehealth adoption is inequitable access to care. In the United States, a 2018 study found that 38% of older adults, or 13 million, receiving telehealth care reported feeling unready to access telehealth services, and a disproportionate number were people with physical disabilities, including visual and hearing impairments (10). Older adults living with age-associated diseases may also have difficulty accessing telehealth appointments due to challenges with fine motor skills, nd cognitive impairments (11,12). Finally older adults with a lower socioeconomic status can also have issues with affording technology, particularly the devices commonly used to facilitate telehealth appointments (13). Lower quality telemedicine can further exacerbate existing health issues for older adults with these disadvantages.

Despite the uptake in telehealth appointments in response to the COVID-19 pandemic, there are many aspects of telehealth care that provide potential opportunities for proactive improvement and could ultimately advance the use and equity of this emerging form of healthcare. Telemedicine must be seen as an opportunity to reduce barriers to accessing care for those who need it most. Creating policies and community-wide initiatives to address care modalities, technology literacy, and inequitable access to care will improve the delivery of telemedicine post-pandemic and consequently, the health of older adults.

Maira, Kelly, Mohad, and Colin volunteered to help older adults with technology literacy and noticed a drastic increase in telemedicine during the COVID-19 pandemic. This motivated them to investigate the benefits and limitations of virtual care. Their research interests include care provision for older adults and using health informatics to improve health outcomes.



The Importance of Conversing with Older Adults – Especially During a Pandemic

JIM TC CHEN

MD Class of 2023 University of Toronto

While many of my peers in medical school had wanted to pursue medicine for as long as they can remember, I only fell in love with medicine a few years ago. It happened when I was volunteering at Baycrest Hospital as a "Client Experience Surveyor" during my undergraduate studies. My job was relatively straightforward – visit older adults in wards, ask for their informed consent to answer a quality improvement survey, and proceed to go through the 10-minute survey with consenting patients. It didn't take long for me to fall in love with the job – not because of the mundane survey, but because of the opportunity it provided me to start a conversation.

My visits with some of the patients would end up taking 1-2 hours instead of 10 minutes, because in between survey questions we would be talking about their life experiences, previous careers, pets, hobbies, and how I should definitely watch Gone with the Wind. It was clear that for many older adults, these conversations were therapeutic amidst an oftenlonely hospital experience, especially for those with an extended stay. Multiple patients would ask me to return in the subsequent weeks just for conversation, and those conversations would always be filled with laughter, joy, and valuable lessons. Their insight, positivity, and resilience seeded a deep interest in the lives of the patients I meet, and continue to drive me forward on a daily basis. Fast forward to March 2020; loneliness among older adults has only been exacerbated by the current pandemic. With this in mind, I took up the opportunity to volunteer with the Student Senior Isolation Prevention Partnership, a student-run initiative to connect students in health profession programs with older adults in the community for weekly phone calls. In this role I encountered many older adults finding creative ways to stay engaged and active while stuck at home, becoming experts at FaceTime to see their family and trying out workout videos on YouTube. On the other hand, I have also encountered older adults who have found it extremely difficult to adapt to the new restrictions and are lonelier than ever. Building a relationship at a time like this, even if it is only through weekly phone calls, can be tremendously rewarding and meaningful for both the older adult and the volunteer. I've continued to enjoy long conversations during these calls that bring me just as much joy as my valuable time at Baycrest, and have encountered a lot of enthusiasm from older adults who tell me they look forward to the weekly call.

The pandemic has changed much of how we live and interact, but phone calls with older adults remain very feasible and more important than ever. Companionship and conversation is good medicine; an extremely effective and rewarding one, no less.

> Jim TC Chen is a second-year medical student and a Senior Executive of the Geriatrics Interest Group at the University of Toronto.

The Power of Home Palliative Care

LAUREN SHERIFF MD Class of 2021 University of Ottawa

Before the world was forever changed by the pandemic, my Family Medicine preceptor invited me on a home care visit for a patient with a recent palliative diagnosis of metastatic cancer. At this point in my clerkship year of medical school I had yet to participate in a home care visit. I had many questions running through my mind: What is the structure of a home care visit? What are the patient's and family's expectations of the physician? Fortunately, by the end of the encounter I was able to come away with a deeper appreciation for what compassionate end-of-life home care entails.

Upon arrival to our patient's home, I introduced myself to the patient's family members, and was escorted along with my preceptor to her bedroom where our visit began. I listened attentively as our patient spoke about her symptoms: pain, dyspnea, lack of appetite, constipation. My preceptor and I performed a physical examination, afterwards we reviewed our patient's medications and looked for changes to make to improve symptom management. We discussed the need to arrange for a referral to tailored palliative home care services. But what we spent most of our time discussing with our patient were her desires for how she wished to be cared for at the end of life. She wished to be at home, surrounded by her family and loved ones, feeling safe and comfortable. As I looked around our patient's home, I took the time to notice the framed photographs, paintings, and other decorations surrounding her. It struck me that we, as healthcare providers, have an immense privilege to be invited into one's home and play a role in caring for patients in their most vulnerable state.

As our visit reached its conclusion, my preceptor and I began to gather our belongings to prepare for our exit, but it was evident that our patient and her family were reluctant for us to leave. It was clear that this appointment truly had an impact on the family's morale and spirit during this difficult time. Reflecting on this encounter, I have a much stronger appreciation for the power of home care to bring comfort to a patient and their caregivers during tragic circumstances. I experienced how home care visits with patients feel much more personal than treating patients in the hospital or clinic, and the important role they hold in the field of palliative care and geriatrics. In light of the pandemic, the landscape of medicine has transitioned to increased virtual care in the place of face-to-face interactions to protect public health. It is my hope that targeted home care visits continue to occur with appropriate safety measures, so that patients receive the care they need, and medical trainees can experience this unique and educational aspect of caring for older adults.

Laura is a fourth-year medical student at the University of Ottawa. She is interested in medical education and working within interdisciplinary healthcare teams to care for older adults.



A Simple Gesture

LAURA FALLICO MD Class of 2022 McMaster University

A frown shadows the day "Wild she is" they say Sleep far away Nothing can stop her Alone, cold, afraid Her heartbeat wares on Her self all but gone She shivers and shakes With such disgust it aches

No one to wash the sores from her feet No one to change the soiled linen left on her seat No one to sing her favourite old song Nothing to do, she cries "this is wrong"

> There are people all about Tending to things that don't count They can't see what really pains Not the bruise from her fall It's the agony in her brain

Zoom out the lens Take a different view Try to be creative You will think of something new

What about a warm blanket they say A cup of hot tea for this frigid day Hershey kisses to add to the bowl And kind words spoken from caring souls

Her delicate shell recovers from the toll As these simple gestures gently console No need to sedate, the fear abates The smile returns as her self awakes Laura is a second year medical student at McMaster University. She is passionate about promoting the field of geriatrics amongst medical students and reducing the burden of social isolation in older adults. She was co-chair of the McMaster Geriatric Interest group from 2019-2020 and is a logistics coordinator for the McMaster Phone-a-Friend Program.

A Good Death

FATIMAH MAZHAR MD Class of 2022 McMaster University

I remember my first death.

Her son had come running, asking for help. My preceptor sent me. I was just a student, I had to learn. Pale, sunken lids, the shiny scalp of a cancer

patient. I tried to find a pulse; her hand was cold.

I would later know it's different, the cold from dying and the cold from death.

I remember calling the nurse. She told him; hearing is the last to go.

Tell her you love her. Tell her goodbye. Wish her a good journey. Give her a good death.

I had many more deaths between then and now, they fade into each other.

But I remember her death. Eileen. It was a good death.

She was dying for almost a month. Her body saying goodbye to itself.

Her family loved me because she always took a bite when I fed her. She never ate otherwise.

They came everyday when they could. They held her hand. They kissed her forehead.

The PSW called me that night. No longer a student, I was the nurse. I was in charge. I pulled out my stethoscope, dusty and ignored. This was a home; we don't use stethoscopes.

I heard a breath. "She's still here." I heard another. Slower. I did not hear anymore. We called her family.

They told her they loved her. Hearing is the last to go. They shrouded her in the flag of her home, and men in suits took her away. A good death.

But Betty,

Betty did not have a good death. Her family could not be there. Masks obscured kisses, even smiles were hidden behind surgical blue. Confusion painted her delirium — crying out for the family she thought had left her. Empty hands grasping for a loving hold. Shivering for a hug to drape her frail shoulders. Lonely, and alone.

I wish I could go back to a good death.

I remember the aversion to the cold hand I felt.

How that aversion turned to compassion. How that compassion turned to humanity

Yet, we are brought back to that aversion once more.

The cold of disease is colder than death. Fear leads ahead of compassion, and compassion is layered under PPE.

Oh Betty,

I wish I could doff my gown and mask and hold your dying hand. Breathe warmth once more into the cold of death. And let your family know, The hearing is the last to go. Tell her you love her. Tell her goodbye. Wish her a good journey. Give her a good death.

Fatima Mazhar is a first year student at the Michael G. DeGroote School of Medicine. Her previous career was as a Registered Nurse in various community Long Term Care homes and Complex Continuing Care Units. She is a passionate advocate for palliative care in geriatric populations. She hopes to use her poetry to give a voice to the traumas faced by families through the course of the pandemic, by both the loss of a good death and the inability to grieve effectively.



fishbowl LTC

LAUREN CHAN MD Class of 2022 Western University

frail yet resilient, apart but not foresaken. a lonely community in transparent isolation, longing to be reunited.

> Lauren Chan is a second year medical student at Western University and has been an executive member of Schulich's Geriatrics Interest Group for the past two years. She has a strong interest in primary and geriatric care, and was grateful for the opportunity to combine her passion for geriatric medicine and art for this piece.

Not Even for Goodbyes

LINDSAY IRONSIDE

MD Class of 2023 University of Saskatchewan

Dementia tried to take my mom away. Now her memory of me is a blur. I wish I could see her each and every day. All I think about is how much I miss her.

I stand at her window trying to see. An understaffed care team works day and night. Did she eat enough? Get dressed? Does she need me? I can only pray she will be alright.

Nevertheless, the worst was yet to bloom. How the virus got into the home is unknown. It spreads like wild fire from room-to-room. My initial fears have become full grown.

Feeling powerless tears roll from my eyes. No visitors allowed, not even for goodbyes.

> Lindsay Ironside is passionate about patient advocacy and working with vulnerable populations. She developed an interest in geriatric medicine after completing a research project on long term care homes and looks forward to her future opportunities to work with older adults.

Stolen Goodbyes

SHAUNA JOSE MD Class of 2022 McMaster University

PPI 30%, patient is weak and tired. Another day, another new symptom to manage. What are your wishes for how we can treat you?

> To see my family, to say my goodbyes. Sorry, that isn't allowed right now. how is your shortness of breath today? It's fine.

Another day, PPI 20%, patient is mainly in bed. How are you feeling today, what are your wishes?

> To see my family, to say my goodbyes. Sorry, that isn't allowed right now. how have your secretions been? It's fine.

Another day PPI 10%, patient hardly responsive. Hi there, how can I make you feel more comfortable? See family, a quiet whisper. Sorry, that isn't allowed right now. you look quite comfortable, how about you get some rest.

> Another day, Time of death, 1430. Patient died in his room. No one by his side. Goodbye.

"GOLDEN" Bernice Ho MD Class of 2023 | University of Toronto

Shauna Jose is a 2nd year medical student at McMaster University interested in Emergency and Family Medicine. She enjoys working with elderly patients and loves listening to their stories to understand who they are outside of their diagnosis. She recently did an elective in Palliative care where she realized the difficulties dying patients are facing during the pandemic when trying to have their final wishes honoured. She wrote this while reflecting on the overwhelming helplessness and loss she saw among patients and their families.



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