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Assessing the Impact of an Undergraduate Medical Student Volunteer Hospital Program: Active Mind Active Body

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ABSTRACT

Background: Active Mind Active Body (AMAB) is a novel student-led program designed to lessen cognitive and physical isolation in hospitalized patients by facilitating social and physical activities. It offers preclinical undergraduate medical students (UMS), who often have limited clinical exposure, structured encounters while engaging patients socially, cognitively and physically. The aim of this study was to evaluate AMAB patient encounters and assess the experience of participating UMS.

Methods: Using convergent mixed methods, data were collected from the following sources: anonymized patient encounter records quantifying participating patients and types of activities, a postshift volunteer feedback form and a program evaluation survey. Data were analyzed using descriptive statistics and thematic analysis.

Results: A total of 424 encounters with 220 patients were completed from July 2021 to August 2023. Nearly all (98%) encounters included socialization, and many included cognitive activities (27%) or physical activity (22%). Thirty-four UMS (56%, 34/61) completed the study survey. Most UMS perceived AMAB as valuable for patients (94%) and meaningful for UMS (88%). UMS (67%) reported exposure to different medical specialties and (74%) felt their involvement would impact how they engage with patients. UMS indicated improvement in communication skills, interprofessional collaboration and relationship building. Opportunities for program improvement included diversifying activities and implementing peer-to-peer mentoring.

Conclusion: The AMAB program provides impactful clinical education for UMS in communication and interprofessional collaboration. UMS also reported perceived benefit on patient mobility and social connectedness. This offers a replicable and low-cost model that can be adapted to other medical education programs.

1 | Introduction

The Canadian healthcare system is under increasing strain due to aging populations, rising patient complexity, staffing shortages and limited resources to support mobility and cognitive stimulation during hospitalization [1–6]. The COVID-19 pandemic further exacerbated these challenges by restricting visitation and reducing opportunities for socialization and mobility-promoting activities, which may contribute to patient deconditioning and longer hospital stay due to increased rehabilitation needs [7–9].

Many health care providers (HCPs) and medical learners are keen to help these patients. However, preclerkship undergraduate medical students (UMS) often have few opportunities to interact with hospitalized patients due to a focus on didactic teaching in early training years [10, 11]. Developing a broader understanding of patient care, including patients' functional

Kareena Nanda and Jaslyn Rasmuson indicate co-first authorship.

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status and psychosocial context, may enhance learner empathy, support collaboration with HCPs and improve patient-centred care [12–14]. Early clinical exposure may also improve understanding of different medical disciplines (e.g., internal medicine, geriatric medicine and rehabilitation medicine), as well as interprofessional collaboration, described as comprehensive patient care between healthcare professionals such as nurses, physicians, physiotherapists and occupational therapists [13].

Hospital-based volunteer programs have traditionally focused on social companionship, with few integrating social, cognitive and physical engagement [15–17]. Programs incorporating UMS are limited and infrequently evaluated. This study addresses this gap by evaluating a UMS-led volunteer initiative, the Active Mind Active Body (AMAB) program, which aims to integrate social, cognitive and physical activity-based patient engagement. The research question was: '*What is the impact of the Active Mind Active Body program on participating undergraduate medical students, including perceived educational value and skill development?*' Secondary objectives were to evaluate program outputs, patient encounters and identify areas for program improvement.

2 | Methods

2.1 | Program Objectives

The AMAB program supports adult patients through social, cognitive and physical activities that aim to reduce loneliness and mitigate cognitive and physical decline. It also provides UMS exposure to patient care across a range of specialties, including geriatric medicine, internal medicine, rehabilitation medicine, psychiatry and general practice while promoting collaborative care and offering opportunities to practice communication skills.

2.2 | Setting

AMAB began in July 2021 in Edmonton, Alberta, Canada at the Royal Alexandra Hospital (RAH), an urban inner city tertiary care hospital, by the Chief of Medicine and 2 UMS. The RAH houses ~380 Department of Medicine beds, of which five medical units (one geriatrics/stroke unit and four general internal medicine units) participated in the program. In 2022, AMAB expanded to include the Glenrose Rehabilitation Hospital (GRH), where patients on stroke and traumatic brain injury wards were referred. Both hospitals are regulated by the provincial health organization, Alberta Health Services.

2.3 | Program Recruitment and Operation

AMAB partnered with the Students in Service (SIS) program at the University of Alberta, which requires first-year UMS to complete 18–20 elective hours for a partnered agency. Preclerkship UMS were also recruited through email and student groups on Facebook. UMS completed a mandatory 2-h in-person orientation. UMS volunteered approximately weekly over ~6 months, with optional continuation. A UMS leadership team managed operations under the supervision of the program medical lead and hospital physician leads.

2.4 | Program Costs

Establishing AMAB required minimal upfront cost. Supplies such as stationery, playing cards, and art supplies were initially donated by AMAB's medical lead. A small stipend provided by the Faculty of Medicine and Dentistry was later used to replenish supplies.

2.5 | Patient Referrals and Encounters

Patients were referred to the program by nurses, unit clerks, physiotherapists, occupational therapists and physicians using paper-based referral forms located on the unit (Appendix 1). Referrals are the process of recommending patients to participate in AMAB, while an encounter describes an UMS visit to a patient. A successful encounter is defined as the patient participating in a social or physical activity with an UMS, whereas an unsuccessful encounter is defined as a visit where no activity was completed. UMS visited referred patients up to three times a week (including weekends) and documented the encounter on the back of the referral form, ensuring the information was accessible to other unit HCPs for continuity of care. Over a 2-h shift, UMS aimed to work with two to three different patients for approximately 30–40 min per patient. For the first two shifts, two UMS visited patients together to become familiarized with the program or were 'buddied up' with previous year's AMAB volunteers. None of the UMS patient encounters were directly supervised by unit HCPs. There were standardized manuals (which contained instructions and activity sheets) for volunteers to carry to each encounter. Recommended activities include cognitive exercises (e.g., conversations, storytelling, crafting or games) and physical exercises (bed and chair exercises or walking if appropriate). Activities could be suggested by unit staff or the patient themselves. Patients are discharged from the program upon hospital discharge or transfer to a non-AMAB unit.

2.6 | Evaluation Instruments

Each encounter was documented on referral forms that recorded referral dates, unit number, number of successful and unsuccessful encounters and type of activities conducted. To assess the UMS experience, prospective data were collected from a 'postvolunteer shift' Google form completed by UMS at the end of each shift which inquired how many patients they were able to see, the activities performed, and any feedback they had. Retrospective data were collected from an anonymous survey designed for this study that was sent to all UMS volunteers as a Google form at the end of the 2-year period of study. This voluntary survey assessed UMS satisfaction with the program, adequacy of the training provided, skills gained in the program and areas for improvement (Appendix 2). Informed consent was obtained from all participants in the survey. UMS were contacted by team member J.L. through

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email, with four reminder emails sent every 2–3 weeks between 13 November 2023 and 31 January 2024. A gift card of $10 was provided as an incentive for the completion of the survey.

2.7 | Data Collection and Analysis

Ethical waiver was granted by the University of Alberta Health Research Ethics Board (Pro00135016), and a clinical trial number was not applicable. During study evaluation, the referral forms were de-identified by the program medical leader (W.S.) and stored in a binder in a locked cabinet in a locked office. Survey data were saved in a password protected file in a password protected computer for review and analysis. The anonymized data were analyzed using Microsoft Excel through descriptive statistics.

2.8 | Thematic Analysis

Thematic analysis was conducted using a team-based approach informed by Braun and Clarke and supported by structured codebook development as noted by Saunders et al. [18, 19]. Two reviewers (K.N. and J.R.) independently read the textual data collected from prospective and retrospective forms and developed initial codes inductively (Tables S1–3). Codes were discussed, organized into a shared codebook and grouped into themes through an iterative process. Themes were refined through regular team discussions, and any differences in coding were resolved by consensus. A third reviewer (P.M.) reviewed the codebook, coded data and themes to provide an independent perspective and strengthen the credibility of the findings. Analysis continued until no new themes were identified across the dataset. This approach reflects a practical thematic analysis methodology, combining structured team-based coding with iterative thematic development to ensure a systematic and transparent analysis [19].

Reflexivity was considered throughout the research process. As undergraduate medical students involved in the AMAB program, K.N. and J.R. recognized that their experiences could influence data interpretation. Rather than attempting to eliminate this influence, the team recognized their insider positioning as both a strength and a potential source of interpretive bias. Regular discussions were used to reflect on assumptions and consider alternative interpretations. Review by a third investigator (P.M.), who was not involved in the program, helped provide an external perspective during theme development.

3 | Results

3.1 | Program Metrics

During the 2-year period of study, 61 UMS participated in AMAB. There were minimal costs associated with the program and a small stipend from the Faculty of Medicine and Dentistry was used for stationary, games and art supplies. A total of 299 patients were referred to the program, as described in Table 1 and outlined in Appendix 3. Of the referred patients, 220 (58%) had at least one successful encounter with UMS, with socialization being the most common activity, followed by bed/chair exercises (Table 1). 40% of patients had more than one successful encounter. There was a total of 915 total encounters with 424 successful encounters.

Sixty-one UMS volunteered a total of 1124 h during 562 shifts for AMAB (Table 1). Despite the faculty requirement of 18–20 h, 48% of UMS volunteered more than 20 h. During 23% of shifts, UMS engaged with more than three patients. For 49% of completed shifts, UMS reported spending greater than 30 min with each patient.

3.2 | Program Evaluation

3.2.1 | Retrospective Survey Results

Thirty-four UMS (56%, 34/61) completed the survey (Table 2). Half of respondents were in their first year of medical school, and the majority had volunteered a total of two 4-month semesters. Most respondents did not have prior clinical experience and were interested in medical specialties related to the AMAB program, including internal medicine, geriatrics, rehabilitation, psychiatry or general practice.

Survey responses are shown in Figure 1. Nearly all UMS (94%) enjoyed the program and believed their participation provided value to patients. Additionally, 88% felt their involvement was valuable for their own development. The program successfully exposed UMS to various medical specialties, with 69% acknowledging this exposure. Moreover, 74% of UMS indicated the program had changed the way they would engage with patients in the future. Furthermore, 79% of participants reported the program allowed self-reflection about how they would want to practice medicine. UMS also mentioned appreciation of interprofessional exposure, with 75% agreeing that they gained insight from professionals in various healthcare disciplines.

> “*UMS also mentioned appreciation of interprofessional exposure, with 75% agreeing that they gained insight from professionals in various healthcare disciplines.*”

3.2.2 | Thematic Analysis Results

Thematic analysis of prospective and retrospective UMS feedback identified three themes related to program impact: ‘impact on volunteers,’ ‘perceived impact on patients,’ and ‘reciprocal impact’ (Tables 3 and 4).

The impact on volunteers theme included clinical exposure, professional development and personal growth. UMS noted that patient encounters enhanced their clinical skills for future placements, with one UMS stating the experience provided ‘*valuable clinical experience… that proved useful in clerkship*.’ Networking through collaboration was also a significant theme, as noted by one UMS who appreciated the chance to ‘build relationships with colleagues, mentors and healthcare professionals.’ Personal development was reflected

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TABLE 1 | Active mind active body program input, process and outputs over 2 years.

Program	July 2021–August 2023	
Inputs		
Donations	*Pilot start up donations for activities (stationery, playing cards, and art and craft supplies,* etc.*) received from lead physician*	
Medical student cohorts hospital units	*Undergraduate medical students from the University of Alberta in all 4 years, with most participants being in their first year of medical studies.* *5 medicine units in a tertiary care hospital.* *1 stroke unit and 1 traumatic brain injury unit in a rehabilitation hospital.*	
Hours of operation	*Tuesday 3:30–5:30 PM* *Thursday 3:30–5:30 PM* *Saturday 10:00 AM–12:00 PM*	
Staffing	*Unit staff including physicians, nursing, physiotherapists, occupational therapists, speech language pathologists, dietitians, and unit clerks referred suitable patients to the program.* *Undergraduate medical student leads coordinated volunteer logistics and liaised between unit staff and volunteers.* *Physician leads oversaw the program and led orientation and educational events for volunteers.*	
Process		
Activities	*2 player games (cards, board games, assistance with crosswords and word searches)* *Current events (newspaper, calendar)* *General socialization and engagement (conversation, storytelling)* *Bed/chair exercises* *Walking (on or off unit)* *Wheelchair off unit (to garden, coffee shop, atrium, etc.)* *Self-care (combing hair, cleaning glasses, buttoning shirt/jacket)*	
Referral and recruitment pathways	*1. Undergraduate medical students are recruited through faculty programming and trained during an on-site orientation.* *2. Patients are referred by unit staff through paper referral binders located on participating units.* *3. Participating undergraduate medical students visit referred patients and offer engagement in planned activities. Each encounter is logged on the referral sheet corresponding to that patient.*	
Program monitoring	*Participating undergraduate medical students are asked to complete a feedback survey at the end of every shift. A summative feedback survey for the two-year period of study was also sent to undergraduate medical students.*	
Outputs		
Patients	*299 patients were referred to the program* *220 patients had at least 1 successful encounter with an undergraduate medical student*	*915 encounters were attempted* *60% had 1 successful encounter with the program* *21% had 2 successful encounters with the program* *8% had 3 successful encounters with the program* *11% had > 3 successful encounters with the program*

(Continues)

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TABLE 1 | (Continued)

Program	July 2021–August 2023	
Inputs		
Volunteers	*61 undergraduate medical students* *1124 h volunteered*	*52% volunteered < 20 h* *41% volunteered 20–30 h* *7% volunteered > 30 h*
Patients with successful encounters per 2-h shift	*1 patient in 20.1% of shifts* *2 patients in 30.8% of shifts* *3 patients in 25.1% of shifts* *> 3 patients in 23.1% of shifts*	*21.6% of shifts averaged < 20 min per patient* *29.4% of shifts averaged 20–30 min per patient* *49.0% of shifts averaged > 30 min per patient*
Activities performed during successful encounters	*424 successful encounters*	*98% included socialization* *14% included bed/chair exercises* *14% included 2-player games* *12% included current events* *6% used a wheelchair to take patient to an off-unit location* *5% included walking around the unit or to an off-unit location* *2% included helping with self-care*
Reasons for unsuccessful encounters	*58% of encounters were unsuccessful with no activity performed*	*33% due to patient sleeping* *22% due to patient isolation requirements* *19% due to lack of patient interest* *10% due to patient having visitor* *9% due to patient not being in room* *5% due to patient discharge or transfer*

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through increased understanding of patients' experiences, as noted in one UMS' '*insightful discussion with a patient about … how patients can be treated better.*'

The perceived impact on patients theme highlighted social connectedness, physical activities and recreational activities. Activities included assisting patients with mobility exercises, with one UMS reported patient feedback noting 'the back stretches were the best pain relief for his back he's gotten since being in the hospital.' Patient appreciation was also frequently reported by UMS, with prospective feedback highlighting the perceived emotional impact of volunteer encounters, as one UMS remarked, 'It was nice to know that we were making a positive impact.'

TABLE 2 | Demographics of survey respondents ($N = 34$).

Graduating class	2023	3 (8.8%)
	2024	8 (23.5%)
	2025	6 (17.6%)
	2026	17 (50.0%)
Number of semesters volunteered	1 semester	0 (0.0%)
	2 semesters	19 (55.9%)
	3 semesters	8 (23.5%)
	4 semesters	5 (14.7%)
	5+ semesters	2 (5.9%)
Prior clinical experience	No	17 (50.0%)
	Less than 1 year	9 (26.5%)
	1–3 years	6 (17.6%)
	4–6 years	1 (2.9%)
	7+ years	1 (2.9%)
Interest in internal medicine, geriatrics, rehabilitation, psychiatry, and/or general practice	Not at all interested	0 (0.0%)
	Somewhat interested	16 (47.1%)
	Very interested	14 (41.2%)
	Unsure	4 (11.8%)

The program also fostered reciprocal benefits, as noted through subthemes of social connections and facilitating conversations and storytelling. One encounter was described as, '[talking] about a shared faith background… [the patient] looked like she felt quite encouraged by our discussion.' Medical advocacy was also identified in some of the prospective feedback with UMS advocating for patients' medical needs during regular volunteer shifts. One UMS noted a patient was 'frustrated about not getting their osteoporosis medications [and we] brought this to the attention of the clerk.'

Thematic analysis also revealed themes for program improvement related to 'programming,' 'logistics,' and 'barriers to patient participation' (Table 4). Volunteers recommended expanding activities to suit different cognitive abilities, including 'iPad coloring apps' and group activities, while also noting that some activities were 'a bit childish' for certain patients, suggesting a need for more age-appropriate and engaging options. Logistical issues regarding shift timing and duration were highlighted in both prospective and retrospective feedback, indicating a need to adjust shift schedules to better align with patient routines and unit staff workflow, such as physical therapy hours. Suggestions included improving shift scheduling, organization and volunteer training through structured shadowing, with one volunteer noting they would have 'benefitted from being partnered with another student,' enhancing volunteer preparedness and confidence in interacting within the hospital environment. Barriers to patient participation included patients being asleep or disinterested during volunteer visits.

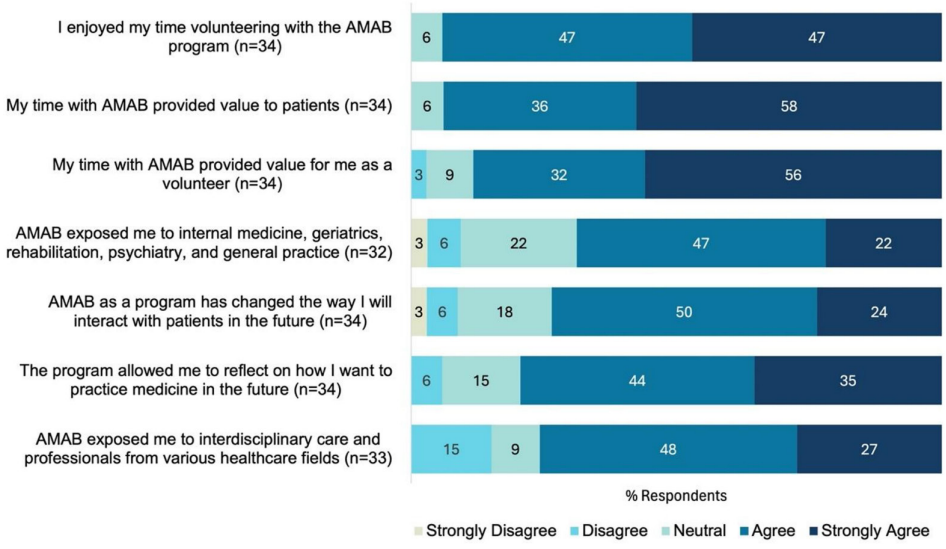

FIGURE 1 | Volunteer responses to survey are reported with number of respondents reported in brackets and percent of respondents displayed in the bar graphs. Volunteers were asked to what extent they agreed with the following statements on a Likert scale of 'strongly disagree,' 'disagree,' 'neutral,' 'agree' and 'strongly disagree.'

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TABLE 3 | Themes and subthemes coded from volunteer feedback on program impact.

Theme	Subthemes	Selected aligned exemplary quotes
Impact on volunteers	Clinical exposure/ professional development	'I was very inspired and encouraged by [the patient's] insights into how to best care for patients.' **'Valuable clinical experience within a hospital with patients who are ill, that proved useful in clerkship. Great opportunities to improve communication skills and build rapport with patients.'**
	Collaboration and networking	'The discussion with [the patient's] family and doctor was so valuable' **'Building a relationship with interdisciplinary staff [and] working with classmates.' 'Building relationships with colleagues, mentors and healthcare professionals.'**
	Empathy and personal development	'Got to hear the story of someone who had a lot of past trauma and it was very eye opening and I think helped me develop empathy.' **'Having time to speak with patients, practicing communication and developing confidence.'**
Impact on patients	Social connectedness	**'Genuinely positively impacted patient mental health and well-being with visits'** 'They mentioned how these interactions get them out of the "mind funk."'
	Physical activities	'Helped a patient with low mobility who has been hospitalized for quite some time to do some bed exercises.' **'Providing a valuable service, especially things like movement/physio for patients when these services are not able to come by more than once or twice a week.'**
	Recreational activities	'One patient without any money was thankful the program had free crosswords to keep them busy.' '[Patient] loved playing crib - said it was the highlight of his day.' **'[Enjoyed] one-on-one activities with patients'**
	Patient appreciation	'The participant was very touched and talked about how she would miss us when we left.' 'Patient was very grateful to have us; she expressed that she has been lonely during her stay and that our company was very appreciated.' **'[The experience] felt fulfilling as patients were very grateful for the social interaction ....'**
Reciprocal impact	Conversations and storytelling	'A patient opened up to me about his life and how he has reconnected with his family after a substance use disorder and experiencing homelessness.' 'Conversations about hardships and adversities that some of the patients faced were meaningful.' **'[Enjoyed] seeing patients longitudinally, having nonmedical conversations with patients ...'**
	Social connection	'Was able to talk about a shared faith background with one of the patients. She looked like she felt quite encouraged by our discussion.' 'Got to connect over our shared love for Chinese food.' **'[Enjoyed] working with patients and engaging with them. I liked helping them connect to their families when they could not.'**
Other	Medical advocacy	'[A patient] was going through a hard time and had some rough thoughts about ending their life. I spoke with them about it, assessed their safety, [and] notified the nursing personnel.'

Note: Prospective quotes represent entries from a UMS at the end of a shift, and as such could represent the same individual at different shifts. Retrospective quotes (in bold) each represent a different UMS.

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TABLE 4 | Overarching themes and subthemes coded from volunteer feedback on suggestions for program improvement.

Theme	Subthemes	Selected aligned exemplary quotes
Programming	Diversity and variety of activities	'Introduce more games/activities into the binder that are suitable for those who are still fully cognizant' 'Access to newspapers, more difficult crosswords or activities to reflect current events.' **'Increase variety of cognitive stimulation resources, attempt group-based activities.'**
	Activity appropriateness	'Several patients on the list are visually impaired - is there anyway we could brainstorm some things for them to do as most of our activities require them to be able to see' **'Continue to develop exercises and activities that are relevant for the patients and at their level. There were many activities, but limited options for those who were still very cognitively intact.'**
Logistics	Shift timing and duration	'Start the session earlier … to not overlap with supper time and overlap with the PT work hours.' **'The biggest thing that would have made a difference for me would have been having the option to do longer shifts.'**
	Organization of materials	'I think it would be really helpful if we could unify the location of the binders.' **'Having a pinned message or post to remind volunteers where referral binders are would be helpful.'**
	Volunteer training	'It might be nice for first years to shadow a second year on a shift to pick up tips on talking to patients, staff, finding items and asking basic questions about hospital procedures.' **'Provide teaching sessions about common issues we would experience.'**
Barriers to patient participation	Limited patient engagement—patients sleeping or not interested	'Some of the patients during this session (5:30–7:30) were pretty tired and actually sleeping when we came to see them.' **'Many patients were unavailable or sleeping during shifts.'**
	Contact precaution training	'It would be helpful if we could be trained to enter rooms with contact precautions' 'Most of the patients were on contact precautions … It would be ideal if level 1 volunteers could get certified to go into contact rooms.'
	Limited patient referrals	'There aren't many patients referred right now … but [the nurses] said they would try to refer some more patients in the next few days.' 'More patient referrals from staff would be great.'

Note: Prospective quotes represent entries from a UMS at the end of a shift, and as such could represent the sameindividual at different shifts. Retrospective quotes (in bold) each represent a different UMS.

4 | Discussion

Service-learning programs have the potential to benefit both UMS through early clinical exposure and patients by helping address hospital acquired cognitive and physical deconditioning [3, 4, 12]. This study evaluated AMAB's effectiveness by reviewing program outputs and UMS feedback. During the 2-year study period, 61 UMS completed 915 total patient encounters, with 424 encounters involving social, cognitive or physical activities. UMS also reported meaningful personal and professional growth. These findings suggest that AMAB is a feasible model that can support both learner development and patient engagement and can be used as a framework for similar programs at other institutions.

> "*These findings suggest that AMAB is a feasible model that can support both learner development and patient engagement and can be used as a framework for similar programs at other institutions.*"

4.1 | UMS Feedback

UMS overwhelmingly described the program as enjoyable and meaningful. The program exposed UMS to high-demand medical specialties and fostered relationships with various HCPs, offering an enriched experience beyond traditional preclerkship curriculum [20–22]. Three-quarters of UMS reported the program

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impacted how they would engage with patients in the future, suggesting a lasting impact on their approach to care delivery. Given that empathy has been shown to decline during medical training and that volunteerism can counteract this [23, 24], the strong emphasis on personal development noted in the retrospective feedback suggests that the program fosters qualities essential to compassionate medical practice.

> *"Three-quarters of UMS reported the program impacted how they would engage with patients in the future, suggesting a lasting impact on their approach to care delivery."*

Although patient outcomes were not directly studied, UMS consistently reported positive patient responses, particularly showing appreciation for companionship and opportunities for increased physical activities performed during AMAB encounters. Notably, mobility-focused programs in Alberta hospitals addressing physical deconditioning have been shown to decrease length of stay and inpatient falls while increasing mobilization and discharges back to the home [5], although these outcomes have not yet been evaluated within AMAB.

The feedback from UMS revealed opportunities for development in programming, logistics and patient engagement. Feedback suggested offering more varied activities, improving shift scheduling, organization and enhancing patient engagement strategies. These findings may inform future implementation of AMAB at other institutions.

4.2 | Program Comparison

While this study evaluates a novel volunteer program, other service-learning based programs have found similar benefits for both medical students and patients. Hytiris et al. found gathering feedback from patients helped volunteers develop a greater understanding of the patient experience [15]. Manohar et al. noted volunteers had improved comfortability and connection with older adults after participating in a storytelling activity [16]. Our study noted similar themes of empathy and connection among participating UMS. A study evaluating UMS volunteering during the COVID-19 pandemic to provide hands-on care such as assisting with feeding, washing and mobilizing patients found that medical students had a greater appreciation for interprofessional collaboration [17], similar to the results of our study. Unlike these other programs, AMAB uniquely combines social, cognitive and physical activities to provide a multifaceted approach to hospital deconditioning while simultaneously supporting UMS development.

> *"AMAB uniquely combines social, cognitive and physical activities to provide a multifaceted approach to hospital deconditioning while simultaneously supporting UMS development."*

4.3 | Limitations

Limitation of our study includes reliance on self-reported data from UMS, which is inherently subjective and may be influenced by social desirability bias [25], whereby respondents may report what they perceive the researchers wish to hear. The retrospective nature of part of the data collection, relying on UMS' recollections, could also lead to recall bias [26]. To mitigate these biases, this study attempted to collect and compare both prospective and retrospective data. Furthermore, as the focus of this study was understanding the UMS experience, the study did not include direct patient feedback or outcome measures and instead relied on UMS interpretation of patient experience. This should be evaluated in future studies. Additional perspectives on the AMAB program, including nursing, clinical teachers and other healthcare professionals, should also be explored to determine staff perception of program impact on patients, unit efficiency and workflow. Future directions for the program should also include evaluating outcomes with other healthcare students such as physiotherapy students. This may also further support interprofessional collaboration among students.

5 | Conclusions

The AMAB program provides a reproducible, low-cost, educational model that enhances early clinical exposure for UMS while supporting patient engagement. This study suggests UMS experienced positive benefits from the AMAB program, developing more empathy and a deeper understanding of the patient experience. UMS reported that patients expressed gratitude for companionship and social connection. Opportunities for improvement include optimizing logistics, expanding activity options and improving patient engagement. This model may be adapted in other hospitals/institutions supporting both medical education and patient wellbeing.

> *"This study suggests UMS experienced positive benefits from the AMAB program, developing more empathy and a deeper understanding of the patient experience."*

Author Contributions

Jaslyn Rasmuson: conceptualization, investigation, writing – original draft, methodology, validation, writing – review and editing, formal analysis, project administration, data curation. **Pamela Mathura:** conceptualization, investigation, methodology, validation, writing – review and editing, formal analysis, project administration, supervision, data curation, resources. **Kareena Nanda:** conceptualization, investigation, methodology, validation, writing – review and editing, writing – original draft, formal analysis, project administration, data curation. **Julian T. Lau:** investigation, methodology, validation, writing – review and editing, project administration, data curation, writing – original draft. **Winnie W. Sia:** conceptualization, investigation, writing – original draft, methodology, validation, writing – review and editing, formal analysis, project administration, data curation, supervision, resources.

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Consent

Ethical waiver was granted by the University of Alberta Health Research Ethics Board as the study was classified as a program evaluation (Pro00135016) and informed consent for all aspects of the evaluation was not deemed to be necessary. Clinical trial number was not applicable.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

All data generated or analyzed during this study are included in this published article [and its supplementary information files].

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Table S1:** Codebook of thematic analysis. **Table S2:** Themes, subthemes and quotes from volunteer feedback on program impact. **Table S3:** Themes, subthemes and quotes from volunteer feedback on suggestions for program improvement.

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Appendix 1: Referral Form

Alberta Health Services

Hospital:
Unit:

Active Mind Active Body Referral Form

Please Move Form to the left side of the clipboard if the patient has been discharged - Do Not Discard

Initial Referral Date: _____

Referral Source (circle): AMAB Level II Volunteer OT PT Nursing Physician Other

Patient Information	**Activity Suggestions** (circle all that apply)
Mobility Level ☐ Independent ☐ with cane or walker ☐ Mobilize with supervision ☐ 1 person standby ☐ 1 person assist ☐ 2 person assist or bedbound **Cognition** ☐ Intact ☐ Mildly Impaired ☐ Pleasantly Confused **Vision** ☐ Functional ☐ Impaired ☐ Glasses **Hearing** ☐ Functional ☐ Hard of Hearing ☐ Hearing Aids **Communication Style** ☐ Spoken ☐ English ☐ Other _____ ☐ Non Verbal **Social History/Comments**	**Level I and Level II Volunteers:** A. 2 player games B. Current events (newspaper,calendar) C. General socialization and engagement D. Bed/chair exercises E. Walking F. Wheelchair to atrium G. Self care (combing hair, cleaning glasses, buttoning shirt/jacket) **Level II volunteer only:** H. "Sit to stand" exercise for independent or near independent patients *Please note: Patients in isolation rooms must stay in the isolation rooms only* Level I volunteers should not see patients in isolation/ on any precautions.
	Exclusion Criteria Medically frail Unpredictable behaviours (aggressive, very confused, combative) Verbally/physically abusive or requiring restraints Severe dementia Airborne or AGMP precautions or purple circle (behavioral issues) Complex lines (Eg. drains, high O_2 needs, O_2 from portable tank)

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Activity Suggestions Reference		
A. 2 player games	B. Current events (eg. Paper, Calendar)	C. General socialization and engagement
D. Bed/chair exercises	E. Walking	F. Wheelchair to atrium
G. Self care	H. Sit to stand (Level II only)	

Volunteer: _____ Date: _____ Activities (circle) A B C D E F G H	**Notes:** ☐ Checked in with nursing for patient updates
Volunteer: _____ Date: _____ Activities (circle) A B C D E F G H	**Notes:** ☐ Checked in with nursing for patient updates
Volunteer: _____ Date: _____ Activities (circle) A B C D E F G H	**Notes:** ☐ Checked in with nursing for patient updates
Volunteer: _____ Date: _____ Activities (circle) A B C D E F G H	**Notes:** ☐ Checked in with nursing for patient updates

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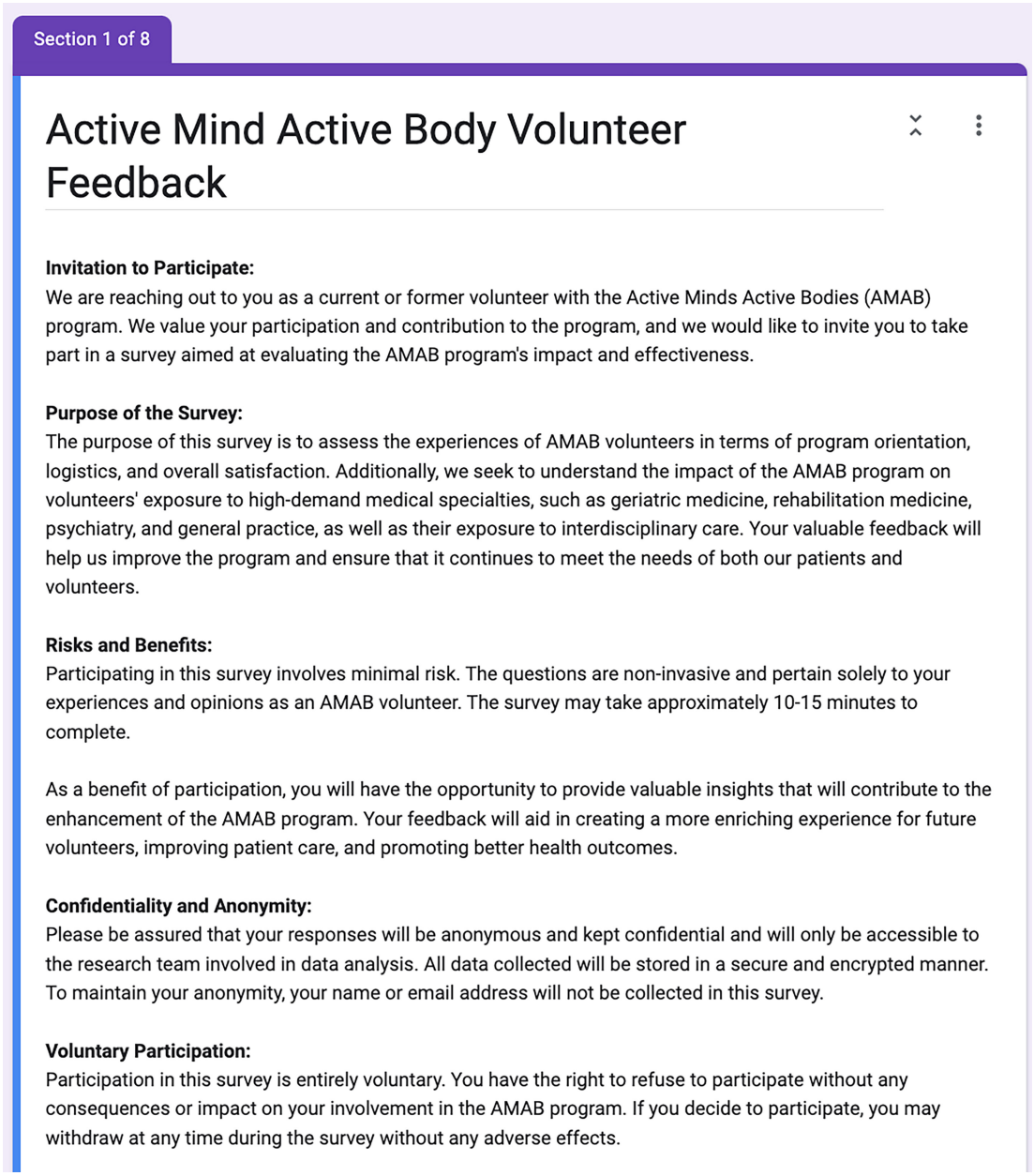
Appendix 2: Volunteer Feedback Survey



Section 1 of 8

Active Mind Active Body Volunteer Feedback

Invitation to Participate:
We are reaching out to you as a current or former volunteer with the Active Minds Active Bodies (AMAB) program. We value your participation and contribution to the program, and we would like to invite you to take part in a survey aimed at evaluating the AMAB program's impact and effectiveness.

Purpose of the Survey:
The purpose of this survey is to assess the experiences of AMAB volunteers in terms of program orientation, logistics, and overall satisfaction. Additionally, we seek to understand the impact of the AMAB program on volunteers' exposure to high-demand medical specialties, such as geriatric medicine, rehabilitation medicine, psychiatry, and general practice, as well as their exposure to interdisciplinary care. Your valuable feedback will help us improve the program and ensure that it continues to meet the needs of both our patients and volunteers.

Risks and Benefits:
Participating in this survey involves minimal risk. The questions are non-invasive and pertain solely to your experiences and opinions as an AMAB volunteer. The survey may take approximately 10-15 minutes to complete.

As a benefit of participation, you will have the opportunity to provide valuable insights that will contribute to the enhancement of the AMAB program. Your feedback will aid in creating a more enriching experience for future volunteers, improving patient care, and promoting better health outcomes.

Confidentiality and Anonymity:
Please be assured that your responses will be anonymous and kept confidential and will only be accessible to the research team involved in data analysis. All data collected will be stored in a secure and encrypted manner. To maintain your anonymity, your name or email address will not be collected in this survey.

Voluntary Participation:
Participation in this survey is entirely voluntary. You have the right to refuse to participate without any consequences or impact on your involvement in the AMAB program. If you decide to participate, you may withdraw at any time during the survey without any adverse effects.

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Contact Information:
If you have any questions or concerns about this survey or your participation, please feel free to contact Dr. Winnie Sia at winnie.sia@albertahealthservices.ca. This study has been reviewed by the Research Ethics Board at the University of Alberta (Pro00135016). If you have any questions regarding your rights as a research participant, you may also contact the Research Ethics Office at 780-492-2615.

Consent to Participate:
By completing and submitting the survey, you indicate your consent to participate in this study and acknowledge that you have read and understood this informed consent letter.

Incentive to Participation:
All participants of the survey will be provided with a $10 gift card. To maintain your anonymity, a link is provided at the end of the survey to a separate form where you can provide your email address. The electronic gift card will be emailed to you within 1 week after the survey closes.

Thank you for your time and valuable input. Your feedback is essential to the success and continuous improvement of the AMAB program.

After section 1 Continue to next section

Section 2 of 9

Consent to Participate

Description (optional)

Do you consent to participate in this survey? *

- ○ Yes
- ○ No

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Section 3 of 8

Demographics

Description (optional)

What graduating class are you in?

- c2022
- c2023
- c2024
- c2025
- c2026
- Other...

When did you start volunteering with AMAB? (Ie. what semester and year)
Fall = September - December
Winter = January - April
Summer = May - August

- Summer 2021
- Fall 2021
- Winter 2022
- Summer 2022
- Fall 2022

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- Fall 2022
- Winter 2023
- Summer 2023

How long did you volunteer with AMAB?
1 semester = ~4 months (eg. if you volunteered throughout the 2022-2023 academic year, that would be 2 semesters (not including the summer))

- 1 semester
- 2 semesters
- 3 semesters
- 4 semesters
- 5 or more semesters

Approximately, how many shifts did you complete over your volunteer experience with AMAB? Please answer in the form of a whole number.

Short answer text

After section 3 Continue to next section

Section 4 of 8

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Section 4 of 8

Experience Prior to Participating in the Program

Description (optional)

Did you have any prior clinical experience before volunteering with AMAB?

- ○ Yes
- ○ No
- ○ Other...

If yes, how many years of clinical experience did you have?

- ○ Less than 1 year
- ○ 1-3 years
- ○ 4-6 years
- ○ 7 or more years

If you had clinical experience before joining AMAB, please briefly describe your role.

Long answer text

Prior to starting the program, were you interested in geriatric medicine, rehabilitation medicine, psychiatry, and/or general practice?

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Prior to starting the program, were you interested in internal medicine, geriatric medicine, rehabilitation medicine, psychiatry, and/or general practice?

- ○ Not at all interested
- ○ Somewhat interested
- ○ Very interested
- ○ Did not have enough exposure to these specialties to form an opinion.
- ○ Other...

After section 4 Continue to next section

Section 5 of 8

Program Orientation/Training

Description (optional)

The program orientation provided sufficient training to prepare me for my role as an AMAB volunteer.

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree
- ○ Other...

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What, if any, improvements can be made to the program orientation?

Long answer text

After section 5 Continue to next section

Section 6 of 8

Program Logistics

Please rate the following aspects of the program logistics on a scale of 1 to 5, with 1 being "Poor" and 5 being "Excellent."

Scheduling (ie. method of shift scheduling via google sheets)

	1	2	3	4	5	
Poor	○	○	○	○	○	Excellent

Shifts (eg. timing, flexibility)

	1	2	3	4	5	
Poor	○	○	○	○	○	Excellent

Variety and suitability of activities provided for patients

1	2	3	4	5

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Variety and suitability of activities provided for patients

	1	2	3	4	5	
Poor	○	○	○	○	○	Excellent

Ease of completing the patient referral form

	1	2	3	4	5	
Poor	○	○	○	○	○	Excellent

Did you remember to complete the post-volunteering feedback form at the end of each shift? If so, how often?

- ○ Yes, Always
- ○ Yes, Sometimes
- ○ No
- ○ Other...

After section 6 Continue to next section

Section 7 of 8

Program Impact

Description (optional)

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Section 7 of 8

Program Impact

Description (optional)

I enjoyed my time volunteering with the AMAB program.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

My time with AMAB provided value to patients.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Other…

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My time with AMAB provided value for me as a volunteer.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Other...

My experience as an AMAB volunteer provided exposure to medical specialties, such as internal medicine, geriatric medicine, rehabilitation medicine, psychiatry, and/or general practice.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Other...

Based on your AMAB experience, do you feel more or less likely to consider pursuing internal medicine, geriatric medicine, rehabilitation medicine, psychiatry, or general practice in your future medical career?

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Based on your AMAB experience, do you feel more or less likely to consider pursuing internal medicine, geriatric medicine, rehabilitation medicine, psychiatry, or general practice in your future medical career?

- ◯ Less Likely
- ◯ More Likely
- ◯ No Change
- ◯ Other...

AMAB as a program has changed the way I will interact with patients in the future.

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Neutral
- ◯ Agree
- ◯ Strongly Agree
- ◯ Other...

The program allowed me to reflect on how I want to practice medicine in the future.

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Neutral

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The program allowed me to reflect on how I want to practice medicine in the future.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Other...

My experience as an AMAB volunteer provided exposure to interdisciplinary care, working alongside professionals from various healthcare fields.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Other...

After section 7 Continue to next section

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After section 7 Continue to next section

Section 8 of 8

Program Feedback

Description (optional)

Please list three aspects of the AMAB program that you enjoyed the most.

Long answer text

As the AMAB program continues to evolve, please share your suggestions for enhancing the patient experience.

Long answer text

As the AMAB program continues to evolve, please share your suggestions for improving the volunteer experience.

Long answer text

Section 9 of 9

Thank you for completing this survey! Once you click "Submit" you will be provided with a link to a form to submit your email address to receive your $10 gift card.

Description (optional)

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Active Mind Active Body Volunteer Feedback

Thank you for completing this survey. Please follow this link to submit your email address and receive your gift card. https://forms.gle/M69hQE3EgPmt57q39

AMAB Survey Completion - Gift Card Form

Thank you for completing the AMAB Volunteer Feedback survey. We will email you the electronic $10 gift card within 1 week of the survey's end date. Please enter your email address below.

Email Address *

Short answer text

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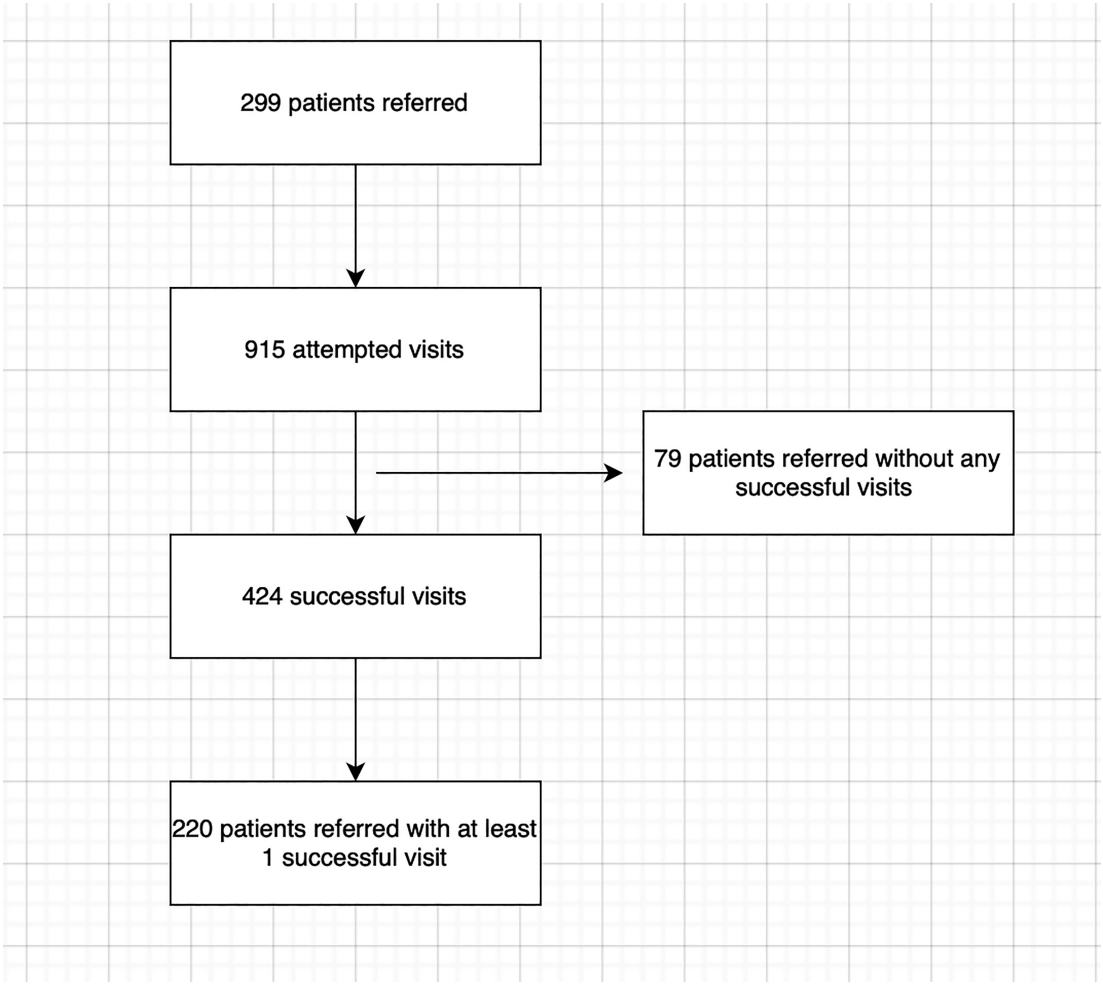
Appendix 3: Patient Visit Flow Diagram



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