

# STUDENT HEALTH COACHES EXPERIENCES WITH ADULTS WITH CHRONIC HEALTH CONDITIONS

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*Abstract: The purpose of this qualitative study is to describe the experience of university students completing a health coaching internship at a regional medical center in the Southeastern United States. A total of 96 student health coaches completed five journals entries over the semester describing and reflecting on their experiences as a health coach, interactions with patients, and professional growth. Data analysis resulted in the creation of three major themes: "Getting Started," "Settling In," and "Wrapping Up." The results indicate that relationships with patients were a central aspect of the health coaching intern experience. Intern's journals also highlighted the significance of real-world experiences as an important feature of the health coaching internship that provided them with experiences transcended the classroom, and affirmed their desire to work in the healthcare setting.*

**Keywords:** Health Coaching, Internships, Chronic Health Condition

## INTRODUCTION

Quality internship experiences are currently considered a valuable transition from collegiate academic education and training to professional life. Today, educators in many disciplines including business, sport management, counseling, veterinary science, public health, and kinesiology identified significant merit in professional internship experiences (e.g., Cromwell, 2018; Crowell, 2016; Hernandez et al., 2014; Koo, 2016; Matthew, 2012; Nichols, 2016; Nunley et al., 2014; Wood et al., 2017). Among the clear findings of research is the value that students place on quality internship experiences, which provide professionals-in-training support and guidance, opportunities for networking and interpersonal learning, professional growth, and engagement in meaningful tasks (Cromwell, 2018; Crowell, 2016; Hernandez et al., 2014; Koo, 2016).

Healthcare organizations and hospitals have sought to develop programs that enable patients to better self-manage their chronic health conditions (congestive heart failure, chronic obstructive pulmonary disease, diabetes, and chronic kidney disease) and reduce hospital readmissions (Bentler et al., 2014; Bowles et al., 2010; Center for Medicare & Medicaid Services, 2012; Krumholz, H. M., 2013; Parekh et al., 2011). One successful approach is the use of evidence-based Health Coaching. The health coach utilizes behavior change theory, goal setting, and motivational interviewing to engage patients in the adoption of healthy behaviors and self-management of chronic health conditions (Butterworth et al., 2007; Huffman & Miller, 2013). Health Coaching has been utilized with success to address a variety of health conditions and behaviors including

weight loss, exercise adherence, smoking cessation, medication adherence, and chronic disease self-management (Butterworth et al., 2007; Huffman & Miller, 2013; Kim et al., 2011; Verhaegh et al., 2014). While health educators have been employed in health coaching roles, and health education internships involving health coaching have increased in recent years, little is known about their day-to-day duties and experiences. The purpose of this qualitative study is to describe the experience of university students completing a health coaching internship at a regional medical center in the Southeastern United States as part of their undergraduate degree program.

## METHODS

### Participants and Setting

Participants were 96 undergraduate students enrolled at a regional comprehensive university in the southeast United States. All were seniors with career interests in healthcare, enrolled in degree programs that included coursework in health promotion (Health Education and Promotion, n=44, Kinesiology, n=52), and completed a capstone senior internship as a Health Coach with the Health Transition Alliance. Representative of students pursuing these majors, the sample was primarily female (n=77, 80%). Students ranged in age from 21yoa to 36 yoa, with a mean age of 23yoa. All the students who participated in this internship experience were participants in this study. The study was approved by the Institutional Review Board of the researchers' university, and participants provided written consent to participate.

**Health Transition Alliance.** The Health Transition Alliance (HTA), a partnership between the uni-

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versity and a large regional medical center in close proximity. The HTA involves an interdisciplinary team of medical staff that includes registered nurses, a social worker, a physician, a full-time health coach, and a group of senior student health coaching interns. The primary objective of the HTA program is to reduce the risk factors and patient behaviors that contribute to an exacerbation of the patient's medical conditions that may lead to a hospital re-admission. HTA staff and interns use Motivational Interviewing to engage the patient in his/her treatment, assess patient motivation and confidence, and help the patient to identify the benefits of better disease self-management (Miller & Rollnick, 2013). Through interactions with patients conducted in-person at clinic offices and patients' homes, and via phone calls and text messages, the staff and student interns work with patients to assist them with disease self-management, symptom control, communication with providers, as well as providing nutritional and medication education, and the identification of community resources. Typical health coaching sessions last 30 minutes, although depending on the patient, a health coach may spend up to two hours with a patient.

Patient participation in the HTA program is voluntary, and there is no charge for participating in it. Typically, the hospital staff identifies potential patients during a hospitalization, or from a review of medical records regarding chronic health conditions and utilization of healthcare services. The majority of patients have been diagnosed with at least one of five conditions: congestive heart failure (CHF), pneumonia, chest pain, diabetes, or chronic obstructive pulmonary disease (COPD).

**Student Health Coaches.** Seniors pursuing degrees in Health Education and Promotion/Kinesiology complete a capstone internship during their last semester requiring at least 320 supervised hours (approximately 20 hours a week over 16 weeks). Students seek internship placement at a site of their interest. Since the inception of the program in 2013, over 100 students have had the opportunity to complete an internship in the HTA Program as a Health Coach. Approximately 8 to 10 students are selected to participate in the HTA internship each semester. Students interested in the HTA Health Coaching internship submit an application, and undergo a screening process, which includes an evaluation of their performance in key classes, references from faculty, and an interview. All students who complete this internship are last-semester seniors, and have previously completed coursework in biology, chemistry, human anatomy and physiology, personal and community health, health coaching and motivational interviewing, and human diseases, and the majority of other courses in their degree programs.

The primary learning objectives for this internship experience included communicating and reinforcing the healthcare recommendations provided by the physician, health care provider, clinic or

hospital and to facilitate communication with the appropriate health care provider, networking and working in conjunction with other health care providers engaged in the client's care, to develop strategies to ensure the optimal health and well-being of the client and to establish mutually agreed on goals and objectives that will impact on the client's overall health status. To ensure these objectives were met, student interns worked under the direct supervision of a HTA health coach and nurses. Additional medical supervision was provided once a week by the HTA physician.

At the beginning of the semester, student interns complete an intense three-day orientation at the hospital, and received additional training in the treatment and management of chronic health conditions (including congestive heart failure, chronic obstructive pulmonary disease, chronic kidney disease, and diabetes) from staff physicians, nurse practitioners, social workers, and other hospital staff. During the semester, interns engage with assigned patients under the supervision of HTA staff, and have opportunities to complete rotations in hospice, occupational therapy, physical therapy, and with a hospitalist physician. Student interns are typically assigned 3 to 5 patients to work with over the course of semester.

#### **Data Collection and Analysis**

As part of the academic requirements of the internship course, student interns complete regular journals describing and reflecting on their experiences as a member of the HTA, interactions with patients, and professional growth. Each of the 96 student interns in the sample completed five prompted journal entries over the semester. Participant were prompted to describe their day to day to interactions with their patients including their patient's identified goals, their patient's strengths and challenges, their greatest challenges as a health coach, how they were able to apply their course work in this internship experience, and overall impressions of health coaching process. The typical journal entry was 2 to 3 paragraphs and averaged 225 words. The 480 journal entries were analyzed ethnographic content analysis (ECA). Ethnographic Content Analysis is reflexive analysis of documents utilized to document and understand the communication of meaning, as well as theoretical relationships (Altheide, 1996). The goal of ECA is discovery and verification. Data analysis uses a constant-comparative approach, but may involve a more structured protocol once emergent categories have been identified. The results of ECA are reported in a narrative leading to a greater understanding of the phenomena being studied (Altheide, 1996).

Using a constant comparative approach, each journal entry was independently coded by two researchers. Indigenous coding was utilized to create codes that were consistent with the voices of participants. Indigenous codes were identified from the words or terms of the participants. As indigenous

codes arose, they were compared to existing code categories. Similar codes were collapsed (Patton, 1991).

Independent coding resulted in 25 separate indigenous codes. The researchers then compared their coding and similar codes were collapsed until 12 unique codes were identified. The researchers took several steps to ensure the trustworthiness of the study. We analyzed journal entries from a large sample of interns compiled over 6 years (12 semesters) to triangulate emergent themes. We conducted formal member checks with six participants, sharing their journal entries with them to ensure accuracy, and sharing indigenous themes to ensure they were representative of their experiences. Finally, once the indigenous themes were developed, they were shared with an outside auditor with experience conducting qualitative research. The auditor reviewed the journal entries, as well as the emergent themes to ensure that themes were reflective of the existing data.

**RESULTS**

Data analysis resulted in the coding of journal entries into three chronological time periods: “Getting Started,” “Settling In,” and “Wrapping Up.” Within each period, responses were coded into descriptions of the health coaching process, and experience-based themes (see Figure 1).

**Getting Started**

Descriptions of the health coaching process. During the first four weeks of the internship, student health coaches become oriented to the program, the hospital, the process of health coaching, and are assigned their first patients. The intern, accompanied by a HTA program staff member (nurse or social worker), engages in his/her initial visit with

a patient. The staff member provides initial introductions and explains the role of the student health coach. Following the initial visit, the student health coach schedules follow-up appointments based on the patient’s availability.

Journal entries during the first few weeks of the internship indicated that the student health coaches began to develop a relationship with their patients, engaged in initial attempts in Motivational Interviewing, and began to identify gaps in their knowledge of chronic disease management. Here, one student health coach reflects on the first few weeks of the internship:

*“Tuesday was my second visit with my patient and it went very smooth. I noticed I was much more relaxed and confident when talking to my patient and I really feel like I am developing that partnership with my patient. It can be overwhelming to work with a patient that has a chart full of diseases and even scary at times because you worry about them. It has only been a few weeks and I already care about my patient so much.”*

Journal entries during the “Getting Started” phase of the internship were coded into two themes: *Developing a Relationship* and *It’s Overwhelming*.

**Developing a relationship.** During the initial phase of the internship, students explained that a significant part of their time was spent developing a relationship with patients. Developing a relationship was considered essential to the health coaching process, and students quickly learned that every patient was a little different in how he/she liked to be approached. Their goal was developing a level of trust that made the patient feel respected and understood.

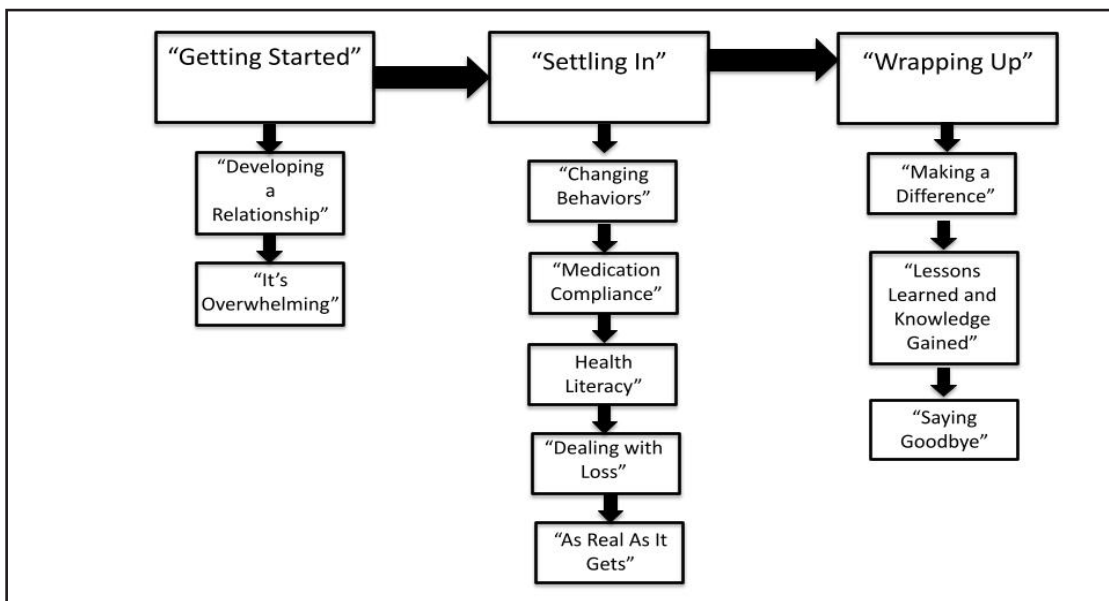


Figure 1. Description of the Health Coaching Process

*“Working with the patients that we each have I have learned each person has a different way of being approached. Also, the first visit is something that is the most sensitive because building that initial trust is so important.”*

In addition, students reported that patients were mindful of how their health coach approached each session. Specifically, patients were aware when a health coach was not fully engaged, and lack of engagement was a significant barrier to developing a caring, therapeutic relationship. On the other hand, a fully engaged coach could lead to a more engaged patient.

*“It means the world to patients when you come in smiling and focus solely on them and how they are. They know when you are preoccupied. It’s harder to build rapport with patients when they know that you don’t want to be there. Showing interest may seem like the smallest thing you can do, but it goes so very far with patients.”*

Lastly, while the initial relationship-building actions were important for facilitating patient engagement, it also set the foundation for the development of a deeper caring relationship between the coach and the patient. Many of the health coaches reported that this was one the great rewards of the internship.

“We valued the relationships with our patients and often got very close to them. Through my experience, the relationship you have with each patient is different but important. Without even realizing, you can find yourself getting very close to your patients and having a true friendship with them.”

**It’s Overwhelming.** While all of the student health coaches reported feelings of excitement and anticipation during the “Getting Started” phase of their internship, frequently those feelings gave way to feelings of being overwhelmed. The majority of the health coaching interns attributed this feeling to not knowing what to expect from the internship and a fear of the unknown.

Feelings of being overwhelmed arose from the quantity of information that was being provided during the first few weeks, that included in-depth training on chronic disease conditions and the medications used to treat those conditions, as well as becoming oriented to the program, the staff, and the use of the electronic health record. Although the hospital provided an organized and detailed orientation to interns, the amount of information given to them in that short amount of time often left them feeling overwhelmed.

*“The first few days of this internship were very fast paced and a lot of information was given to me and my fellow interns in a short period of time. At first, I felt a bit ‘bug eyed’ as everything was happening so fast and I felt somewhat unprepared.”*

In addition, many of the interns reported feeling stressed or overwhelmed with the responsibility of being in the health coaching role with chronically-ill patients, and about providing health coaching sessions in patients’ homes. During the application

process and early training, student health coaches were informed about both of these responsibilities, yet they were identified as significant stressors, and resulted in feelings of self-doubt.

*“Before we stepped foot into the hospital to begin orientation I was a little anxious. It was mostly fear of the unknown. I have never been given my own patients nor have I been responsible for another human’s well-being in any way up until this point.”*

*“I was really anxious about going to my patient’s home for the first-time on my own. I kept thinking what if they don’t talk to me, what if they ask a question I can’t answer. After few visits, it became easier but those first couple of visits were hard.”*

### Settling In

#### Descriptions of the health coaching process.

As the semester reaches the mid-point (approximately the eighth week), student health coaches have typically established a relationship with their patients, and have a clearer understanding of their chronic health condition(s) and how to assist the patient to identify strategies to better manage their health conditions.

*“During this internship I have been able to understand diseases more than I thought possible. I now have three patients and I am starting to see progress. This internship can be challenging when your patients are overall stable from the beginning, but recently I have gotten a new patient to the program ... I have been able to watch them grow from Stage 1 to Stage 3 of the Stages of Change cycle. It has truly been a blessing to be able to watch them grow. I am overall very happy with this internship right now!”*

Typically at this point of semester, the student health coaches’ journal entries indicated they had a better understanding of the challenges their patients faced, and often reported perceptions of the bureaucracy of the healthcare delivery system and how that impacted their patients’ progress. It was not unusual for a student health coach to help their patients recognize problematic health-care issues, and address them.

*“This week, I realized you have to be prepared for mistakes. The patients in this program work directly and indirectly with multiple people. When you work with multiple different people, things can get confusing. My patient brought a note home from her doctor appointment that said to decrease the amount of blood pressure medication she was using from 125 mg three times a day to 100 mg three times a day because her blood pressure had been running low. I did not recall that the patient was on this high of a dosage of blood pressure medicine. She had recently refilled her blood pressure medicine so we looked at the bottle. Sure enough, the bottle had the instructions that the doctor was referring to. When we looked at the patient’s dis-*

charge summary, it said that she was supposed to be on 75 mg of blood pressure medicine, which is what I had recalled and how the patient had been taking the medication. After multiple phone calls to the medical assistant, the patient was in fact supposed to only be on 75 mg of blood pressure medicine. When the patient brought all of her medicine bottles to the doctor appointment, the doctor made the dosage change according to the dosage on the bottle. Therefore, there was some miscommunication at the pharmacy when they wrote the instructions on the bottle. It took a few days, but we finally figured out the correct dosage she was supposed to be on. I am so thankful that we had been paying attention to her medication dosages and I learned that sometimes there is miscommunication when multiple people in different fields work with the same patient.”

During the semester, while juggling health coaching appointments, patient staffings and other responsibilities, and completing a degree, the student health coaches began to understand that a career in kinesiology and health promotion is one of service and caring. Journal entries commented on the importance of their intern responsibilities, and this shift in thinking about others.

*“Today, I realized this is so much more than an internship. Today, it was not about the hours or the paperwork or the meetings or the research. Today, it was about keeping my patient safe, comfortable, and well taken care of. I wanted the absolute best for my patient and I have been thinking about her since I left the hospital.”*

Analysis of journal entries during the “Settling In” phase of the internship resulted in five themes: Changing Behaviors, Medication Compliance, Health Literacy, Dealing With Loss, and As Real As It Gets.

**Changing behaviors.** One of the major goals of health coaching with individuals with chronic health conditions is assisting the patient to better self-manage his/her condition. Typically, this requires the patient to change an existing or adopt a new health behavior. Journal entries revealed this was a primary focus of the student health coaches as they worked with their patients. Student health coaches realized that the behavior-change process can be very difficult and slow, but it could result in positive outcomes for the patient and a feeling of satisfaction for the health coach. One health coach explained positive side of behavior change:

*“I was super proud of her to verbally communicate those wants/needs to me, and I highlighted to her that was all part of the behavior change process and what you need to be successful. Whether she realized it or not she spoke about her desires and needs to change! It did not matter how big or small the change was, any healthy behavior change is a step in the right direction.”*

On the other hand, student health coaches also saw their patients struggle to adopt new behaviors,

and in some cases relapse quickly; one week their patient can be stable and the next week their patient can be in the hospital. Most of the student health coaches reported their challenges included patients being honest with them, regressing after making progress or not improving, and frustrations when having difficulty contacting their patients.

*“To start, off, I have had a minor setback with my patient. Recently, the Health Transition Alliance (HTA) team and I have come to notice that my patient is not being honest about their diet. Instead of admitting that they are not following their diabetic diet, they will say that they are following it while there is evidence that they are not.”*

*“I really don’t feel like I am getting anywhere with my patient since they continue to be dishonest with me, despite my efforts to let them know that I am not there to judge them but that I am there to offer them all the support they need.”*

**Medication compliance.** Medication compliance was a related but distinct theme to Changing Behaviors. Medication compliance was a major goal for all patients participating in the HTA program and an essential focus of the student health coaches. Over the course of internship, student health coaches discovered many barriers that influenced the patient’s ability to take his/her medication as prescribed. In some cases the medication caused the patient to feel ill.

*“The biggest concern with her is that she has all of her medication but does not take it according to the doctor’s orders because it makes her feel dizzy and nauseated. Also, she is very private with her medication so it is a big step for her to pull it out for us to look at.”*

Interns also described that the cost of medication was a significant barrier for many patients. Some patients could not afford to fill all of their prescriptions, which would result in the patient choosing to not fill the most expensive prescription, which might be her/his most important medication. Sadly this could lead to worsening symptoms or readmission to the hospital.

*“My patient swears that he is following his medication and diet guidelines, yet he is constantly battling with fluid buildup and has two medications sitting at the pharmacy for over 2 weeks because he can’t afford them. It’s so frustrating.”*

Lastly, most patients were prescribed several medications and often did not understand the purpose of each or how to take them properly. This would lead to patient taking medications at the wrong time, or with other medications that were contraindicated. Interns realized many patients were not properly educated about their medications by the healthcare provider, and that this was an important health coaching task.

*“From what I gathered, although she says she understands how to take her medicine, she doesn’t*

*really understand. I could tell by how she took it when I was there. This gives me somewhere to start with her. I will make sure to reiterate the importance of taking the medicine and prescribed and letting her know the benefits of doing so."*

**Health literacy.** As student health coaches became more familiar with their patients, it became apparent that patients had a low level of Health Literacy. Patients frequently had a poor understanding of their medical condition(s), as well as the medications prescribed to manage them. Frequently, the result of this lack of health literacy led to behaviors that exacerbated the patients' health problems.

*"Another thing that was brought to my attention during this internship was our patients' lack of education about their illnesses. Many of the patients have no idea what their illnesses consist of and what were the medications were for that they were taking. They just know that some of them made them feel bad so they stopped taking them, and many of them were the important medications."*

As a result, student health coaches described spending a significant portion of their time educating patients about their conditions and how to better self-manage. Interns' entries included descriptions of their educational strategies, which included made posters, shopping guides, and picture books to assist their patients.

*"I have patient who is diabetic. He knows that he is supposed to avoid foods that are high in sugar. He cut back on his Cokes but continues to eat alot of bread. Since bread doesn't taste sweet, he didn't realize it has sugar in it. There is so much that he doesn't know or understand about his diabetes. It's like two steps forward and one step back.... So I spend alot of time teaching him about his diabetes"*

*"I created a picture book for my patient to help her grocery shop. It had pictures of foods that were low in sugar and low in sodium. She was so proud to show me that she bought the low sugar canned fruit and low sodium soups. She wanted to do better but just didn't know how."*

**Dealing with loss.** Dealing with Loss was another them of the "Settling In" phase. Student health coaches primarily worked with elderly patients who, in some cases, were very ill. It was not unusual for a patient to be referred to hospice while the health coach was working with them, and on some occasions the health coaches discussed the options of palliative care or hospice with their patients and families.

When a patient was referred to hospice, interns reported feelings of sadness. They understood the patient's condition, that the HTA team would no longer be able to provide services to them, and they would no longer be able to be the patient's health coach. This was a major adjustment for the intern.

*"I have become very attached to my patient. She is*

*a very special lady in a sad situation. For the past week she has been in the hospital trying to have a procedure that the doctor is against her having. She will not agree to hospice care but does not like to be alone at night."*

*"My first patient's condition, has regressed and he is now on Hospice. It is a sad situation to work with a dying patient, but I know this is something I must learn to deal with if I plan to work with elderly patients in my career."*

A few student health coaches experienced the death of a patient; this was very difficult. The thought of no longer seeing that patient led to sadness. In some instances, the student health coaches' entries described blaming themselves, thinking that it was their fault, or they could have done a better job.

*"Another patient of mine has been on Hospice since the middle of February. He was told he only had two or three weeks to live. Throughout this time I continued to visit with him and his family to offer support in the difficult time... This patient passed away last week. It was sad to lose my first patient even though it was expected... Earlier this week, he [another patient] passed away in his sleep. It was a total shock to everyone since he was doing well and had not readmitted to the hospital. It was really rough losing a second patient within a month."*

*"She passed away on Saturday. It was very upsetting to have a patient pass away. When you know all this information about someone and see them several days a week, you build a connection. When they die you always wonder if you could have done more."*

**As real as it gets.** The final theme of the "Settling In" phase of the internship was labelled As Real As It Gets." The HTA health coaching internship is a "real-world ready" hands-on experience. Student health coaches typically spend the much of their day in the field working with their patients, or in meetings advocating for their patients' needs, rather than completing academic tasks. Several of the student health coaches wrote in their journals about how this internship was "as real as it gets," and reflected on how their intern experiences helped them to make a commitment to work in health-care after graduation.

*"... be ready to step out of your comfort zone and into the real world because this internship is as real as it gets. You are working with very sick people who have a ton of needs and want to feel better."*

*"The realities of a health coach in the field hit me hard this week. I know all about it, I have learned about it... but actually living through it with one of your patients makes it more 'real-world' so to speak."*

*"After this internship I know I want to work in health care and help patients get better. I've developed so many skills. I understand my patients' diagnoses and the medications that they take. I know when to listen to my patient and when to ask questions. Being a health coach is not an easy job and it is not for everyone. This is real life, it isn't like it is in the books...."*

### Wrapping Up

#### Descriptions of the health coaching process.

As the semester draws to an end, student health coaches have an opportunity to reflect on skills acquired and knowledge gained during their internship. The majority report feeling more confident in their interactions with healthcare providers and better able to utilize Motivational Interviewing effectively. While happy to be finishing their degree, student health coaches often struggle with telling their patients "goodbye," and ending this important part of their education.

*"I can't believe the semester is over. It seemed like we were just starting and now I'm wrapping things up with my patients. I have been able to form a good relationship with them and have started to truly care for each one of them. Through this internship I have learned how to help the willing and the more stubborn and to understand that some patients will have bad days that you have no control over. Some patients will just have to get worse to be able to finally get better. Though this is a tough thing to go through individually, it is great to know that this internship has provided me with an amazing support system and people that I can count on for anything. They are truly a blessing."*

As student health coaches reached the end of their internship, they were asked to reflect on the most rewarding and the most challenging aspects of it. Three themes emerged from the "Wrapping Up" phase of the internship: Making a Difference in My Patient's Life, Lessons Learned and Knowledge Gained, and Saying Goodbye.

#### Making a difference in my patient's life.

The majority of student health coaches reported that the most rewarding aspect of the HTA internship was the opportunity to make a difference in a patient's life. The size of the difference was not important, just as long as it was a positive difference and would benefit their patients in the long run.

*"Through all of the bad times, the moments of happiness, and joy of just being able to make a difference in a patient's life made me realize why I love being in the healthcare field and being able to make difference in someone's life."*

Student health coaches described ways they were able to make a difference in their patients' lives by providing tools, resources, and assisting their patient acquire needed equipment. Most importantly student health coaches made a difference in their patient's lives by simply being there and supporting their patients.

*"For this month, I have only had my one patient I received in the beginning and I loved it. I have been able to focus more on her and her needs. I started a Go Fund Me page for her to gather donations and I have received some so far. She has to be on her oxygen for at least 15 hours a day and she says she's okay with that."*

*"I quickly learned she was in need of a scale and I was the one who was able to bring her one! She was so excited and very compliant with wanting to log her weight daily so we could track it for her fluid."*

*"It was one of the most gratifying experiences to crawl around on her floor next to her bed getting her machine (CPAP) ready for her to use that night."*

*"Sometimes I feels like I am not doing enough but then when you hear a patient say they would have died or be worse with out the help of HTA program and the interns; you know that right then you are making an impact in someone' life."*

#### Lesson's learned and knowledge gained.

In addition to developing a helping relationship with patients, student health coaches all agreed that they learned a great deal about the healthcare system, chronic disease management, and most importantly how to work with patients who are struggling to change behaviors. They commented that the HTA team and medical staff were an excellent resource of information and provided them with a wide variety of learning opportunities.

*"I learned so much from our team. At first you feel like you have been tossed into the deep end of the pool. There is a lot of information you need to know at first and it comes at you really fast. By the end of the semester, I knew all of the medications my patients were taking and why they were taking them. I have learned so much about congestive heart failure, hypertension, and diabetes. It's amazing."*

*"I love the rotations! The diabetes educator is amazing with patients. She is so positive and really believes the patients can change. The round with hospitalist was eye opening. We had the opportunity to go into patient rooms and watch the physician assess the patient."*

*"... I have learned so much in the last 3 months. I hope to go out into the real world once I graduate and help educate patients in the hospital, home, or office with the most information possible and try to make a difference in the world, one patient at a time!"*

In addition to learning from the HTA team and hospital staff, student health coaches reported that they also learned a great deal from their patients. Specifically, interns highlighted gaining knowledge

in how difficult it is for patients to self-manage chronic health conditions due to lack of social resources, lack of information, and lack of family support. These experiences helped the coaches become empathic and understanding of the challenges that patients face day-to-day.

*"My patients have taught me so much about the real world and what to expect in coming into a new job dealing with people. I was able to see first hand so many different diseases, such as CHF, COPD, Diabetes, Leukemia, and even Parkinson's. With seeing all these first hand instead of learning from a textbook, I was able to put my knowledge to the test."*

*"I have learned a lot more about being empathetic with people and to be more understanding with certain conditions and situations. I have gained a real life experience working with these patients and I am graduating with so much new knowledge about health conditions, the medical industry, and social assistance."*

**Saying goodbye.** Interns reported that Saying Goodbye to their patients was among their greatest challenges. The majority of student health coaches reported sadness and difficulty with wrapping up their internship due to the close relationship they had established with their patients, and realized that ending the provider-client relationship was part of the process of providing healthcare.

*"I found it hard to say goodbye to my patients for multiple reasons. One reason it was hard for me to say goodbye was because I had such a good relationship with both of my patients. I found it hard to wrap my head around not being able to see them every week and no longer being able to be an advocate for them. Another reason why I found it hard to say goodbye to my patients was because I wanted to keep up with their progress and setbacks. I wanted to continue to celebrate their victories and be there for them when they needed help. Just the fact of not being able to know how they were doing was upsetting."*

*"I never expected to get so attached to my patient. Our bond is so strong and I am having a really hard time accepting the fact that my internship is coming to an end. I absolutely adore my patient. I genuinely care so much for her and want her to live the happiest life possible with the best quality of life. This internship has truly made me feel more confident about working in the medical field and I look forward to my future medical field career."*

*"It is an awesome feeling to be graduating college but it is sad to leave our patients. The relationships I've made with my patients make it hard to leave them and also, not knowing their progress in the future makes it hard to leave as well."*

## DISCUSSION

A meaningful, high quality internship is often college students' first significant involvement in their chosen field (Jackson et al., 2016). Recently, students with interests in healthcare have begun to pursue internships involving health coaching. In general, health coaches work with patients/clients to help them adopt health-enhancing behaviors. In clinical settings, health coaches have been utilized to work with adults with chronic health conditions (e.g., congestive heart failure, chronic obstructive pulmonary disease, diabetes, chronic kidney disease), with their focus on assisting the patient to better self-manage their conditions and reduce hospital admissions. To date there have been no qualitative studies exploring student interns' experiences as a health coach. The purpose of this study was to explore the experiences of interns engaged in a health coaching internship involving working with adults with chronic health conditions. Researchers completed an ethnographic content analysis of student health coaching journals. Data analysis resulted in three chronological periods of the internship, with journal entries describing each period, and 10 distinct themes.

The results indicate that relationships with patients was a central aspect of the health coaching intern experience, and these are foundational to the process of Motivational Interviewing (Miller & Rollnick, 2012). This was reflected in all periods of the intern semester and in three of the 10 themes: *Developing a Relationship, Making a Difference in My Patient's Life, and Saying Goodbye*. The common thread that runs through these three themes is the caring provider-patient developed over time that provided the foundation for the provision of services. To develop relationships with their patients, the student health coach sought to understand individual differences between patients, be fully focused on the patient's needs and feelings, and establishing trust. To make a difference in the patient's life and health, the intern relied on their relationship to engage them, evoke change in them, and support them. Lastly, this deep relationship made it difficult for the student health coach to say goodbye at the conclusion of their internship.

Intern's journals also highlighted the significance of real-world experiences as an important feature of the health coaching internship. In comments composing the theme, *As Real As It Gets*, student health coaches explained that their internship with the HTA program provided them with experiences transcended the classroom, and affirmed their desire to work in the healthcare setting. In comments from the theme *Lessons Learned and Knowledge Gained*, student health coaches described how the HTA program internship provided the opportunity to work with other medical professionals in the field and receive firsthand experience how each of these professionals worked as a team to provide complete care for the patient. Lastly, and perhaps most importantly,



interns worked daily with patients who had were struggling with health issues, provided them the opportunity to develop empathy skills, educate, and advocate for their patients. The salience of these real-world internship experiences to these students, adds to previous research documenting that satisfaction with the internship is positively related to challenging experiences during it (Oodio & Kerwin, 2016). In addition, our findings align with previous research highlighting the impact of the internship experience on career decision making, and the link between positive intern experiences and career commitment (e.g., Cunningham & Sagas, 2004; Hernandez et al., 2014; Oodio et al., 2014).

In their qualitative study of hospitality interns, Losekoot et al. (2018) described that, in many cases, interns learn things that were unexpected. Among the more powerful lessons learned during this internship was how to deal with the loss of a patient. On several occasions over the length of this study, a patient of a student health coach died. Comments about this experience lead to the development of the theme *Dealing with Loss*, where student health coaches who were cognizant that their patients in some cases were very ill, faced difficult challenges of managing their feelings of loss. After the death of a patient, student health coaches often struggled to make sense of what happened, and questioned their effectiveness. Realizing the significance of this situation on interns, the university internship supervisor created a death education module, which included information Kubler-Ross's 5 stages of grief and loss as well as other pertinent information.

A major goal of health coaching is helping the patient better self-manage their health. In this internship program, the focus is on helping patients better self-manage chronic health conditions (diabetes, congestive heart failure, hypertension, chronic obstructive pulmonary disease, and chronic kidney disease). These conditions are that are widespread in the U.S., difficult for patients to self-manage, and frequently result in multiple hospital admissions (Anderson, 2010; Arora et al., 2009; Bowles et al., 2010; Parekh et al., 2011). Journal entries of student health coaches documented actions taken to help patients modify behavior, facilitate medication compliance, and improve health literacy, and an increasing understanding of the challenges of patients and the healthcare system. Through the process, interns gained confidence in their knowledge and skills, and expressed satisfaction in making a difference. Our findings support previous work indicating internships provide experiences where students improve technical, communication, and teamwork skills (e.g., Cromwell, 2018; Losekoot et al., 2018), facilitating confidence and work satisfaction (Hernandez et al., 2014).

While this study has provided a description to student interns' experiences as a health coach, the results of this study may not be generalizable to other students completing a health coaching internship for

several reasons. First, not all health coaching internships are focused on elderly patients with multiple chronic health conditions. Health coaching has been utilized to address a wide variety of health behaviors such as smoking cessation, weight loss, exercise adherence, and stress management, as well as patients of various ages. Second, health coaching in this study was conducted face to face and in most circumstances in the patient's home. In contrast, other health coaching programs are conducted telephonically or via telemedicine. The experiences of health coaches using these additional methods may differ from the students in this study. Third, the design and data sources for this study focused on student journals rather than real time interviews which limited the possibility of follow-up questions and clarification. Lastly, data collection for this study spanned over 5 years. During this period, advances in chronic disease management, as well as changes in the HTA program (changes in HTA staff, patient identification, and hospital protocols) may have had an impact on student experiences.

## CONCLUSION

The HTA partnership is unique. It provides students with interests in healthcare career paths an internship that links college education, extensive training in chronic disease, and real-life experience that involves direct contact with patients. Students are offered the rare opportunity to be part of a large multi-disciplinary medical team that is improving the quality of life of chronically ill members of the community. The HTA program and health coaching provided by the staff and student health coaches have enhanced the hospital's mission and effectiveness, and assisted patients to successfully manage chronic disease, thus resulting in reductions in overall hospital readmission rates. Hospital staff have recognized that patients who participate in the program are able to better manage their health with a health coach and clinical team following them closely to monitor for subtle changes, make treatment adjustments rapidly, and offer more attainable treatment alternatives. The internship provided through the HTA program is an example of the desirable types of university-community partnerships that have the potential to result in positive outcomes for students, community agencies, and the people they serve (Fear et al., 2004; McDonald & Dominguez, 2015).

The results of this study help to describe the activities of interns, how they progress and change over the course of an internship, and their thoughts and perceptions over the course of the experience. It helps to document aspects of the internship that are most salient to students as they transition from college to the workforce, and the learning that occurs during the internship semester. We found the qualitative analysis of intern journals used in this study and others (e.g., Losekoot et al., 2018) to be appropriate and effective in increasing our understanding of the experiences of interns. Future research should focus on health coaching experiences with populations

other than patients with chronic health conditions and health coaching provided telephonically or via telemedicine. In addition, future studies may wish to collect data in real time through semi structured interviews or explore the use of surveys to access a larger number of health coaches in varied settings.

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