

The BUDDIES Program

Start-Up Kit

*Matching Medical/Health Professional Students
with Chronically Ill Children*



Standing Committee on Community and Public Health
American Medical Student Association
1902 Association Drive
Reston, VA 20191

The
BUDDIES
Program
Start-Up Kit

by

Jason Mendoza, Third-Year Medical Student
Rush Medical College

&

Linda Rufer, M.D., Rush Children's Hospital
Claudia Baier, M.P.H.
Rush Medical College Faculty

Copyright 1999, American Medical Student Association

Copies of this and other publications are available from
the AMSA Resource Center at (800) 767-2266, ext. 217,
or via the AMSA Web site at www.amsa.org.



BUDDIES Program Start-Up Kit

BUDDIES matches a medical/health professional student volunteer one-on-one with a chronically ill child for a long-term, supportive relationship.

Thank you for your interest in establishing a BUDDIES chapter at your school. This start-up kit is designed to take you through the typical steps necessary to begin a chapter of the BUDDIES Program. Because institutions and personnel vary, it will likely be necessary to modify the process to fit the particular needs of your school.

BUDDIES Big Sibling Network

If you already have a similar big-sibling style program at your school that involves pediatric patients, please consider joining the BUDDIES Big Sibling Network. The goal of this network is to allow for an exchange of ideas and sharing of resources for the member programs (BUDDIES chapters along with other big-sibling programs). Each program will have a representative who will:

- 1) play an active role in promoting the Network and disseminating information about ideas, projects and events that are successful at local programs;
- 2) collaborate with the national office to obtain funding, donations and sponsorship at the national level for the BUDDIES Big Sibling Network; and
- 3) serve as a vital connection between the national office and their local programs.

Please contact Jason Mendoza at buddiesprogram@hotmail.com for more information or to join the network.

History

The BUDDIES Program was founded in January 1998 at Rush Medical College in Chicago by Jason A. Mendoza, in collaboration with two faculty members, Linda Rufer, M.D., and Claudia Baier, M.P.H. It is supported by the American Medical Student Association and its Standing Committee on Community and Public Health.

The Goals of the BUDDIES Program:

- 1) to provide children who are chronically ill and their families with an extra “buddy” to lend moral support, emotional support and companionship between medical center visits;
- 2) to provide pediatric patients with a special friend at the medical center, one who does not participate in the patient’s medical therapy but is there to support and encourage the child through the course of treatment;
- 3) to allow medical/health professional students to gain exposure to pediatric patients’ experiences in the medical center and to develop empathy and understanding from these experiences;
- 4) to allow medical/health professional students to see various medical treatments first-hand and to observe proper professional behavior from the medical center’s attending physicians and staff; and
- 5) to allow medical/health professional students to gain insight into how children/families cope with illness during their time outside of the medical center, and to understand how illness affects the children and their families.

The relationship established is mutually beneficial to both the chronically ill child and the medical/health professional student. The child benefits by having a “big sib” to hang out with during visits, correspond with between visits, and go on field trips with when possible. The volunteer gains insight and understanding for chronically ill patients not typically taught or experienced in the classroom or on the wards.

To establish a BUDDIES Program at your school:

- 1) Assess your school’s need and interest for a BUDDIES Program.
- 2) Ask your classmates if they would be interested in being a big sibling for a chronically ill child for at least one year.
 - Typically you need at least two and no more than six volunteers for the start-up phase.
 - Hand out the attached *Volunteer Guidelines* sheet to interested volunteers.
 - See below for *Requirements of Volunteers*.
 - For recruitment of medical students, it is often best for volunteers to fulfill their commitment during their first two years of school, because the third and fourth years are often too demanding on students’ time.
- 3) Contact a faculty member in the Department of Pediatrics and/or Family Medicine to determine the following (your Dean’s office can provide you with contact names):
 - Are there chronically ill patients who would benefit from participating in BUDDIES?
 - Is a faculty member willing to act as the BUDDIES faculty liaison? (This is important for recruiting patients from other attendings, training volunteers and obtaining permission from the department chair.)
 - Are there potential staff members, i.e., social workers or nurses, who could assist in identifying and contacting patients about participating in BUDDIES and who could assist with training volunteers?

Once you determine that there is sufficient interest and need at your school, then you should:

- 1) Obtain the cooperation and endorsement of the chair(s) of the departments from which you will recruit patients, i.e., Pediatrics, Family Medicine, Volunteer Services, and/or Child-Life.
- 2) Obtain the cooperation and endorsement of your dean’s office or student affairs/community service office, if necessary.
- 3) Obtain a source of funding to reimburse volunteers for *reasonable* expenses. Possible sources include:
 - Dean’s office
 - Student Affairs Office
 - Community Service and/or Community Affairs Offices
 - Department of Pediatrics and/or Family Medicine
 - Institutional grants
 - Outside grants (e.g., AMSA’s Local Project Grants Program—call (800) 767-2266 or see the AMSA Web site at www.amsa.org; American Medical Women’s Association; Pharmaceutical companies—ask drug reps; etc.)

Please note: For the start-up phase, only two to six volunteers are necessary. Each volunteer will typically spend \$50 for the entire year on a buddy. Therefore, you will require \$100 to \$300 for the first year of BUDDIES, not including special events or field trips.

When the above steps are complete, then you should:

- 1) Have the potential volunteers fill out and hand in the attached (or similar) *BUDDIES Program Interest Sheet*.
- 2) Organize a training meeting to introduce the potential student volunteers to the faculty and staff who have committed to helping out with the program:
 - Have the faculty and staff bring a list of potential patient participants. Matching students with patients who visit clinics in close proximity to the school increases the chances that strong relationships will develop.
 - With the help of the faculty and staff, match each volunteer with a patient according to the information provided on the *BUDDIES Program Interest Sheet*.
 - Hold a training session in order to discuss the following:
 - Volunteer Guidelines (see *Volunteer Guidelines* sheet)
 - Methods of reimbursement
 - Strategies for establishing a relationship
 - Setting boundaries for the relationship

After the organization/training meeting:

- 1) Have a faculty or staff member invite the chosen patient participants to join the program. (Make the necessary arrangements in case a patient/family declines to participate).
 - Create a waiting list of any extra patients who would like to join BUDDIES.
- 2) Have the volunteer then call the patient/family and introduce himself/herself OR arrange for the volunteer to meet the patient/family during an upcoming clinic/hospital visit.

Once the volunteers have begun their relationships:

- 1) Form a steering committee and/or elect a chairperson(s) from the volunteers to act as liaison(s) between the faculty/staff and the volunteers.
- 2) Additional duties of the steering committee/chairperson(s) include:
 - recruiting new volunteers and requesting new patients for BUDDIES;
 - matching new volunteers to a) patients of outgoing volunteers, b) waiting list patients, or c) new patients—it is best to match new volunteers to patients in this order;
 - organizing recruitment/training meetings at least once per year (providing food at these meetings is very helpful);
 - organizing meetings every other month for communication between the volunteers and faculty/staff (again, food is a great way to increase attendance for some reason...);
 - calling the volunteers once or twice a month to ask about the progress of the relationship; and
 - sending updates to the national BUDDIES office.
- 3) With enough interest and volunteers, the steering committee/chairperson(s) may also:
 - solicit for funding (reimbursement for the volunteers and for events);
 - solicit for donations from local museums, zoos, theaters, amusement centers, etc. (see attached sample letter—use official school stationery);
 - organize BUDDIES parties, field trips and events;
 - organize fundraising strategies and events (raffle, BUDDIES holiday cards, etc.); and
 - if a steering committee is formed, the committee can be divided into subcommittees that primarily
 - a) recruit/train volunteers,
 - b) solicit for donations/organize BUDDIES events, etc.

Requirements of Volunteers

It is vitally important to stress to potential volunteers that they are making a serious, long-term commitment to a chronically ill child—typically at least 12 months. Moreover, we suggest requiring a *two-year* commitment for kids who have dealt with unusual loss in their lives, such as HIV-positive children. The volunteer has the potential for making a significant, positive impact on the child's life, but the volunteer must be willing to maintain the relationship even through the stresses of exams. This is not to say that the majority of the one's spare time is spent volunteering with BUDDIES—this is typically not the case. However, a volunteer should be willing to make a five-minute phone call (or write a brief letter) before exams to say hi and explain that he/she will be busy for a few weeks. Also, the volunteer should stay in touch using postcards or similar correspondence with their buddy if he/she will be away for extended periods of time (e.g., summer break).

Extra Help

If you have any questions or suggestions, please do not hesitate to contact Jason Mendoza at buddiesprogram@hotmail.com. You can also contact Claudia Baier, MPH, assistant professor of Preventive Medicine and director of the Rush Community Service Initiatives Program at (312) 942-8116.

BUDDIES Program

Interest Sheet

Date _____

Personal Data (please print clearly)

Name _____

Telephone Number _____ E-mail address _____

Address _____

- Do you have regular access to a car? ☐ Yes ☐ No
- Do you speak any foreign languages ☐ Yes ☐ No
Please list them and rate your fluency for each: _____

- Are you fluent in American Sign Language? ☐ Yes ☐ No
Please indicate your level of fluency: _____

- Can you make a one-year commitment? ☐ Yes ☐ No
- Would you be willing to make a two-year commitment? ☐ Yes ☐ No
(a two-year commitment is required to be matched with HIV-positive patients)

Preferences for Patient “Buddy”

- Do you prefer a male or female buddy?
☐ Male ☐ Female ☐ No preference
- What age range would you prefer for your buddy?
☐ 4–9 yrs ☐ 10–14 yrs ☐ 15–18 yrs ☐ No preference
- Please indicate any special interest in being a buddy for a patient with a specific diagnosis or write “no preference.” _____
- Do you prefer a patient who is predominantly in-house, i.e., makes weekly or monthly visits to the clinic and/or hospital?
☐ Yes ☐ No ☐ No preference

BUDDIES Program

Volunteer Guidelines

These guidelines are meant to answer basic questions and provide general guidance to volunteers in the BUDDIES program. Volunteers are also encouraged to explore their own creative ideas to meet the goals of the program.

As a volunteer, you will be matched with a patient, usually 5–18 years of age, to participate in a “big sibling”–style relationship. We will do the best we can to match patients and volunteers with similar interests. Patients are asked to participate in the program by their physicians and have the approval of their parents(s) or guardian(s). The kids in the program have been chosen because they have a medical condition that necessitates frequent visits to their physicians. In order to provide the children with a sense of continuity, volunteers are asked to make at least a one-year commitment to the BUDDIES program, although it is hoped that the volunteers and children will develop a long-standing relationship that endures well past the volunteers’ medical school years. A two-year commitment is required to be matched with HIV-positive children and other special cases.

Goals of the BUDDIES Program:

- 1) to provide children who are recurrent pediatric patients, and their families, with an extra “buddy” to lend moral support, emotional support, and companionship between medical center visits;
- 2) to provide pediatric patients with a familiar face at the medical center who does not provide medical therapy but is there to support and encourage the child through his/her course of treatment;
- 3) to allow _____ students to gain exposure to pediatric patients’ experiences in the medical center and to develop empathy and understanding from these experiences;
- 4) to allow _____ students to see various medical treatments first-hand, and to observe proper professional behavior from the medical center’s attending physicians and staff; and
- 5) to allow _____ students to gain insight into how children/families cope with illness during their time outside of the medical center and to understand how illness affects the children and their families.

In order to meet these goals, the volunteers will:

- 1) exchange correspondence (letters, e-mails, telephone calls) weekly;
- 2) make monthly visits/excursions with the child;
And if agreeable with the child, the child’s parent(s)/guardian(s) and the physician, students will also be able to:
- 3) accompany the child during treatment sessions at his/her physicians’ office; and
- 4) visit the child in the patient’s medical center room.

Special concerns:

Please be aware that some of the children have dietary and/or activity restrictions that must be followed. Also, please respect the confidentiality of your child and family. In some rare, special cases, the child will not be fully aware of his/her diagnosis and, therefore, volunteers are asked not to divulge any extra information.

Reimbursement

Volunteers will be reimbursed for *reasonable* activities they do with their child. Funds are limited, so if you plan on going to the zoo or museum, try to do so on a “free” day. Please keep all receipts and give them to _____ in the _____ office.

Meetings

A meeting every other month is required of all volunteers to share their experiences with other volunteers and to keep the faculty sponsors up-to-date about the program. The first meeting is a training and orientation meeting in which volunteers are matched with children. All volunteers are assigned to a steering committee member supervisor. He/she will periodically contact you to check your progress and satisfaction with the program

Your supervisor is _____ and can be contacted at _____ if you have any questions or comments about the program.

In the event of an emergency

While we expect that your volunteer experience will be enjoyable and rewarding, there is a small chance that you will encounter a difficult situation (emergencies, abuse, etc.). Parents shall provide an emergency telephone number just in case.

- ☐ Your buddy is from the Department of Pediatrics.
If you suspect abuse, neglect or other serious family problems, please immediately contact _____, our pediatric faculty liaison, at _____.
If you are unsure that a situation deserves special attention, contact _____ anyway.
- ☐ Your buddy is from the Department of Family Medicine.
Also if you suspect abuse, neglect or other serious family problems, please immediately contact _____, our family medicine faculty liaison, at _____.
If you are unsure that a situation deserves special attention, contact _____ anyway.

Thank you again for volunteering in the BUDDIES program!

Please do not hesitate to call the following people with any questions or ideas you may have.

Name _____
Phone _____
E-mail _____

Name _____
Phone _____
E-mail _____

Sample Letter for Donations (adapt as needed)

Date

Your name here
BUDDIES Program
Generic University

Museum, zoo, theater, etc.
Address

Dear _____:

I am writing on behalf of the BUDDIES Program, a non-profit, volunteer program of the American Medical Student Association and _____. BUDDIES serves chronically ill children here in _____. We are asking for donations (or discounts) of tickets and/or special event passes for children and volunteers involved in our program. Below is a brief synopsis of BUDDIES. *Thank you in advance for taking the time to read about our program.* Please feel free to pass this letter on to anyone in your organization who can assist us in bettering the lives of chronically ill children and their families.

BUDDIES is a “big sibling”-style volunteer program that began in _____ with the help of several faculty and staff of _____. The program is student-run and receives guidance from the faculty and staff of _____. BUDDIES matches a _____ student volunteer with a child from one of the clinics of _____. The student volunteer acts as a special “buddy” for one child by exchanging letters or phone calls, visiting the child at home or at the medical center, or taking the child on an outing. The patients have chronic illnesses ranging from asthma and cancer to HIV and end-stage renal disease.

There are five main goals for the program:

- 1) to provide children who are recurrent pediatric patients, and their families, with an extra “buddy” to lend moral support, emotional support, and companionship between medical center visits;
- 2) to provide pediatric patients with a familiar face at the medical center who does not provide medical therapy but is there to support and encourage the child through his/her course of treatment;
- 3) to allow _____ students to gain exposure to pediatric patients’ experiences in the medical center and to develop empathy and understanding from these experiences;
- 4) to allow _____ students to see various medical treatments first-hand, and to observe proper professional behavior from the medical center’s attending physicians and staff; and
- 5) to allow _____ students to gain insight into how children/families cope with illness during their time outside of the medical center and to understand how illness affects the children and their families.

As you can see, the program is multi-faceted. It benefits not only the patients and families that participate, it also serves as an excellent educational opportunity for students to learn how people live with

chronic illnesses, both inside and outside of the medical center. We currently have _____volunteers in the program and _____patients enrolled.

Currently, we receive our limited financial support from _____. We at BUDDIES share a commitment to improving the lives of chronically ill children and their families. With your organization's generous donation of tickets and/or special event passes, we can meet this commitment to kids tragically afflicted with chronic illness in the _____area. Your donation will greatly expand the opportunities that we can provide to the kids in the program and will certainly bring much needed diversion for these special children. Moreover, it will provide an opportunity for representatives from your organization to participate in the fun and experience first-hand the difference we can make in these special children's lives.

Thank you again for your interest in being a supporter of the BUDDIES Program. If you have any questions or would like to discuss the program further, please do not hesitate to contact me. In addition, the faculty liaison of BUDDIES, _____, can be contacted at _____, or _____ can be contacted at _____, also. Donations may be sent to:

BUDDIES Program
_____ Office
Generic University
Generic Street
Generic, GN 00000

Sincerely,

—*Your Signature*—

Your name here
Your phone # here
Your e-mail here