

## Walk with a Future Doc program allows Canadian medical students to promote physical activity and health education in local communities

Le programme *Walk with a Future Doc* permet aux étudiants en médecine canadiens de promouvoir l'activité physique et l'éducation en santé dans les communautés locales

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Published ahead of issue: Mar 4, 2024; CMEJ 2024 Available at <https://doi.org/10.36834/cmej.77055>

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### Implication Statement

Medical student-led walk and talk programs, such as *Walk with a Future Doc (WWAFD)*, provide a means for the medical community and community at-large to interact in a non-clinical setting. This environment can increase attendance accountability, enhance patient-provider relationships, and allow medical professionals to be leading examples of healthy, active living. We demonstrate the positive interest for this program, rationale of participants for joining, and the feasibility of its setup. As one of the only WWAFD programs in Canada, we encourage other medical schools to implement this program to promote continuity of hands-on, community-engaged learning amongst their students.

### Énoncé des implications de la recherche

Les programmes de marche et de discussion menés par les étudiants en médecine, tels que *Walk with a Future Doc (WWAFD)*, permettent à la communauté médicale et à la communauté dans son ensemble d'interagir dans un cadre non clinique. Cet environnement peut accroître la responsabilité face à l'assiduité, améliorer les relations patient-fournisseur et permettre aux professionnels de la santé d'être des exemples de vie saine et active. Nous démontrons l'intérêt positif de ce programme, les raisons pour lesquelles les participants y adhèrent et la faisabilité de sa mise en place. Comme il s'agit de l'un des seuls programmes WWAFD au Canada, nous encourageons les autres facultés de médecine à mettre en œuvre ce programme pour promouvoir la continuité de l'apprentissage pratique et engagé au sein de la communauté parmi leurs étudiants.

### Introduction

Most Canadians are physically inactive,<sup>1</sup> with residents of Atlantic provinces exhibiting the highest rates of inactivity and chronic health conditions.<sup>2</sup> *Walk with a Doc* is a not-for-profit organization that aims to increase community levels of health education, physical activity, and social connectedness.<sup>3</sup> The program started in Ohio in 2005 and now has over 500 chapters worldwide, including *Just Walk* chapters led by allied health professionals and *Walk with a*

*Future Doc (WWAFD)* chapters led by medical students. The efficacy of WWAFD is not published nor well understood. We implemented a WWAFD program in New Brunswick and sought to characterize the uptake, feasibility, and perceptions of attendees.

### Description of the innovation

To start a WWAFD chapter, medical students must find a location to host walks and healthcare workers (HCW) to promote and supervise the group. Our WWAFD program

ran for 12 weeks between September-December. We met for ~60 minutes once/week at a YMCA in Saint John, New Brunswick. Each session began with a five-minute health talk given by a medical student or HCW, followed by a 50-minute self-paced track walk.

HCWs recruited participants by promoting the program in their clinic with our personalized posters and handouts. Other HCWs acted as program advisors: they attended sessions to provide health talks or answer participants' questions. Starting a *WWAFD* chapter costs \$600USD, which covers participant health insurance, program materials (prescription pads, flyers, T-shirts, health talk templates), and a portal to connect with the organization's staff and other Walk leaders. Participants were not charged to attend. Attendance was tracked and those that completed  $\geq 6/12$  sessions filled out a self-reflection survey at the end of the program. Research ethics approval was granted by Horizon Health Network and participants provided written, informed consent prior to participating.

## Evaluation

Forty-five participants (31 females, 14 males) attended  $\geq 1$  walk, with an average SD of  $21 \pm 4$  participants/walk. Most ( $n = 24$ ; 16 females, 8 males) attended  $\geq 6$  walks and were  $64 \pm 7$ -years-old with  $2.3 \pm 1.8$  health conditions (primarily hypertension or osteoarthritis). Some participants attended once ( $n = 6$ ), completed  $\leq 6$  walks ( $n = 7$ ), or started the program with  $< 6$  weeks remaining ( $n = 8$ ). Seven medical students and three physicians joined the program, with an average of  $2 \pm 1$  students and  $2 \pm 1$  physicians/walk.

The distance covered in each walk was  $3.5 \pm 0.8$  km/session. The primary motivators of patients to join were enjoyment of activity and belief in its importance (79% of participants), accessibility of the program (75%), meeting medical students (71%), health education (71%), and it being free (71%). Including brief education and medical professionals was desirable amongst attendees (Table 1).

Table 1. Participant survey results evaluating the program, medical students, and impact on lifestyle.

Question	Agreement (% of Respondents)			
	Strongly Agree	Agree	Neutral/ Do Not Know	Disagree/ Strongly Disagree
<i>Program-Specific Questions</i>				
I would recommend the program to others	87%	13%	0%	0%
The program was well organized	87%	13%	0%	0%
This program should be implemented in other New Brunswick communities	87%	13%	0%	0%
The topics in the health education talks were interesting, relevant, and easy to understand	83%	17%	0%	0%
I felt safe while at the program	83%	9%	9%	0%
I found value in the health education talks	78%	22%	0%	0%
I would attend the program again in the future <sup>a</sup>	77%	23%	0%	0%
The program was suitable for my level of physical activity	74%	13%	13%	0%
<i>Student Specific Questions</i>				
The students and healthcare workers demonstrated a high level of knowledge during health education talks <sup>b</sup>	91%	9%	0%	0%
I feel I was able to connect with future medical students during the program	65%	30%	4%	0%
The fact that the program is led by medical students influenced my decision to join	74%	26%	0%	0%
Having a healthcare provider present at the walk influenced my decision to join the program	43%	43%	13%	0%
<i>Self-Efficacy and Lifestyle Questions</i>				
I feel more motivated to be physically active after completing the program	39%	52%	4%	4%
I am more likely to walk on my own time after completing the program	39%	26%	26%	9%
I feel more energized after the group walks	35%	35%	22%	9%
I feel more connected with members of my community after completing in the program	35%	39%	26%	0%
My social wellness is better after completing the program (e.g., feel more connected with others)	35%	43%	22%	0%
I feel more confident in my physical ability after completing the program	35%	26%	35%	4%
I am more physically active on my own time after completing the program <sup>a</sup>	27%	45%	23%	5%
I made one or more friends during the program	26%	61%	13%	0%
I noticed an improvement in my physical health after completing the program	22%	35%	39%	4%
Participating in the program encouraged me to eat a healthier diet	13%	52%	30%	4%
My mental health has improved after completing the program (i.e., less stressed, less anxious, etc.)	13%	30%	57%	0%
The program improved my self-esteem	13%	30%	52%	4%
My quality of sleep improved after completing the program <sup>a</sup>	9%	36%	45%	9%

Data presented as proportions (%). <sup>a</sup> $n = 22$ . <sup>b</sup>The health education topics included nutrition, sleep hygiene, chronic pain management, spending time in nature, Canada's 24-Hour Movement Guidelines, stretching, balance, staying motivated to exercise, setting SMART goals, Canada's Low Risk Alcohol Drinking Guidelines, hydration, and mental health coaching. Topics were chosen by students or requested by participants. Survey questions were chosen based on barriers to and facilitators of physical activity program use among older adults. <sup>c</sup>The theoretical framework for the questions was informed by the Theory of Planned Behaviour (grounded in Motivation, Confidence, Practice).

## Next steps

We document the favourable impact of a medical student-led community walking program. Future efforts should expand this program and attract more participants, including more male attendees. Next steps include expansion to other communities and Canadian medical schools. We foresee that finding an area to host walks and licensed HCWs to attend will be the biggest barrier for students hoping to initiate *WWAFD* in their community. Collaboration with community businesses and HCWs can help overcome these barriers, ultimately allowing local citizens and the medical community to collectively lead healthy, active lifestyles.

**Conflicts of Interest:** The authors have no conflicts of interest to report.

**Acknowledgements:** The New Brunswick Medical Society provided support towards the start-up fees for initiating this Walk with a Doc chapter. The YMCA of Greater Saint John provided free access to their indoor walking track for this program. New Brunswick Medical Society and YMCA did not have any input on the conception or design of the study. The research was undertaken, in part, thanks to funding from the Canada Research Chairs Program (OT). MWO was supported by a CIHR Post-Doctoral Fellowship Award (#181747) and a Dalhousie University Department of Medicine Internal Medicine Research Foundation Research Fellowship Award.

**Edited by:** Marcel D'Eon (editor-in-chief)

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