Research Paper

Participation in Therapeutic Camp

A Valuable Experience for Medical Trainees

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Abstract

The benefits of therapeutic camp for children with chronic conditions have been clearly delineated. However, medical trainees' experiences at therapeutic camp have yet to be explored. This study characterizes pediatric fellows who have participated in therapeutic camp at any point in their training and assesses the impact of the camp experience. An anonymous 13-question online survey about therapeutic camps was deployed to medical fellows in Accreditation Council for Graduate Medical Education (ACGME) accredited programs. Basic demographic and training information were collected as well as details of the trainees' therapeutic camp experience. Quantitative and qualitative analyses were conducted using a mixed-methods approach. A total of 382 pediatric subspecialty fellows from across the USA participated in this study. While the majority of respondents had never participated in therapeutic camp (261, 68.3%), 97.5% of those who had participated reported a positive experience. Trainees described camp as a time of medical growth (22.9%), a rewarding experience (19.8%), and a means of appreciating children with chronic conditions in a normal atmosphere (11.5%). Many trainees also reported that the experience had an effect on their subspecialty choice; specifically, those who participated in a therapeutic camp were significantly more likely to select a chronic illness subspecialty (χ^2=.92, p=.05). Medical trainees benefit from the therapeutic camp experience. Camp may also provide the opportunity to learn about the benefits of recreation therapy firsthand and to build professional relationships with recreational therapists. More opportunities should be offered for medical trainees to experience therapeutic camp.

Keywords: *Pediatric training, therapeutic camp, chronic medical condition, chronic illness, career planning*

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Purpose and Literature Review

Therapeutic camps allow children, adolescents, and young adults with even the most complex chronic medical conditions to experience the social and recreational activities associated with camp while remaining in a medically supported environment. Previous research suggests that therapeutic camp increases children's adjustment, functioning, self-esteem, and level of disease self-management (Michalski, Mishna, Worthington, & Cummings, 2003; Mishna, Michalski, & Cummings, 2001; Nicholas, Williams, & MacLusky, 2009; Tiemens, Beveridge, & Nicholas, 2007; Torok, Kokonyei, Karolyi, Ittzes, & Tomcsanyi, 2006). There are also many psychosocial benefits to children attending camp, such as increased self-confidence, self-control, problem-solving skills, and feelings of inclusion and social acceptance (Devine & Dawson, 2010; Allsop, Negley, & Sibthorp, 2013). In a meta-analysis of 31 studies performed by Odar, Canter, and Roberts (2013), therapeutic camp attendance was associated with improvements in campers' self-perception. Another meta-analysis by Martiniuk et al. (2014) that included 20 studies found a wide range of positive impacts of camp for children with cancer and their families, including cancer knowledge, mood, self-concept, empathy, friendship, quality of life, and emotional well-being. Thus, the impact of camp on children with chronic conditions has been well defined.

There are also studies that explore the impact of general camp on camp staff (Duerden et al., 2014; Lyons, 2003); however, these studies to date have not been specific to therapeutic camp and have not focused on medical trainees specifically. While the benefits of therapeutic camp for campers are clearly documented and the impact of general camp on camp staff is emerging, medical trainees' experience at camp has yet to be characterized. Camp allows medical trainees to see and care for patients outside of the hospital setting and to gain exposure to a number of medical conditions such as cancer, spina bifida, chronic kidney disease, and diabetes. It allows trainees to explore the benefits of recreation therapy and gives them the unique opportunity to work alongside recreational therapists. The camp setting also presents the opportunity for trainees to compare a biopsychosocial or strengths-based approach to the traditional medical model of health care (Carruthers & Hood, 2007; Shank & Coyle, 2002). The attributes of the trainees who decide to work at this type of camp and the impact of the camp experience on medical personnel are currently unknown.

No studies to date examine the impact of participating in a therapeutic camp for medical trainees, which may allow trainees to experience subspecialty care in a non-hospital setting and impact subspecialty choice. However, other factors that impact subspecialty choice are known to be widely varied and include social responsibility, faculty mentors and previous research experience, clinical teachers, geographic backgrounds, and personality type (Chongsiriwatana, Phelan, Skipper, Rhyne, & Rayburn, 2005; Gill, McLeod, Duerksen, & Szafran, 2012; Griffith, Georgesen, & Wilson, 2000; Stilwell, Wallick, Thal, & Burleson, 2000; Taggart, Wartman, & Wessen, 1987). Therapeutic camp may serve as an additional career decision opportunity.

The first aim of this study is to characterize the demographic characteristics of pediatric fellows who have participated in a therapeutic camp. The second aim is to use a mixed methodology approach with quantitative and qualitative methods to assess the educational,

personal, and professional impact of the therapeutic camp experience on pediatric trainees. We hypothesize that the therapeutic camp experience will impact some trainees' career decisions. Understanding more about trainees' experiences at camp will begin to delineate the important role that therapeutic camp can play in the development of medical trainees.

Procedures

An anonymous online survey was conducted to learn how pediatric fellows' experiences with therapeutic camp impacted their subspecialty choice. All 710 pediatric fellowship directors were contacted from the Accreditation Council for Graduate Medical Education (ACGME) programs in all 18 subspecialties and were asked to forward the survey to their current fellows. Data were collected online using the University of North Carolina Portal for Qualtrics.™ Each fellow who participated in the survey had the opportunity to enter a raffle for one of 10 $25 gift cards. Providing an email address at the end of the survey was optional and this information was only used to contact the raffle winners. This was an IRB-exempt study because no personal identifiers were collected as part of the survey results.

Survey Design

The 13-question survey was divided into two parts. Part I obtained information about medical/residency training: name of medical school, year graduated, name of residency program, residency type (pediatrics, medicine-pediatrics, other), fellowship type, current year in fellowship, sex, and address zip code.

Part II asked whether the fellow had ever experienced a therapeutic camp (including as a visitor, volunteer, staff member, medical personnel, camper, family member, etc.). If *yes*, trainees were asked which camp(s) they attended, at what point in their training (prior to medical school, medical school, residency, fellowship), how many times/days in total, and what their roles were at camp. Additionally, trainees were provided a text box to reply to two open-ended questions: what they remember most about their therapeutic camp experience(s) and what effect that experience(s) had on their subspecialty choices. If the trainees did not participate at all in a therapeutic camp, the survey branched into questions regarding their interest in experiencing a therapeutic camp (yes or no) and whether their training program offers the opportunity (yes, no, unsure).

Data Analysis

Both quantitative and qualitative analyses were completed. For the quantitative data, descriptive statistics and Chi-squared analyses were employed. Medical specialties were coded as 'intense' based on factors described in previous publications (Jhaveri et al., 2013).

A phenomenological coding process was employed for the qualitative analysis. Several strategies drawn from multiple research lenses were used to establish the credibility and validity of the qualitative data and analysis process (Elliott, 2007). The coders for this study were one PhD psychologist and two undergraduate pre-medical students who had experience with qualitative data analysis or the phenomenon of interest. Initially, coders worked independently to identify meaningful statements from the survey responses. Next, the coders met to review all of the identified statements and organized them into significant clusters. Clusters were created based on similarities among meaningful statements, and each cluster included statements from multiple survey responses. The process of

grouping statements into clusters of similar ideas continued until all identified statements were grouped. The significant groupings were used as the codes for participant statements. Once these groupings were identified, the coders practiced coding example questions until they were reliable with each other. Lastly, all 121 of the transcripts were re-distributed for the final coding; inter-rater reliability between coders was adequate (k=0.89; Chongsiriwatana et al., 2005).

Findings

Participant Demographics

A total of 397 fellows from across the USA began the survey, and 382 (96.2%) completed it (Figure 1). The majority of participants were female (n=267; 69.9%) and graduated from an American medical school (n=286; 74.9%). Participants predominantly graduated from medical school between 2006 and 2009 (n= 278; 72.7%) and completed their residency in pediatrics (n=359; 94.0%). Fellowship types are represented in Figure 2. The most common fellowship types were hematology/oncology (n=71, 18.6%), endocrinology (n=45, 11.8%), neonatal/perinatal medicine (n=44, 11.5%), and emergency medicine (n=41, 10.7%). Of all respondents, 261 (68.3%) never attended a therapeutic camp (Table 1). Of those who did not participate in a therapeutic camp, 48 (18.4%) reported that their program offered the opportunity, 62 (23.8%) reported their program did not offer this opportunity, and 151 (57.8%) were uncertain. Additionally, of those who had not participated in a therapeutic camp, 201 (77.0%) reported interest in having this experience.

Camp Attendees

Those who participated in a therapeutic camp were significantly more likely to select a chronic illness subspecialty (χ^2=.92, p=.05). Of the 121 trainees who had therapeutic camp experience, the majority participated only once (n=60, 49.6%), followed by twice (n=28, 23.1%). There was a large range in the number of days that the trainees participated in the camp (1 to 381 days). The mean number of days of camp participation was 19.4 (±43.1) and the median number of days was 7. The most common roles were medical volunteer (n=69, 57%) or camp counselor (n=25, 21%). Camp attendance

Figure 1. States Represented among Pediatric Fellows Survey Participants

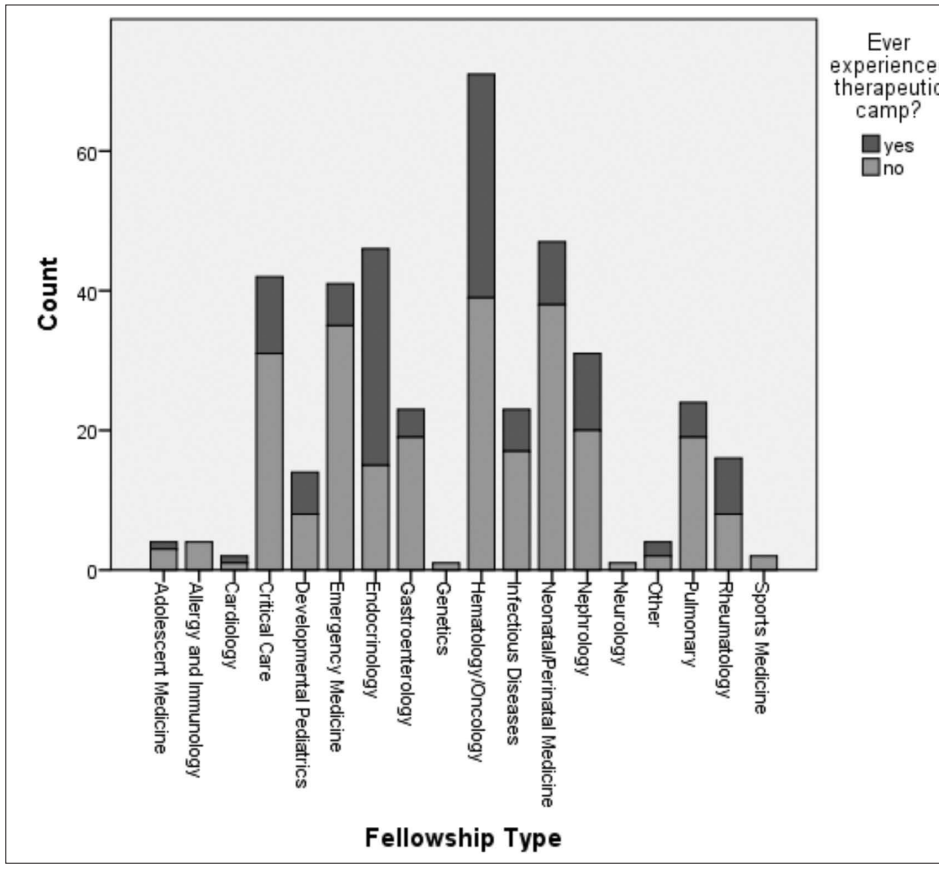

Figure 2. Fellowship Types Represented among Pediatric Fellows Survey Participants

was during residency (*n*=39, 26%), fellowship (*n*=39, 26%), medical school (*n*=16, 13%) or prior to medical training (*n*=17, 14%). Ten (8%) attended camp multiple times during their training and two (2%) were campers themselves prior to volunteering.

Among those who participated in camp, the most common specialties represented were hematology (*n*=32, 26.4%) or endocrinology (*n*=31, 25.6%; Figure 2), and a significant majority were involved in a fellowship that manages children with chronic conditions (*n*=92, 76.0%). There was no significant difference between males or females of likelihood for attending a therapeutic camp (χ^2=1.69, *p*= .19). There was a trend towards significance such that American medical school graduates were more likely to experience a therapeutic camp (χ^2=3.53, *p*=.06).

Qualitative Responses

Answers to the open-ended question "What do you remember most about the camp experience(s)?" were analyzed qualitatively by first dividing the responses into three major themes: the trainee's own memory or experience (96.7%), the trainee reflecting on the camper's experience (58.2%), and a broad "other" cate-

Table 1

Participant Characteristics

Characteristics	Total sample (*n*=382)	Those who have attended camp (*n*=121)
Females	267(69.9%)	99(81.8%)
Graduated from an American medical school	286(74.9%)	107(88.4%)*
Graduated from medical school between 2006-2009	278(72.8%)	100(82.6%)
Completed residency in pediatrics	359(94.0%)	115(95.0%)††
Fellowship type, most commonly represented:	--	--††
Hematology/Oncology	71(18.6%)	32(26.4%)
Endocrinology	45(11.8%)	31(25.6%)
Neonatal/Perinatal Medicine	44(11.5%)	9(7.4%)
Emergency Medicine	41(10.7%)	6(4.6%)
Current fellowship year	--	--
1st	115(30.1%)	33(27.3%)**
2nd	124(32.5%)	37(30.6%)
3rd	123(32.2%)	51(42.1%)
Fellows that manage a chronic condition	126(33.0%)	92(76.0%)***
Fellows in *intense*† subspecialty	183(47.9%)	75(62.0%)

† Multiple days on call a month, late hours, etc.

†† Not enough participants in each cell to conduct a Chi-Squared analysis

* Trend toward significance—such that those who attended camp were significantly different than those who did not attend camp on the given demographic characteristic ($p<.1$)

** Significant difference—such that those who were in their third year were significantly more likely to have attended camp than those in their first year ($p<.05$)

*** Significant difference—such that those who attended camp were significantly different than those who did not attend camp on the given demographic characteristic ($p<.05$)

gory (2.5%). Next, the three themes were further delineated using codes. Within the theme focusing on the trainee's own memory or experience, the most common code focused on the trainee's own medical growth (22.9%). Trainees also frequently reported that therapeutic camp provided them a rewarding opportunity to spend time with children who have chronic conditions (19.8%). The subsequent codes within the first theme focused on the trainees seeing the daily life of their patients outside the hospital (11.5%), appreciating the children as "normal kids" (10.7%), and appreciating the complexity and burden of medical care that these children endure (8.2%). The second theme that emerged from this question focused on the trainee reflecting on the camper's experience. Within this theme, the most common code focused on the campers having fun and enjoying themselves (27.9%), followed by the campers feeling "normal" or being able to act like "normal children" (13.9%). Trainees also reflected on how the campers formed relationships with one another (9.8%) and learned more about managing their own illness (6.6%). The third theme was a broad "other" category. In this theme, two respondents had a code that stated they remembered nothing about their camp experience (1.6%) and one respondent had a negative experience (0.8%). Additional categories and specific examples of the responses are detailed in Table 2.

Table 2

Qualitative Analysis on Pediatric Fellows' Experiences with Therapeutic Camp

"What do you remember most about the camp experience(s)?"		
	n	%
Fellow reporting their own memory or experience		
Total:	**118**	**96.7%**
Medical growth or experience	28	22.9%
"Learning about dosing and hypoglycemia management."		
"I learned so much about day-to-day management of diabetes!"		
Fellows having a rewarding, positive experience with the kids	24	19.8%
"Amazing experience working with kids with HIV!"		
"How good I felt about being a part of the camp."		
Specific or general memory of the kids	20	16.4%
"Campfire stories with campers."		
"Watching a child with terminal cancer lead a conga line two hours before his death."		
Seeing daily life of a patient outside of clinic/hospital	14	11.5%
"Seeing what the kids go through each day."		
"Seeing what the daily life is for someone with diabetes. There are certainly aspects you cannot appreciate by just seeing patients in a clinical setting."		
Appreciation of a child as a normal kid–not just a disease	13	10.7%
"The resilience of kids to just be kids, and not a disease."		
"Really makes the kids seem like kids and not patients."		
Appreciation of complexity/burden of medical care	10	8.2%
"How much work it takes to care for a child with special needs."		
"I was astounded by the hard work required to care for these kids."		
General memory–not specifically of kids	9	7.4%
"A concert put on there by a professional pianist that was great!"		
"Family interactions."		
Fellow reflecting on the camper's experience		
Total:	**71**	**58.2%**
Campers having fun or enjoying themselves	34	27.9%
"The kids loved being there!"		
"The children having so much fun, uninhibited by their illnesses."		
Campers feeling normal or being able to act as a normal kid	17	13.9%
"The kiddos feeling like they were "normal... like everyone else"		
"The patients/campers freedom to be a kid"		
Campers forming relationships relating to one another	12	9.8%
"Seeing the kids interact with other kids who had the same disease and talk openly about treatment"		
"Was a great environment for kids to open up and discuss things that they had never felt accepted about (bowel disease)"		
Campers learning more about managing their illness	8	6.6%
"Seeing diabetes kids learn to make right choices in a fun way"		
"Children gaining autonomy to administer their own meds"		
Other		
Total:	**3**	**2.5%**
Nothing	2	1.6%
A negative experience	1	0.8%

Answers to the second question "What effect did the experience(s) have on your subspecialty choice?" were divided into three key themes. The most frequent theme was trainees reporting that camp did have an effect on subspecialty choice (46.7%). Within this theme there were four specific codes. Camp helped the trainee choose a subspecialty (21.0%), reaffirmed an already chosen subspecialty (16.8%), allowed the trainee to learn more about a subspecialty

(4.2%), or made the trainee not choose a specific subspecialty (2.5%). The second theme was that camp did not have an effect on subspecialty choice (40.3%); trainees with this response provided no additional information for the question. The third theme was that the question was not applicable because the trainee attended camp after they had already selected their subspecialty (14.3%; Table 3).

Discussion

This web-based survey determined what percentage of trainees responding to the survey had participated in a therapeutic camp and what impact the experience had on these medical trainees. Our findings indicate that therapeutic camp can be a valuable educational experience in a trainee's career. Moreover, the thera-

Table 3

Qualitative Analysis on Pediatric Fellows' Subspeciality Choice Based on Therapeutic Camp Experience

"What effect did the experience(s) have on your subspecialty choice?"		
	n	%
Camp did have an effect on subspecialty choice		
Total:	**57**	**46.7%**
Helped the fellow to choose a subspecialty	25	21.0%
"It contributed to my decision to choose a subspecialty where I would be taking care of chronic illnesses that affect people throughout their lifespan."		
"One of the reasons that I chose nephrology for fellowship"		
Reaffirmed already chosen subspecialty	20	16.8%
"I already knew I wanted to do endocrine, though this added enthusiasm for endocrine."		
"It reinforced why I choose rheumatology"		
Allowed them to learn more about a subspecialty	5	4.2%
"It exposed me to a lot of children with developmental delays."		
"It allowed me to gain more experience before fellowship."		
Made them not choose a given subspecialty/ residency	3	2.5%
"Considered a endocrine fellowship, but many other aspects of endocrine did not interest me enough to go through with an endocrine fellowship."		
"Affirmed that Heme/Onc was not a specialty of interest for me to pursue."		
Different perspective to see kids out of the hospital	4	3.4%
"Camp is a unique experience and allows medical students/physicians to see their patients outside of the hospital/clinic and really appreciate what they go through on a daily basis and what they enjoy in life."		
"Going to camp enables me to be more empathetic with what they go thru day in and day out."		
Camp did not have an effect on subspecialty choice		
Total:	**48**	**40.3%**
None (no additional information provided)	48	40.3%
N/A - Fellow attended camp after already selecting sub-specialty		
Total:	**17**	**14.3%**
None, they had already chosen subspecialty	17	14.3%
"None—I had already chosen"		

**total does not add up to 100% as participants could have multiple codes in one response*

peutic camp experience proved to be a factor in many trainees' career decisions. When asked about the effect of therapeutic camp on their subspecialty selection, almost half of trainees who attended this type of camp reported that the experience impacted their subspecialty choice, primarily by helping them choose a subspecialty or by reaffirming their previously chosen path. Trainees also reported learning more about their subspecialty at camp and reiterated the benefit of seeing children outside of the hospital setting.

Trainees who are never exposed to camp may see pediatric patients with chronic conditions, complex conditions, and acute conditions only in their sickest states and when their parents are the most stressed (i.e., acute exacerbations requiring emergency department visits and/or hospitalizations). This may be discouraging for trainees and may result in trainees selecting other types of services. The findings from this study support the idea that camp provides trainees a different perspective and may render caring for children with a chronic illness more appealing. Trainees who attended camp were more likely to select a chronic subspecialty fellowship compared to those who had never attended camp.

These results indicate that trainees can gain a great deal from exposure to pediatric patients in a therapeutic camp setting. Watching children who may have experienced life-threatening events perform in camp talent shows, form friendships with their peers, and engage in a variety of activities at camp is vastly different from seeing them as patients inside the confines of the hospital, clinic or intensive care units. Interacting with pediatric patients in a therapeutic camp environment can provide an important recharge opportunity for pediatric specialists and can be quite inspiring. Trainees reported that attending a camp for children with chronic conditions serves as motivation to help even the sickest of children get healthy, stay well, and experience something as special as camp.

Camp may also provide the opportunity for medical trainees to learn about the benefits of recreation therapy firsthand and to build professional relationships with recreational therapists. There are fundamental differences in the strength-based approach and the biopsychosocial approach of recreation therapy compared to the traditional medical model utilized by most physicians (Carruthers & Hood, 2007; Shank & Coyle, 2002), and it is of great benefit for medical trainees to be exposed to the recreation therapy approach to chronic illness, particularly early in their careers. While the traditional medical model focuses on illness management and is driven by the physician, strength-based and biopsychosocal approaches intend to foster well-being and quality of life through collaboration among health care providers and clients (Carruthers & Hood; Shank & Coyle). Acquiring knowledge about and skills supportive of strength-based and biopsychosocial approaches are important as medical trainees develop their personal health-care philosophy and style of interacting with clients in the hospital setting. Therapeutic camp, as a training ground for future professionals, is an ideal setting to acquire and practice these new tools and to learn from health-care field colleagues.

Given the significant benefits reported by those who participated in camp (Allsop, Negley, & Sibthorp, 2013; Devine & Dawson, 2010; Martiniuk et al., 2014; Odar et al., 2013), it is important to note that more than two-thirds of the trainees responding had never experienced therapeutic camp. More than three-quarters

of these trainees were interested in having the experience, but a great number of them were not even aware whether their programs offered the opportunity. There are fellowship programs such as the pediatric nephrology program at The University of North Carolina at Chapel Hill that require their trainees to attend a therapeutic camp as part of their training. One reason that this experience was incorporated into the curriculum is that it allows the nephrology fellows an opportunity to appreciate the burden of care these patients and their families experience daily.

This paper utilized both quantitative and qualitative methodology, strengthening the findings. Quantitative analysis enabled examination of the demographic characteristics of those who have and have not attended camp, while qualitative analysis allowed identification of meaningful clusters and themes for the self-report data. The use of qualitative coding was a major strength of this study because it allowed trainees to describe, in their own words, the impact of the camp experience, rather than responding in a multiple choice format.

An inherent limitation in our study was the ability to recruit medical trainees as there are no publically available lists and we depended on the training directors to distribute this survey. Further, trainees interested in therapeutic camp may be more likely to complete the survey than trainees with no interest in camp. However, our findings denote the impact of therapeutic camp has on medical trainees. Future studies with a larger number of participants and trainees of other health-related fields will be useful for more closely examining the impact of therapeutic camp participation and career decisions of medical trainees.

Conclusions

Attending therapeutic camps can positively impact medical trainees and has a definite place in the formalized training of pediatric subspecialists, and perhaps even earlier in training. Exposure to camp ensures that trainees have experience outside the realm of acute or severe hospitalized illness. Moreover, camp provides the opportunity to learn about recreation therapy and build relationships with recreational therapists. Trainees may acquire an appreciation for a strengths-based approach of recreation therapists that builds on a social model of care rather than the traditional medical model (Carruthers & Hood, 2007; Shank & Coyle, 2002). Based on our findings regarding the positive impact of a therapeutic camp on trainees, and the relatively few numbers of medical trainees that have experienced it, the authors recommend the following action items:

- Health-care training program directors in all fields should become familiar about the existence and benefits of therapeutic camps.
- Health-care schools, residency programs, and fellowship programs should encourage—or even require—their trainees to participate in a therapeutic camp. Medical schools may consider the possibility of elective credit for medical students who chose to attend camp, so that it may fit into the academic program.
- Trainees who participate in therapeutic camps should be encouraged to write notes and reflections about their experience while at camp or shortly after camp. These reflections could be used later as refreshers and motivators when the trainees are tired, discouraged, or challenged by patients who undergo intensive unit

admissions or negative outcomes. Students can also utilize these writings to reflect upon what they have learned and can use in practice (e.g., strength-based and biopsychosocial approaches, interaction skills).

Future Directions

Future studies with a greater number of participants are needed to further explore the impact of therapeutic camp on medical trainees. These studies might compare the impact of camp as a tool in strength-based and biopsychosocial approaches in health-care training to a traditional medical training model approach. It would also be useful to survey program directors to assess their experience with therapeutic camp and the feasibility of adding such an elective to their curriculum. Finally, it would be valuable to track specific programs that choose to incorporate the above action items in order to determine the impact on their trainees and their program as a whole.

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