Based on interview responses, the engagement of older adult volunteers in a telehealth simulation was perceived as a mutually beneficial activity for both the volunteers and the nursing educators.

**Motivations and Benefits for Volunteers**

**Volunteer Motivations**

- **Healthcare-Related**
  - Interest in Healthcare
  - Background in Healthcare
  - Connection to Education
- **Education-Related**
  - Interest in Education

**Volunteer Perspective**

- Educational Insight for Volunteer
- Enjoyment
- Contributing to Education
- Appreciation for Education
- Insight, educational, advocacy

**Program Coordinator Perspective**

**DISCUSSION**

The findings of this study indicate the volunteers have several motivating factors to contribute to education via a telehealth simulation. Namely, an interest or background in healthcare was present among participants and a connection to education or an interest in education was also common among participants. Based on interview responses, the engagement of older adult volunteers in telehealth simulation was perceived as a mutually beneficial activity for both the volunteer and the nursing educators. Furthermore, given the state of the ongoing pandemic, such volunteer opportunities represent promising avenues for engaging older adults in meaningful volunteer work. Future recruitment efforts for similar partnerships should leverage older adults’ interest in healthcare and potentially their own professional and personal healthcare experiences. This small-scale pilot will be expanded through future simulation activities to continue to identify principles of practice for engaging older adults in virtual volunteerism.

**EXCERPTS**

“I’ve always been interested in nursing anyway, I’ve never been a nurse, but I have a background in, a long background in healthcare actually so of course I kind of gravitate to that.”

- Older adult volunteer

“They [volunteers] learned as well, of how to advocate for themselves or their loved ones during health care visits.”

- Program coordinator

**INTRODUCTION**

The University of Maine Center on Aging’s Retired & Senior Volunteer Program (RSVP) partnered with the University of Maine School of Nursing to support a telehealth simulation activity for eleven nurse practitioner students. Older adult RSVP members simulated a role play via ZOOM acting as mock patients or caregivers. Students were tasked with completing a cognitive screen with the patient and relaying healthcare information to the patient and caregiver. Activities were carried out with funding and support from the AgingME Geriatrics Workforce Enhancement Program (GWEP).

**METHODS**

Semi-structured interviews were carried out as part of this small-scale pilot encompassing debriefing interviews with volunteers (N = 3) and interviews with simulation coordinators (N = 2).

**RESULTS**

Interviews were transcribed, coded, and analyzed using grounded theory inductive techniques. Coding resulted in 42 initial codes with coding refined via constant comparative method with two coders resulting in 17 final codes. Volunteers discussed an interest and connection to healthcare and education as a motivating factor for their participation in the telehealth simulation. They also noted positive emotional benefits and new insights in connection with their participation. Benefits to the volunteer were distinguished by both the volunteer and coordinator perspective but had an overlapping theme of the value of contributing to graduate education as a distinct benefit for both the volunteer and nursing program. Volunteers noted enjoyment and a greater insight into medical education from their participation. Based on coordinator feedback, volunteers gained a greater appreciation for education and further insight into education and advocacy skills for themselves.

**FINANCIAL DISCLOSURE**

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP330800200, total award amount $754,907.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by, HRSA, HHS or the U.S. Government.