Patient’s Attitudes towards Trainee’s Presence in Primary Care Clinic

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Observations

- Patients were very nervous
- Some patients would ask me to step out of the room
- Some patients refused for me to even be present

Did students negatively impact the medical visit?

- Make patients uncomfortable?
- Alter the medical consultation?
- Cause patients to not mention certain info?
- Affect history taking and diagnoses?

Investigate these parameters, especially in a CHC

- Vulnerable populations
- HIV+
Background

• Since Wright’s study in 1974, there has not been an in-depth analysis of the student’s presence on primary care consultations.

• Few or no studies have been done at a CHC on vulnerable populations or on HIV patients: are medical trainees also a barrier to care?

• Several studies have shown that trainees are more likely to serve in settings they have exposure to and thus there is a dilemma.

First-hand experience for a student will help to retain a future work force, but will it be at the cost of the current population’s health?
Methodology

1. A nurse asked all patients if they would mind a female student being present for their patient visit.

2. Patients who agreed were asked to complete a paper survey after their visit.

3. All patients were informed of their rights.

4. Eligible participants were at least 18 or older and be able to read English or Spanish.

5. Surveys were collected after patients left the room.

Total Number of Patients: 90

Patients who Agreed to have Student Present: 71

Patients who Refused to have Student Present: 19

Patients who Completed the Survey: 71

Patients who did Not Complete the Survey: 0
Fig 3. Student’s Participation in Patient Visit versus Patient Gender

- Female:
  - 7 out of 23 (30.4%)

- Male:
  - 12 out of 67 (17.9%)
Fig 4. Student’s Participation in Patient Visit versus Patient Age

<table>
<thead>
<tr>
<th>Age Ranges (yrs)</th>
<th>Patient (#)</th>
<th>Agreed</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td>12</td>
<td>6</td>
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</tr>
<tr>
<td>40-49</td>
<td>24</td>
<td>18</td>
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<tr>
<td>50-59</td>
<td>24</td>
<td>18</td>
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<tr>
<td>60-69</td>
<td>6</td>
<td>4</td>
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<tr>
<td>70-79</td>
<td>2</td>
<td>1</td>
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</tbody>
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Refusals
- 18-29: 6 out of 12 (50%)
- 30-39: 1 out of 18 (6%)
Fig 5. Student’s Participation in Patient Visit versus Patient HIV status

Refusals
- HIV+:
  - 13 out of 63 (17%)
- HIV-:
  - 6 out of 14 (43%)
Fig 6. Overview of the Level of Comfort of Patients who Agreed to have a Student Present during a Patient Visit

- Comfortable to Very Comfortable, 91%
- Neutral, 3%
- Uncomfortable to Very Uncomfortable, 6%

100% felt Very Uncomfortable
- 4 out of 71 patients
- 75% were HIV+ males
- 100% were 55 yrs or below
- 100% never had prior experience with a student
Fig 8. Patient's Level of Comfort versus Willingness to have a Student at Next Visit

- Overall
  - 2 out of 71 (3%) would refuse
  - 67 out of 71 (94%) would agree

- Very Uncomfortable
  - 100% would agree

- Neutral and Very Comfortable
  - Contained 100% of refusals
Fig 9. Patient’s Ease of Communication across three values versus Level of Comfort

- Not Difficult to Discuss Personal Problems
- Discussed Everything
- Nothing to Withhold

- Very Uncomfortable
- Uncomfortable
- Neutral
- Comfortable
- Very Comfortable
Fig 12. Topics HIV+ and HIV- Patients Prefer to Not Discuss

<table>
<thead>
<tr>
<th>Topic</th>
<th>Amount of Responses</th>
</tr>
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<tbody>
<tr>
<td>Prefer Not to Say</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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<tr>
<td>Drug Use</td>
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<tr>
<td>Alcohol Use</td>
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<td>Smoking</td>
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<tr>
<td>Mental Health</td>
<td></td>
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<tr>
<td>Pregnancy, Contraceptive</td>
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<tr>
<td>Sexual Practices</td>
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<tr>
<td>Sexual Health</td>
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<td>Finances</td>
<td></td>
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<tr>
<td>Work Problems</td>
<td></td>
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<tr>
<td>Family Problems</td>
<td></td>
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<tr>
<td>Personal Anxieties</td>
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HIV- vs HIV+
Discussion

For the most part, having a student participate in the patient’s care does not harm vulnerable populations

- 91% felt comfortable or better
- 94% would have trainee present next appointment
- 100% that felt very uncomfortable agreed as well
- 90% easily discussed everything
- 75% would not withhold info
- 21% refused at the beginning

Private Visits (Refusals)

- 30% of women desire private visits even after being informed that the medical student was female.
- 50% of patients below the age of 30
  All of these refusal were from HIV+ patients.
- 3 out of 7 (43%) HIV-patients
  Less than 1 out of 5 (18%) HIV+ patients refused

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Discussion: Patient Discomfort

• Findings show that there is room for improvement
  • Of the patients who agreed to have student present, there were still some that had reservations
  • 1-2 asked student to leave mid-consultation
  • 6% were unsure about or refused to have student at next visit
  • 25% would withhold info
  • 34% uncomfortable info
  • Comments: gender matters
  • Uncomfortable Topics: STIs, sexual health, sexual practices

• Recommendations…
Recommendations

1. Better informed consent
   - Patient’s rights of Refusal
   - Say “no” at any time

2. Better education about the trainee
   - Role and Purpose of Student
   - Nature of the student-and-patient relationship is the same as the physician-and-patient relationship
     - i.e. the visit is confidential, student would treat your info just like your doctor
Conclusion

• There are limitations to the study, but hopefully this is making a case for having students in CHCs
• Students would benefit from the exposure
• Patients are very open to the experience

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