

# Patient's Attitudes towards Trainee's Presence in Primary Care Clinic

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# Introduction

- 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+



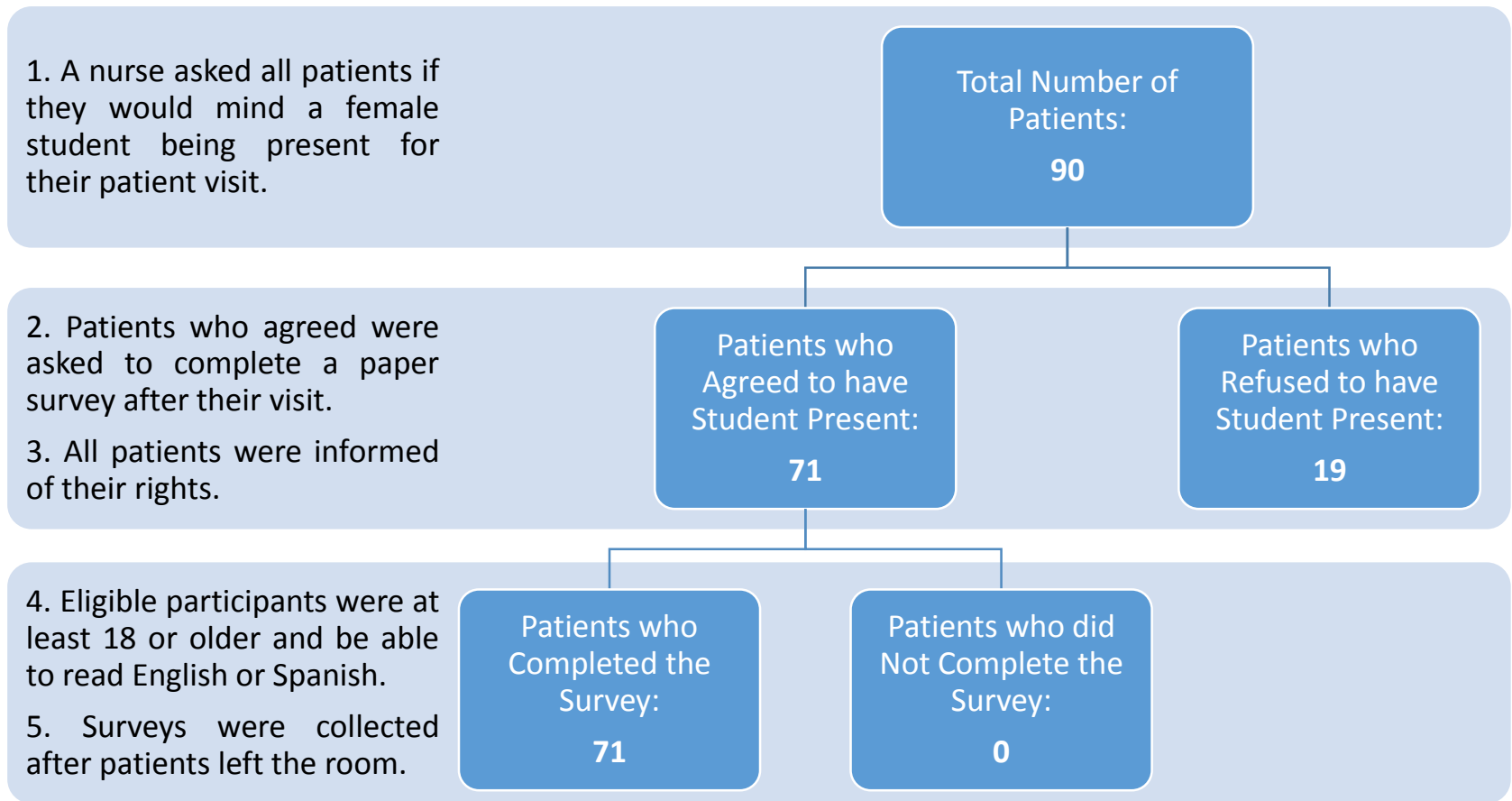
# Background

- 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.

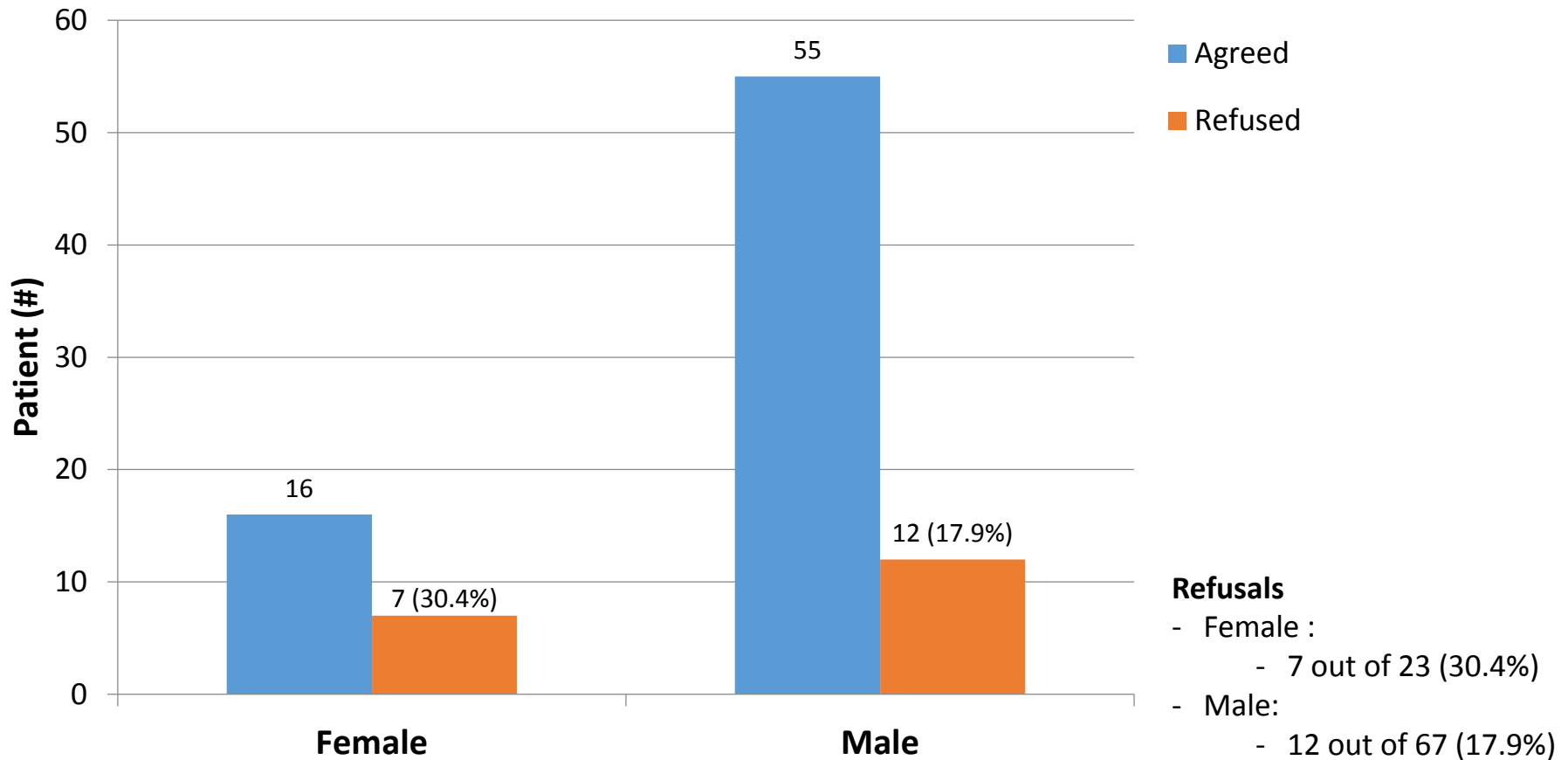
First-hand experience for a student will help to retain a future work force, but will it be at the cost of the current population's health?



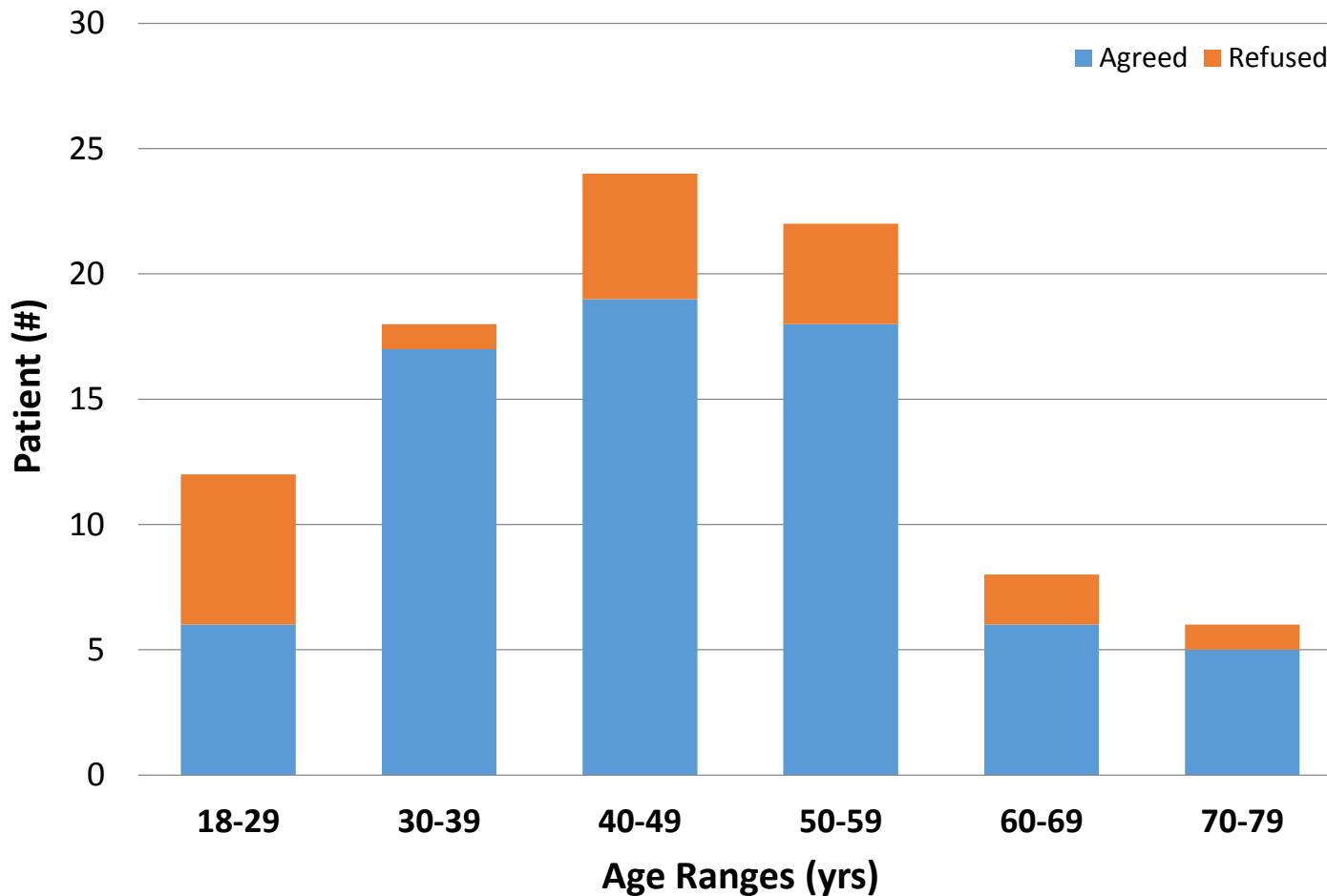
# Methodology



# Fig 3. Student's Participation in Patient Visit versus Patient Gender



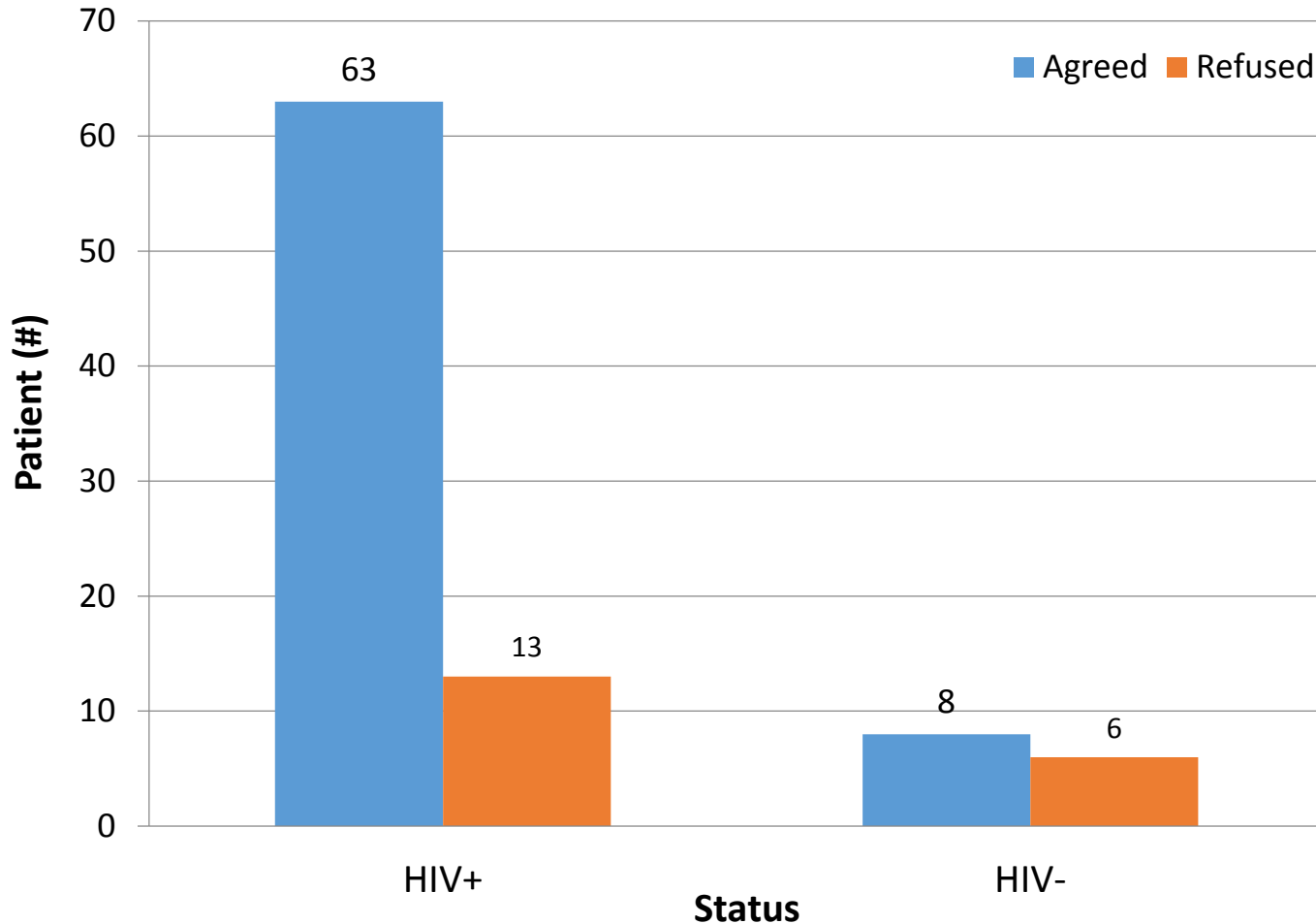
# Fig 4. Student's Participation in Patient Visit versus Patient Age



**Refusals**

- 18-29:
  - 6 out of 12 (50%)
- 30-39:
  - 1 out of 18 (6%)

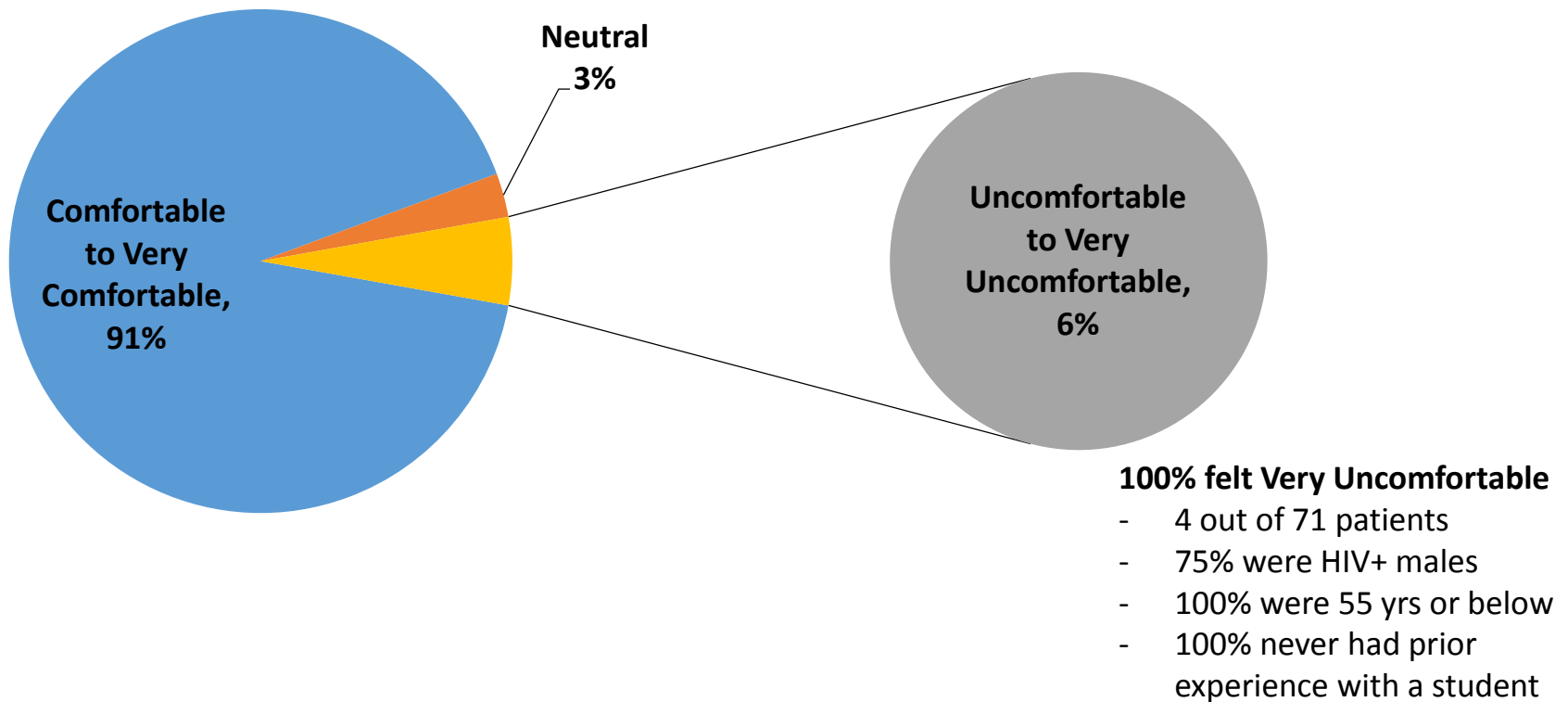
# Fig 5. Student's Participation in Patient Visit versus Patient HIV status



**Refusals**

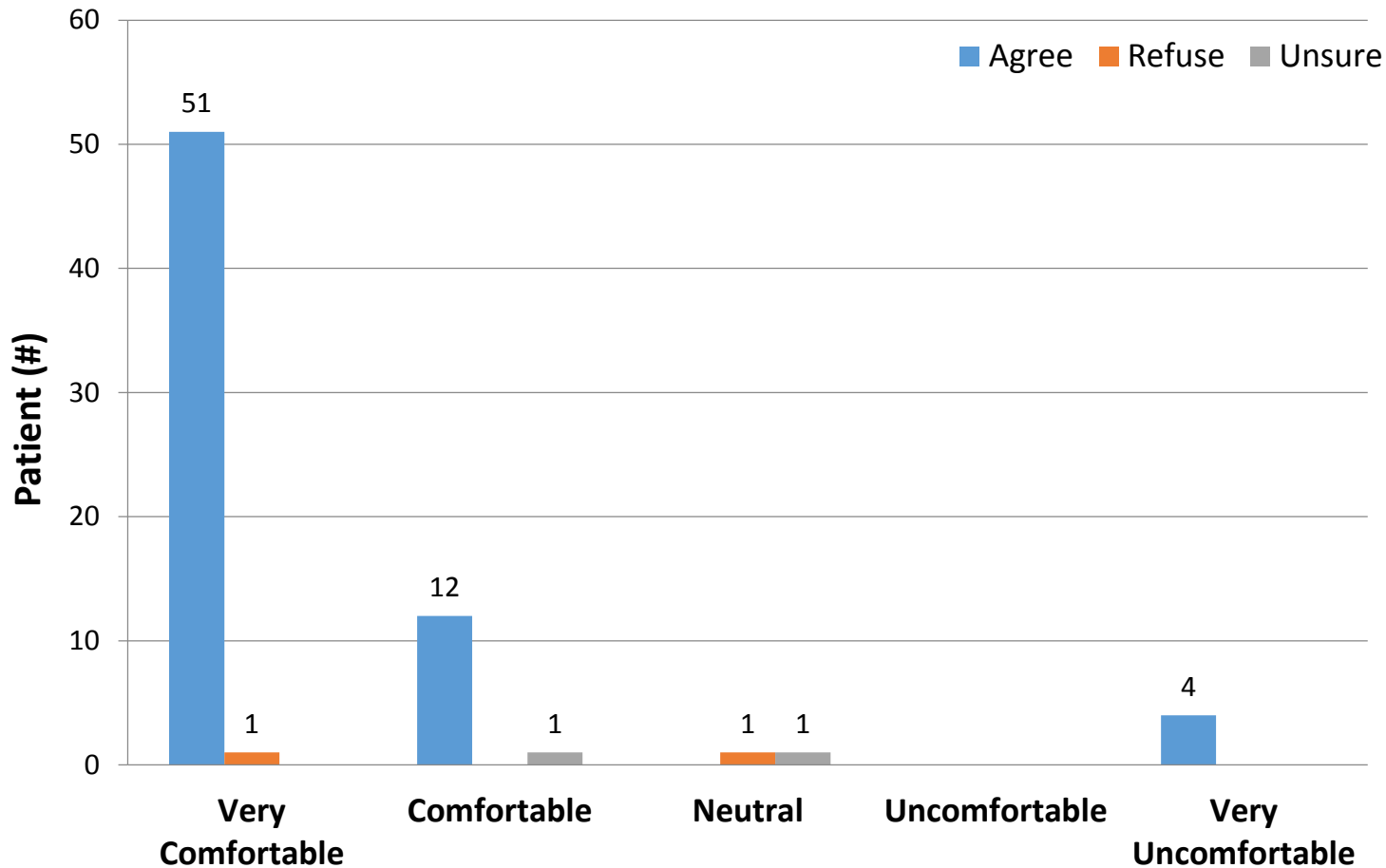
- HIV+:
  - 13 out of 63 (17%)
- HIV-:
  - 6 out of 14 (43%)

# Fig 6. Overview of the Level of Comfort of Patients who Agreed to have a Student Present during a Patient Visit





# 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

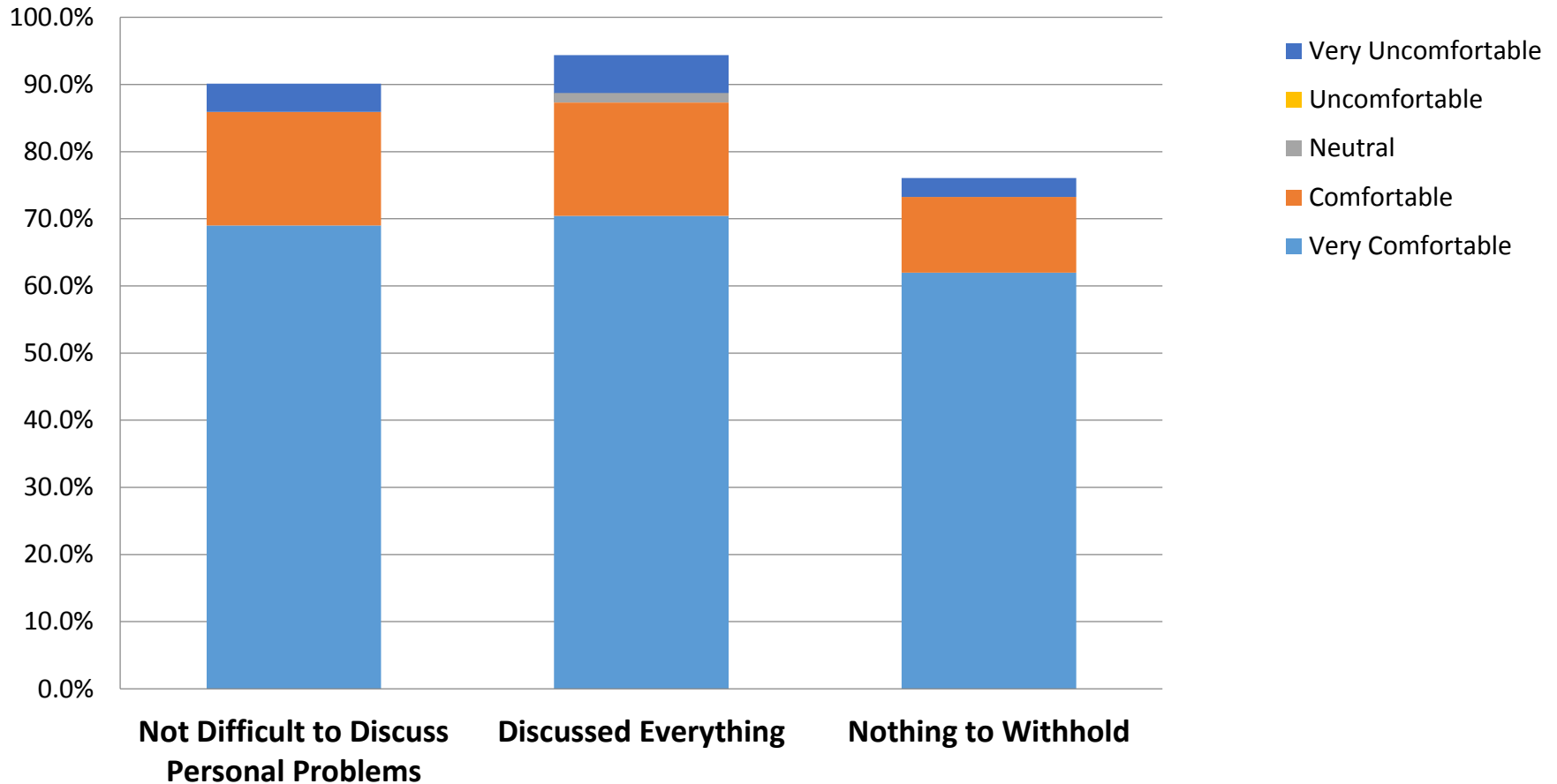
**Very Uncomfortable**

- 100% would agree

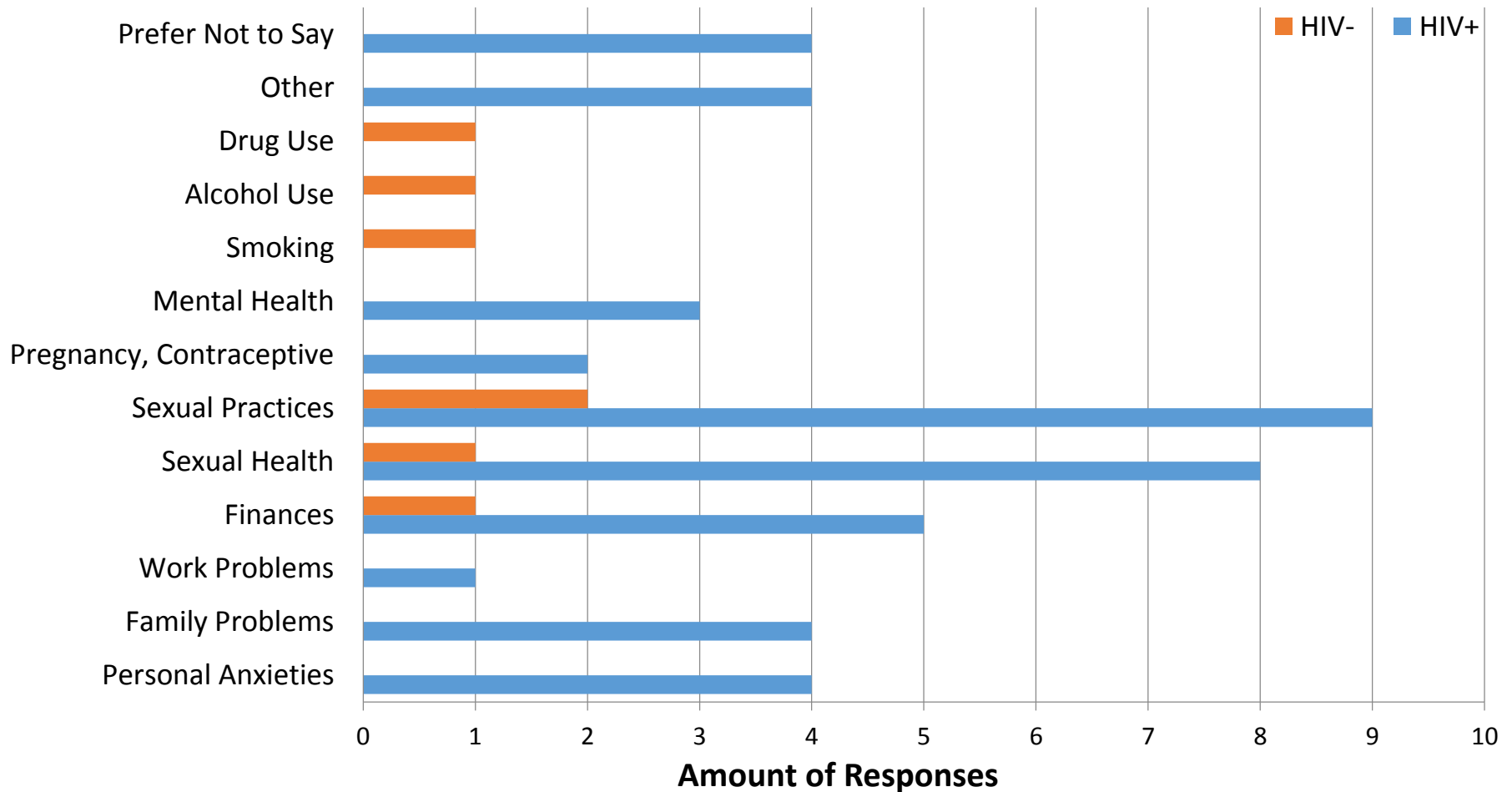
**Neutral and Very Comfortable**

- Contained 100% of refusals

# Fig 9. Patient's Ease of Communication across three values versus Level of Comfort



# Fig 12. Topics HIV+ and HIV- Patients Prefer to Not Discuss



# Discussion

## 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

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

# 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

# Acknowledgements

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