

What Do Patients Attending an Antenatal Clinic Know About the Role of Resident Physicians?

Meriah Fahey, MD, BSc(Hons), FRCSC, Margaret Burnett, MD, BA(Hons), MA, FRCSC

Department of Obstetrics, Gynecology and Reproductive Sciences, University of Manitoba, Winnipeg MB

Abstract

Objective: To assess antenatal patients' working knowledge of resident physicians involved with their care.

Methods: A prospective short-answer survey was distributed to a convenience sample of 120 consecutive patients of a busy obstetrical practice in a teaching hospital in 2006. Patients were asked about resident physicians' roles and responsibilities, level of education, hours of work, and relationship to the attending physician.

Results: The majority of patients had attended the teaching hospital within the preceding year and had also previously delivered a baby at the hospital. Only 7% of patient participants correctly identified a resident as actively involved in their care and only 18% correctly identified the attending physician as the residents' supervisor and/or educator. Most patients correctly identified the resident's highest level of education as university (90%) and knew that the resident was under the supervision of the attending physician (70%). Except the 5% of participants who answered "don't know," all respondents greatly underestimated residents' average weekly hours of work.

Conclusions: Patient knowledge of the role of the resident physician in the health care team is lacking. Increasingly, patients wish to be educated and engaged in their health care management. Given the significant role of residents in patient care in Canada's teaching centres, further attention should be paid to finding out what patients wish to know about their care providers and providing them with that knowledge.

Résumé

Objectif : Évaluer la connaissance pratique des patientes prénatales à l'égard des médecins résidents participant aux soins qui leur sont offerts.

Méthodes : En 2006, un sondage prospectif à court développement a été distribué à un échantillon de commodité de 120 patientes consécutives fréquentant une pratique obstétricale achalandée, au sein d'un hôpital universitaire. Nous avons posé des questions aux patientes au sujet des rôles et des responsabilités des

médecins résidents, de leur niveau de scolarité, de leurs heures de travail et de leur relation envers le médecin traitant.

Résultats : La majorité des patientes avaient fréquenté l'hôpital universitaire en question au cours de l'année précédente et y avaient également déjà accouché d'un enfant. Seulement 7 % des participantes ont correctement identifié le résident comme participant activement aux soins leur étant offerts et seulement 18 % ont correctement identifié le médecin traitant comme étant le superviseur et/ou le formateur des résidents. La plupart des patientes ont correctement identifié le niveau de scolarité le plus élevé du résident comme étant un diplôme universitaire (90 %) et savaient que le résident était sous la supervision du médecin traitant (70 %). Exception faite des 5 % des participantes qui ont répondu « je ne sais pas », toutes les répondantes ont grandement sous-estimé le nombre moyen d'heures de travail par semaine des résidents.

Conclusions : Les connaissances des patientes quant au rôle du médecin résident au sein de l'équipe de soins de santé sont incomplètes. De plus en plus, les patientes souhaitent se renseigner au sujet des soins de santé qui leur sont offerts et participer à leur gestion. Compte tenu du rôle important que jouent les résidents en ce qui concerne les soins offerts aux patientes dans les hôpitaux universitaires du Canada, une attention accrue devrait être portée aux renseignements que les patientes souhaitent obtenir à leur sujet et aux modalités nous permettant de leur offrir ces renseignements.

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INTRODUCTION

Resident physicians fulfill very different roles in centres across Canada depending on their area of specialty training, the care provided in their region, and the physician who supervises and is responsible for the resident's work at any given time. Some patients may have their care provided exclusively by residents; others, particularly inpatients, may see the resident as the physician most consistently involved in their hospital care via daily rounds and direct contact.

Residents are integral to the provision of patient care in Canada, especially in our current climate of increasing patient volumes and complex health issues. While "resident" is a term familiar to medical personnel, to others this word may mean very little. Despite ongoing public education campaigns at the local, provincial, and national levels about what residents do,¹ anecdotal evidence suggests that a

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lack of knowledge by those using the health care system seems to persist. It is generally unclear whether patients understand what residency is, the capacity in which a resident may act in their care, and the level of supervision by the attending physician.

A study of patients in the emergency department of a teaching hospital in the United States revealed that less than half of patients knew that residents were always supervised by an attending physician, and almost one-third thought that the resident supervised the attending physician.² Another US study reported that approximately one in four parents could not correctly identify the physician responsible for their child's care during hospitalization.³

We undertook a survey to assess patients' baseline knowledge regarding the residents involved in their care, in a busy antenatal clinic staffed by resident physicians. To our knowledge, this represents the first attempt to explore patients' knowledge of the resident's role in Canada.

METHODS

We approached patients for participation in the study between May 1 and August 31, 2006 in an antenatal teaching clinic at the Women's Hospital, Winnipeg, Manitoba. Each patient who attended the outpatient clinic at less than 20 weeks' gestation during this four month interval was enrolled after providing consent. Patients were recruited at this gestational age because we intended to provide half with an information brochure and then resurvey the population later to determine whether their knowledge of residents' roles improved over the course of their pregnancy, and how the brochure influenced their knowledge. Unfortunately, distribution of the follow-up survey was poor and did not provide an adequate sample size to complete that portion of the study.

Patients were excluded from the study if they did not speak English and did not have an interpreter with them at the time of their prenatal visit. Patients were approached in person and if they provided verbal consent to participate, they were given a written consent form that was then reviewed and signed.

Out of 124 patients approached, two declined participation, two were excluded from participation, and the remaining 120 provided written consent. The number of patients approached reflected the volume of new patients available in the clinic during the study period; as this was a pilot study, no sample size calculation was performed. The consent form was reviewed with each patient by the principal investigator and signed by the patient. A one-page, open-ended questionnaire (Appendix) was then provided to the patient for completion while she waited for her clinic appointment. Each patient was given a pen to complete the

Table 1. Patient demographics

Demographic	Respondents, n (%)
Age, years	
< 20	18 (15)
20–25	56 (47)
26–30	24 (20)
> 30	22 (18)
Parity	
0	40 (33)
1	28 (23)
2	16 (13)
3	12 (10)
> 3	24 (20)
Highest level of education	
< Grade 12	39 (33)
Grade 12	41 (34)
> Grade 12	40 (33)
Number of visits to study hospital within last year	
0	38 (32)
1–3	72 (60)
> 3	10 (8)
Self-reported heritage	
Aboriginal/Native	48 (40)
Métis	10 (8)
European	58 (48)
Asian	4 (3)

questionnaire and to keep as an acknowledgement of participation. The survey consisted of five demographic questions and seven questions related to the patient's knowledge of resident physicians. Patients were instructed to write "don't know" if they did not know the answer to a question. No other information was provided. Completed questionnaires were retrieved by the principal investigator, who obtained clarification from the patient if any completed fields were illegible. The average number of hours spent caring for patients (> 50%), hours on-call (24), and hours of work per week (70) used for marking patient answers correct or incorrect were taken from the responses to a Canadian survey of residents conducted in 2005.⁴ Work hours per week and hours spent with patients were similar for all residents in obstetrics and gynaecology across Canada in 2005.

Data were then tabulated, summarized, and analyzed using Jump-In Statistical Software (version 3, Duxbury Press, Scarborough ON).

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