

The University Medical Centre: A student's perspective

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Context

Over 515,000 students attended Ontario Universities in 2015/16, including 60,000 international students from abroad (<https://ontario.universityes.ca/resources/data/numbers>). First-year students who are away from home find themselves needing a new primary care physician. While a few researchers have examined student health care within the university setting in regard to mental health (Evans, 1999), sexual health (Habel et al., 2018), and health promotion (Griebler et al., 2017), there has been little research focused on the first-year student experience in finding primary care. Our study examined communication pathways, wayfinding and misconceptions students have related to the university medical centre.

Patient centered care involves a partnership between a healthcare provider and their patient. In this partnership healthcare professionals must consider the patient experience and be more informative, mindful, empathic and collaborative to provide the best possible care (Epstein & Street, 2011).

MENTAL HEALTH SEXUAL HEALTH HEALTH PROMOTION PATIENT CENTERED CARE



Figure 1. The recurrent themes in the literature about university medical centres

Methods

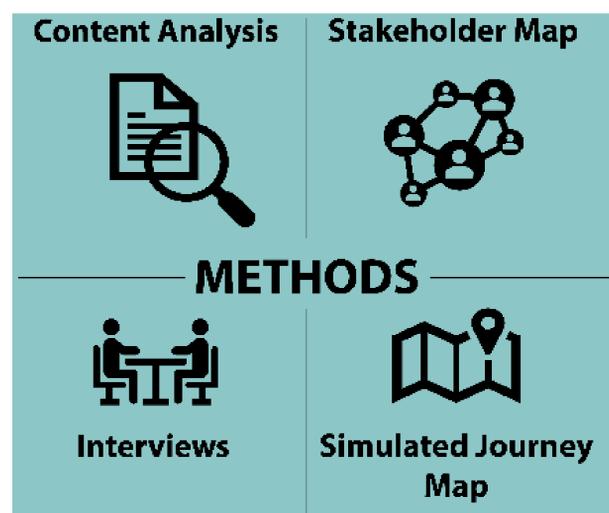


Figure 2. The methods used in the study

We began our investigation using a qualitative approach to examine how information about the Medical Centre is communicated to students (See Figure 2). Our content analysis (Hanington & Martin, 2012, p. 40) included a review of websites, social media, student guides, signage and posters.

Following this we created a stakeholder map (Hanington & Martin, 2012, p. 166) to identify people that interact directly with first-year students as they represent potential interview participants.

The simulated journey map (Hanington & Martin, 2012, p. 196) created by the researchers determined the possible steps a first-year student might follow in order to see a physician to determine key issues and solutions.

Semi-structured interviews (Creswell, 2009, p. 179) were conducted with three staff members of the Medical Centre. Typical student visits were described. Questions focused on determining common student misconceptions and suggestions to improve communication.

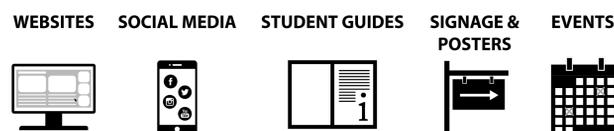


Figure 3. The five categories of communication points examined in the content analysis

Results

Content analysis

The content analysis allowed us to identify communication points on the Medical Centre's website. We noted that directions to find the Medical Centre were insufficient. Other communication touch points including social media, student guides, and posters did not provide sufficient information about the Medical Centre, as illustrated in Figure 4. Finally, information provided during special events like orientation did not mention the Medical Centre.

Category	Information	Directions
Websites		
Medical Centre	Appointments Mission statement and staff Policies Health insurance Lab and test results Emergencies Links for other websites Operating hours and phone number	Room number and building Address of the university
University, Student Life	Mention the Medical Centre and provide a link to the website	No directions
Residence Student Union	Mention the Medical Centre No mention of the Medical Centre	No directions No directions
Social Media		
Twitter, Facebook	Information about the Medical Centre (how to book an appointment) and provide a link to the website	No directions
Instagram	No mention of the Medical Centre	No directions
YouTube	One video (out of 462) about the Medical Center (information about the medical services)	Room number and building Easiest access by a specific entrance
Student Guides		
University (Resources page)	Information about the Medical Centre (who it is for, services provided, appointments) and provide a link to the website	No directions
One school (out of nine)	Information about the Medical Centre (services, phone number) and provide a link to the website	Room number and building
Two schools (out of nine)	Information about the Medical Centre (services) and provide a link to the website	No directions
Signage & Posters		
Informative posters	Health promotion and resources	No directions
Events		
University events website, Facebook	No mention of the Medical Centre	No directions

Figure 4. The main findings from the content analysis

Stakeholder Map

The stakeholder map confirms that there are many people involved in communicating information about the Medical Centre to students. This research took place during the summer, although we were able to interview administrative staff at the medical centre, we did not have access to students, and this is a limitation in this study.

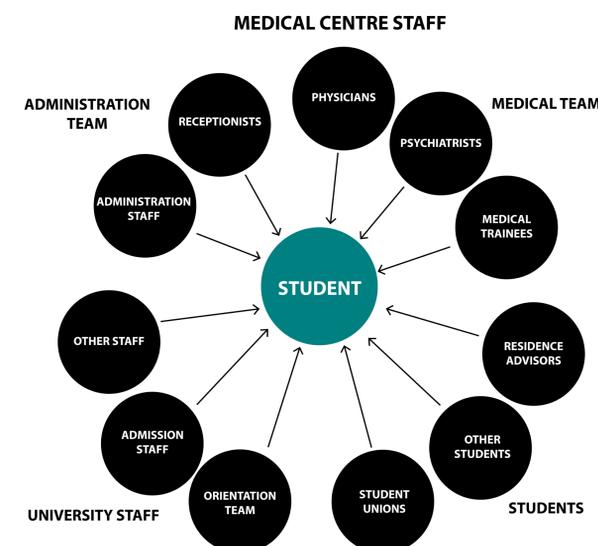


Figure 5. The stakeholder map

Simulated Journey Map

The journey map highlighted key issues in the process of booking an appointment at the Medical Centre. These included knowing about the Medical Centre when they are ill and finding the centre on campus. Signage and wayfinding were insufficient. Arriving without an appointment, their student card and health card was also problematic.

Interviews (n = 3)

Walk-in clinic

"I think the obvious one is they think we're walk in clinic. [...] I think they get that information from our website. [...] The idea of same day is just that we only have a little bit spots because our volume [is] so high, we can't afford to leave too many open".

MISCONCEPTIONS

Medical certificates

"A lot of times we have students coming in for medical certificates and sometimes they assume we're the only ones that fill it. I think it's just miscommunication with probably the prof from the faculty saying that they need to come here. But yeah we do provide it, but it doesn't have to be us".

Arriving on time/No show

"I really think the students really need to know the importance of arriving on time for their appointment. [...] We don't double book and we booked solid [...] if they come late they don't realize that's pushing the schedule back and at times doctors can't catch up".

WAYFINDING

Getting lost

"We're in a very old building, and [Building Name] just becomes a maze and the signs are not the best. Yes. Not even for me. [...] I just stick to like the one entrance of the two entrance. And then I'll let you know what I should really venture off. [...] The next thing I'm like following the signs. Wait. Where's [Building Name] now?"

Giving directions

"We guide them through the phone call as much as we can, G.P.S. on the phone. Most people have cell phones. We did try signs outside the street which didn't work".

Easiest access

"We tell them to just enter from [Address]. That's the easiest if they aren't familiar with the campus".

Figure 6. Participants' comments regarding misconceptions and wayfinding

Recommendations

Suggestions from the Medical Centre's staff

1. Put posters about the Medical Centre in residences to target first-years
2. Continue stations for health promotion during orientation week
3. Target first-years students as well as out-of-province and international students
4. Link information emails from University Admissions to include a link to the Medical Centre website
5. Emphasize the importance of arriving on time, providing 24h notice if unable to keep their appointment and the serious implications of no-shows
6. Recommend that students call for an appointment rather than email

Authors' recommendations

1. Add more directions (map, easiest access) on the Medical Centre Website
2. Encourage the university's other websites to include the location of the Medical Centre and a link to the website
3. Create more informational content for social media
4. Create a template of information to send to all faculties and schools to include in their student guides
5. Add more wayfinding signs in the building where the Medical Centre is located
6. Paint the door to the medical centre with a coloured boarder around the door for further emphasis.

Conclusion

From a patient centered perspective, analyzing a first-year student's path to primary care led to recommendations for improvement related to wayfinding and communication pathways. Pain points along the patient journey were found through a content analysis of communication touch points, a simulated journey map, and interviews with medical center staff. Limitations of this study included the non-inclusion of the opinion of students and of other stakeholder groups identified. Further research would benefit from the inclusion of multiple stakeholder groups, particularly interviews or focus groups with students and residence staff to gather more holistic viewpoints.

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