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Title

Portrait of the reasons of consultation at a walk-in clinic in Quebec, from a patient perspective

Priority 1 (Research Category)

Patient engagement

Presenters

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Abstract

Context: In walk-in clinics, physicians have limited time with patients. A consultation preparation sheet (CPS) was developed to help patients better characterize their reason for consulting. Objective: To paint a portrait of the patient's perspective when visiting a walk-in clinic, focusing on the reasons for consulting, concerns, expectations and impact on their lives. Study Design and Analysis: Prospective exploratory observational study. Reasons for consultation on the CPS were classified according to the International Classification of Primary Care (ICPC-3) codes and chapters. Descriptive analyses were performed. Setting: Walk-in clinic of an academic family medicine clinic in Quebec, Canada. Population Studied: All patients consulting at one walk-in clinic from January to October 2019 were invited to fill the CPS anonymously before seeing the doctor. On a voluntary basis, they could return their CPS. Instrument: The CPS has 17 short and simple questions on patient experience and biomedical aspects of the complaint. Outcome Measures: Frequency and ranking of ICPC-3 codes in the CPS. Levels of concern, proportion of previous consultation for the same issue, and description of expectations and impacts on daily living according to the reason for consultation. Results: From the 3,115 CPS distributed, 2,645 (85%) were completed and 78% included a reason for consultation; which was mostly described as symptoms (72%) such as fever (13%) and cough (13%). 81% of patients were worried about their symptoms. Average number of patient expectations for their visit was 1.8, the most frequent being to understand their symptoms (56%) and to be relieved (55%). Higher levels of worry were reported for psychological (94%), hematologic (94%) and circulatory (93%) problems. A high proportion (73%) of patients with psychological complaints had consulted previously for that problem. Patients with respiratory, psychological or endocrine problems reported being more affected with regard to their basic needs (eg. sleeping, eating; 70%-77%) vs other needs (walking, exercise; 26%-28%). Conclusions: In addition to biomedical aspects, the novelty of the CPS lies in the fact that it allows patients to describe

their personal experience with their health problem (eg. concerns, impacts on daily living). Making physicians aware of these experiences could improve patient trust and create stronger therapeutic alliances in the context of walk-in clinics where time with patients is limit.

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