Medical students as patient navigators: self-efficacy and patient-centeredness in medical students enrolled in a novel educational program

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Background

The Student Navigator Project (SNaP) is a novel educational curriculum to train physicians to understand the impact of social determinants and health systems structure on patient health. In 2016, the initial cohort of six first-year medical students trained as patient navigators and were assigned complex patients with multiple social barriers to care from an academic general internal medicine clinic.

Student responsibilities included:
- meeting with patients outside the clinic setting
- attending the patient’s primary care and specialty appointments
- facilitating care for the patient
- hands-on experience in clinic workflow

Study Aim: To describe the emergence of self-efficacy and patient-centeredness in first year medical students comparing SNaP and non-SNaP participants.

Methods

Participants: OHSU 1st year medical students

Cohorts: 3 cohorts of 6 students

Student narratives: On self-efficacy and patient-centeredness, written Dec-May

Thematic qualitative analysis: 4 narratives from each of 18 students (n=72)

Two blinded researchers completed dual coding using Atlas.ti 8.0 software

A third coder performed reconciliation of discrepancies

Results

Students across cohorts more similar than different.

Self-efficacy and patient-centeredness concepts highly variable between individuals.

SNaP students more likely to express nuanced understanding of health system structure and its effect on patients.

SNaP students more likely to discuss their role as a health care team member and give first-hand experiences.

Limitations

Findings in the small SNaP cohort may not be generalizable to a larger population.

Students self-selected into SNaP and are likely to have specific interest in health system science and social barriers to healthcare. This may correlate with self-efficacy and patient-centeredness.

Controlled through randomized program acceptance: SNaP vs SNaP Control vs Control cohorts.

Narratives were written over a 6 month period providing only a snapshot of self-efficacy and patient-centeredness.

Future research plans include analysis of the 3 cohorts over the course of an entire year to examine the development of self-efficacy and patient-centeredness more effectively.

Conclusions

The development of self-efficacy and patient-centeredness in first-year medical students is a complex and individual process. This development depends heavily on the clinical and patient interactions available to students in their first year, as well as past experiences.

Pairing complex patients with students as navigators in conjunction with education on health system science and social barriers to healthcare is one way to help shape the development of self-efficacy and patient-centeredness in medical students.

Self-Efficacy and Patient Centeredness

What is self-efficacy?

Self-efficacy is a concept studied in psychology that means one’s judgement of their own ability to complete the actions necessary to deal with prospective situations. It is important in medical educations because it is related to willingness to attempt new tasks, effort level, and persistence.

What is patient-centeredness?

Patient-centeredness encompasses a variety of qualities focusing on the patient’s needs with regards to their individual preferences and context and emphasizing the importance of physician-patient relationship and communication.

Table 1. Emergent Themes

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<th>SNaP Participants</th>
<th>Applicants not selected</th>
<th>Non-Applicants</th>
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<tr>
<td>Manifestations of Self-Doubt and Self-Confidence</td>
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<td>“Thus far, I believe the program has done a good job at allowing us to interact with the patients and making us feel integrated into the medical team. And I believe that once a health provider is a part of a team, it’s hard not to feel valuable.”</td>
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<td>“One of the most challenging things about being a first-year medical student is the constant overwhelming sense of wanting to help someone, yet knowing that you don’t have the skills to do so.”</td>
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<td>“I am gaining a lot of knowledge and would not trade these preceptorship opportunities for other activities, but I still do not see how I am adding value to a patient’s care as the clinic runs just as smoothly without my questions, without my presence.”</td>
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Developing Empathy by Taking the Patient’s Viewpoint

“Although she still seemed active physically, through regular walks, and mentally through helping with her husband’s business, I wondered how frustrating it was for the patient to have problems recalling certain information.”

“I can only imagine their feelings of helplessness as they bounced from doctor to doctor, trying desperately to find someone who would give them an answer for why they were in so much pain.”

“I was judging the patient’s behavior, and . . . I was feeling defensive for the doctors, but I forgot to think for the patient and his family. I was not putting myself in his shoes.”

Characterizations of Healthcare Professional’s Roles

“[O]ften I find physicians in training have this righting reflex, the desire to fix all the patient’s problems, but sometimes in complex patients, some or even most of their problems can’t be solved and that the best thing for these patients is taking the time to be heard by a medical professional who cares.”

“One question on which I have been reflecting a fair amount lately is whether it is a doctor’s job to make his or her patients as objectively healthy as possible or to make them as satisfied as possible with their experience.”

“As a future physician, particularly in these complicated political times, I think a big part of my role is to advocate for my patient’s health and to help them navigate the health care system as a whole.”

Observation versus Action

“Now, we are actually independently functioning as MAs under the supervision of an MA in the clinic and communicating with physicians through that role, which I have found extremely interesting.”

“Soon after – again, probably with my tail between my legs – I followed her into a room just around the corner to see her first patient of the day, where I assumed position in the corner to observe.”

“I feel like I am an observer in this whole process. I do not yet have enough knowledge to provide insights into diagnosis, disease progression, or care and treatment. I am not providing comfort to the patient or family.”