

Stephanie Scoggin

Dr. Sanker

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Baylor Scott & White: Hillcrest Medical Center Clinical Research Internship Reflection

This summer I had the amazing opportunity to participate in the 2014 Baylor University-Baylor Scott & White: Hillcrest Medical Center Clinical Research Internship with a group of five other Baylor Pre-Medicine students at the Hillcrest Pediatric Clinic. Before we began our internship on the second of June, Cherise Bridgwater, our mentor, gave us an article published on *Medical Economics* in June of 2013. According to the article, it has been “suggested [that] expanding the roles of physician assistants (PA) and nurse practitioners (NP) [is] one potential way to help alleviate some of the burden on physicians” as there is a shortage of primary care physicians in the United States (Ritchie, 2013). In light of this suggestion, the author investigates patients’ openness to an increasing utilization of midlevels such as nurse practitioners and physician assistants in healthcare by referencing a consumer study conducted by the Association of American Medical Colleges (AAMC) on preference in health care professional when timeliness of care is a factor. According to the study, 60% of patients prefer immediate care from a midlevel while only 25% would prefer a physician, even though it often means longer wait times. In this study, the data shows that timeliness of care is often a very important factor for patients. In addition, “[The results showed] those who had seen a [midlevel] before were more willing to see one a second time, especially if it meant getting into the office a day earlier,” said Erikson,” a co-author of the study (Ritchie, 2013).

After learning about the study conducted by AAMC, both Mrs. Bridgwater and the members of our research team wanted to see if the patients at the Hillcrest Pediatric Clinic had the same preferences in regard to healthcare professionals. Though the AAMC study found that patients prefer to reduce their wait time by receiving care from a midlevel, we predicted that our research would show the opposite trend with patients preferring to wait longer and see their primary care physician. We initially hypothesized that because we were conducting research in a Pediatric Clinic, patients' guardians would tend to prefer both the consistency of care and familiarity with the patients' medical history that primary care physicians offer, and be less concerned with an increased wait time.

In order to collect data, our team created and administered a survey to patients at the clinic after they had been brought back from the waiting room, but before the physician had seen them. Though the survey consisted of eight questions, our main focus was on our final question that asked, "If you could, would you rather wait to see your Primary Care Physician or reduce your wait time and see a midlevel?" After administering about 860 surveys, we found that our data supported our initial hypothesis with 65% of patients' guardians preferring to wait and see a physician regardless of wait time and only 25% preferring to reduce their wait time and see a midlevel.

Though our project was initially based on the data presented in Ritchie's article, we were able to take our research a step further by distinguishing between sick and well visits. With this we found that while primary care physicians were still preferred by the overwhelming majority, the guardian was far more likely to prefer care from a midlevel if the patient was at the clinic for a sick visit. These results show that when a patient is sick, timeliness of care becomes increasingly important.

Additionally, we were able to confirm the article's statement that when compared to patients who had never received care from a midlevel, patients who *had* seen a midlevel in the past were twice as likely to accept care from a midlevel in the future.

The research conducted by our team this summer is beneficial for the Hillcrest Pediatric Clinic as it not only gives the physicians and midlevels an idea of the factors influencing their patients' healthcare choices, it also influences the administration's future hiring preferences. Altogether, our research will undoubtedly improve patient satisfaction and the overall quality of healthcare, which is entirely in line with Hillcrest's mission statement "to personally provide the highest quality healthcare in a compassionate and Christian environment, enhanced by medical education and research" (Hillcrest).

Although our research project is certainly meaningful to the Hillcrest Pediatric Clinic, it is also significant on a larger scale, as the question of midlevel versus physician has been continually asked for decades. For example, in 1974 the Burlington Randomized Trial of Nurse Practitioners conducted a randomized controlled trial to assess the effects of substituting nurse practitioners for physicians in primary care practices. While one group received care from nurse practitioners, the other received conventional care from physicians. After one year, the study found "similar levels of physical, emotional, and social function in the two groups," showing that nurse practitioners are both effective and safe options for patients (Sackett).

Though there have been numerous studies showing that employment of midlevels is not only safe for patients, but beneficial to both the patient and clinic, the debate about midlevels' proper role in healthcare continues today. According to a recent report from the Medical Group Management Association (MGMA), midlevel "utilization is the future of U.S. healthcare," as employment of midlevels typically increases revenue for clinics (Ritchie, 2014). However, the

report also stated that clinics that employed both midlevels and physicians were more successful than clinics that operate with midlevels alone, illustrating that many patients still value physician input (Ritchie, 2014).

While our summer research project is relevant to both the Hillcrest Pediatric Clinic and the greater current issues in healthcare, it also proved to be invaluable for the members of our research team in more ways than one. In school, students learn the basic facts about how the human body functions in chemistry, physics, and biology. While theoretical education is clearly valuable, supplementing the academic information acquired in class with firsthand experience in the healthcare field has proven to be exceedingly beneficial as it enhances students' understanding of the practical application of schoolwork and the particulars of being a practicing physician. Our research internship at Hillcrest allowed each of us to spend eight to twelve hours per week in the Pediatric clinic where we observed the day-to-day operation of the clinic and the responsibilities of physicians, while establishing meaningful relationships with both the physicians and the nursing staff.

Like any other undergraduate experiences in the healthcare field, the Hillcrest Pediatric internship was a great complement to the necessary Pre-Medicine coursework. Unlike other undergraduate experiences in healthcare, the Hillcrest internship presented a unique clinical research aspect that allowed the members of our research team to recognize the significance of data collection and analysis in the advancement of healthcare. Though professors often stress the value and necessity of research, the internship allowed us to directly confirm the importance of research in the development of healthcare, as improvements cannot be made until background information has been gathered and reviewed.

In addition to the apparent value of spending time in the clinic and conducting research, each of the team members found this internship especially worthwhile for various reasons. For me, the most beneficial aspects of the internship were the one-on-one experiences we were allowed to have with patients, which is hard to come by for undergraduates. For instance, when shadowing a physician we only see patients when the physician is present, and when volunteering at a clinic we are typically supervised by a clinic staff member, leaving us very few opportunities to interact with patients on our own. During the research internship though, we each had numerous one-on-one patient experiences as we administered surveys to patients without the supervision of a healthcare professional. These experiences gave us the opportunity to begin developing the skills necessary to properly interact with patients as future physicians.

Overall, the Hillcrest Research Internship pushed me to grow both as a student and a future physician. It enabled me to gain a greater appreciation for the importance of research and the individuals who conduct it by allowing me the opportunity to collect, analyze, and present data. It also gave me the chance to spend a good deal of time in the healthcare environment, observe the daily operation of a clinic, understand the responsibilities of each employee, interact with numerous patients, and build valuable relationships with both physicians and nurses. I am extremely appreciative of all the work done by both the Baylor PreHealth office and Hillcrest, namely Erin Stamile and Cherise Bridgewater, in order to make the 2014 Baylor University-Baylor Scott & White: Hillcrest Medical Center Clinical Research Internship not only possible, but a well organized and invaluable experience for undergraduate Pre-Medicine students.

Works Cited

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