# Experiences of Graduate Students at Boynton Health Services: A Focus Group Report

**Domestic Women's Groups**

Commissioned by the Council of Graduate Students, University of Minnesota

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Findings

The two domestic student women’s groups included fifteen participants from the United States, representing 7 different states. The questions asked in the course of the focus group covered five primary areas: students’ general impressions of BHS, aspects of their care that they are satisfied with, aspects they would like to change, opinions on the ability of BHS to serve the graduate student population, and future recommendations.

1. Students’ general impressions of Boynton Health Service

During the introduction, participants were asked to use two words to describe their impression of Boynton Health Services (BHS) before having visited Boynton. The participants’ impressions were mixed and the following ideas were used:

- Convenient and accessible (8)
- bustling or busy (2)
- efficient (2)
- large or big (2)
- thorough (2)
- hard to find (physical location)
- hard to navigate (physical location)
- hard to navigate (information provided publicly)
- helpful
- inaccessible
- intimidating
- only-option
- overwhelming
- pro-student
- time-consuming
- un-friendly

2. Aspects of care that students perceive as working well

The time taken to build relationships

Respondents were much more likely to report that they had a positive experience when someone on the medical staff took the time to make sure that they were comfortable and heard. They appreciated the time medical staff took to get to know them as a person, and to understand their whole individual health context. This person could be a nurse a nurse practitioner or a doctor. The particular role of the medical staff did not matter so much as the fact that it happened, that someone took the time to meet their non-medical needs.

“I had a good gynecology appointment outside of my regular scheduled exam and so when I called they told me that there be really long wait for my regular doctor. So I said well I just want to see whoever I can see right away. When I walked in I was really surprised to see that it was a man. And when he walked in he could tell that I was really nervous. He just sat down and talked to me. He was so nice and spent about 15 minutes chatting with me. And it could’ve been really awkward but it was really great. And they spent overall
about an hour and a half with me. And most the time was just making sure I was comfortable. That was a really memorable experience for me.” (DW 4)

Participants were particularly impressed with the nursing staff. Nearly all participants expressed strong satisfaction with nursing staff and described them as being good at putting patients at ease, and generally paying more attention to this facet of the health care experience than doctors and specialists. Several participants mentioned appreciating the time nurses have taken to engage in small talk not directly related to medical care, but aimed at getting to know their patients as individuals.

**Positive interactions with massage therapy**

Two students had used the massage therapy and were exceptionally happy with the experience. They felt that they were treated as a ‘whole person’ and appreciated this approach.

“My massage therapy was in appointment was amazing. It’s more than just a massage appointment; she’s more like a therapist. And it really helped me with my stress. It was just a really good stress relief. I liked how she was interested in me as a whole person.” (DW 6)

**A sense of belonging**

Participants expressed a sense of belonging when they visited BHS. They expressed that is can be daunting to seek care in a new health care system and that they felt confident that because they have graduate student status and insurance, they can walk into BHS clinics anytime to receive care. This was mentioned in both domestic women’s focus groups and there was great agreement among the participants in both groups that the BHS affiliation with the University of Minnesota provided some degree of a sense of belonging.

“Boynton is very convenient. I don’t think I’ve ever gone to an urgent care facility that was so close to where I was going to be anywhere and they could just walk into and I would just know that it’s okay for me to be there because I am a student here. So was reassuring that even though I just moved to Minneapolis a few months ago I had a place to go. It wasn’t like I was searching all over town and calling ahead to make sure it was okay to go there. Insurance wasn’t an issue but I liked that I could go there and that there was a clear reason why I chose the place.” (DW 15)

**Locations and ease of access**

Participants were in agreement that convenience of location is one of Boynton’s greatest assets. At the same time, students who have classes primarily in St. Paul expressed disappointment that the St. Paul location has less comprehensive care offerings.

“I’m doubly insured and I could go anywhere I want to go but I always choose Boynton. It’s convenient because I’m on campus all the time. I’ve never had any trouble getting an appointment and people are caring. I think it’s as good as anything else, if not better. I love that I can get discounts on massage therapy. It’s just convenient.” (DW 7)
Understanding of Student Experiences

The participants discussed how BHS staff is cognizant of their obligations as students. Staff often expresses concern for obligations associated with coursework and research and generally recognize the mental and physical burdens that students experience. For example, one student in the health sciences was pleased that BHS staff have a high level of expertise in hazards associated with chemical research and are able to help students understand risks associated with this work.

“I do like that all the people they see are students. So the small talk is about your major. Not that I am totally pro-‘sheltering all the people in the ivory tower one place’, but it is comfortable that they are so used to seeing the same type of person and I think that makes them extra sensitive to issues of stress and other issues that all students go through. And that’s something that’s unique and nice about point.” (DW 5)

“I also like that they understand the student perspective. One time I went in for really quick checkup and adjustment insurance but I thought I did so the nurse said, I’ll just call someone over for a quick look to see if it's serious or not. I don’t think that's experience you could have outside of this setting. I really appreciate that because I think that as providers they understand the situation weren’t as students.” (DW 6)

“When I had an issue that caused some physical limitations they were very concerned that I still be able to continue my research. Follow-up is not only about how to manage my pain but also how could they help me make sure that in the next month I was able to complete my experience. That’s not my expect from provider somewhere else and something that I really appreciate about Boynton.” (DW 14)

“I think they are really good at making sure that you understand what you need to know about working in your lab. This a lot of time talking about my health and how are leads to the chemicals that I use in my lab. And I appreciate that.” (DW 11)

Thoroughness

Participants appreciate the investigative approach and initiative shown by the staff. One participant stated that BHS has been better at determining the root cause of chronic symptoms than any other provider, and they identified issues that she had sought a diagnosis for over several years. Another participant affirmed this by saying that since she started using BHS, she has been diagnosed with multiple conditions, and that the associated treatments have improved her quality of life.

“I had this chronic sinusitis for two years, apparently. I went to the Fairview clinic when I didn’t have insurance through the University and they were just kind of like, ‘Oh, you know, do the Nettie pot.’ ‘Okay,’ I said, ‘I’ll try that’. And I was having this intense pressure. I thought I was going crazy. And I went to the eye doctor put prescription hadn’t changed. So it wasn’t associated with my eyes. And I was wondering why is [my head] doing this?
And then I came to Boynton. And I went and saw [a nurse practitioner]. And I sat down with her and she did different things like tap on my forehead. She did things that other clinics had never done. I was just like, ‘Why did you do that and they didn’t?’ And just from my symptoms, she said, “We’ll put you on this and a dry you up. We’ll stop those membranes from being inflamed. We’ll see you in two weeks and if it doesn’t get any better will do a CT scan to see what’s really going on.”

And I was like, “Wow! It’s been two years and why did no where else want to help me?”

So I’m really happy that I experience that here. (DW 1)

There were two participants, however, who felt that perhaps BHS is too thorough and maybe orders too many labs, x-rays, etc. They worry about how this might impact their ability to get insured in the future.

“It’s very thorough, maybe too thorough. Ever since I came to this clinic I have all these conditions that I’ve never had before.” (DW 7)

3. Aspects of care that students’ perceive as needing improvement

A. Efficiency

Because Boynton is on campus and generally viewed as convenient, students have high expectations for efficiency. Participants expressed frustration with they had to answer the same questions repeatedly, when they had long wait times when checking in for an appointment, and a sense of coordinated and cohesive care.

Multiple people asking the same questions

Several domestic women expressed frustration with the duplication of questions asked at BHS during the same visit.

“Sometimes I’ll take 10 minutes to answer the nurse’s question. She writes it down and leaves the room and I think, “Okay, she’s going to go tell the doctor everything I said. But then the doctor comes in, and is like, “Okay, I have some questions for you.” And she asks all the same questions. I spend another 10 minutes answering them even though they are the same ones I just answered before. It’s really frustrating.” (DW 15)

“Yeah,” agreed another respondent. “I’ll spend like 10 minutes answering questions and then the doctor comes in and reads all of my answers off the computer and I have to say yes, yes, yes. Yes, that’s still true no, I haven’t developed a heart condition in the last 20 min. (Everyone laughs). It’s such a waste of time. It’s like 20 minutes that I didn’t have to be sitting there in the clinic.” (DW 13)
Wait times after checking in for an appointment

Some domestic women expressed that they had to wait a long time in the waiting rooms for appointments and this was a source of frustration for them. However, wait times are not always long. One respondent thought she might have pink eye and was going on break. She would be spending time with a young niece and wanted to make sure she wasn’t contagious so she went to the Quick Clinic to have her eye looked at. After waiting in the waiting room for a while the doctor who finally saw her told her that she would have to go to the eye clinic because she was wearing contacts.

“So they sent me downstairs and the doctor had a full schedule for the whole day. It was the day before break. So the nurse said, “Can you wait?” And I said well, “I’m leaving for break tomorrow so I have to see her today.” The nurse said, “Can you wait 45 minutes or an hour?” And I said well, “I guess I need to.” And she was irritated with me. I don’t know if she’s always like this or if it was just something about that day. The doctor was wonderful and she was very sweet. She was very efficient. But I did end up having to sit there in between the time when I tried to check in at the quick clinic and had to wait there and then I had to sit for another hour and a half waiting for her, (the eye doctor) and all she did was look at my eye for 5 min. All they needed to do was do a tiny swab for pink eye. And that was really frustrating for me.” (DW 9)

I went to the quick neckline and they told me that they didn't have enough providers that day so they sent me to urgent care. So went to the waiting room and they had to wait there for about 15 min. and then nurse came and took my height weight and blood vital signs and then asked a few more questions but nothing too specific. And then she just kind of left me in the room for a while and took the doctor would be right in. The doctor wasn’t actually in for another hour and 15 min. I was just sitting there waiting. (DW 14)

Continuity of care across providers and time

Continuity of care was an issue to female domestic students. Several participants expressed frustration at having to answer the same rounds of questions often back to back and during return visits. Alternatively, this was countered by a participant that appreciated repeating information several times because it demonstrated to her that providers cared enough to take the time to learn about her health status. BHS is different from other providers in that they do not maintain a primary care physician (PCP) system, participants expressed “missing” the long-term relationship associated with PCP care, but building PCP relationships at BHS is difficult and not necessarily encouraged or easily facilitated.

I have a set of experiences that related to one thing. I was in Uganda this summer and I came back with health issues. I was [in Uganda] for five weeks. When I came back the continuity of care was not good at all. The individual providers themselves were excellent, I thought, but at one point I had some test run and I was called and a week later to find out what the results were and they said, “The results aren’t in yet. Call back.”

So I called a few days later and they said, “It looks actually like they had never sent the lab samples to a lab.” They were never sent to the lab! So I had to come back in again and have the same procedures done again. And every single time I went in and I had to give a
co-pay. And sometimes, for grad students, we’re not campus every day and we have to pay for parking too. So all of these visits became a huge financial burden to.

And additionally, every time I went in I had to repeat my five weeks of medical history that was right there in my chart. Like, “Do you remember what prescription they gave you” I would say, “No, I don’t remember it. It’s right there in my chart.” But it’s like they didn’t even look at my chart. And it was frustrating. (DW 5)

B. Information Management and Communication

One major area of concern was communication about services offered and the health concerns of students.

Lack of consistent follow-up and feedback

Dissatisfaction with the lack of follow-up was mentioned by half of focus group participants in both of the domestic women’s groups. This was in regards to results of blood work, lab results, and follow up about an ongoing condition. The participants expressed their expectation that BHS will contact them with results of testing done during their appointments, for many participants this did not happen and they had to seek out answers on their own.

“The doctor came in and I told him what symptoms I was experiencing and he did a throat swab and said basically that it didn’t look like a bacterial infection just by looking at it but that they would build to confirm it without the results so that they would call me back with the results. In the meantime they just sent me to the pharmacy for extra strength ibuprofen and some throat drops. What I didn’t appreciate was that they never followed up with me about the results from the swab. So I was sitting there wondering if I actually had strep throat. They were supposed to call me back later that day but they never did. They didn’t call them back the next day either or return my call. So when I was on this side of campus I went back to find out what the diagnosis was.” (DW 13)

Some participants wanted to defer to the health care staff as experts, and some expressed that they prefer to be highly involved in every aspect of their own care. Three focus groups participants described that the BHS staff ignored their questions about treatment options and felt that their desire to be an active participant in their plan of care was not honored. These participants also feel they are capable of understanding and deserving of more in-depth feedback than a typical patient. For example, when a question about alcohol consumption is asked, they would like to know if their answer is “normal” or may indicate health problems. Patients at BHS often do not receive this type of information exchange.

Lost or missing information

Participants tended to agree that Boynton is somewhat disorganized, for example, they often have gaps in records or missing information on immunizations when this information is required for school enrollment. As one participant stated, “the care of individual physicians has been great, but their ability to communicate information and keep up-to-date records as sorely lacking.”
The BHS processes for managing vaccination records was a particular area of frustration for patients. More than one patient who attended Boynton several times found that some of their records were missing from the electronic management system on one of her visits. The staff did not seem overly concerned but they worry about what happened to her information.

“In some ways I feel that Boynton is less organized than other clinics. Every year we have to get TB shots in my department even though we don’t talk to patients. But because we’re the umbrella we have to get TB test every year. So when I get want to get my TB test read this past year the guy who entered onto my chart said, “Have you had a tetanus shot the last 10 years?” I said, “Yeah, actually, when I was an undergrad. I cut myself on a piece of metal and I had to get a tetanus shot. So that would have been maybe five years ago.” Then he said, “Have you had an MMR booster?” And I said, “I’m sure I have. “You should have these records because I sent you all these records.” He was like, “Well…” He turned the screen around so I could see it and my chart had no records. None of my immunization records were there anymore. And I must’ve spent three hours calling around to people at the U and no one had my records. My records are just gone. And they just said, “Well, send them to us again.” But I want to know, “Where am I?” Somewhere there is a little folder full of my information and it’s not here anymore. I want to know where it is.” (DW 9)

C. Concerns with specific providers or departments

Specific physicians

Participants described a few negative experiences with specific specialists and physicians. Negatives mentioned included a lack of acknowledgement, abruptness, and lack of communication. One participant mentioned that she knows of a “certain physician that has a poor reputation” and disclosed that she tries to avoid scheduling with this physician or others that have poor reputations. This student did not mention what type of specialist this was. Several participants nodded their heads in agreement although none offered specific names or specialty areas.

“The nurses have all been great but I have really mixed feelings about the doctors. The doctor last time, she sort of, was kind of harsh with me. I think she’s a good doctor but I don’t think she’s very good at relating to me and that’s a source of frustration for me.” (DW 3)

“In my last visit most people that are interacted with were great. But at my last appointment they ordered a lot of imaging and the radiologist that did all of that came in and talked to me and essentially told me that every thing I came in for, all of my symptoms, were completely psychological. He basically told me that I need to quit medical school basically. And that was really unappreciated. So they didn’t treat me at all and two weeks later I ended up having surgery. The radiologist basically turned me off to Boynton for a while.” (DW 12)
Physical therapy

Three participants expressed disappointment with physical therapy services. They shared that it is difficult to get timely appointments, accurate information, and continuity of care in this area. All three of these participants noted that they had to seek help outside of the Boynton Health Services because the Physical Therapy staff is so small and it is not possible to find a different doctor to work with.

“I tried to make an appointment [for physical therapy] would have to wait two and a half weeks and I wouldn't have known how to act or what to do to care for my injury. When I called in I got the very next appointment and it was two and half weeks away. And I think they only have two PT’s on-site which is crazy. I was in a lot of pain and I couldn’t wait two and a half weeks.” (DW 3)

“I had the same experience. I had tendinitis in one of my knees. I have a 15 minute walk every day from my parking to my work and I noticed that after I slipped on ice one day that my knee was throbbing, in the back of my knee, that didn't go away so I made an appointment.

They said “Yup, you should you to physical therapy. How about Monday the 24th?”

I thought, “That's wonderful! It's just a few days away.”

But they were talking about the 24th of the next month and the appointment was actually more than a month later. So I ended up having to go somewhere else. Because, I just couldn't walk every day to and from work. It was too painful and I couldn't wait for over a month. And they never even told me that I could go out of the Boy in health system.

So when my mom told me I should call the number the back of my card and the person I talked to said that I could go outside of the system. I was really surprised. I've been seeing someone out of system ever since.” (DW 7)

D. Students’ opinions on the ability of BHS to serve the graduate student population

Participants agree that BHS understands that graduate student lifestyles are very different from those of undergraduates, they do not lump everyone into one category as “students”. Those who used the services of a health clinic at a different college or university as an undergraduate (n=7) felt that their experience at Boynton was superior. One participant mentioned, and several others agreed, that they are comfortable asking questions about their health at BHS, they do not feel judged or as though certain topics are off the table. When asked specifically how students would like to be supported at this stage in their life, students unanimously stated attention to long term planning and good maternal health services.

Attention to long term planning

The participants seemed to agree that long-term care management is important. Most will be on campus at least four to six years. They want to receive follow-up care for health issues that impact their long-term health and functioning. Several women mentioned that
they feel different in their 30s than they did in their 20s, and they want BHS to recognize differences among age cohorts. The participants described that they are looking for holistic long-term care. This is a highly educated population that wants to learn more about their health and various health indicators directly from their providers. Participants expressed wanting physicians to alert them to monitor important, age-related signs of health and wellness, i.e. cholesterol, mammograms, etc.

“I don't know if I'm supposed to be having blood tests or checking my cholesterol or taking certain vitamins. I mean, are there certain things I'm supposed to do to be a healthy adult? But I don't know what these things are and no one ever seems to tell me. I don't know who to see or who to call. When I called Boyd and I just get an automatic answering machine and they tell me to press a button. But I want someone to listen to me and tell me what I need to do. I keep wondering, am I just supposed to know these things? I don’t know if there are things that I’m supposed to have looked at every couple of years.” (DW 2)

Good maternal health services

Several participants mentioned they are considering parenthood and want comprehensive maternal health services. They were neither satisfied nor dissatisfied with current maternal health services because none of the students had yet sought out these services.

“I would like to be up to have an OB/GYN asked me questions that would help me with my planning for maybe having kids in the future.” (DW 1)

“I would like to maybe have kids in the next few years so it would be nice to have someone to work with me and help me know what I should be doing now to get myself, or my body, ready.” (DW 15)

E. Students’ future recommendations for improvements at Boynton

When asked what they would like us to make sure the final report includes, participants made the following comments:

**Improved Communication (6)**

- “Boynton should think about how to best provide information to students. This includes the results of labs and blood work.”
- “They should strive for increased efficiency in their communications.
- “Boynton should provide more information about their providers beyond where they attended medical school. Many students do not have a primary care physician so they have to rely on word of mouth when they make appointments.”
- Boynton should provide better information about the ranges of services provided.
- “[Boynton] should strive to be thorough in all communications.”
- “Boynton should be providing better follow-up and information about next steps.”
Improve Continuity of Care (4)

- “Boynton providers should assume that every patient they see does not have a PCP, they should recommend needed tests and follow through.”
- “Boynton should start emphasizing relationships between students and PCPs.”
- “Continuity of Care needs to be improved.”
- “Continuity of care is big, and not having that makes me not want to go.”

Overall, Boynton is doing very well (2)

- “Overall, Boynton is doing a very good job and they are helping me to be more proactive about my health.”
- “Overall Boynton provides service that is above par, but there are little things they could do to improve.”

Increase engagement in health care (2)

- “Boynton should be working with patients to teach them what they need to know about their health.”
- “Patient education is sorely needed.”

Ongoing evaluation is necessary (1)

- “Boynton also needs a way to gather information about the very negative experiences that happen so they can be addressed and patterns or trends can be identified.”

F. Areas for further evaluation

Evaluate the impact of the administrative staff on students’ experiences

The participants would have liked to be asked questions about administrative staff. Many have strong feelings about the way they have been treated by administrative staff. Administrative staff was described as having been apathetic, dismissive, awkward, unwelcoming, and rude in their interactions with patients. The non-discreet nature in which medical information has been discussed by administrative staff was a serious turn-off for one group of participants.

Evaluate other aspects of Boynton Health Services

At least two participants wanted to share experiences with each of the following areas: mental health, dental, pharmacy and eye clinic.

Explore the areas of care that students' are least likely to seek at Boynton to understand why.

Participants stated that they would prefer not to go to Boynton for appointments with specialists, dermatologists, obstetrics, gynecology, physical therapy and mental health.
One domestic woman who traveled abroad and returned with several health conditions also stated that she would not recommend seeking care at Boynton for issues related to international travel. The reasons they gave included that they would go elsewhere are for better continuity of care with challenging health problems, more choice of providers when a department at Boynton is small, and improved ease of scheduling when a department at Boynton is small. If a patient will require long-term care that will not be available at BHS, they would prefer to be told this information up-front so they can seek a provider at the outset who is capable of performing all necessary care.