

INTRODUCTION

Pediatric burns require ongoing developmental adjustment to lifelong medical care.

One well documented phenomenon, “white coat syndrome”, highlights the influence of physician status and medical settings on physiology, while data assessing patient perception of physician care highlights the importance of disarming power attributions by sitting at patient eye-level.

OBJECTIVE

To understand how adolescent patients engage with doctors and whether physician's clothing, posture and white-coat influence willingness to engage.

DATA SOURCE

As part of a six-day therapeutic residential retreat for girls with burns or traumatic injuries, the girls participated in three question-and-answer sessions with the retreat Medical Director, a burn reconstructive surgeon.

- In the first two sessions, the surgeon wore casual clothing and sat down in a circle with the girls.
- In session three, the surgeon wore a white coat and stood amongst the seated girls.

Engagement with care was assessed via girls' willingness to ask the surgeon medical care questions.

- Clinical quality assurance measures assessing nervousness and comfort with doctors were administered at baseline (T0) and post-second (T1) and third sessions (T2).
- Univariate t-tests were used to assess for mean differences across timepoints.



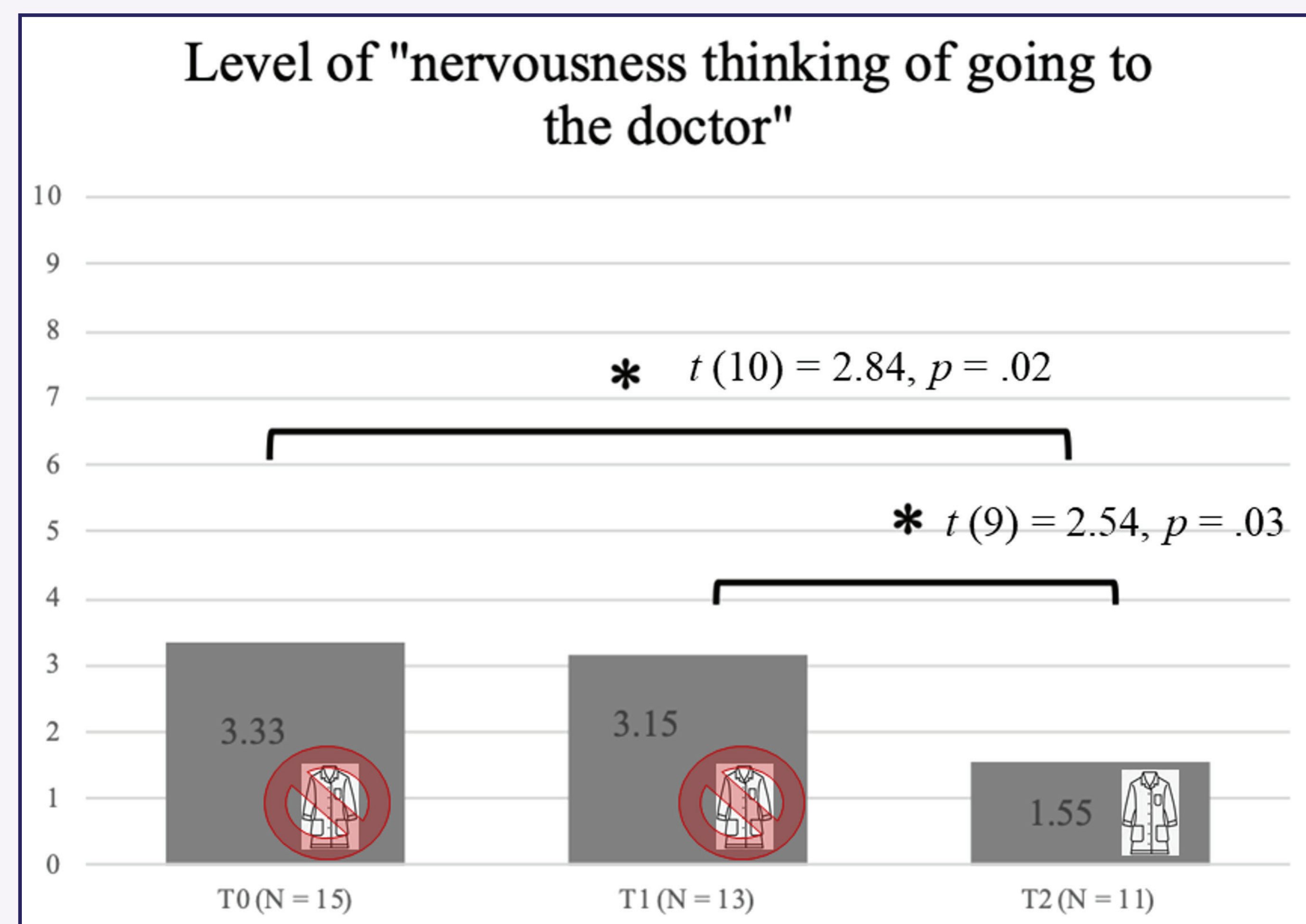
RESULTS

Fifteen girls (range=12-20 years old) attended and completed quality assurance questionnaires:

- Girls reported a significant reduction in nervousness from T1 (M = 2.70) to T2 (M = 1.60), $t(9) = 2.54, p = .03$
- No change from T0 to T1.

Topics discussed: women's health, scar revision for function vs. aesthetic options and communication skills for conversing with medical professionals.

Girls exhibited behavior consistent with increased comfort with the surgeon during the final session, as evidenced by spontaneous questions and candid discussion as the girls leapt from their chairs rolling up sleeves, pulling up pant legs and shifting their hair covering scars for a hands-on assessment.



There was a significant reduction in reported nervousness when thinking of going to the doctor from baseline to Time 2 and from Time 1 to Time 2.

CONCLUSIONS

Subtle shifts in physician apparel, posture and interaction may impact adolescent patient's willingness to engage in their care via asking questions.

Future research applying “white coat syndrome” theory to behavioral presentations and engagement with care may be warranted.

APPLICABILITY OF RESEARCH TO PRACTICE

Future prospective quantitative research with a larger sample size may be warranted. Physicians treating adolescents who were burned as children may want to consider the formality of their clothes, white coat, stance and posture during initial encounters with patients in an attempt to increase patient comfort and engagement with care.