

Assessing Patient Experiences of an STI Diagnosis – A Qualitative Study

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BACKGROUND/AIMS & METHODS:

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What makes a 'good' STI diagnosis? Or a 'bad' one?

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- ❖ **Increase** understanding of patient experiences
 - ❖ **Inform** strategies to create positive experiences and communicate effectively
 - ❖ **Improve** quality of healthcare services
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“Tell me about your experience... Is there anything that could have improved it?”

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POSITIVE

"They were pretty calming and informative, but not like, 'judgy'."

"It was pretty straight-forward. It didn't really put me in any uncomfortable position at all at any point."

"They're so specialised that I just can't fault them."

PROMPT TO ATTEND

"Somebody had told me they had gonorrhoea so I was expecting a positive result."

"It was more of a routine check really. I had no symptoms."

"You're pregnant and they might have it [STI], it's dangerous so you have to get checked."

NEGATIVE

"I was just annoyed and it made me... think that I should be a bit more responsible."

"(I) didn't feel very clean about myself... felt a little bit dirty."

"I was sent a text... the first thing is a bit of anxiousness, like 'Oh my God, which one is positive?'"

TECHNOLOGY

"I'd rather know over the phone than having to make the effort to come all the way back just to find out bad news."

"In person you'd probably start freaking out more than over the phone."

"If it [STI] was anything more serious then maybe it would have been better in person... a text is pretty informal."

CONCLUSIONS/IMPLICATIONS:
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- ❖ Many aspects make up one experience
- ❖ Non-judgemental, expected, quick and easy!

❖ Clinician education = deeper understanding = better experiences for patients

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- ❖ Future implications for communication?
 - ❖ What makes a negative experience, and how can we improve it?

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