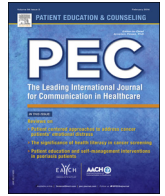




Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou



Short communication

Development and evaluation of a patient education video promoting pneumococcal vaccination

Tiffany Brown^a, Shira N. Goldman^b, Stephen D. Persell^a, Ji Young Lee^a, Crystal T. Doan^c, Quinn Stephens^a, David W. Baker^d, Kenzie A. Cameron^{a,*}

^a Division of General Internal Medicine and Geriatrics, Northwestern University Feinberg School of Medicine, Chicago, USA

^b Erie Family Health Center, Chicago, USA

^c Feinberg School of Medicine, Chicago, USA

^d The Joint Commission, Oakbrook Terrace, USA

ARTICLE INFO

Article history:

Received 21 January 2016

Received in revised form 21 December 2016

Accepted 25 December 2016

Keywords:

Patient education

Vaccination

Point-of-care intervention

ABSTRACT

Objective: This study aimed to develop and refine a patient education video about pneumococcal polysaccharide vaccination (PPSV23) and to assess patient perceptions regarding video content and receipt of video during a clinic visit.

Methods: Focus groups were conducted to obtain patient feedback on a brief video focusing on personal susceptibility to pneumonia and highlighting the importance of both childhood and adult vaccines. Subsequently, interviews were conducted with patients ages 65 and 66 who were shown the revised video at an office visit. We assessed attitudes toward the video and perceptions about its presentation at the point of care. Participants responded to open-ended items as well as Likert-type items with responses from 1 (strongly disagree) to 5 (strongly agree).

Results: Focus group participants (n = 26) had positive reactions to the video, but suggested reducing the intensity of messages about pneumonia severity. Participants (n = 73) shown the revised video during a clinic visit perceived it to be easy to understand (M = 4.83, SD = 0.58) and informative (M = 4.8, SD = 0.75).

Conclusion: Target audience feedback helped refine a video promoting PPSV23 vaccination; the video was well received by patients.

Practice implications: This video may be an effective educational tool to increase rates of PPSV23 vaccination.

© 2017 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

Invasive pneumococcal disease is a leading cause of vaccine-preventable illness in the United States; vaccination is recommended for adults age 65 and older [1–3]. However, vaccination rates are suboptimal; in 2013 only 59.9% of eligible adults reported receipt of pneumococcal polysaccharide vaccine (PPSV23) [4].

Research supports the use of patient education to improve uptake of preventive services [5–7], to increase vaccination discussions between patients and clinicians, and to increase vaccination [8,9]. The feasibility of integrating patient education videos into clinical care, allowing for education to occur at the point of care, is being explored [10]. For this study, we obtained patient feedback about a video promoting PPSV23 and assessed

patient perceptions and vaccine outcomes after viewing the video at the point of care.

2. Materials and methods

We created a brief (<2 min) patient educational video promoting PPSV23. [Available: <http://gim-geriatrics.medicine.northwestern.edu/resources/pneumonia-shot-0>] Clinicians reviewed the video for clinical accuracy. The video was based on the Health Belief Model (HBM) [11,12] and the Extended Parallel Process Model (EPPM) [13–15], with a focus on individual susceptibility to pneumonia and an appeal to principles of consistency (e.g., stressing vaccination throughout childhood and adult years) [16,17]. Based on research highlighting the persuasive appeal of narratives [18–21], a man's personal narrative was included.

This study was conducted at the Northwestern Medicine General Internal Medicine academic clinic in Chicago, IL. This practice used a commercial EHR (EpicCare 2010, Epic Systems

* Corresponding author at: Feinberg School of Medicine, Northwestern University, 750 N. Lake Shore Drive, 10th Floor, Chicago, IL 60611, USA.
E-mail address: k-cameron@northwestern.edu (K.A. Cameron).

Corporation, Verona, Wisconsin). Focus groups were conducted in March and April 2013; patient interviews were conducted July 2013–December 2014. The Northwestern University Institutional Review Board approved the study.

2.1. Focus groups

We included patients age 65 or 66 who had not had a visit with their primary care provider (PCP) since turning 65, and had no documentation of receipt or refusal of PPSV23. Prior to the group discussion, participants completed a brief demographic survey. The focus group guide addressed knowledge and beliefs about pneumonia and PPSV23, and feedback on video content. Groups were audio-recorded and transcribed. Descriptive statistics were used to describe study participants. Three authors (KAC, TB, SG) categorized participants' proposed modifications to the video.

2.2. Patient interviews

The revised video was used in a feasibility study exploring the use of an alert within the electronic health record (EHR) to trigger presentation of the video at the point of care. Eligible patients viewed the video in the exam room prior to the doctor's entrance. We conducted telephone interviews with patients to obtain their feedback.

We queried the EHR to identify eligible patients with EHR documentation that the video was shown during their clinic visit. We excluded patients who had a preferred language other than English, were new to the practice, presented for an acute visit, or did not have a PCP listed in the EHR. The interview explored patient self-reported PPSV23 status, attitudes about the video, and reflections on viewing a video during a clinic visit. Participants responded to items (e.g., "The video was engaging," "Overall I liked the video") on a Likert scale [from 1 (strongly disagree) to 5 (strongly agree)] and provided open ended responses to the question "In general, how did you feel about watching a video in the exam room while waiting for the doctor?" Participants were asked to indicate how much attention they paid to the video (a lot of attention, some attention, not very much attention, no attention at all). We queried the EHR to determine receipt of PPSV23 on day of visit.

We calculated descriptive statistics using SAS V 9.3 (SAS Institute Inc., Cary, NC). Two authors (TB, KAC) independently reviewed transcribed responses to the open-ended item, and content analyzed responses for valence of participants' statements (i.e., negative, neutral, positive) [22]. The coders identified general themes within each valence category and coded responses into those themes. Lengthier comments were unitized for coding into multiple categories. Any discrepancies were resolved by discussion.

3. Results

3.1. Focus groups

We conducted six focus groups. Participants' ($n = 26$) mean (SD) age was 65.9 (3.1), 80.8% were female, 53.9% were white, and 88.5% had some college education or a college degree. Overall reaction to the video was positive. Some individuals indicated a new-found motivation to consider vaccination: "Excellent production-it was short . . . For someone like myself who hasn't had one and who hasn't given any thought to getting one-it's an awakening" (male, group 2). Others noted that pneumonia as a threat was new information; "It did convey how insidious it is and I didn't really have respect for that. It did a good job explaining to you that it's a

real killer. I thought with modern medicine it just wasn't a killer anymore" (female, group 3). The narrative testimonial appeared to resonate: "I liked the part with the man talking about his wife . . . I thought it was very effective." (female, group 5). Some participants felt the initial version of the video focused too heavily on severity of pneumonia and threat of death: "I didn't like that at all [video reference to dying] . . . It didn't feel good" (female, group 1). A few participants suggested the addition of information related to vaccine side effects.

3.1.1. Video revisions

Based on participant feedback, we reviewed all references to the severity of pneumonia and reworded or removed them to convey the same message with less intensity. After discussion with clinical experts, we opted not to add information about vaccine side effects as the video was intended to *augment* interactions between clinicians and patients, not serve as a stand-alone tool. The Figure highlights the video's major constructs and portions of video script (Fig. 1).

3.2. Patient interviews

There were 135 eligible patients; we completed interviews with 73 (response rate: 54%), 69 of whom reported viewing the video. [23] Participants' mean age was 65.3 (SD=0.47), 63.0% were women, and 56.2% were white (Table 1).

3.2.1. Patient attitudes about the video

Attitudinal responses were obtained from 69 participants; 4 reported not having seen the video during their visit. Participants indicated favorable attitudes toward the video, reporting it was informative ($M = 4.48$, $SD = 0.75$), engaging ($M = 4.14$, $SD = 0.95$), easy to understand ($M = 4.83$, $SD = 0.58$) and believable ($M = 4.45$, $SD = 1.01$). When asked to indicate their overall liking of the video, patients responded affirmatively ($M = 4.21$, $SD = 1.10$).

3.2.2. Vaccination on day of video

Only 12.9% of participants reported that they *had intended* to receive the pneumonia shot at their clinic visit. Despite this overall lack of intention, 58 (79.5%) participants reported discussing the vaccine with their provider and 39 (53.4%) self-reported pneumococcal vaccination the day they viewed the video. Chart reviews confirmed vaccination in 35 of these cases and demonstrated that vaccination histories were updated during the visit for another 2 patients (who informed their provider of previous receipt of vaccine). Only one patient had a documented refusal of PPSV23 on the day of viewing the video.

3.2.3. Perceptions about receipt of video at point of care

When asked how much attention they paid to the video, 42 (60.9%) said 'a lot,' and 21 (30.4%) said 'some.' There was a statistically significant association between attention paid to video and receipt of vaccine on day of viewing the video (Fisher-exact test $p = 0.049$). Of the sixty-six qualitative responses received to the open-ended item, nine (13.6%) were negative, 13 (19.7%) were neutral, and 44 (66.7%) were positive. Representative responses are provided in Table 2.

4. Discussion and conclusion

4.1. Discussion

This study sought to refine a theory-based patient education video promoting PPSV23, and solicit patient feedback about using the video at the point-of-care. The video utilizes the persuasive power of narrative [18–21], and was provided to patients at a time

Download English Version:

<https://daneshyari.com/en/article/5682118>

Download Persian Version:

<https://daneshyari.com/article/5682118>

[Daneshyari.com](https://daneshyari.com)