Chapter 9

Patient-Centered Empowerment Through Evidence-Based Engagement in Sensitive Clinical Settings

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ABSTRACT

Patient-centered empowerment is enhanced through evidence-based engagement in stressful medical situations. The current study provided expert-vetted educational materials in dynamic text and video formats using the 5S approach. The materials are relevant, reliable, and readable for patients with abnormal Pap test results. Findings indicated patients that understood the information better were more engaged. Engagement was measured using a coding system that kept track of explicitly shared information, requested recommendations, and tacit knowledge during patient-physician interaction. Other outcomes were that dynamic text had a greater impact on engagement in both initial and follow-up meetings. Important findings included that those who found the dynamic text relevant had their social well-being, self-esteem, optimism, and acceptance improved in initial meetings. Those who found the dynamic text reliable were more confident in the relationship with their physician in follow-up meetings and felt their social well-being was improved in both initial and follow-up meetings.

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INTRODUCTION

Abnormal medical exam results are cause for concern, worry and stress for most patients. In the current study, the subjects were women who had been referred to a specialty gynecology clinic after having an abnormality detected in their routine Pap test results. Usually, these women were highly stressed and worried (Reychav, McHaney, Zhu, & Moshonov, 2018). They used the World Wide Web to search for information regarding their situation. They may have discovered information---perhaps accurate or perhaps out of date and wrong. In general, these women do not have access to current research-based evidence usually found in scientific journals and clinical databases. Even if they do have access to these items, they may lack the skills to interpret their findings and apply the information to their situation. They also may suffer from a lack of time needed to search for accurate and relevant information; and may not have the skills needed to identify the correct information. This can increase their fear prior to their appointment at a specialized gynecology clinic (Reychav, Parush, McHaney, Hazan, & Moshonov, 2018).

To the best of our knowledge, training in the appraisal of evidence has not been a component of most HPV educational curricula. In the current study, we used a knowledge-based evidence approach. This approach focuses on 3Rs: reliability, relevance and readability (in the case of video presentation: understandability) (Straus & Haynes, 2009). In this paradigm, evidence is reliable if it can be shown to be highly valid. The method used to generate this knowledge must be explicit and rigorous, or at least provide the best available result. To be clinically relevant, material should be distilled and indexed from the medical literature so that it consists of content that is specific to the distinct needs of well-defined groups of women dealing with HPV and arriving at the specialty clinic for the first time or as a follow-up meeting. To be readable or understandable, it must be something that makes sense to the patient considering her cultural, educational, and literacy levels.

The current study focused on making videos with information easily understood by the target audience. We asked an expert physician to evaluate and present evidence in a meaningful way. The clinic manager had a good understanding of the target audience and assumed the expert role. He became the primary speaker for the video to provide one source of information. A supporting physician and health provider team developed a dynamic presentation to reinforce his message. The presentations for both sources used friendly tones and approaches, and went into deeper but relevant details regarding HPV and other topics.

The expert team used the “5S” approach to ensure the information was evidence-based and useful (Haynes, 2007). This framework provides a model for organizing evidence-based information. To do this, information was collected based on the “moving up” strategies using the “5S” pyramid. This approach includes primary studies at the bottom and moves to the next level of detail which systematically organizes these studies (syntheses). This level is followed by synopses to further reinforce the material. More concise summaries are found in the next level to provide a comprehensive overview of evidence related to the clinical problem of HPV. At the top of the pyramid are details about systems such as electronic health records and the experiences of the team in this clinic.

The resources become more reliable, relevant and readable from the physician’s perspective going up the pyramid and helped support evidence-based decision making. However, in the current situation, the patient perspective is paramount. The team’s goal was to ensure the “5Ss” resulted in patients having an informed point of view and deeper understanding of the source information. It was important for them to move through the 5Ss and ultimately acquire useful knowledge in a way that helped in their current situation.
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