

# Using videos to educate your ObGyn patients

Enhancing patients' understanding of the care they need while improving the efficiency of your practice? Easy-to-produce digital videos and ancillary materials can do just that.

#### Neil H. Baum, MD, and Mickey M. Karram, MD



#### Producing a patient education video

Page 18

Videos and medical-legal protection

Page 20

Patient questionnaire post-video viewing Page 22 Atient barriers to optimal healthcare outcomes are well documented. According to a 2003 estimate from the National Center for Education Statistics, 9 in 10 individuals do not know how to adequately access information readily available for their own health care.<sup>1</sup> A December 7, 2013, report in *Modern Healthcare* stated, "When patients are in doctors' offices, they (might) hear 50% of what's being said and maybe their relative hears another 30%, but they walk away without 20%."<sup>2</sup>

In addition, patients often do not fill or refill their prescriptions. More than 31% of about 37,000 prescriptions written in a primary care setting for nearly 16,000 patients were not filled.<sup>3</sup> Reasons may be poor health



Dr. Baum practices urology in New Orleans, Louisiana, and is Associate Clinical Professor of Urology, Tulane Medical School and Louisiana State University School of Medicine, New Orleans. Dr. Baum is an OBG MANAGEMENT Contributing Editor.

Dr. Karram is Professor of Obstetrics and Gynecology and Urology, University of Cincinnati School of Medicine, and Director, Urogynecology, The Christ Hospital, Cincinnati, Ohio.

The authors report no financial relationships relevant to this article.

literacy, a medication's expense, or disappointment with lack of drug efficacy. In a 2010 Commonwealth Fund survey, 23.1% of US patients reported not filling a drug prescription in the previous 12 months due to cost,<sup>4</sup> and in 2012, 27% did not follow through with recommended testing or treatment.<sup>5</sup>

On the physician side, the advent of managed care, electronic health records, and requirements to document extraneous information have shortened "face time" with patients. This means less time to educate patients about their conditions and treatments. And patients who have insufficient information may have trouble adhering with recommendations and experience unsatisfactory outcomes.

Using focused patient-education videos can help you circumvent in-office time constraints and inform patients of their conditions and your recommendations, thereby increasing practice efficiency and improving patient outcomes. There are certain considerations you should keep in mind when implementing and executing videos for patients.

#### Planning your video

With videos, you can convey to patients the exact message you want them to receive. This is far more effective and more appreciated

CONTINUED ON PAGE 18



using videos to educate your patients CONTINUED FROM PAGE 16



You can create a valuable video on a common condition using your smartphone and a formatted script than videos distributed by pharmaceutical companies and vendors of equipment used in your office or hospital. If you do not have the time to create patient videos, purchasing professionally created videos could be worth the cost; however, those created by physicians are far better and can be a source of enhanced communication when patients see their own physician on the screen discussing the condition, procedure, or medications prescribed.

We suggest selecting topics you regularly discuss with patients. If the topic of prolapse arises several times a day or week, a video presentation about it would be appropriate. Other topics of interest to gynecology patients are shown in the **TABLE.** The topics included are those that many of our colleagues find that they discuss with patients frequently and are in need of an instructional video.

One of us (NB) likes to select topics that are receiving lots of publicity. For example, when flibanserin was approved by the US Food and Drug Administration in 2015 and patients were asking about it, we created a video with a handout that summarized the drug's actions and its adverse effects and that emphasized the precaution about using flibanserin in conjunction with alcohol.

#### **Production elements**

**The script.** You will need to create a script. In most instances the script can follow the following format:

- Define the problem/condition
- Offer how the problem is evaluated
- · Discuss treatment options
- Go over risks and complications
- Include a summary. Embedding details of these bullet points into a PowerPoint presentation can serve as your teleprompter. Each video might end with the statement, "I hope you have found this video on <name of topic> informative. If you open the door at the end of the video, I will return to the examination room and provide you with a summary of the <topic> and answer any questions you may have." We

#### Example video topics for patient viewing

- · Evaluation of urinary incontinence
- Recurrent urinary tract infection
- Infertility evaluation
- Options for hysterectomy
- Management of menometrorrhagia
- Contraception options (including bilateral tubal ligation)
- Pros and cons of hormone replacement therapy
- Breast self examination

refer to this as the "**sandwich technique**," in which the physician interacts with the patient first and performs the examination, invites the patient to watch the video, and returns to the room to conclude the patient visit.

**The recording device.** Recording can be accomplished easily with technology available in nearly every ObGyn office. You can use a video camera, the webcam on your computer, or a smart phone (probably the easiest choice). The quality of video created with the Apple, Samsung, or Motorola devices is excellent. The only other piece of equipment we recommend is a flexible tripod to hold the phone. Several such tripod stands are available for purchase, but the type with a flexible stand can be beneficial (**FIGURE 1**, page 20). These are available for purchase on Amazon.

**Putting it all together.** With the smartphone in the tripod attached to the computer and the PowerPoint program serving as your notes, you are ready to create a video. We suggest limiting the recording to 5 to 7 minutes, the attention span of most patients. Those who want to produce a more professional looking video can use the editing programs iMovie on the Mac or Movie Maker on the PC.

Videos can be uploaded to your website, your EMR, or onto separate computers in each of your examination rooms. Depending on where you upload your videos (your own website or YouTube), patients can access

CONTINUED ON PAGE 20



using videos to educate your patients CONTINUED FROM PAGE 18

# FIGURE 1 Our recommended tripod stand



The TriFlex Mini Phone Tripod Stand, available for purchase at retailers and at Amazon (http://www .amazon.com/dp/B017NA7V1U?psc=1).

them from home. An advantage of your own website and YouTube is that the videos can be viewed again and by patients' significant others (which patients often inquire about the ability to do).

#### Other considerations

Videos that are conversational in nature, using the pronouns "I" and "we" and using such language as "my opinion" and "our patients" may hold the attention of viewers more than didactic "talking head" videos. In addition, creating videos on controversial topics that patients are interested in and need more information about can benefit patients and your practice.

### Example patient education videos

Examples of videos on stress urinary incontinence and treatment with a midurethral sling can be viewed at: https://www.youtube.com /watch?v=BFZj8x3-oCA and https://www .youtube.com/watch?v=-gnOqkXiye0.

Dr. Neil Baum is the author of *Social Media for the Health-care Professional* (Greenbranch Publishing, 2012).

Creating videos in other languages for your patients is an option as well. If you speak the language, then create your video in both English and the other language. Or you can create the script and ask a patient who speaks the non-English language to assist with the video production or voiceover. Also, there are other language videos for patients on YouTube. An excellent example of a Spanishlanguage gynecologic video on the pelvic examination is available (https://www.you tube.com/watch?v=IKsGYc-dCSI). It is easy to create a link from your website to a You-Tube video. This requires requesting permission from the creator of the video. (We do not recommend showcasing another physician on your website.)

#### Advantages of creating videos

When patients are watching the video, you can conduct visits with other patients and even perform brief office procedures. You can anticipate an up to 15% to 20% improvement in office efficiency by using educational videos. And patients will appreciate the information and the written summary accompanying each video.

### Videos and medical-legal protection

Documentation is necessary to protect yourself from litigation. Record the viewing of a video in a patient's chart, as well as the receipt of pertinent written information. We suggest you also note that all of the patient's questions were answered before the patient left the office. To confirm that the patient understood the condition, procedure, or surgery, you can ask the patient to fill out a true/ false questionnaire after watching the video and also include it in the chart. A questionnaire I (NB) use after the patient watches a video on stress incontinence is shown in **FIGURE 2** on page 22.

A statement to accompany the questionnaire is also a good idea. Example: "<name of patient> watched a video on the treatment of stress incontinence. The video discussed the

CONTINUED ON PAGE 22



By having patients view an educational video as part of their visit, you can increase office efficiency if using that time to see other patients



using videos to educate your patients CONTINUED FROM PAGE 20

# FIGURE 2 Sample questionnaire for a patient to fill out after watching a video on stress urinary incontinence

#### 1. TRUE or FALSE (circle one)

The treatment options for stress urinary incontinence are Kegel exercises, insertion of a pessary, or surgery.

#### 2. TRUE or FALSE

Complications due to stress urinary incontinence surgery include bleeding, infection, and chronic pain, including pain with intercourse.

#### 3. TRUE or FALSE

Following surgical treatment, women may continue to experience mild urinary incontinence with coughing and sneezing requiring the use of pads.

#### 4. TRUE or FALSE

Surgical treatment for stress urinary incontinence is not a guarantee for success (ie, elimination of symptoms).

Signature	Date	

procedure and its risks and complications, and alternate treatments, including the option to have no treatment. She agrees to proceeding with a midurethral sling using synthetic mesh and understands the risks and complications associated with the use of mesh."

We believe that this makes the video an excellent medical-legal protection tool for the physician and that the video enhances the informed consent process.

#### **Bottom line**

An additional helpful option is to end your videos with a comment that addresses the statement and consent form you will ask the patient to sign. For instance, "I will return to the examination room and provide you with a summary of the <topic> and answer any questions you may have. I also will ask you to sign a procedure or operative consent form as well as sign a statement that says you have watched the video, understand the content, and have had your questions answered."

We are challenged today to provide quality care in an efficient and cost-effective manner. This is a concern for every ObGyn practice regardless of its size or location or whether it is a solo or group practice or academic or private. We can improve our efficiency and our productivity, maintain quality of care, improve patient adherence, and even improve outcomes using patient videos. So get ready for lights, camera, and action! ©

#### References

- Kutner M, Greenberg E, Jin Y, et al. The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy. Washington, DC: National Center for Education Statistics, US Dept of Education, 2006.
- 1NCES publication 2006-483.2. Modern Healthcare. Providers help patients address emotion, money, health literacy. Available at: http://www.modernhealthcare .com/article/20131207/MAGAZINE/312079983. Accessed April 15, 2016.
- 3. Tamblyn R, Eguale T, Huang A, Winsdale N, Doran P. The incidence and determinants of primary nonadherence with

prescribed medication in primary care: a cohort study. Ann Intern Med. 2014;160(7):441-450.

- Morgan S, Kennedy J. Prescription drug accessibility and affordability in the United States and abroad. Issue Brief (Commonw Fund). 2010;89:1012.
- Collins SR, Robertson R, Garber T, et al. Insuring the future. Current trends in health coverage and the effects of implementing the Affordable Care Act. Available at: http:// www.commonwealthfund.org/~/media/Files/Publications /Fund%20Report/2013/Apr/1681\_Collins\_insuring\_future\_ biennial\_survey\_2012\_FINAL.pdf. Accessed April 15, 2016.



When providing a follow-up confirmatory statement of viewing and consent for patients to sign post-video viewing, videos can enhance the informed consent process