



Vanderbilt Center for Effective Health Communication

VANDERBILT INSTITUTE FOR MEDICINE AND PUBLIC HEALTH

HEALTH COMMUNICATION 2018 FALL RESEARCH FORUM RECAP

Our Fall Research Forum on October 29, 2018 was a great success! **The goal of the research forum is to facilitate discussion between health communication researchers across Vanderbilt.** In 2018, the CEHC funded 2 health communication research projects. The forum included presentations on the pilot studies and a keynote address. A question and answer followed each presentation and we wrapped up with a social hour. We hope to see you next fall!



Left to right: Dr. Sunil Kripalani, Dr. Amanda Mixon, Dr. Ryan Skeens, Dr. Laura Beskow, Erin Acord, Sarah Williamson, Dr. Kerri Cavanaugh

A brief summary of our speakers with special practice tips from Lane Stiles, Director of Patient Education:

Keynote Speaker:

Laura Beskow, PhD, MPH

Professor, Health Policy
Ann Geddes Stahlman Chair in Medical Ethics, VUSM
Director of Research Ethics, Vanderbilt Center for Biomedical Ethics & Society



Presentation: "eConsent for Biobanking: Exploring Understanding of 'Understanding'"

- Comprehension is a fundamental pillar of informed consent, yet studies have shown that many people don't understand key aspects of research, even with simplified forms or other interventions.
- Comprehension assessments such as a 'quiz' are often built into e-consent processes. However, this practice raises questions about what should happen when prospective participants are unable to pass the quiz.
- National experts held diverse opinions and were in turmoil when presented with this question along with data from a national survey documenting the challenge.
- There is an urgent need for debate about the role of comprehension: Should there be a threshold for "adequate" understanding and, if so, consequences for not meeting it, such as non-enrollment?
- Further reading: [Click here](#) & [Click here](#)
- **Implications for translation into practice:** *Comprehension is important for procedural consents as well as research consents. One problem is that "understanding" is highly dynamic. Research shows that people immediately forget 40-80% of what they've been told, and half of what they think they remember is incorrect. Rather than trying to define a minimal level of competency or performance to verify informed consent, we might think about consent in a more transactional and pragmatic way—as something we "negotiate" with each patient and family based on their individual needs, wants, and preferences.*

ABOUT OUR CENTER

The Vanderbilt Center for Effective Health Communication (CEHC) focuses on health communication in research, education, and the community to promote greater health knowledge, more informed health behaviors, and improved quality of care.

Ryan Skeens, MD

Clinical Neonatal Fellow, Division of Neonatology
Mentor: Gretchen Jackson, MD, PhD



Presentation: "Parent Activation in the Neonatal Intensive Care Unit and Its Relationships with Sociodemographic Variables, Neonatal Outcomes and Healthcare Utilization"

- Hypothesis: There are sociodemographic predictors of higher patient activation scores and higher Parent-Patient Activation Measure (PPAM) scores are related to improved healthcare outcomes and decreased healthcare utilization among NICU patients
- 10-item PPAM was used to assess distribution of scores among parents at NICU admission, discharge, and 30-days post-discharge
- Overall, parent PPAM scores are higher than in the published adult literature overall
- In this study, activation scores did not have an association with level of education but were highly associated with health literacy level. Activation scores were higher in mothers compared to fathers and in first-time parents
- **Implications for translation into practice:** *A few years ago a large health care system in MN made the PAM a part of standard clinical intake and personalized interventions based on the scores. The system was able to increase activation in those with lower scores and assign resources more efficiently. The results were lower costs and improved clinical outcomes. The question is, is the return on investment sufficient to justify and sustain the assessment of activation at intake and the targeting of interventions based on these scores? Is this something VUMC should consider piloting?*

Amanda Mixon, MD, MPH

Assistant Professor of Medicine



Presentation: "Patient Centeredness and Patient Engagement in Outpatient Medication Reconciliation"

- Study investigated the current medication reconciliation process in primary care clinics, including patient-centeredness and patient engagement
- The medication reconciliation process is highly variable across clinical encounters (observed at the VA), is likely variable in quality, and could be improved
- Medication reconciliation is required but is often not conducted in a patient-centered manner
- Though patients are engaged in the process, their role is unclear
- Information sharing occurred, but value of process and shared understanding not always apparent
- **Implications for translation into practice:** *As this study shows, the lack of clearly defined roles (for both patients and clinicians), consistent processes, and institutional resources will remain major challenges for effective medication reconciliation. Vanderbilt's new policy for medication reconciliation limits it to the provider or pharmacist, but doesn't speak to multiple prescribing providers, which is an inhibiting factor for many providers. Primary responsibility for the medication list needs to be identified but remain flexible. Would a flag in the EMR work for this?*

Thank you to all who attended our research forum! We hope you join us next fall for our next research forum.

CONTACT US

Are you interested in health communication, health literacy, risk communication, shared decision-making, or a related field? Contact the Center and tell us about your interests!

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