

Patient Education in a YouTube World

You see it all the time in your waiting room—patients focused on their smartphones. Often, they are using video-based media to access information and entertainment. YouTube, for example, is used by almost a third of people on the Internet and gets billions of views every day. The fact that so many people are accustomed to getting information by video provides an opportunity for ophthalmologists.

“Years of studies establish the efficacy of videos in patient education,” said Devin A. Harrison, MD, a comprehensive ophthalmologist in Richland, Wash., who chairs the Academy Patient Education Committee. “In fact, a review of 25 studies found that video is especially effective in decreasing patient anxiety and pain while increasing short-term knowledge and coping ability.”¹

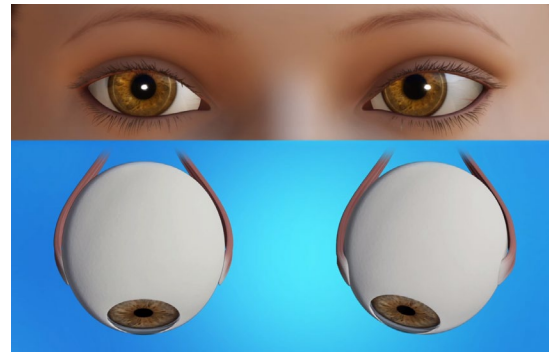
Why a Retina Practice Began Using Video

Until a couple of years ago, Hardeep S. Dhindsa, MD, had never tried using patient education videos in his Reno, Nev.-based retina practice. “But once I saw what was available, it made me rethink the value of video,” said Dr. Dhindsa, who now uses short videos to augment his personal discussions about surgery’s risks, benefits, and alternatives. “I realized that using these videos reiterates what I need patients to

understand. I’m not eliminating my discussion with a patient but reinforcing it.”

Video can counter miscues. When you are talking with patients, their perception of what you are saying may be influenced by many variables, said Dr. Dhindsa. “Studies show that we simply don’t know how we come across to other people. I may have to deliver bad news to Patient A, then go into another exam room and tell Patient B they need surgery. Although I try to be a ‘blank slate’ with every patient, the fact is that my interaction with Patient A might inadvertently be carried over into my interaction with Patient B—and, importantly, I may not be aware of this,” said Dr. Dhindsa. “When I show the Academy’s patient education videos, I know the information is presented in a clear, concise, and neutral way, in a reassuring manner.”

Patients can watch videos when they are better able to process the information. “If a patient comes in with a retinal detachment and I review the mechanism of the condition, along with 3 or 4 treatment options and the risks and benefits of each—that is a lot of information for someone to process.



ADD VIDEO TO YOUR TOOL KIT. Brief videos can help to reduce patients’ anxiety levels, set realistic expectations, strengthen your informed consent process, and reduce malpractice risk. The video shown above, for example, offers an easy-to-understand explanation of strabismus, and is 1 of 9 videos in the Academy’s Pediatrics Patient Education Video Collection.

Often, the patient is anxious, which may further limit his or her ability to accurately take in information and make an informed decision,” said Dr. Dhindsa.

“I decided that, if possible, I would schedule patients to come back for a preop visit on a day when I am in surgery and the clinic is less crazy, and they could watch the video in a more relaxed setting. They’ve had time to process the diagnosis and information I gave them at their initial visit. Then, after watching the video, a tech answers any further questions that they may still have.”

Feedback from patients has been positive. “Patients confirm that the video session reinforces and crystallizes the information I have given them,” said Dr. Dhindsa.

BY KIERSTAN BOYD, ACADEMY DIRECTOR OF PATIENT EDUCATION,
INTERVIEWING HARDEEP S. DHINDSA, MD, DEVIN A. HARRISON, MD,
AND PAUL WEBER, JD

Tips for Incorporating Video Into Your Practice

Decide the best time to show video.

Consider your practice volume, staffing support, patient demographics, and office space when you think about how to show video. None of these aspects should be a barrier to showing video but, instead, should help you determine the most opportune time to do it. Examples include:

- During dilation—perhaps in the waiting room on an iPad with headphones, or in a separate area if you have one.
- While waiting in the exam room for the doctor. This can help mitigate the patient's impression of "waiting around for the doctor."
- After the visit, when the patient gets home. Video can be sent via your patient portal, or the patient can be referred to watch the video on your practice website. This can be especially helpful when you want the patient's family to watch the video as well.
- At a separate preop visit, when the patient is not overwhelmed with the information and complexities of a regular appointment, and has access to staff to answer questions immediately afterward.

Work with your practice's IT administrator. A technically savvy person in your practice can help you assess how to most effectively deliver video. Some examples to consider include:

- Loading videos onto tablets or iPads for use in various locations.
- Having videos loaded onto a practice server that delivers video to computers in each exam room.
- Putting videos on your practice website for patients to access. (You can choose to have this section of your website password protected.)
- Incorporating video into your patient portal system. (See if your electronic health record provider can help you do this.)
- Providing videos on thumb drives or DVDs as a take-home viewing option for appropriate patients.

Standardize a documentation process. Documenting in the patient's record that he or she watched the video should be as routine as—and in the same format as—other documentation.

Academy Videos

"Adding video to your patient education tool kit is one of the most effective ways to help improve patient understanding and increase compliance. And with today's technology, it's easier than ever to make it work, either within or outside of the patient visit," said Dr. Harrison, who urges ophthalmologists to consider the Academy's Waiting Room Video and its 5 subspecialty-specific video collections.

Augment the physician-patient discussion. The 5 video collections explain benefits, risks, and alternatives for many common procedures. The videos within each collection are all succinct (just 5 minutes or less), have high-definition resolution, and are free of advertising. Both English- and Spanish-language versions are included. Use them on any platform, from desktops and tablets to smartphones, patient portals, and websites.

Reliable documentation is key in reducing your malpractice risk (see below), and the documentation is also important for satisfying the patient-specific education resources objective of the meaningful use program.

Protect Your Practice

The Ophthalmic Mutual Insurance Company (OMIC) recommends using patient education videos to help mitigate malpractice risk. "Establishing a good informed consent process begins with asking yourself, 'What steps can I take to ensure that my patient is properly informed?'" said Paul Weber, JD, vice president of OMIC's Risk Management department. "In addition to talking with your patient and handing them a brochure, showing them a video about their condition and the recommended treatment option is taking that extra, important step toward ensuring their understanding.

"Documenting that the patient was shown a video is a powerful measure that any practice can take to help refute

There are 5 subspecialty-specific collections:

- Cataract and Refractive Surgery Collection (view sample clips at www.aa.org/cataractvideos)
- Glaucoma Collection (www.aa.org/glaucomavideos)
- Retina Collection (www.aa.org/retinavideos)
- New—Pediatrics Collection (www.aa.org/pediatricsvideos)
- New—Oculoplastics Collection (www.aa.org/oculoplasticsvideos).

Make time in the waiting room more enjoyable. The new Waiting Room Video for the Ophthalmic Practice (Vol. 3) features educational segments on eye health that are interspersed with relaxing music, attractive images, and interesting facts about eyes and vision. (View sample clips at www.aa.org/waitingroom3).

For more information, go to www.aa.org/store, click "Patient Education," and then "Video."

a claim of lack of informed consent. It shows that you delivered a consistent, accurate, and engaging message about treatment options and their benefits, risks, and alternatives." Consistency is key, noted Mr. Weber. That way, you know and have documentation that every patient was given the same complete, accurate message.

1 Gagliano ME. *J Med Educ.* 1988;63(10):785-792.

Dr. Dhindsa is a retina subspecialist based in Reno, Nev. *Relevant financial disclosures:* None.

Dr. Harrison is a comprehensive ophthalmologist in Richland, Wash., and chairs the Academy Patient Education Committee. *Relevant financial disclosures:* None.

Mr. Weber is vice president of Risk Management at OMIC. *Relevant financial disclosures:* OMIC: E. See the disclosure key, page 8.



MORE ONLINE. Think you don't have the time, space, or need to show patients videos? This month's Web Extra tackles 3 myths about videos and patient education. It accompanies this article online at www.eyenet.org.