Development of Improved Patient Educational Material for Elective Spine Surgery: A Patient Engagement Initiative

Objective

To determine how patients with lived experience with surgery prefer to engage with educational resources.

Practice Points

1. Patients prefer a personalized approach to education. However personalized education is logistically and financially challenging to implement. Multimodal education could be an adequate alternative.

2. Being mindful of limitations regarding access to education is important, such as technology or geographic concerns.

3. Managing patient expectations is an important component for effective education.

Methods (R. Greene, A. Hall, S. D. Christie, H. Etchegary)

1. Participants with lived experience with surgery were invited via the Maritime SPOR SUPPORT Unit to participate in discussion groups surrounding the content and delivery of patient educational resources. Each discussion group was delivered via semi-structured interviews. Two principal investigators (PIs) compared notes following each session to ensure completeness and accuracy.

2. Educational tools discussed include a video booklet, a nursing phone line, videos, and classroom sessions. Barriers and enablers to each delivery method were discussed. Discussion questions asked include:

    - What information was beneficial in previous interactions with educational resources?

    - What are the barriers and enablers you may see with the proposed educational tools we may offer?

Results

Figure 1. Examples of Concerns Expressed by Patients During Discussion Groups

- A total of five patients participated in three discussion groups.

- Patients expressed concerns about the psychological component of education, the difficulty of receiving education from surgeons, and incorporating patient caregivers in the education process.

Table 1. Factors to Consider when Implementing and Delivering Patient Education

 **Managing expectations**	 **Multimodal education**	 **Engaging caretakers in the educational process**	 **Access to health care professionals in the leadup to surgery**	 **Distance to heath care centres**
What is a normal amount of pain to expect after surgery?	Personalized education would be ideal for patients. Agreed this would be challenging to offer.	Caretakers provide another perspective while consuming education.	Difficulty contacting surgeons or other staff to answer questions regarding surgery after their clinic visit.	Patients living in rural communities may have difficulty commuting to the hospital. Extra hospital visits add additional costs to patients.

Table 2. Barriers and Enablers for Implementing Proposed Educational Offerings

Online Videos		Nursing Hotline		Audio/Visual Booklet		Classroom Style	
Enabler	**Barrier**	**Enabler**	**Barrier**	**Enabler**	**Barrier**	**Enabler**	**Barrier**
Not resource intensive	Can't ensure patient engages with content	Allows patients access to education as needed	Expensive and logistically difficult to implement	Multimodal education in one device	Booklets are expensive	Patients and caretaker can attend at the same time	Not accessible for patients who live far from the hospital
Easily accessible for patients	Patients with poor internet access may not be able to use	Allows access to health care staff while waiting for surgery	Can only serve a patient or two at a time	Patient doesn't need their own tablet or computer	Can't ensure patient engages with content	Regularly reported to be a desirable form of education	Demands further time from surgeons or nurses

Conclusions

1. Patient education is important for managing expectations surrounding surgery. It's difficult to attribute a "one-size fits all" approach to education.
2. The inclusion of the patient's caregiver during education sessions is also beneficial, as it offers a second person the chance to retain information and ask questions.
3. Multimodal educational delivery methods may be a cost-effective option that could help improve adherence to educational resources.
4. In the process of developing educational tools, developers must should consider geographical, logistical, and technological barriers to access.