

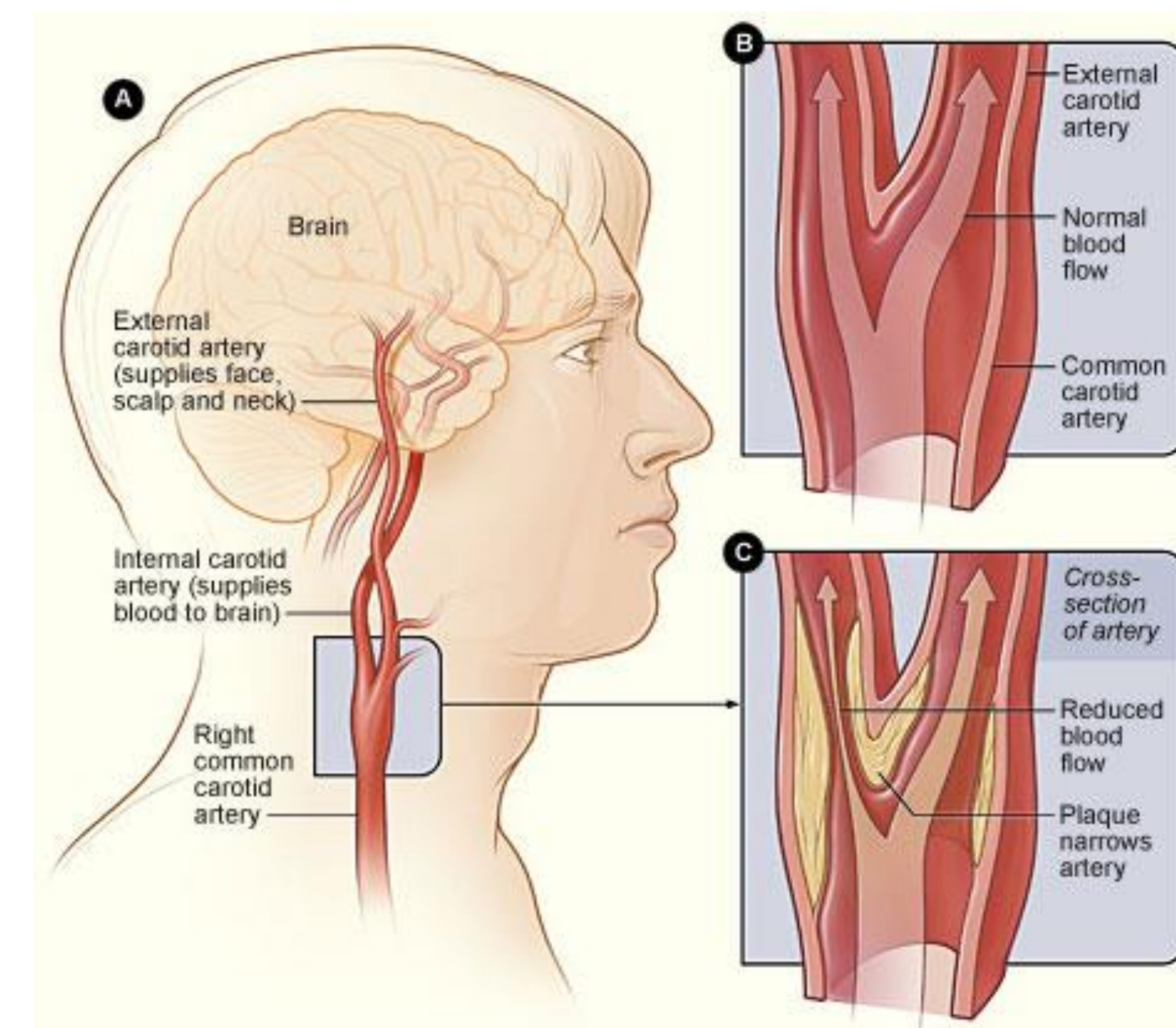
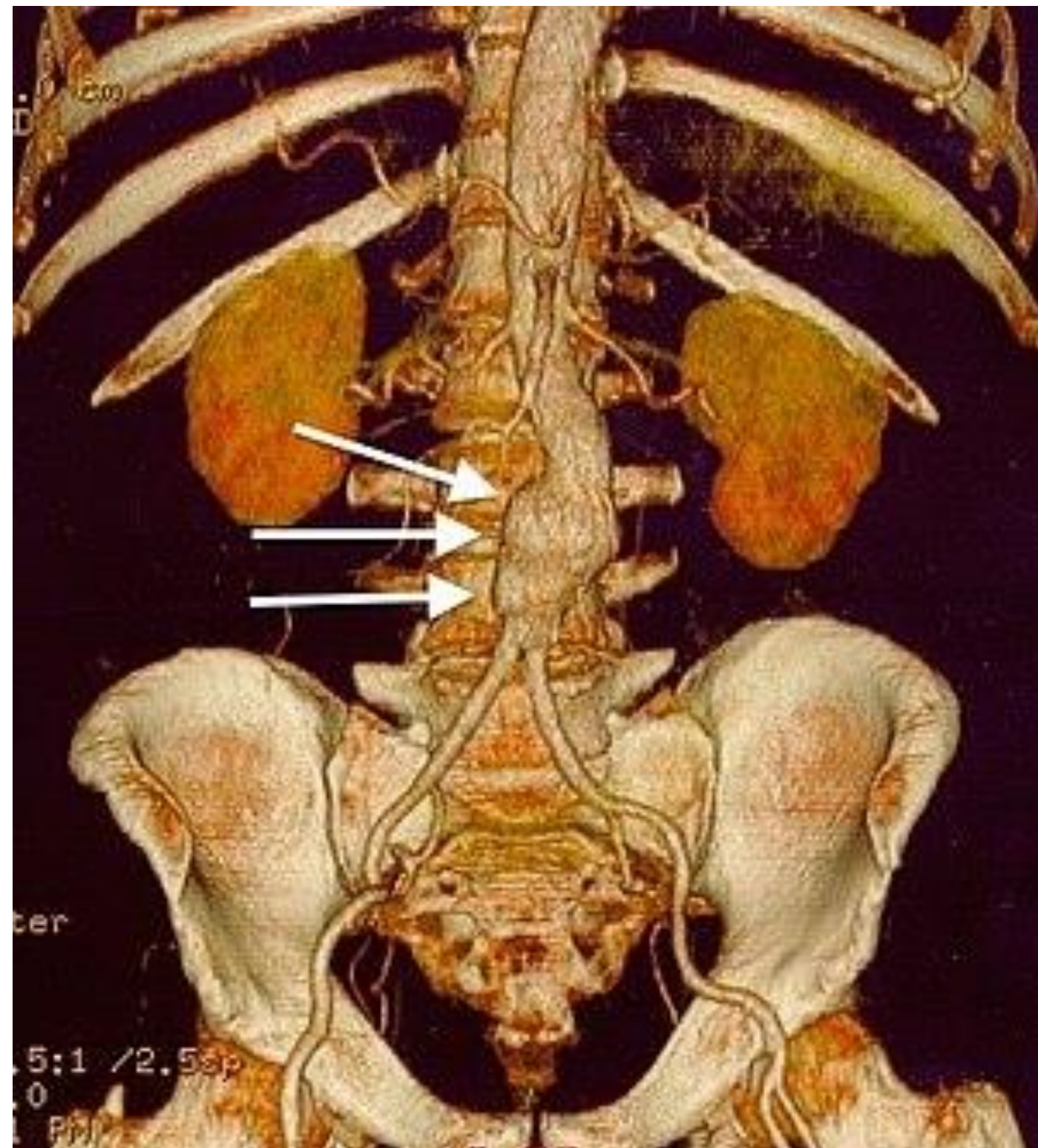
What do the patients think? : A Qualitative Study on Patient Perspectives on Arterial Disease

Araiye Medlock, B.S., Kayla Meadows, B.S., Nithya Sriranjitha, Alisa Tabaian, Misty D. Humphries M.D.

UC Davis Division of Vascular Surgery, University of California, Davis School of Medicine

Introduction

- Wide gap in patient knowledge surrounding Vascular Disease, its associated risk factors, and viable options for interventions.
- Integrating patient experiences with current patient facing material improves patient interaction with materials and their care, ultimately improving outcomes



Hypotheses/Specific Aims

Specific Aim 1: To examine the current patient facing material amongst patients with PAD, CAD, AAA to gauge effectiveness of health education.

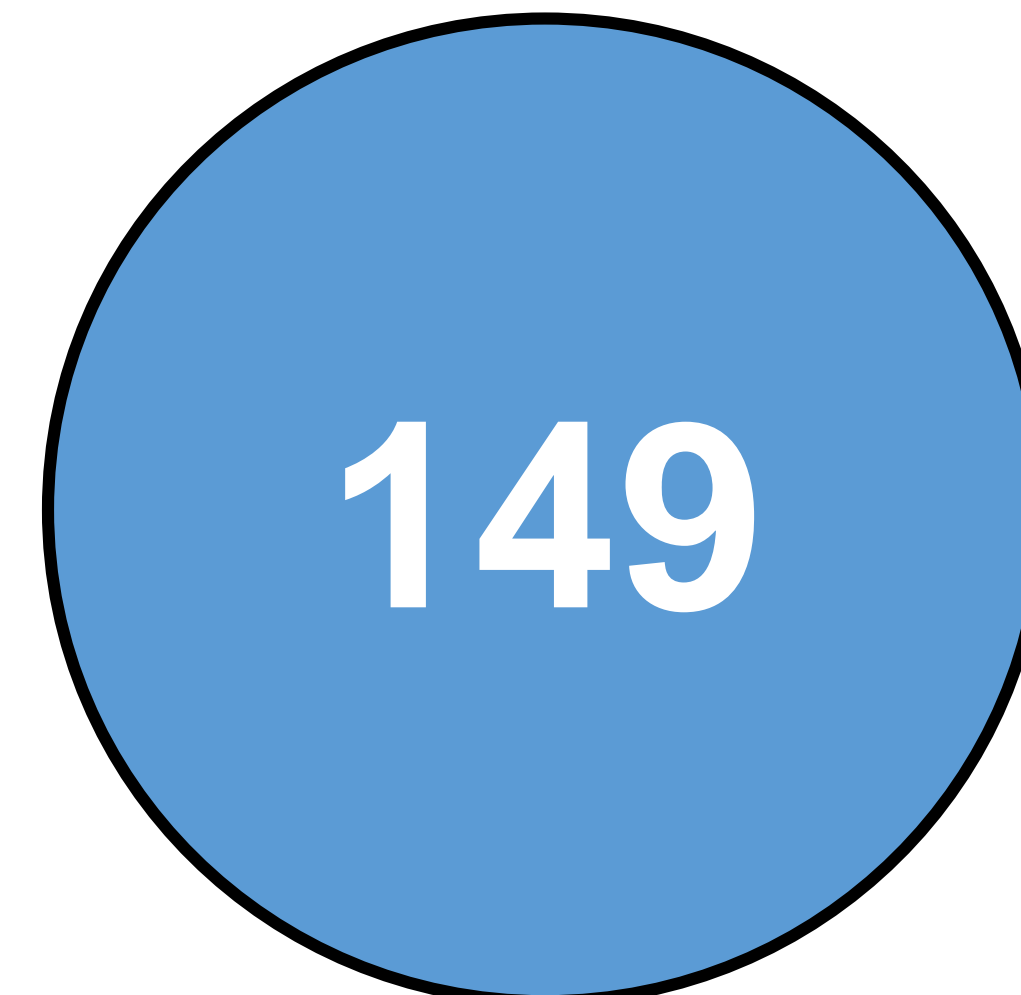
Hypothesis 1: Patients have minimal understanding of PAD, Carotid Stenosis, and AAA, risk factors, and associated care with existing patient facing material.

Specific Aim 2: To examine the current health literacy surrounding PAD general knowledge on disease processes, risk factors, and associated care amongst diverse patient populations.

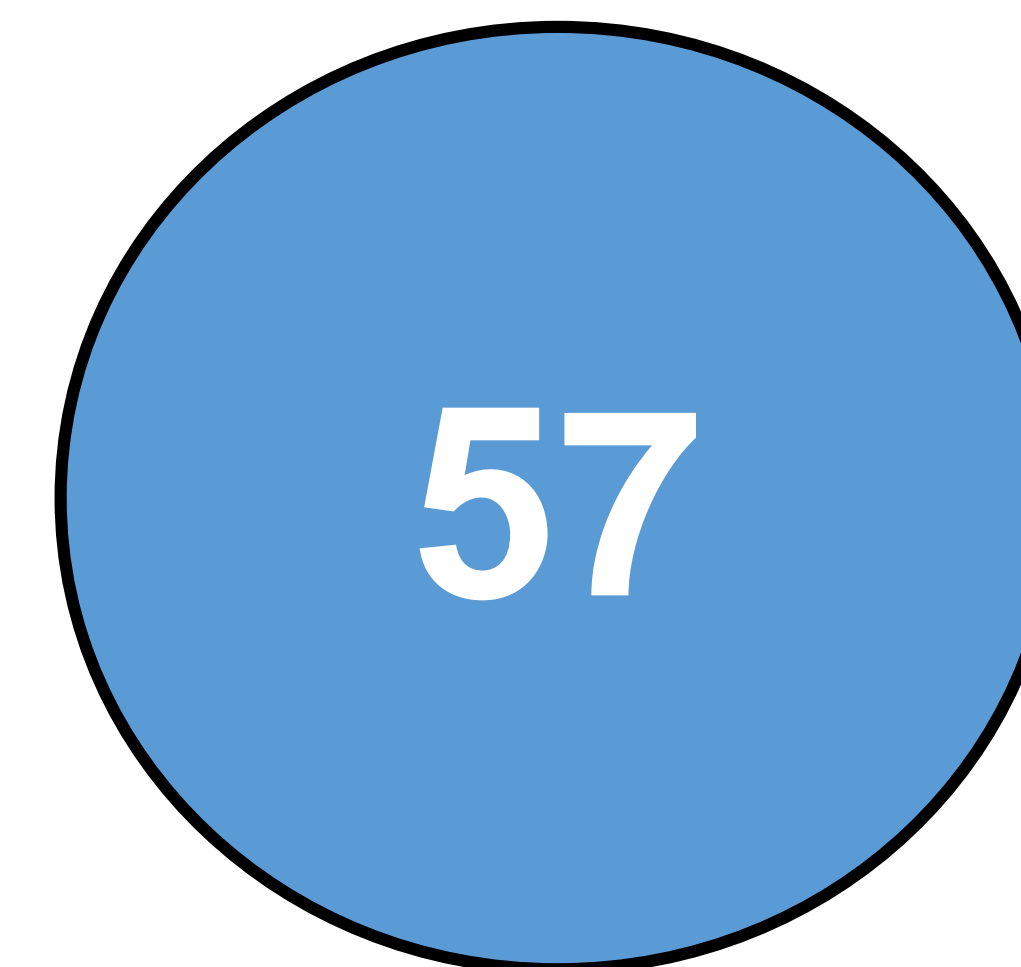
Hypothesis 2: Interviewed patients will report jargon better suited towards healthcare professionals, and a lack of diverse representation with existing patient facing material.

Methods

Chart Reviewed + Screened

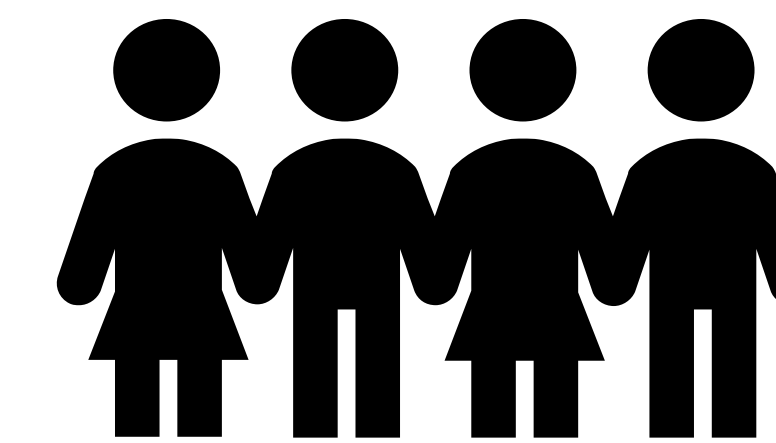
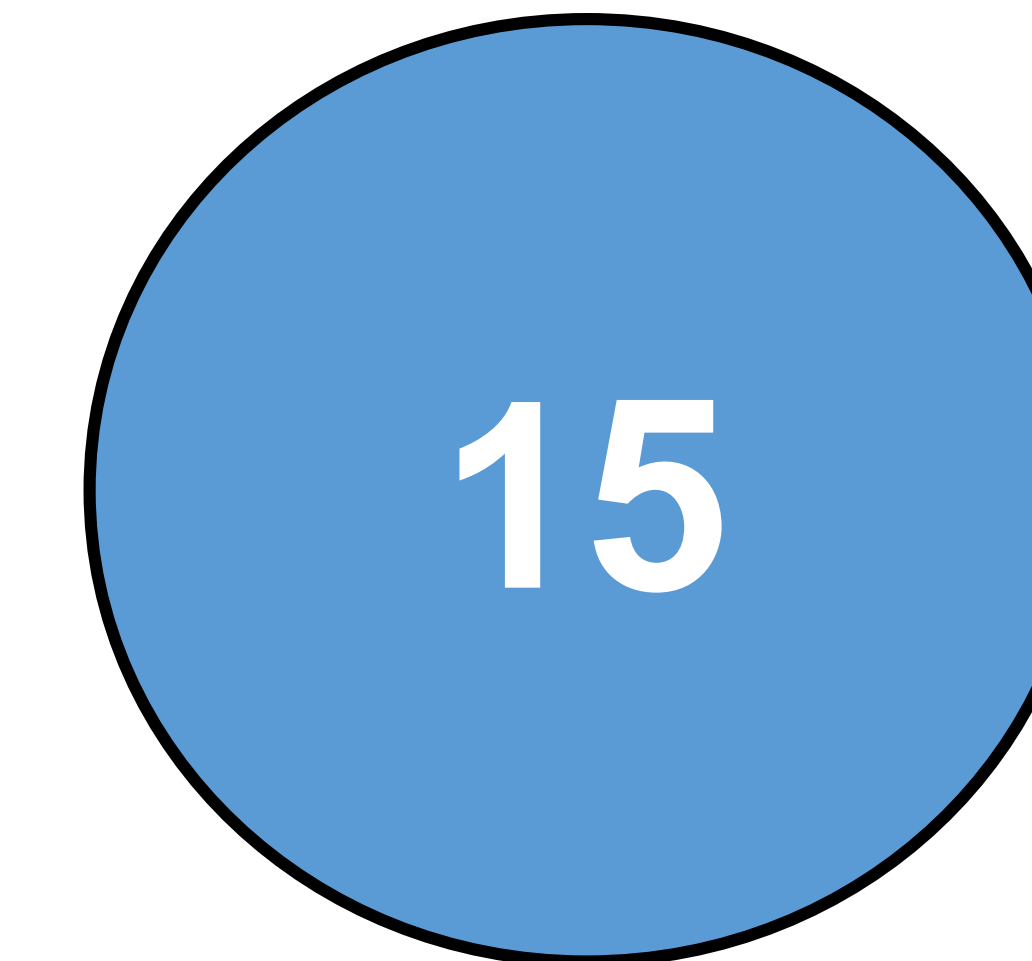


Met Eligibility Criteria



- New Patient
- 1/3 CAD, AAA, PAD
- English Speaking

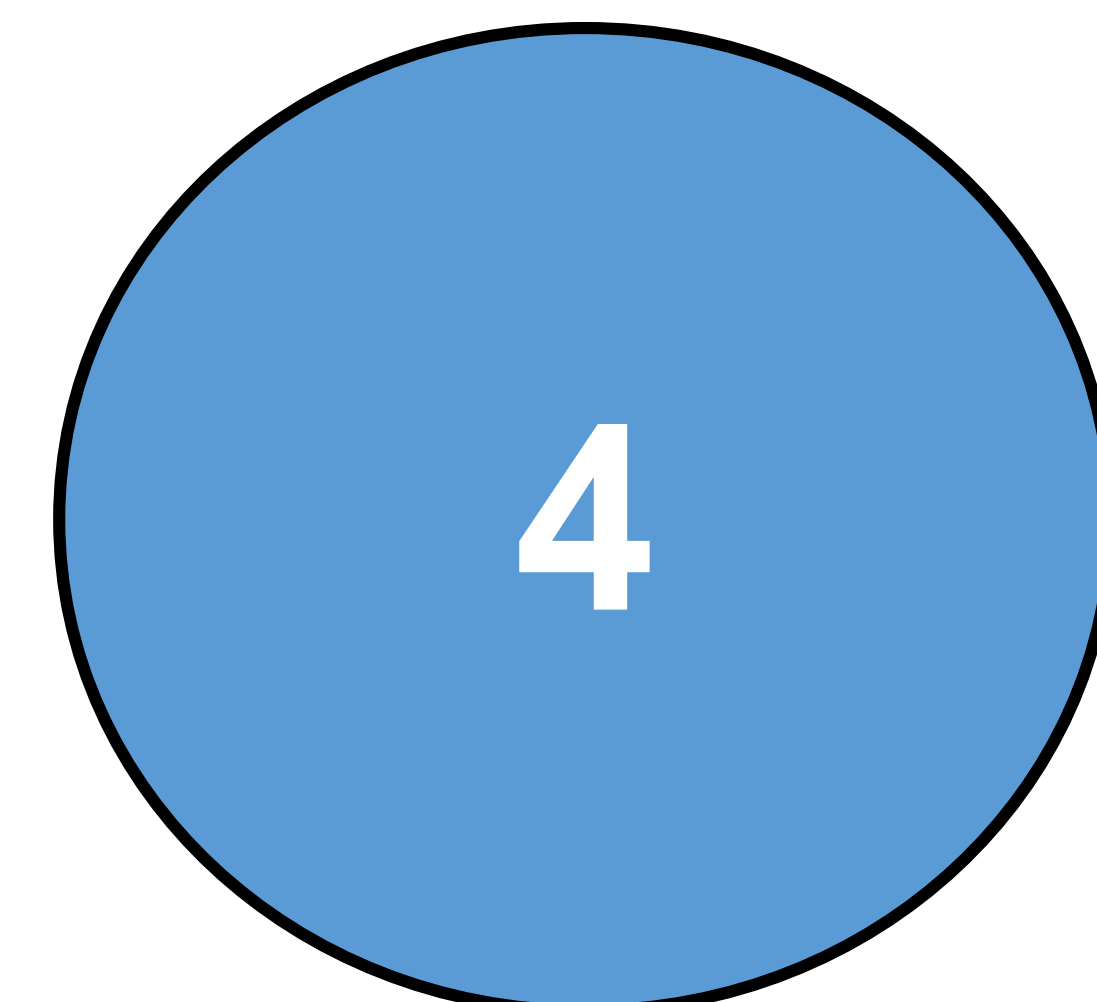
Approached in Clinic



Participants underwent a semi-structured interview focused on how patients learn, current healthcare education content approachability, and comfort with health education through technology

Preliminary Results

Interviewed + Coded



- Patient ages ranged from 64-76
- All patients **utilize the internet** as an **initial method of obtaining health information**
- Common **themes** included:
 - Extreme **trust** in physician word and deference
 - **Lack of education** on diagnosis and disease processes
 - **Discomfort** with MyChart
 - **Values** option to revisit knowledge received (ie. Provided questions, provided notes)
 - **Values** personal connection
 - **Fragmentation of care** -> learning basics of disease at PCP and education not received at Vascular Clinic

Common Themes

□ TRUST

- "When I see it more than one places and I've talked to my doctor about it, and he confirms it, then I know it's right."

□ LACK OF KNOWLEDGE ON DISEASE/DISEASE PROCESSES

- "...the way Hill describes it as a wound in my lower left tibia."
- Well, my stents stopped working and...they're blocked off from my aorta...so the only blood flow I get to my legs..."

□ VALUES

- "Because sometimes I go there, and I know there's something I wanna ask them and I have forgotten so I have to go home and write it down and the next time I see him I have to, so yeah, I think that would be helpful, honey!"
- "Well, I think if you've if you've got a pamphlet with the facts on gives you more that you can discuss with your physician...gives you a basis to be able to discuss it better with the professionals." "...it might trigger something that, oh maybe I should have asked that while I was in the office."

Conclusion

- Emphasis on physician/healthcare worker opinion so looking into different avenues of communication (ie. Video, Educational Course, Provided worksheet/questions)
- Patients are lacking full education on their disease processes □ next steps will take identified gaps and design interventions to address these knowledge gaps.

Future Directions:

- Continue interviewing and coding to increase sample size and expand themes
- Utilize common themes and patient preferences to create an engaging intervention to be implemented at UC Davis Vascular Clinic