Patient education by telephone: oral vs. video

No registrations found.

Ethical review	Positive opinion
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON27510

Source
NTR

Brief title
TBA

Health condition

Patient education, multimedia, anesthesia, preoperative care

Sponsors and support

Primary sponsor: Erasmus MC
Source(s) of monetary or material Support: TKI grant Health Holland

Intervention

Outcome measures

Primary outcome

Information retention based on the attained score on the RAK-Q directly after video education and education over the telephone.

Secondary outcome

Information retention based on the attained score on the RAK-Q on subsequent moments after the moment of the preoperative consultation.

Study description

Background summary

Rationale: Patient education is continuously becoming more important to enable patients to participate in making decisions regarding their medical treatment. Specifically, this is also the case for preoperative education on anesthesia. Worldwide, there are many initiatives to improve preoperative patient education and subsequent level of knowledge of anesthesia, for example by using digital aids. The demand for such aids has increased significantly since the start of the COVID-19 pandemic to facilitate remote preoperative anesthesiological screening. Although many videos to educate patients on anesthesia have been developed and circulate on the internet, there has been little effort to compare this method of educating patients with the traditional one-on-one conversation between the anesthesiologist and the patient. Since the onset of the COVID-19 pandemic a sizable portion of the traditional face-to-face consultation has been replaced by telephone consultation and education. We should compare education by video with education by telephone to investigate what the most optimal form of education is for our patients.

Objective: To compare retention of knowledge after education on anesthesia by watching a video with education by the anesthesiologist on the telephone.

Study design: Participants will be randomized into 2 groups: the video group and the control group. The video group will be shown a video (7:30 minutes) and will subsequently fill out a knowledge questionnaire (the RAK-Q: Rotterdam Anesthesia Knowledge Questionnaire). The video and questionnaire need to be watched and completed before the consultation by the anesthesiologist (not on the same day). The control group will receive an email the evening after their appointment with a link to the questionnaire only. They will be instructed to open the link after they have spoken to the anesthesiologist.

Following national guidelines, participants in all groups will always receive the standard of care, in this case preoperative evaluation and education by telephone. The participants in the video group will be evaluated and educated by the anesthesiologist over the telephone the same way the participants in the control group will be. Subsequent testing will only be done if the operation has not taken place yet and the questionnaires can be completed online after receiving an email with the link.

Study objective

There is no difference in information retention in patients when educated preoperatively by telephone or by video.

Study design

T0: The knowledge questionnaire is sent to patients the evening after the preoperative consultation (control) or directly after having watched the video (intervention)
T1: 14 days after the consultation both groups receive the same knowledge test
T2: 42 days after the consultation both groups receive the same knowledge test

Intervention

Education using video

Contacts

Public
Erasmus MC
Sander van den Heuvel

0107040102
Scientific
Erasmus MC
Sander van den Heuvel

0107040102

Eligibility criteria

Inclusion criteria

- Age 18 and above
- Able to read and write in Dutch
- Undergoing elective surgery
- Having a telephone appointment at the preoperative screening clinic

Exclusion criteria

Cardiac surgery

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Active

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-10-2021
Enrollment:	230
Type:	Anticipated

IPD sharing statement

Plan to share IPD: No

Ethics review

Positive opinion

Date:	21-09-2021
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL9741
Other	METC Erasmus MC : MEC-2021-0052

Study results