

Use of electronic audience response system (ARS) during Von Willebrand Disease (VWD) patient conference

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Introduction and Objectives

Educational conferences for the bleeding disorder community are a widely accepted tool for increasing patient quality of life. The use of ARS is an effective way to gather immediate feedback from attendees and share group responses along with collecting and storing data for future use. With this immediate feedback, presenters can adjust material according to attendee input. Additionally, participants can better understand their experience in relationship to a larger community and have an opportunity for their thoughts and opinions to be heard.

Materials and Methods

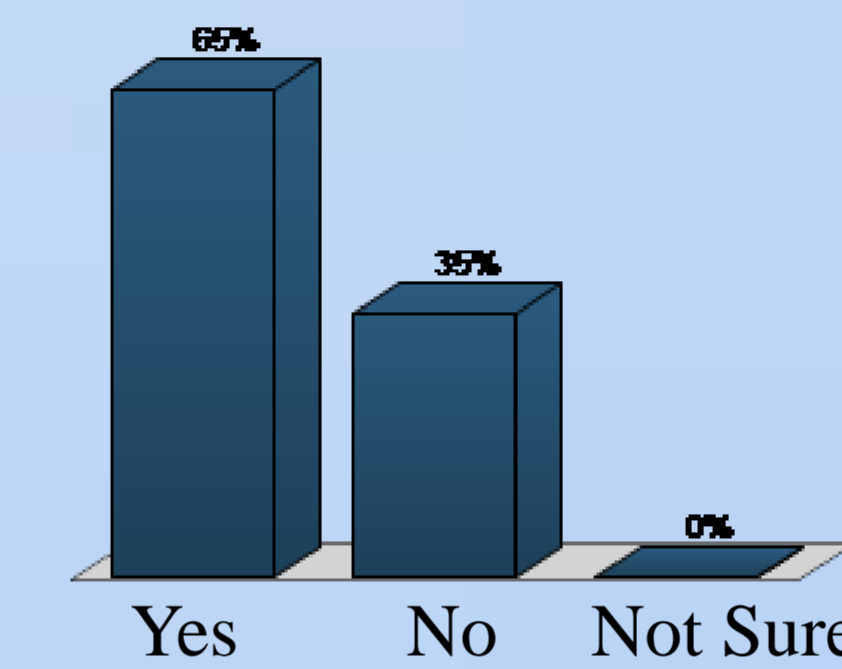
Hemophilia Foundation of Michigan held a regional VWD conference in November 2015 for Region V-East (Indiana, Michigan and Ohio) funded by an unrestricted grant from Octapharma. There were 122 attendees comprised of VWD patients, family members, NHF Chapter staff and Hemophilia Treatment Center (HTC) professionals. Handheld keypad units (clickers) were used to collect data from 44 patients during the two-day conference. The clickers were distributed to VWD patients 16 years or older, or a caregiver responding for a VWD patient under sixteen. After sample questions, the next four questions linked the following demographic variables to an individual clicker: Age group, sex, HTC or non-HTC patient and type of VWD. 31 questions were subsequently asked during the conference concerning patient knowledge, personal experience and relevancy of material presented. A clicker distribution method was developed to ensure anonymity and continuity of individual patient response for both days. A post-conference written evaluation form was offered to all participants.

ARS Data Reporting

Multiple data collection, analysis and reporting methods were available through the software. One option utilized was to set demographic questions in the beginning of the session and link the patients responses to an individual clicker ID numbers.

One question asked of patients was "Are you followed regularly at one of these Hemophilia Treatment Centers?" while displaying a list of HTCs in the three states. The results were:

Responses		
	Percent	Count
Yes	65%	26
No	35%	14
Not sure	0%	0
Totals	100%	40



Each question's results could be further analyzed through parsing the data by any of the demographic parameters. For example, the HTC attendance question above represents both male and female respondents. Sorting the results by gender further reveals that 90% of males responded "yes", whereas only 54% of females responded "yes". Results could be sorted by question, participant (clicker ID#), defined demographic groups among other parameters. This ability to drill down on the results aided in refining trends within the responses.

Faculty Comments



"The use of the ARS system and longer period of interactive questioning allowed me to focus on the needs of audience and facilitated a more productive conversation."

Robert F. Sidonio, Jr. MD, MSc. Assistant Professor of Pediatrics, Children's Healthcare of Atlanta/Emory University

"I was very impressed with the interaction between the presenters, several who were physicians, and the attendees. The ARS System allowed for immediate response from the audience. The presenters altered their presentations to meet the needs of the audience in real time."

Edward Kuebler, LCSW, Senior Social Worker, UT Gulf States Hemophilia and Thrombophilia Center



Results

41 clickers were distributed on the first day, 37 on the second. The response rate of day one and two were 93% and 84%, respectively. Facilitated discussion occurred after projecting the group's responses to questions, resulting in active patient engagement. 42 written conference evaluation forms were completed, 13% specifically listed the clicker system as their response to "What did you like best?" Many verbal comments from both attendees and presenters stated that the ARS improved their conference experience.

Conclusions

ARS allowed for immediate assessment of attendees' reactions to material and created an interactive environment for discussion between attendees and presenters. The high response rate indicated the attendees' willingness and desire to participate. Post-written survey results also indicated patients found the ARS useful and enjoyable. ARS should be considered as a useful tool for future bleeding disorder educational programming.



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Educational and Communication Models
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