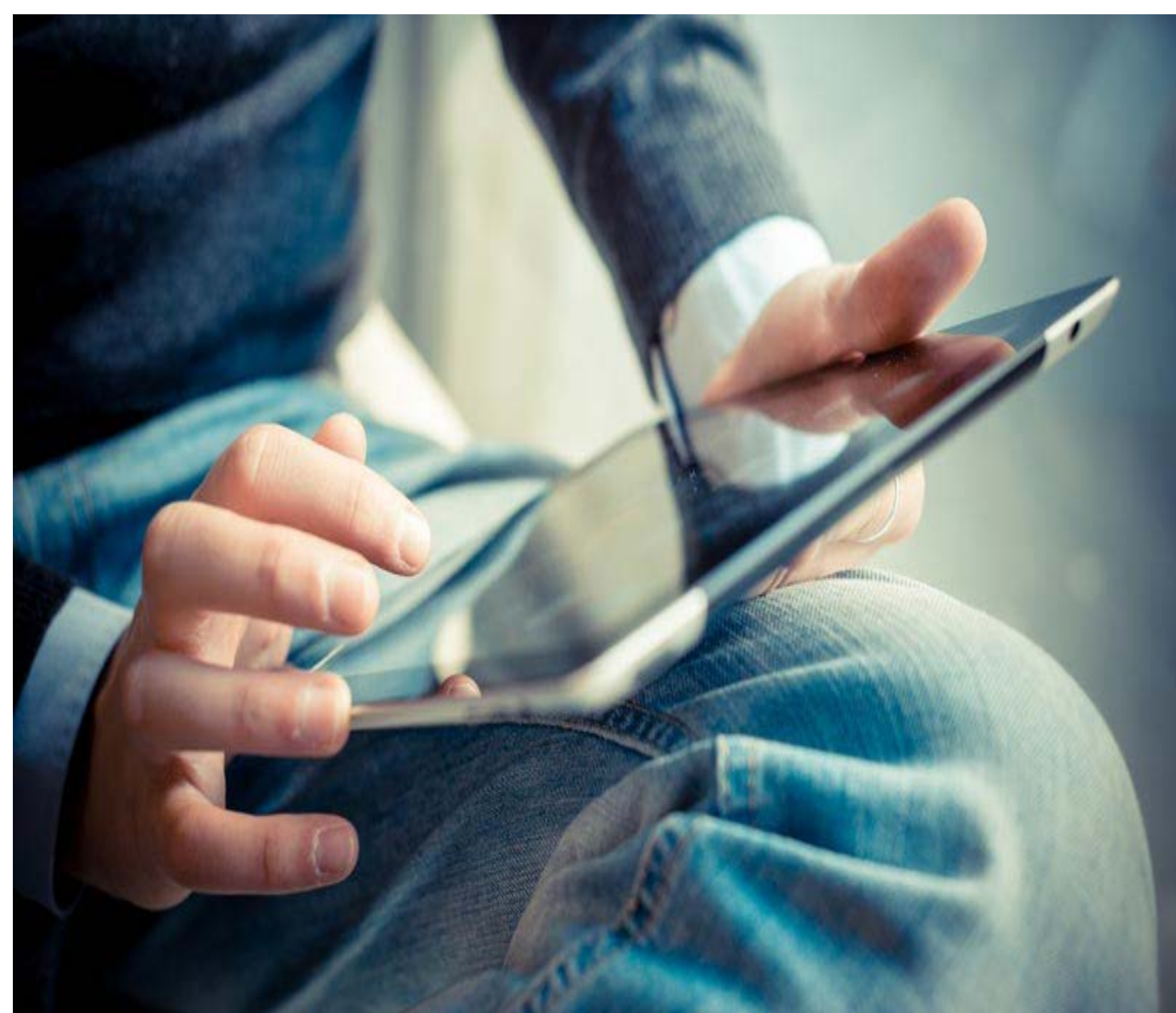


## Significance & Background

This study is being conducted by the Psychiatric PBRN in collaboration with EvaluTrac LLC to develop and test the Session Conversation Starter Tablet-Based Agenda Setting Tool (SCS TBAST) in the clinical setting. The SCS TBAST will allow follow-up patients to flag important issues or concerns prior to the start of the session.

This project aims to integrate technology into the clinical setting by administering an agenda setting tool to assist the psychiatrist and patient in the course of treatment. As previous research indicates, early agenda setting results in fewer “hidden” concerns at the end of the visit, resulting in a more efficient overall visit (Beckman, Frankel, & Darnley, 1985; Frankel, Salyers, Bonfils, Oles, & Matthias, 2013; Roter, Hall, Blanch-Hartigan, Larson, & Frankel, 2011; Williams, Weinman, & Dale, 1998; Beckman & Frankel, 1984). The implementation of the SCS TBAST in the South Texas Psychiatric PBRN practices is anticipated to significantly improve the time management of follow-up visits and the quality of the treatment provided to each patient by being able to personalize each follow-up visit to address patients’ menu of concerns thereby improving patient outcomes.



## Methods

The project will distribute 5 tablets in 2 month waves to 5 PBRN member practices (N=10 Psychiatrists). Psychiatrists will be expected to use the device for 2 months with all consecutive follow-up patients that volunteer to participate in the project. Estimated patient enrollment for each psychiatrist is 20 or more patients.

Three surveys will be administered to evaluate the effectiveness and overall satisfaction of the patient-doctor interface.

### Pre-Patient Questionnaire consists of 6 questions regarding:

- Gender
- Age
- Patient’s previous experience with psychiatrist covering all topics of discussion
- Withholding concerns
- Overall satisfaction

### Post-Patient Questionnaire consists of 3 questions regarding:

(To be filled out at the end of the follow-up visit)

- Ease of use for the SCS TBAST
- Psychiatrist covered all of their concerns
- Overall satisfaction

### Psychiatrist Survey consists of 6 questions regarding:

(To be filled out at the end of the follow-up visit)

- Diagnosis
- Patient difficulty
- Availability of TBAST results
- Time needed to review results
- Helpfulness of information generated
- Overall satisfaction

## Expected Results

We anticipate that using the SCS TBAST will promote collaborative decision-making between psychiatrist and their patients.

### Our anticipated results are that psychiatrists will report:

- An acceptable and useful process for the SCS TBAST
- A more efficient follow-up visit resulting in a decline of patient-withheld concerns at the end of their sessions
- Improved satisfaction for both patient and psychiatrist
- Improved overall patient outcomes

## Conclusions

We are currently in the process of recruiting more psychiatrists for the project. May 2016 is our expected start date. We expect to use the SCS TBAST with over two hundred patients within the following year.

The Psychiatric PBRN members participating in this project will provide exit interviews with their views and suggestions for improving technology like this in the clinical setting for future purposes. We hope to be able to distribute this product to other psychiatrists who may need assistance in developing physician-patient collaborative decision-making.

## References

- Beckman, H.B., & Frankel, R.M. (1984). The effect of physician behavior on the collection of data. *Annals of Internal Medicine*, 101: p. 692-696.
- Beckman, H.B., Frankel, R.M., & Darnley, J. (1985). Soliciting the patient’s complete agenda: A relationship to the distribution of concerns. *Clinical Research*, 33, 7174A.
- Frankel, R.M., Salyers, M.P., Bonfils, K., Oles, S., & Matthias, M.S. (2013). Agenda setting in psychiatric consultations: an exploratory study. *Psychiatric Rehabilitation Journal*, September; 36 (3): p. 195-201.
- Roter, D.L., Hall, J.A., Blanch-Hartigan, D., Larson, S., & Frankel, R.M.. (2011). Slicing It thin: new methods for brief sampling analysis using RIAS-coded medical dialogue. *Patient Education and Counseling*, 82(3): p. 410-419.
- Williams, S., Weinman, J., Dale, J. (1998). Doctor-patient communication and patient satisfaction: a review. *Family Practice*, 15: p. 480-492.