

## The Efficacy of Interactive iBooks in Patient and Family Education on Traumatic Brain Injury and Concussion

Ronald Sahyouni BA; Amin Mahmoodi; Diem Kieu Thi Tran MD; David Bustillo; Amir Mahmoodi; Melissa Huang; Jefferson Chen



(R.S.) UC Irvine Medical Scientist Training Program; (A.M.) UC Irvine Department of Biomedical Engineering; (D.T.,

### Introduction

- Surgeons are tasked with educating patients on a variety of conditions & procedures under time constraints and at times, language barriers.
- Educational intervention is important in Traumatic Brain Injury (TBI) since repeat TBI is detrimental to the patient.
- We aimed to (1) assess the utility of interactive iBooks on inpatient education and (2) assess the cross-cultural validity of educational intervention in non-English speakers.
- We hypothesize that interactive educational interventions will improve subject understanding of their condition regardless of their cultural background.

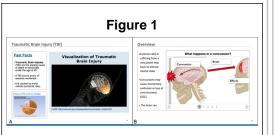
### Methods

- With IRB approval and consent, patients & families in a American College of Surgeons verified Level 1 Trauma Center, (1) completed a presurvey (5-point Likert scale), (2) viewed an iPad-based iBook on TBI or concussion in their native language [Fig. 1], and (3) completed a postsurvey.
- Randomly selected subjects (n = 81) completed supplementary validation questions for survey reliability testing and perceived iBook utility.
- Statistical analysis was performed with IBM SPSS & MATLAB R2016a.
- All T-tests and ANOVA tests were performed at 95% confidence interval.

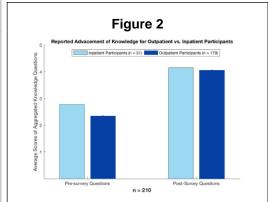
Table 1

Results
Cronbach's alpha was .79, suggesting internal survey reliability.

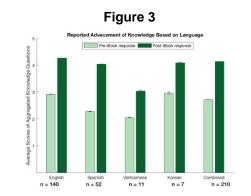
- Post-survey results showed increased outpatient (n=179) post-survey scores (P<.01) [Fig. 2] (average pre- vs postscore: 2.78 vs. 4.15).
- Inpatient subjects (n=31) also improved (P<.01) [Fig. 2] in their postsurvey scores (average pre-iBook score: 2.34 vs. average post-iBook score: 4.05).
- Pre-survey results indicate higher baseline knowledge in outpatients vs. inpatients (P<.01); post-survey scores in both groups were similar.
- Subjects improved in self-reported knowledge regardless of language, despite discrepancies between languages [Fig. 3] (P<.01).
- English speakers scored higher than Vietnamese & Spanish speakers on pre
  and post-surveys, and higher than non
  English speakers at baseline (P<.05).</li>
- Korean speakers scored higher than Vietnamese and Spanish speakers at baseline (P <.05), and higher than Vietnamese speakers following iBook presentation (P<.01).
- Spanish speakers scored higher than Vietnamese speakers on the postsurvey (P<.01).



Screenshots of (A) TBI and (B) Concussion iBooks



Paired T-tests show in- and outpatients self -reported knowledge increased (P<0.01). Unpaired T-tests show outpatient presurvey scores were higher than inpatient scores (P<0.01); while post-survey scores were similar.



Paired T-test analysis shows significant improvements within every language postiBook presentation (P<0.01). One-way ANOVA shows discrepancies in pre- & post-survey scores between languages.

#### Discussion

- Interactive educational interventions improved self-reported knowledge in inpatient and outpatient settings.
- This improvment is cross-culturally valid, indicating a beneficial effect of interactive interventions regardless of language or cultural background.

# Conclusions

- Interactive iBook-based educational interventions on concussion and TBI improved patient knowledge of their condition, and optimized patientphysician communication.
- The beneficial effects of interactive educational interventions are crossculturally valid, and can help mitigate the language barriers physicians face when educating patients.
- These benefits outweigh costs to equip a neurotrauma center with iPads.

## Learning Objectives

- By the conclusion of this session, participants should be able to:
- Describe the importance of interactive educational interventions in patient education;
- Identify an effective approach to disseminating medical information to enhance patient knowledge.

#### References

1) Levinson, W., Gorawara-Bhat, R. and Lamb, J., 2000. A study of patient clues and physician responses in primary care and surgical settings. Jama.

2) Ferguson, W.J. and Candib, L.M., 2002. Culture, language, and the doctor-patient relationship. FMCH Publications and Presentations. Jamwal, Goldee, "Effective use of Interactive Learning Modules in Classroom Study for Computer Science Education" (2012). All Graduate Plan B and other Reports. Paper 225.

3) Millis, B., and P. Cottell, Jr., "Cooperative Learning for Higher Education Faculty," American Council on Education, ORYX Press, 1998.

4) Cusea, J., "Collaborative & Cooperative Learning in Higher Education: A Proposed Taxonomy," Cooperative Learning and College Teaching.

5) Payne, K. F., Goodson, A. M., Tahim, A., Wharrad, H. J., & Fan, K. (2012). Using the iBook in medical education and healthcare settingsthe iBook as a reusable learning object; a report of the author's experience using iBooks Author software. Journal of visual communication in medicine.

 Stewart, S., & Choudhury, B. (2015). Mobile technology: Creation and use of an iBook to teach the anatomy of the brachial plexus. Anatomical sciences education.

7) Summers, C. R., Ivins, B., & Schwab, K. A. (2009). Traumatic brain injury in the United States: an epidemiologic overview. Mt Sinai J Med.