

# ANTICIPATORY GUIDANCE THROUGH VIDEO

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## Introduction

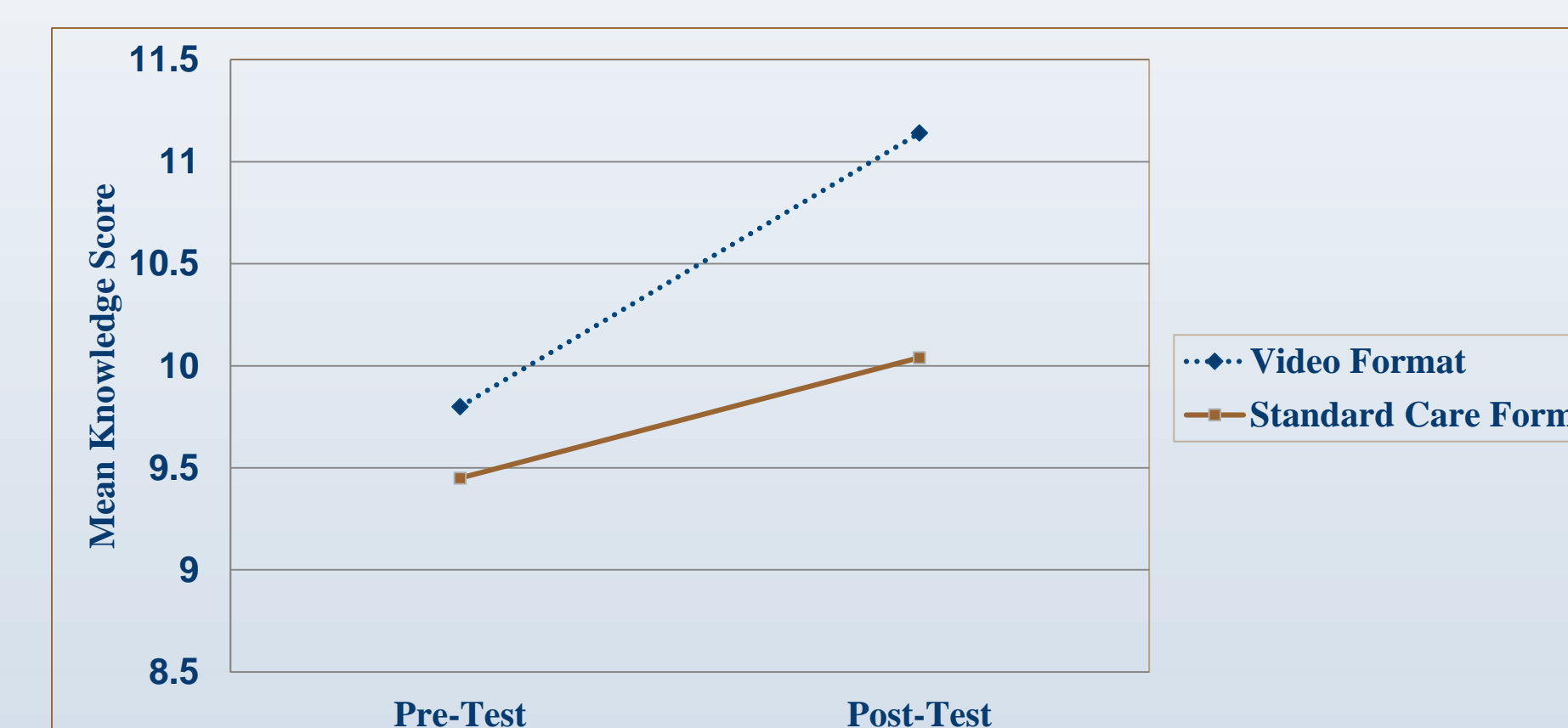
- Research indicates that anticipatory guidance (AG) improves health.<sup>1-3</sup>
- Providers do not engage in the level of guidance desired by caregivers<sup>4</sup> nor that recommended by the AAP<sup>5</sup> perhaps due to challenging time constraints, limited staff, and lack of knowledge about particular recommended topics.
- Videos improve knowledge about a wide variety of subjects.<sup>6-7</sup>
- Is video format an effective and time-saving AG method?
- Hypotheses:
  - 1) Presentation of AG will result in increased knowledge among parents from pre-test to post-test.
  - 2) Presentation of AG through video format will result in a greater increase of knowledge as compared to AG presented through standard care plus handout.
  - 3) Presentation of AG through video will result in shorter visits than presentation of AG through standard care plus handout.

## Methods

- 84 caregivers attending their child's scheduled "four-month" well-child visit
- Respondents randomly assigned to receive AG through:
  - Standard practice --a handout in the waiting room and free talk ( $n = 49$ )
  - Standardized video ( $n = 35$ )
- Information on handout was identical to information in video
- Those assigned to the video format viewed the video prior to the doctor entering the room
- A 12-question knowledge survey was completed immediately before (pre-test) and immediately after the check-up (post-test)
- Physicians completed a questionnaire at the conclusion of the visit to measure visit length.
- Repeated Measures Analysis of Variance used to test Hypotheses 1 & 2
- Independent t-test used to test Hypothesis 3

## Results

- Main effect of time on knowledge scores
- Knowledge scores improved significantly after AG presentation from pre-test to post-test ( $F(1,82) = 36.92$ ,  $p < .001$ )
  - Main effect for AG format trended toward significance.
- Mean knowledge score of those receiving AG via video was higher, but not significantly so, than the mean knowledge score of those receiving AG via standard care plus handout ( $F(1,82) = 3.689$ ,  $p < .06$ ).
- Significant AG format by time interaction ( $F(1,82) = 5.564$ ,  $p < .021$ ).
- Greater improvement in knowledge scores over time if received AG via video (mean = 1.34) as compared to standard care (mean = 0.59).



- Physicians interacting with caregivers in the video group spent an average of 2.45 minutes less per visit than those interacting with caregivers in the standard care plus handout group ( $t = -2.66$ ,

## Discussion

- AG improves knowledge regardless of the format in which it is presented.
- An antecedent video format for providing AG improves the amount of information retained by caregivers and decreases length of the visit.
- Advantages of video include standardization of information, ease of export across different primary care providers, and makes the most of caregivers' and providers' time together.
- Limitations:
  - Knowledge scale was not validated
  - Highly educated sample – generalizability?

## References

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