Animation to augment accessibility of patient information on the third trimester of pregnancy
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UMMS Capstone for Impact
Branch: Patients and Populations
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Project Summary
The project was to create a series of three animated videos for use by clinics providing care to obstetric patients and for open access on YouTube to increase accessibility to high yield information pertinent to the third trimester of pregnancy—physical changes and symptoms to expect, signs of labor, and routine prenatal care."

Action Items/Outcome
1. Gained mentorship from Dr. Helen Morgan, pitched idea UM Ob/Gyn Center for Education and received support and help with identifying clinical needs for patient education content and connection to UM staff and their existing patient education efforts
2. Obtained funding from the Innovative Education Student Fund for possible expenses
3. Gained access to UM ob/gyn department’s account to GoAnimate software to create the videos themselves
4. Identified third trimester of pregnancy care as a high yield area in obstetrics in which videos would fill existing knowledge/content gaps; decided to make a mini-series on third trimester of pregnancy topics.
5. Wrote scripts—used UMHS prenatal care guidelines, Our Bodies Our Pregnancy, clinical learning, and mentor feedback to write the necessary video scripts for three (3) topics: Physical Changes, Signs of Labor, & Prenatal Care
6. Made the three 7-8 minute long animated videos using GoAnimate
7. Collected feedback from ob/gyn faculty & residents, medical student peers, and non-medical friends & family including those recently pregnant to collect feedback from people of various levels of training/exposure to medicine and pregnancy
8. Will publish videos for open access to YouTube within the next month with relevant tags (“pregnancy,” “third trimester,” “contractions” etc.) on YouTube for general viewership. Faculty at UM and other institutions have already asked to be able to share with clinic staff to show patients the videos; will utilize professional and personal network to further promote videos to patients/viewers.
9. Will utilize YouTube Analytics to monitor/study viewership patterns
10. Exploring the possibility of collaborating with other students/incoming M4s to make more videos on other topics, ob/gyn or interdisciplinary.

**Conclusion/Reflection**

Overall, I’m really glad I decided to pursue this idea and had the opportunity to make these videos.

It was interesting and rewarding to feel enthusiastically supported from faculty and hospital/clinic staff about making these—I initially anticipated that a similar project was already in the works...so I was surprised and even more motivated after talking to various staff members at UM and even at other institutions that there’s a demand for this yet unmet.

The process of creating educational content for patients and the need to keep information organized and concise and ensure that language and terminology accessible is a very valuable exercise to the benefit of patient counseling. In thinking about how to best explain concepts in an manageable but engaging way for the videos, I developed some handy analogies to explain physiology/medicine with every day items/concepts while making the videos that I’ve now been using in longitudinal clinic with the obstetric patients I get to see. One of the challenges in creating content was balancing my desire to thoroughly explain things (i.e. why do pregnant women tend to get GERD? why is RhoGAM necessary for women with Rh neg. blood type, etc.) fully because I feel like patients often don’t receive the explanations behind their symptoms or plans that they deserve due to time constraints in clinic and that jeopardizes their comfort/ability to receive advised care, but also not go too far into detail at the cost of relevance and time, which is why getting feedback on the videos from both providers and friends and family is valuable.

Making the videos from start to finish was a lot of fun but more time- and labor-intensive than I imagined. The videos were fortunately very well received in feedback collection phase and I was very excited when requests to share them with clinic patients came in. I’m now getting to the point of publishing the videos to YouTube as open access, and I’m excited to roll them out and make them available to general viewership.