Barriers to Completion of a Family Health History Tool and Increasing Subject Retention

Margarett A. Bennett

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Family Health Histories (FHH) are crucial for identifying disease risk factors, and such information is paramount to the diagnosis, treatment, and long term care of patients. Many if not most human diseases include a hereditary component. Despite the recognized importance of health history information, the FHH of many Americans remains uncaptured. This study examined impediments to FHH completion and evaluated a strategy for increasing completion. Participants were given reminder prompts, offers of assistance, and surveyed to identify barriers and effective methods to improve FHH completion. The most frequently cited barrier was that the participant did not remember being part of the study or anything about the study. Although the reminder phone prompts produced a modest increase in participation, this strategy was time consuming and inefficient. The possibilities that providing additional information during the recruitment process and earlier reminder phone calls after registration may improve FHH participation and completion rates warrants further investigation.
BARRIERS PREVENTING COMPLETION OF FAMILY HEALTH HISTORY TOOL AND INCREASING SUBJECT RETENTION

Margarett A. Bennett, B.S.

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Chair, Department of Biomedical Sciences

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Dean, Graduate School of Biomedical Sciences
BARRIERS PREVENTING COMPLETION OF FAMILY HEALTH HISTORY TOOL AND INCREASING SUBJECT RETENTION

INTERNSHIP PRACTICUM REPORT

Presented to the Graduate Council of the Graduate School of Biomedical Sciences
University of North Texas
Health Science Center at Fort Worth

in Partial Fulfillment of the Requirements

For the Degree of

MASTER OF SCIENCE
IN CLINICAL RESEARCH MANAGEMENT

By
Margarett A. Bennett, B.S.
Fort Worth, Texas
November 9, 2016
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I thank Dr. Patricia Gwirtz for accepting me into this program when I decided to take a new direction with my life. Thank you for your encouragement when I was having difficulty, and most importantly never giving up on me when it seemed I had given up on myself.

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couldn’t have been easy living with me while I was focusing on my degree and I could never thank you enough for sticking with me.

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CHAPTER I
INTRODUCTION

A patient’s Family Health History (FHH) is widely accepted as information that is paramount in the proper care of patients (Armel, et al., 2011). The importance of FHH continues to expand with our mounting understanding of human genetics, particularly the completion of the human genome project. Francis Collins noted that virtually every human illness has a hereditary component (Collins & Mckusick, 2001). Realizing the important of FHH has led the Federal Centers for Disease Control and Prevention to begin the Family History Public Health Initiative. This initiative, beginning in 2002, attempted to increase the utilization of FHH as a tool to assess a patient’s risk of disease. An investigation of the barriers to the collection of FHH by providers revealed 1) providers lack the time and resources to collect and maintain an up to date FHH for every patient in their care, 2) patients do not have their FHH memorized and are incapable of filling out their FHH paper work fully or accurately at their medical appointments, and 3) providers are ill equipped to evaluate a patient’s FHH and identify possible risk factors that could be addressed through genetic counselling or preventive treatment (Orlando, et al., 2011). In an attempt to address these barriers, a web based FHH tool was developed by Duke University. The FHH collection tool was then implemented and tested by University of North Texas Health Science Center (UNTHSC), Medical College of Wisconsin, the United States Air Force, and Essentia. The primary objective of this tool was to help primary care providers identify high risk patients that may need additional screening and preventive care. (Wu, et al.,
This self-administered tool can be completed by the patient at home. The FHH tool is equipped with clinical decision support (CDS) to help primary care providers identify the most effective preventive care strategy. Evidence shows that Duke’s FHH tool is as effective as FHH collected by the provider in overcoming the barriers to collecting FHH (Wu, et al., 2014).

During the implementation and study of Duke’s FHH tool new barriers have come to light. The retention and completion rates of the participating patients were lower than ideal. The number of patients recruited to participate in the Family Health History in Diverse Healthcare Settings study at UNTHSC, far outnumber those participants that actually complete the study process. During the course of the Family History Study in Diverse Healthcare Settings approximately 8,000 recruitment letters were sent to qualifying patients, of whom 216 agreed to participate in the study. Due to various circumstances during the study, 66 participants withdrew or were withdrawn from the FHH at UNTHSC. Of the 150 remaining in the study, only 12 participants finished the initial study process. With so few participants completing the study process, there is insufficient power to support any robust calculations regarding the effectiveness of the FHH tool in improving the provider’s utilization of FHH information. The current study was conducted to identify the factors that impeded completion of the survey, with a long term objective of overcoming these factors and increasing completion of the FHH. This investigation has identified several factors that negatively affect completion of the FHH tool after subjects have enrolled in the study, thereby fostering development of specific strategies to improve the rate of completion.
CHAPTER II

BACKGROUND AND LITERATURE REVIEW

The FHH low completion rates are not unique to the UNTHSC site of the Family Health History in Diverse Healthcare Setting study. Researchers in Greensboro, NC conducted a similar study on the effectiveness of the Duke FHH tool and MeTree FHH collection tool and reported a substantial discrepancy between those participants that agree to participate and those who actually complete the study process. Figure 1 shows that during the study approximately three fourths of the subject pool that agreed to participate did not complete the study process.

\[\text{Figure 1. Study flow diagram of participant numbers. (Wu, et al., 2013)}\]
With such low completion percentage, researchers must now determine the factors preventing those who agree to participate from completing the study process. A comparison review of 11 FHH tools to current medical practice was carried out by the Nadeem Qureshi 2009 study. The study discovered that the FHH tools enhanced data collection by 46-78% over conventional FHH collection methods. This data suggests that FHH collection tools designed for primary care use should improve the family health information gathered from the patient (Qureshi, et al., 2009). This information would suggest that FHH tools would be a more appealing alternative for use by patients and providers. The conclusion can then be drawn that there are barriers to the patients’ use of Duke’s FHH tool.

In studies of subjects to whom Family Health Questionnaires (FHQ) were mailed, responding and non-responding participants were surveyed about their experiences with the FHQ and potential barriers to its completion. Figure 2 shows the factors reported by the responding and non-responding cohorts as to why the FHQ was not completed and identifies the difficulties encountered while completing the FHQ. When comparing the responders and non-responders, both cohorts share the responses of not knowing their family history and not having contact with those family members that could help them learn about their family history (Armel, et al., 2015).

Among the non-responders the more frequent responses for not completing the FHQ included insufficient time, forgetfulness, and the perception that the FHQ was too long (Armel, et al., 2015). Appleby-Tagoe (2011) also found forgetfulness to be a common reason for not completing the FHQ. In attempts to reduce forgetfulness as a cause, the Appleby-Tagoe study implemented a follow up phone survey. This resulted in one fourth of the non-responding population to complete and return their FHQs. (Appleby-Tagoe, Foulkes, & Laura, 2011)
Figure 2. Reason the family history questionnaire was incomplete or difficult to complete. a) Percentage of responders who indicated specific barriers to completing the FHQ. b) Percentage of non-responders who indicated specific barriers to completing the FHQ. * Option only available to non-responders who did not finish or not start the FHQ (N=67) (Armel, et al., 2015)

When examining responses received from the responding and non-responding populations of the mailed FHQ study, many common variables can be seen. Both the responder and non-responder populations had a substantial subset that cited confusion or unclear directions as barriers. Participants of both populations who cited confusion as a factor were three times more likely to have difficulty completing the FHQ (Armel, et al., 2015). The impact of follow-up prompts with offers to assist and answer any questions on the retention and completion rates of those participating in the study has not been investigated.

With an array of other reasons such as increased anxiety, family obligations, insurability concerns, no history of cancer in the family, and time commitments preventing the participation and completion of the FHQ, more information is necessary to develop an effective method of
overcoming the barriers of FHH collection. The barriers identified for the mailed FHQ can serve as a starting point for evaluating Duke’s web based FHH tool.

**Description of Family Health History in Diverse Healthcare Setting Study**

The FHH tool developed by Duke and tested in the Family Health History in Diverse Healthcare Setting study is a completely web based tool consisting of three parts. These three parts generate the information providers need to assess a patient’s risk for disease. After agreeing to participate in the study, the first step is for the participant to create a patient account and an electronic consent.

![Figure 3. Duke’s Family Health History tool electronic consent](image)

Once consent is given, the FHH tool then allows the participant access to the next step of the study process. The participant is prompted to complete a baseline survey that collects information about the participant’s unique life style habits, medical history, and knowledge and
beliefs about genetic disease risks (Buchanan, et al., 2014) (figure 3 & 4). This information is also used by the CDS to assess the participant risk for disease.

Figure 4. Duke’s questions from baseline survey gathering information on medical history
Once the baseline survey is complete, the participant is given access to the FHH collection tool MeTree. In the MeTree program, the participant is asked to enter at least three generations of their FHH (Figure 5). Once this is complete, the MeTree FHH collection tool uses an integrated clinical decision support (CDS) to analyze and examine the provided FHH for 48 different conditions. The CDS assesses the participant’s risk for breast cancer, colon cancer, ovarian cancer, hereditary cancer syndromes, and thrombosis (Orlando, et al., 2011). With the information provided by the participant for the baseline survey and the FHH history, a personal risk stratification report and family pedigree are generated for the participant. Disease chart is also available if referral to a specialist is needed (Figure 6 & 7). The MeTree program also
creates a more detailed risk stratification report with risk scores and treatment suggestions for the provider to utilize. (Wu, et al., 2013)

Figure 6. MeTree Example Patient Pedigree. (Baria, 2015)
Figure 7. MeTree personalized patient risk report. (Baria, 2015)

Figure 8. MeTree example of finalized patient pedigree report. (Baria, 2015)
Participants are contacted by a study coordinator at UNTHSC to inquire if they would like to participate and be registered in the study process. If the participant agrees, an email is sent to the participant to start the study process by creating a patient account, answering the electronic consent and following the process as outlined above. There are exit points within the FHH instrument where registered participants may stop during the study process. A registered participant can stop before accessing the email link to create an account, after creating the account and electronically consenting, or after completing of the baseline survey. To improve the retention and completion rates of participants in the Family Health History in Diverse Healthcare Setting study, the barriers causing a participant to stop the study process must be identified.
SPECIFIC AIMS

The main aim of this project is to identify the specific reasons for not participating in the study. Secondly, there are few research studies on subjects who begin FHH surveys and never complete the requirements. It may be possible to improve retention rates by examining factors that affect participant completion as well as implement methods of increasing participant completion rates.

Aim 1: Identify factors that prevent subjects from completing the Family Health History tool after they have enrolled in the study.

Hypothesis 1: Inadequate instructions and explanations, unavailability of requested information, and loss of interest are the principle reasons for not completing the FHH tool.

Aim 2: Determine if telephone reminders and additional guidance on how to complete the surveys will improve the completion rate for individuals who have already agreed to participate in the FHH study.

Hypothesis 2A: Telephone call reminders will increase the number of participants completing the FHH tool.

Hypothesis 2B: Providing guidance via telephone call will increase the likelihood that participants will complete the FHH tool.
SIGNIFICANCE

Increased patient participation will enable more robust analysis of the effectiveness of the FHH tool, and may help patients at risk for hereditary diseases who may be unaware of their risk. The goal of this study is to improve patient retention and completion of surveys by defining the problems participants encounter during the study process. By accomplishing this goal, the participants’ over all experience with the study should improve, thereby improving the study’s retention rate. Such an outcome, would lead to easier and more reliable FHH information being collected. As a result, this information could improve the patient-physician dialog about the patient’s unique health risks and improve quality of care based on the patient’s specific needs. Such a dialog would enable the physician to optimize treatment of a specific patient.
MATERIALS AND METHODS

The participant can exit the survey process at three points. The first is after the participant registers for the study but prior to consenting or starting the study process online. The next is after the participant consents but before completion of the baseline survey. The last is after the participant completes the baseline survey but before completing the MeTree FHH collection. The Family Health History in Diverse Care Setting study coordinator receives a list of all registered participants that agreed to participate in the study which have not withdrawn or been excluded. The study subjects were male and female patients from various racial/ethnic backgrounds who were at least 18 years of age and had not already completed the study process.

A phone script with a survey was developed to serve three purposes: remind the participant that he or she is enrolled in the study and inform the participant of the next step in the process; to give an opportunity for the participant to ask any questions; and to determine the barriers to completing the survey that participants encountered during the process.

This study utilized two separate surveys, one for those who consented, and the other for those who did not complete the online consent. Once surveys were constructed with appropriate questions for the participant’s stage in the study, the surveys were incorporated into an Institutional Review Board (IRB)-approved phone. Voice mail scripts, one with an incorporated reminder message and one requesting participation in a survey, were also developed and approved by the IRB for use in the event that a participant did not answer their phone during the contact attempt. The following survey questions were used during the study process.
Survey for those who have consented (Both those who have and have not missed their appointment date)

Do you think any of the following were barriers to completing the study process?
1. Access to a computer  
   Yes / No
2. Accessing the email link  
   Yes / No
3. Unclear or confusing directions  
   Yes / No
4. Not having or knowing information asked on the survey  
   Yes / No
5. The survey was too long  
   Yes / No
6. Loss of interest in the study  
   Yes / No
7. No compensation for the time to fill everything out  
   Yes / No
8. Concerns about confidentiality  
   Yes / No
9. Were there any other things that kept you from completing the surveys that were not mentioned above?  
   Yes / No
   If so, please explain ______________________________________________________.

Survey for those who have not consented (Both those who have and have not missed their appointment date)

Do you think any of the following were barriers to completing the study process?
1. Access to computer  
   Yes/No
2. Accessing the email link  
   Yes/No
3. Time constraints  
   Yes/No
4. Forgot  
   Yes/No
5. Loss of interest in the study  
   Yes/No
6. Changed your mind  
   Yes/No
7. Concerns about confidentiality  
   Yes/No
8. Were there any other things that kept you from consenting that were not mentioned above?  
   Yes /No
   If so, please explain ______________________________________________________.

Figure 9. Questions used to survey participants about study barriers

Participants were contacted a maximum of three times during the hours of 11:00 am - 1:00 pm and 5:00 pm - 8:00 pm to survey and answer any questions. The participants’ responses to the call were grouped into eight different categories: surveyed, declined survey, voice mail, call back, did not remember being in the study, link needing to be resent, incorrect or disconnected phone number, and wants to be withdrawn. After the first round of phone calls, all participants who were surveyed were removed from the round two call list. Also removed from the round two call list were all those who declined the survey, wanted to withdraw from the
study, had incorrect or disconnected phone numbers, and those who did not remember ever being a part of the study. Those who were left voice mails, asked to be called back at a later time, and those wishing to have the link re-sent to attempt to participate in the study again were placed on the round two call list to be contacted again. This method continued until the third contact attempt. After the participant was contacted three times they were removed from the call list because the limit of IRB approved number of contact attempts had been reached. At the beginning of each new round the newest registered participants were added to the list and were called with reminder and survey attempts.

All survey responses were recorded, and participant information was de-identified as to ensure anonymity. The recorded responses were then entered into SPSS software for data analysis, choosing to use simple descriptive statistics to identify the most common barriers among the participant sample.
RESULTS

Of 150 participants remaining in the study, a total of 126 participants were contacted. Of the 24 that were not surveyed, 10 participants were removed from the call list due to already completing the study process. The remaining 14 were newly registered participants that were not included in the call list due to the ongoing nature of the study and time constraints. Figure 9 summarizes the outcomes of those 126 participant calls. Of those 126 contacted 27 (21%) were surveyed and responses recorded, and 24 (19%) declined to take the survey for various reasons. Twenty-eight (22%) did not remember being a part of the study or did not remember anything about the study, while 6 (5%) expressed the desire to be withdrawn from the study. Seventeen (14%) were left voicemails, 4 (3%) were unable to be surveyed by final contact attempt. Twenty (16%) could not be contacted due to an inaccurate or out of service telephone number.

![Overview of Participant Calls](image)

*Figure 10. Overview of participant call outcomes.*

When examining the 126 contacted, after excluding the 20 participants who had inaccurate or disconnected phone numbers and the 6 who wanted to be withdrawn from the
study, 100 of the contacted participants received the study reminder telephone call. Of those 100 participants, only 7 continued in the study process after receiving the reminder. Two completed the study process entirely, two finished the online consent and the baseline survey, and three completed only the online consent. Thus, reminder prompts produced an incremental increase in the study completion rate, from 6.7% to 8.0% of the 150 eligible participants. The reminder prompts also increased the baseline completion from 10% to 11.3% and the online consent from 30.7% to 32.7%.

<table>
<thead>
<tr>
<th>Identified barriers</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to a computer</td>
<td>7 (26%)</td>
<td>20 (74%)</td>
</tr>
<tr>
<td>Accessing email link</td>
<td>8 (30%)</td>
<td>19 (70%)</td>
</tr>
<tr>
<td>Time Constraints</td>
<td>15 (56%)</td>
<td>12 (44%)</td>
</tr>
<tr>
<td>Forgot about the study</td>
<td>24 (89%)</td>
<td>3 (11%)</td>
</tr>
<tr>
<td>Lose interest in the study</td>
<td>4 (15%)</td>
<td>23 (85%)</td>
</tr>
<tr>
<td>Changed mind about being in the study</td>
<td>4 (15%)</td>
<td>23 (85%)</td>
</tr>
<tr>
<td>Concerned about confidentiality</td>
<td>4 (15%)</td>
<td>23 (85%)</td>
</tr>
</tbody>
</table>

Table 1. Survey Response Outcomes

Seven participants took advantage of the offer of assistance provided during the reminder phone call. In each call the participant sought assistance to identify the email link to the survey. Typical questions were “What was the email called?” and “Who was the email from?”.

None of the 27 participants who agreed to take the survey to help identify possible barriers had started the study process. All were registered but never completed the first step on the online consent. Thus, the survey only addressed barriers to starting the FHH study process, and provides no insight to the barriers encountered once the process has begun.
One barrier in particular was identified frequently as a cause for not completing the FHH study. Twenty-four of the 27 surveyed participants indicated that forgetting about the FHH study was a barrier to completing it. The second most frequently identified barrier to the completion of the FHH study was “time constraints.” Since none of those who took the survey had started the study process, these participants were unaware of the time requirement to complete the FHH survey. However, as mentioned above, there are three points where a participant could suspend the survey process, allowing him/her to complete sections of the FHH study as time permitted.

The third and fourth most reported barriers by participants were “accessing the email link” and “access to a computer”. Both of these barriers could be addressed during the recruitment phone call. As mentioned above, participants are given very little explanation about the FHH study process when they are recruited. They are not told from whom they will be receiving the email or what the subject of that email will be. Even if subjects receive the email, they may have computer limitations, e.g. out of date software, that prevent them from opening the link. The participant may not know what to do in the situation. The fourth most cited reason for not completing the FHH survey is limited or no “access to a computer.”

To gain a better understand as to why the four mentioned barriers are preventing the completion of the FHH survey, a greater understanding of the participant population must be obtained. In the participant population 21 women and 6 men were surveyed. Though this population is not ideally balanced, some insight may be still gained.
<table>
<thead>
<tr>
<th>Identified barriers by gender</th>
<th>Male Yes</th>
<th>Female Yes</th>
</tr>
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<tr>
<td>Access to a computer</td>
<td>2 (33%)</td>
<td>5 (24%)</td>
</tr>
<tr>
<td>Accessing email link</td>
<td>1 (17%)</td>
<td>7 (33%)</td>
</tr>
<tr>
<td>Time Constraints</td>
<td>4 (67%)</td>
<td>11 (52%)</td>
</tr>
<tr>
<td>Forgot about the study</td>
<td>4 (67%)</td>
<td>20 (95%)</td>
</tr>
<tr>
<td>Lose interest in the study</td>
<td>1 (17%)</td>
<td>3 (14%)</td>
</tr>
<tr>
<td>Changed mind about being in the study</td>
<td>0 (0%)</td>
<td>4 (19%)</td>
</tr>
<tr>
<td>Concerned about confidentiality</td>
<td>2 (33%)</td>
<td>2 (10%)</td>
</tr>
</tbody>
</table>

Table 2. Male and female yes response rate

When examining the number of men and women who indicated encountering one of the above barriers, it can be seen that three of the barriers are encountered more frequently by one gender or the other. Though “forgot about the study” barrier is the most reported barrier among both genders, it is also the barrier with the largest percent difference. A higher percentage of women reported to have forgotten about the study than the percentage of men. This is also true of the barrier “changed mind about being in the study”. Not a single male participant surveyed reported having changed their mind about being in the study, while 4 of the 21 female participants had. The opposite scenario can be seen in the barrier “concerned about confidentiality”. While 2 of the 6 men reported concern about their confidentiality, only 2 of the 21 women reported the same concern.

The mean ages of the male and female subjects were 48 and 56 years old respectively. While gender and age differences alone are not enough it form a hypothesis to why this occurrence happened, it does open new avenues to explore. This brings the surveyed participant
population’s age into investigation. When looking at the surveyed population as a whole it is found that the surveyed population had a minimum age of 26 years old, a maximum of 86 years old, and a mean population age of approximately 54 years old. After examining the mean age of the responses to the possible barriers, an interesting occurrence can be seen.

<table>
<thead>
<tr>
<th>Survey response mean age (years)</th>
<th>Yes</th>
<th>Yes SD±</th>
<th>No</th>
<th>No SD±</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to a computer</strong></td>
<td>51.86</td>
<td>15.12</td>
<td>54.95</td>
<td>12.32</td>
</tr>
<tr>
<td><strong>Accessing email link</strong></td>
<td>57.38</td>
<td>15.31</td>
<td>52.79</td>
<td>11.76</td>
</tr>
<tr>
<td><strong>Time Constraints</strong></td>
<td>57.47</td>
<td>17.01</td>
<td>50.00</td>
<td>11.11</td>
</tr>
<tr>
<td><strong>Forgot about the study</strong></td>
<td>54.04</td>
<td>14.93</td>
<td>55.00</td>
<td>14.53</td>
</tr>
<tr>
<td><strong>Lose interest in the study</strong></td>
<td>54.50</td>
<td>14.44</td>
<td>54.09</td>
<td>15.42</td>
</tr>
<tr>
<td><strong>Changed mind about being in the study</strong></td>
<td>50.75</td>
<td>14.56</td>
<td>54.74</td>
<td>13.94</td>
</tr>
<tr>
<td><strong>Concerned about confidentiality</strong></td>
<td>55.25</td>
<td>14.73</td>
<td>53.96</td>
<td>13.25</td>
</tr>
</tbody>
</table>

Table 3. Mean age of response in years
DISCUSSION

One of the more concerning issues during this study was the large percentage of participants who did not remember enrolling in or taking part in the study. The Family Health History in Diverse Care Setting began September 2015 and is ongoing. It is possible that participants enrolled in September 2015 could have forgotten about enrolling in the study. However, the 28 “does not remember” responses are split evenly between the September 2015-March 2016 and April 2016-October 2016 periods. This brings in to light a new question, “Why are participants not remembering they are a part of the study?”, and “what can be done to ensure that the study stays on the forefront of the participants’ mind?” The reminder phone prompt did increase participation modestly, but this small increase was not resource efficient. In many cases the reminder phone calls were placed several months after the participant was initially called for registration. While the reminder phone call does show a slight increase in participation, are there ways to improve this increase? It could be argued that more timely reminder phone calls placed shortly after the participant’s registration call may ensure the FHH study stayed on the forefront of the participant’s mind and increase the completion and participation rate.

The impediments of accessing the email link and access to a computer have the similar solutions. The script for the recruitment phone call does not provide information to help the participant identify the email upon its arrival in his/her email inbox. Participants were not given any details about this email, and this lack of information caused confusion. The participants believed that the email would be sent from UNTHSC and were unaware that Duke University was the sender. Upon hearing this the participants requested that the email link be resent so that they may participate in the study. Thus, it is possible that providing more information during the recruit process would increase study participation.
For participants with insufficient computer access, the FHH study has a program where participants can set up an appointment with a project coordinator to use a computer in the Patient Care Clinic (PCC) at the UNTHSC campus, where they can receive assistance as needed. Unfortunately, this on-site program is not mentioned in the recruitment phone call script, so participants are notified of this program only when they mention computer limitations during the recruitment phone call, or if the participant calls and requests assistance from the project coordinator. As noted above, providing participants more information about the study may increase participation and completion rates of the FHH survey.

Unlike most of the factors investigated belonging to the survey responses, there is no large age difference observed between those responding Yes or No. There was also no large difference in the mean ages of the response between the various barriers.
SUMMARY AND CONCLUSIONS

Of the 150 eligible study participants, 126 were contacted by telephone in attempts to administer a reminder, provide assistance, and try to survey them to identify barriers preventing their participation in and completion of the FHH survey. Only 100 of the 126 received the reminder phone call. Although reminder calls produced a modest increase in participation and completion, the reminder phone calls were not resource efficient. The 7 participants that desired assistance need help with the email link that was supposed to be sent to them. The participants were unaware that the email would be coming from Duke University, not from UNTHSC, nor did the participants know the subject of the email. The participants requested the FHH survey email links be re-sent. This shows a correlation to those who agreed to be surveyed about the barriers. Difficulty accessing the email link was the third most cited barrier preventing the participation and completion of the FHH survey.

This study identified, major barriers to the completion of the FHH survey. The most frequent barrier identified was forgetting about the study, followed by time constraints, problems accessing the email link, and limited or no access to a computer. There were some gender-specific differences in the impact of certain barriers to completing the FHH. There is also a difference in the mean age of the participating male and female populations. However, this is not enough to draw any conclusions about the responses of the respective populations. When investigating the surveyed sample’s age as a whole, there was no marked difference in the ages of the Yes and No responses, or in the responses between the various barriers.

There is a possibility that the participation and completion rates can be increased more effectively by changing the text of the recruitment and reminder phone calls. Currently very little information is provided to participants about the features and smaller details of the study. There
are no details given to the participants about the email link they should receive to begin the study, only that they will receive an email. Participants are not usually aware that programs exist to help them gain access to a computer, if necessary, so that the FHH survey can be completed. Also in regards to the reminder phone call, there is a gap from the time of registration to the time of the reminder phone call. There may be improvement to the participation and completion rate if newly registered participants receive a follow-up or reminder phone call soon after registration instead of closer to the participant’s appointment date.

While the FHH tool still has limitations, now that the barriers have been identified research can focus on the most efficient ways to eliminate these barriers. Once these barriers are eliminated participation and completion rates may increase, thereby increasing the effective of the FHH tool. A more effective FHH tool should help more participants to understand their hereditary disease risks and start a dialog with the provider about preventive treatment. A more effective FHH also will ensure the provider will receive more accurate family medical information from the participant essential for customizing treatments for each specific patient.
Limitations

A limitation of this study was the diversity of the surveyed population. Participants were drawn from two clinics in Tarrant County, Texas, that primarily see patients from a low socioeconomic status with a high Medicare and Medicaid population. This study sample was too small to examine the impact of race/ethnicity on study outcomes. This question merits further study in an expanded subject cohort. All surveyed participants had yet to begin the study process. This only allowed identification of barriers at the beginning of the study, and provided no insight in the possible barriers participants may have faced in the middle of the process. Another limitation was the unequal number of surveyed male and female participants. Because the survey is voluntary and survey population limited, there was no way to ensure equal input of both male and female participants.
Future Research

The first of the future research objectives will be to survey participants of the FHH study who have stopped the study process in the middle. This research will help identify possibly significant barriers to participation in the middle of the study process, as well as allow for comparison of the two participant sample barriers. Next it will be important to determine if implementation of a recruitment script providing additional details about the email link, and of programs available to provide assistance and access to a computer, increases the participation and completion rate of the FHH tool.

Additional research should be conducted on the time span between the registration of a new participant and the reminder phone call. Determining the time frame between the registration date and the participant appointment date when which the reminder phone call is most effective at ensuring the participant does not forget about the FHH study. Therefore, reminding participants could possibly lead to increasing the participation and completion rate of the FHH tool.

When the reminder phone calls and recruitment phone calls have been made as efficient and effective as possible increasing the participation and completion rate, further investigation into the participant population can begin. Using a better representation of the male and female population may allow examination of possible variation and differences in the male and female participant responses, as well as the varying age differences, will provide a better understanding of how the participation barriers affect different subgroups. This information can help develop and optimize the efficiency and accessibility of the FHH tool. Providing participants increased opportunity to learn their disease risk may afford them more control of their medical care, and even encourage lifestyle changes to improve their overall health.


CHAPTER III

INTERNSHIP SITE

This internship practicum was completed at the University of North Texas Health Science Center in Fort Worth Texas at the Department of Family Medicine under the supervision of Dr. Kimberly Fulda. The primary focus of this internship was to study the Family Health History in Diverse Healthcare Setting. Assistance of projects were also part of the daily duties at the internship site. These projects included Workforce Enhancement Health Aging and Independent Living, Standardizing Primary Care Pain Management during the Joining of Two Physician Practice Groups under Dr. Anna Espinoza; Micronutrient Deficiencies in Relation to Obesity: A Cross-Sectional Study of Childhood and Early Adolescence and Anxiety & Stress as Related to Cognitive Bias to Food Cues under Dr. Franks.

The internship was five days a week from 8:00am to 5:00pm in room 706 of the Carl E. Everett Education and Administration building (EAD). In fulfilment of the requirements of the internship practicum the internship will continue until a thousand and forty hours of total time has been reached. Working closely with the faculty, student worker, and student participants were among the primary tasks performed from day to day.
The internship began with the development of the proposal of the internship practicum project on addressing barriers to the retention and completion rate of the FHH tool developed by Duke. Once the proposal was approved work began on the development of a survey to identify the aforementioned barriers. The next step was developing a phone script incorporating the survey, and including a reminder message and offer of assistant in answering questions. A voice mail script was also made for instances when the participants could not be reached. Once all materials were developed, the process of getting it approved by the IRB was started. Amendments were made to the original study protocol to include the internship practicum project. The new reminder phone script survey, voice mail, and amended protocol were submitted to the IRB for review. Along with the developed materials a waiver of signed consent form was also submitted for approval. After a few exchanges with the IRB on improvements to the developed materials, the project was approved. The next step was the immediate implementation of the project. Subjects were contacted in the afternoons to be reminded of the next step of the study process, assist in any questions, and ask them to participate in the survey. Participants were called a total of three times in attempts to get in touch. Data from the participant phone calls was recorded and analyzed.

Throughout the above process other tasks were completed in assistance to the main project as well as other projects. Recruitment phone calls were made to recruit participants for the FHH study, as well as recruitment letter assembled and sent out to all potential participants every three weeks. Additional tasks included literature searchers, assistance in documentation, assembly of project material, assistance in project development, and helping other students with various projects.
APPENDIX A

Survey, Relevant, and IRB documents
UNT Health Science Center
Office of Research Compliance
Institutional Review Board

BOARD ACTION

IRB Project #: 2014-102
Date Submitted: August 16, 2016

Principal Investigator: Kimberly Fulda, DrPH

Project Title:
Implementation, Adoption, and Utility of Family History in Diverse Care Settings
Short Title: Family Health History in Diverse Healthcare Settings

Sponsor Protocol #: Duke subcontract of NHGRI 1U01HG007282-01

Department: Family Medicine
Contact Info: x 0225

In accordance with UNT Health Science Center policy on the protection of human subjects, the following action has been taken on the above referenced project. Approval, when given, is only for the project as submitted. No changes may be implemented without first receiving IRB review and approval.

The Principal Investigator must notify the IRB immediately if any new potential Conflict of Interest arises or if CIti educational training lapses for any of the Key Personnel involved with the study.

☐ Project has received approval through: ____________________________

☐ Informed consent(s)* approved as submitted on: ____________________________

You MUST use the version(s) attached rather than previously approved versions. In addition, only consent documents which bear the official UNTHSC IRB approval stamp can be used with subjects.

*Including: ____________________________

☐ Study Protocol dated ____________________________ approved as submitted.

☐ Investigator’s Brochure ____________________________ approved as submitted.

☑ Protocol Synopsis approved as submitted on: August 17, 2016

☐ Amendment ____________________________ to the protocol approved as submitted.

☐ Progress Report/Continuing Review completed, project has received approval through: ____________________________

☐ Project has been reviewed. In order to receive approval, you must incorporate the attached modifications. You must submit one "tracked changes" version showing the markup and one "clean" copy of the revised protocol synopsis, informed consent, and advertisements to the IRB for review. YOU MAY NOT BEGIN YOUR PROJECT UNTIL NOTIFIED BY THE IRB.

☐ Project is disapproved for the reason(s) outlined (see attached).

☐ Consideration of the project has been DEFERRED pending resolution of the issues(s) outlined (see attached).

☑ Completion of project is acknowledged and all required paperwork has been received.

☑ Special Findings/Other

Minor protocol modifications approved. See page 2.

Chair / Vice Chair, Institutional Review Board

August 17, 2016
Date
IRB Form 2 (revised March 2015)
SPI: Kimberly Fulda  
IRB Project #:  2014-102  
Date: 08/17/2016

SPECIAL FINDINGS:

- CHILDREN: The Board found the participation of children to be approvable under Subpart D of the federal regulations. Specifically, the research satisfies the requirements of:
  - 45 CFR  
  - 21 CFR

- COGNITIVELY IMPAIRED: The Board found the participation of cognitively impaired subjects to be approvable under federal regulations. Specifically, the research satisfies the requirements of:
  - 45 CFR 46.111 (b)  
  - 21CFR 56.111 (b)

- PREGNANT WOMEN: The Board found the participation of pregnant female subjects to be approvable under Subpart B of federal regulations. Specifically, the research satisfies the requirements of: 45 CFR 46.204 (a) - (l)

- FETUSES/NEONATES: The Board found the involvement of fetuses/neonates to be approvable under Subpart B of federal regulations. Specifically, the research satisfies the requirements of: 45 CFR

- PRISONERS: The Board found the participation of prisoners to be approvable under Subpart C of federal regulations. Specifically, the research satisfies the requirements of: 45 CFR 46.305 (a), (b) and (c)

- OTHER:

OTHER

- Expedited Review Procedures (under 45 CFR 46)
  - Project  
    - Approved  
    - Approved for Continuation  
    - Modifications approved under the provisions of:

| Approved modifications: (1) implementation of new reminder phone call script with a short survey to identify possible barriers to completion of the study process. Verbal consent will be obtained by the study coordinator before administering the survey. (2) implementation of new voice mail reminder scripts. A voice mail reminder will be left if the study coordinator is unable to reach the participant. Protocol synopsis updated to incorporate these changes. |

- 45 CFR 46.110 (b) (2) minor changes in previously approved research during the period (of one year or less) for which approval is authorized.

- HIPAA Waiver: The Board finds this study meets all legal requirements for a Waiver of Individual Authorization under HIPAA pursuant to 45 CFR 164.512 (l) (2) (l)-(v) and approves the request under:

- Informed Consent Waiver: The Board finds this project qualifies for a Waiver of Documentation of Informed Consent under the provisions of 45 CFR 46.117 (c) (2)

- Other IRB Approved Research Documentation Includes:
  - New reminder phone call script with survey, voice mail scripts

- Other Comments:
  - The IRB Chair reviewed and approved the revised protocol synopsis in its entirety. The IRB Chair determined the revisions were minor and did not impact subject safety. The Waiver of Documentation of Informed Consent (noted above) is for the subjects who provide verbal consent, over the phone, to participate in the short phone survey.
New Reminder Survey

Hello this is ________________ one of the study coordinators on the Family Health History in Diverse Care Settings research study from the University of North Texas Health Science Center, and we are calling you today to remind you the next step of the survey process is ________________. As a reminder, we ask that you please complete the study process before your next provider visit.

Do you have any questions about the process or need assistance on anything involving the process?
☐ **please check box if you provided any assistance or answered any questions the participant had.**

**Please indicate what section you assisted with or what question you answered for the participant**

Would you mind if we asked you a few questions to help us improve the research study process? This short research survey will take approximately 5 minutes to complete, and it is completely voluntary. No personal identifying information will be collected. Your decision to participate or not participate, will not affect your standing in the Family Health History research study or with your clinician. There is no direct benefit to you, but your help in this research survey will be used to improve the experience of future participants. The risks in this study are minimal. There is a potential of breach of confidentiality. Every effort will be made to keep your details confidential.

Would you like to participate?  Yes/No

If they decline to participate. “If you have any questions or concerns about the study, please contact Dr. Kimberly Fulda (PI) at (817) 735-0225. If you have any questions about your rights as a study participant, you may contact the chair of the Institutional Review Board at UNTHSC, at (817) 735-0409.”

Thank you for your time and please have a good rest of the day.”

*please use the appropriate set of questions according to whether or not the participant has electronically consented to the main study*

Survey for those who have consented (Both those who have and have not missed their appointment date

Do you think any of the following were barriers to completing the study process?

1. Access to a computer  Yes / No
2. Accessing the email link  Yes / No
3. Unclear or confusing directions  Yes / No
4. Not having or knowing information asked on the survey  Yes / No
5. The survey was too long  Yes / No
6. Loss of interest in the study  Yes / No
7. No compensation for the time to fill everything out  Yes / No
8. Concerns about confidentiality  Yes / No
9. Were there any other things that kept you from completing the surveys that were not mentioned above?  Yes / No
   If so, please explain ____________________________

IRB APPROVED
AUG 17 2016
University of North Texas Health Science Center
If you have any questions or concerns about the study, please contact Dr. Kimberly Fulda (PI) at (817) 735-0225. If you have any questions about your rights as a study participant, you may contact the chair of the Institutional Review Board at UNTHSC, at (817) 735-0409.

Survey for those who have not consented (Both those who have and have not missed their appointment date)

Do you think any of the following were barriers to completing the study process?
1. Access to computer         Yes/No
2. Accessing the email link    Yes/No
3. Time constraints            Yes/No
4. Forgot                      Yes/No
5. Loss of interest in the study Yes/No
6. Changed your mind           Yes/No
7. Concerns about confidentiality Yes/No
8. Were there any other things that kept you from consenting that were not mentioned above? Yes/No

If so, please explain ____________________________________________________________.

If you have any questions or concerns about the study, please contact Dr. Kimberly Fulda (PI) at (817) 735-0225. If you have any questions about your rights as a study participant, you may contact the chair of the Institutional Review Board at UNTHSC, at (817) 735-0409.

Thank you for your time and please have a good rest of the day.

IRB APPROVED

AUG 17 2016
University of North Texas Health Science Center
Voice mail script for those who are Still eligible for the study

Hello this is ____________________, one of the study coordinators on the Family Health History in Diverse Care Setting research study from the University of North Texas Health Science Center. We are calling you today as a reminder that we ask you to complete the study process before your next appointment with your primary care physician. The next step of the study process is ____________________.

If you have any questions, please contact the Research Coordinator at 817-735-0522.

Thank you for your time and have a wonderful day.

Voice mail script for those whose appointment date has passed.

Hello this is ____________________, one of the study coordinators on the Family Health History in Diverse Care Setting research study from the University of North Texas Health Science Center. We were calling today to ask you to participate in a short survey about the Family Health History study you previously took part. This survey will help us improve the study process and participant experience. If you have any question, please contact the Research Coordinator at 817-735-0522

Thank you for your time and have a wonderful day.

IRB APPROVED

AUG 17 2016

University of North Texas Health Science Center
UNIVERSITY of NORTH TEXAS HEALTH SCIENCE CENTER
OFFICE for the PROTECTION of HUMAN SUBJECTS INSTITUTIONAL REVIEW BOARD

Request for Waiver of Documentation of Informed Consent
Form A

IRB # 2014-102

Investigator's Name: Kimberly Fulda

Title of Project: Family Health History in Diverse Healthcare Settings

Documentation of consent means that participants are required to sign a consent form, thereby documenting their consent. A waiver of documentation means that the UNTHSC IRB is waiving the requirement to obtain the participant's signature. Even if this waiver is granted, a consent process must still be in place. The consent process must contain all the required elements of consent and usually consists of a consent form/verbal script that is read aloud to them.

For the UNTHSC IRB to grant this waiver, your research project must meet one of the following conditions. Please initial the line next to the appropriate condition and explain why your research meets the condition in the space provided.

______ (initial) Condition 1- The only record linking the participant and the research would be the consent document and the principal risk would be the potential harm resulting from the breach of confidentiality. This refers to instances where participants could be seriously harmed if it became known that they were participants in the research.

Explanation:

OR

______ (initial) Condition 2- The research presents no more than minimal risk of harm to participants and involves no procedures for which written consent is normally required outside of the research context.

Explanation: Participants in this study will be asked to complete one survey over the phone. This study could not practically be carried out with written consent. A consent script will be used to inform participants about the study, their rights as research participants, potential benefits and minimal risk associated with their participation.

Investigator's Signature ___________________________ Date 8/11/16

IRB Chair's Signature ___________________________ Date 8/17/16
Margarett Bennett,

Good afternoon, you may use my figures 1-3 from my thesis. Please let me know if you need anything else.

Best,

---

Victoria Florez, PA-S  
Physician Assistant Studies, Class of 2018  
University of North Texas Health Science Center  
PA Student Ambassador  
victoria.florez@live.unthsc.edu  
682-230-7616 (cell)

From: Margarett Holder <Margarett HOLDER@my.unthsc.edu>  
Date: Friday, November 11, 2016 at 12:32 PM  
To: Victoria Florez <Victoria.Florez@live.unthsc.edu>  
Subject: Seeking permission to use photos

Hello,

I am contacting you today to ask permission you use pictures form your thesis Healthcare Provider Barriers to Health History Clinical Decision Support Tool. I would like to use figures 1-3 in my thesis.

Thank You  
Margarett Bennett
Hi Margarett,

You are welcome to use it assuming you cite that it came from the paper. Best of luck on the thesis!

Ryanne

From: Margarett Holder [mailto:Margarett.Holder@my.unthsc.edu]
Sent: Friday, November 11, 2016 1:23 AM
To: Ryanne Wu, M.D. <ryanne.wu@duke.edu>
Subject: Seeking permission to use a figure

Hello,

I am contacting you today to request permission to use Figure 1 Study flow diagram from the publication Patient and primary care provider experience using a family health history collection, risk stratification, and clinical decision support tool: a type 2 hybrid controlled implementation-effectiveness trail. I would like to use it in my thesis.

Thank you,
Margarett Bennett
CRM Internship Daily Journal

Week of June 13-17

Monday June 13, 2016 (8:00am-5:00pm)

- The first event for the day was a Research meeting with the UNTMSC staff doing research here. Due to conflicts in room reservations and low attendance the meeting was rescheduled for July 18th.
- After this I received work station 7 in the research staff room EAD 706 as my work space for the internship.
- Received protocol synopsis for Family Health History in Diverse Healthcare Settings, along with two phone scripts and the consent form for this project. I also received the protocols under review for Standardizing Primary Care Pain Management during the Joining of Two Physician Practice Groups and Workforce Enhancement Healthy Aging and Independent Living.
- I reviewed these above mentioned protocols to familiarize myself with them.
- Reserved a room for the committee meeting tomorrow.
- After reviewing projects, I worked on find out what paper work I was missing.

Tuesday June 14, 2016 (8:00am-5:00pm)

- I began the day with my CITI training: Human Subjects Research
- At 1pm I joined Dr. Fulda, Dr. Gwirtz, and Dr. Mallet in EAD 745 to have a committee meeting.
- At the meeting the required paper work was completed and we discussed at possible project that I could work on to improve the retention rate/completion rate of surveys for the Family History in Diverse Healthcare Setting.
- After the meeting I completed my CITI training and finished the three COI forms for the 3 protocols reviewed the previous day.

Wednesday June 15, 2016 (8:00am-5:00pm)

- Started day by typing previous daily's
- Worked on a time line of due dates for proposal and defense milestones.
- Looked for sources for proposal. Found the following that could be useful:
  - “Reading Between the Lines: A Comparison of Responders and Non-responders to a Family History Questionnaire and Implications for Cancer Genetic Counselling” By Julia H. Appleby-Tagoe & William D. Foulkes & Laura Palma
  - “All in the Family: Barriers and Motivators to the Use of Cancer Family History Questionnaires and the Impact on Attendance Rates.” By Susan Randall Armel, Jeanna McCuaig, Nicole Gojska, Rochelle Demsky, Manjula Maganti, Joan Murphy, Barry Rosen
- Went to the IRB Office with Mrs. Lee to turn in paperwork and familiarize myself with location.
Margaret Bennett  
UNTHSC CRM Program  

Thursday June 16, 2016 (8:00am-5:00pm)  

- The morning I focused on finding more sources for my proposal. I found the following:  
  - “The Use of Family History Questionnaires: An Examination of Genetic Risk Estimates and Genetic Testing Eligibility in the Non-responder Population” By Susan Randall Armel, Kara Hitchman, Kathryn Millar, Laura Zahavich, Rochelle Demsky, Joan Murphy, Barry Rosen  
  - “Healthcare Provider Barriers to Family Health History Clinical Decision Support Tools.” By Victoria R. Baria (Using this as minor information but mostly I good insight to how the end project should look.)  
  - “Enhancing the Collection, Discussion and Use of Family Health History by Consumers, Nurses and Other Health Care Providers Because Family Health History Matters.” By Sandra Millon Underwood, Sheryl Kelber  
  - “Protocol for implementation of family health history collection and decision support into primary care using a computerized family health history system.” By Lori A Orlando, Elizabeth R Hauser, Carol Christianson, Karen P Powell, Adam H Buchanan, Blair Chesnut, Astrid B Agbaje, Vincent C Henrich and Geoffrey Ginsburg  

- Started writing summary section of proposal.  
- After getting stumped after two paragraphs went back to reviewing sources.  
- Sent Dr. Mallet an email to ask for help to get advice on writing proposal.  
- After talking with Dr. Mallet I have three possible aims for my proposal, and developed my summary section more as well have my aims down in my problem/hypothesis to be further developed tomorrow.

Friday June 17, 2016 (8:00am-5:00pm)  

- Worked on Bibliography for the sources I decided to use in proposal.  
- Worked on problem/hypothesis section and gave hypotheses for my aims.  
- Bulleted out significance section of proposal.  
- Worked on the general experience section of proposal.  
- Bulleted out Research Design and Methodology section of proposal.  
- Set up meeting with Dr. Mallet for Thursday at 2:00pm.  
- Sent out my timeline to Dr. Gwirtz and Dr. Mallet.  
- Took break from working on proposal and typed dailies so they can be turned in and signed today.  
- Spent rest of the day refining and working different section of my proposal and working out possible titles for my proposal.

Total hours for the week: 40

X  
Date 6/22/16

Dr. Kimberly Fulda
CRM Internship Daily Journal

Weeks of June 20-July 1

Monday June 20, 2016 (8:00am-5:00pm)

- Continued to develop proposal
- Learned how to do phone call recruitment and listened to phone calls made by Mrs. Ceesay
- Taught the Mail Merge process, which is how to transfer patient information excel table to a form that the information can be inserted in word documents
- Taught how to use Mail Merge to create recruitment letters to send out to potential subjects and mailing labels
- Spent rest of day writing proposal

Tuesday June 21, 2016 (8:00am-9:30am)

- Came in to work not feeling well, but started working on proposal
- Dr. Fulda suggested I go to the clinic and walked me over there
- Dr. Ingram believed I had food poisoning or a stomach virus and suggested I go home and rest

Wednesday June 22, 2016

- Sick day, did not come in

Thursday June 23, 2016 (8:00am-5:00pm)

- Started day by working on proposal and getting it ready to send to Dr. Mallet for him to review.
- Took down notes for the Mail Merge training and review them with Mrs. Ceesay so that I could type up a set of instructions for others to refer to in case they forgot to do something.
- Found another source for proposal. This one actually is on the MeTree program.
  
  - “Quality of family history collection with use of a patient facing family history assessment tool” by R Ryanne Wu

Friday June 24, 2016 (8:00am-5:00pm)

- Typed up mail merge steps for everyone to use
- Went on a field trip to a site with Miss Mallaiah to site to drop off a calculated risk report to a provider
- Found another source for my proposal
  
  - “Use of Patient-Entered Family Health History Tool with Decision Support in Primary Care: Impact of Identification of Increased Risk Patients on Genetic Counseling Attendance” By Adam H. Buchanan

Monday June 27, 2016 (8:00am-5:00pm)

- Sent out the typed up Mail Merge steps to co-workers and Miss Mallaiah.
- Helped explain to co-workers the Mail Merge steps and the flow of the typed instructions
- Searched for sources to help create my survey
Margaret Bennett  
UNTHSC CRM Program

- "Formative Evaluation of Clinician Experience with Integrating Family History-Based Clinical Decision support into Clinical Practice" By Megan Doerr, Emily Edelman, Emily Gabitzsch, Charis Eng, and Kathryn Teng

Tuesday June 28, 2016 (8:00am-5:00pm)

- Came in and prepped for my meeting with Dr. Mallet
- Was given a returned recruitment letter to give to Miss Mallaiah
- Had my meeting with Dr. Mallet to review my proposal
  - We combined two of my aims
  - Determined that two aims were more practical to achieve during my time at this internship
  - Corrected grammatical errors
  - And reworded sections to make more concise
- Once back from the meeting I began working on the rewording the sections he had indicated

Wednesday June 29, 2016 (8:00am-5:00pm)

- Started day looking for more sources for my proposal and survey
  - "Social determinants of family history collection" By Chanitia Hughes Halbert
- Most of the day consisted of printing recruitment letters, labeling envelopes and stuffing them to be sent out.
- At the end of the day I spent time on making the corrections to my proposal, combining My original aim 1 and aim 2

Thursday June 30, 2016 (8:00am-5:00pm)

- Started morning with continued corrections to my proposal working on fixing the grammatical errors.
- Around 10:00 Miss Ramirez and I were given supervised training and practice making patient recruitment calls
- After lunch Miss. Ramirez and I finished the last pages of the patient call list we finished just after 4:00pm
- Together we were able to recruit two pages of people I believe that is around 6 to 8 patients each.
- The last hour of the day I continued making corrections to my proposal

Friday July 1, 2016 (8:00am-5:00pm)

- Spent morning reviewing new sources
- Picked 10 questions to possibly use in my survey.
- Looked at my research design methodology section and developed the bullet points

*Total Hours for these 2 weeks 65.5*
Margarett Bennett
UNTHSC CRM Program

X Kim Fulda

Dr. Kimberly Fulda

Date 3/12/16
Margarett Bennett
UNTHSC CRM Program

CRM Internship Daily Journal

Weeks of July 4-July 15

Monday July 4, 2016

- Holiday, No work

Tuesday July 5, 2016 (8:00am-5:00pm)

- Meet with Dr. Fulda to discuss content of proposal.
  - Aims needed to be amended
- Emailed Dr. Mallet to discuss changing aims
- Changed aims
- Emailed changes to Dr. Fulda

Wednesday July 6, 2016 (8:00am-5:00pm)

- Met with Dr. Fulda again to review aim changes
- Began filling in my research and design methodology sections
  - Data Collection
  - Methods, Data collection, Sampling
  - Sampling Methods or tools
- Sent this rough draft to Dr. Fulda

Thursday July 7, 2016 (8:00am-5:00pm)

- Worked on editing previous days’ corrections
- Developed Population section
- Developed Limitation section
- Created the cover page
- Sent this new draft to Dr. Fulda to review when she came back on Monday

Friday July 8, 2016 (8:00am-5:00pm)

- Visited Dr. Mallet to inform him of the progress of my proposal.
  - Was very kind in offering to loan me his stats book to review
  - Discussed progress of proposal
- Reviewed my proposal and looked for mistakes
- Asked Mrs. Lee and Miss Malliah to review my proposal and suggest edits
- Sent a copy to them both to review and make track changes

Monday July 11, 2016 (8:00am-5:00pm)

- Finished reading stats section I began reading over the weekend
  - Seemed interested in using Chia Square analysis (Discovered later that is would not be the case)
- Worked on the proposed edits given to me by Mrs. Lee
- Asked for thoughts of other co-workers on my proposal and their advice.
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Tuesday July 12, 2016 (8:00am-5:00pm)

- Scanned all new IRB approved forms and amendments for the Family Health History study.
- All scans were sent to my email.
  - Were opened and reviewed to ensure correctness
  - Described and forwarded to Miss. Mallaiah
  - Scanned emailed were then grouped in their own folder labeled FHH
- Spent the rest of the day reviewing my proposal and working on various edits

Wednesday July 13, 2016 (8:00am-5:00pm)

- Obtained Duke Participation reports
- Miss. Mallaiah spent time going over the process of interacting with Duke
  - How recruited patients we enrolled.
  - How reports were obtained from Duke
  - Reviewed reports and explained the meaning of each element
- Spent the majority of the day working on my phone script
  - Changing it from an opened short questions survey to a listed yes no response survey
    with only one open ended question.
- Made my Chapters sections
- Reviewed proposal once more and emailed correction to Dr. Fulda

Thursday July 14, 2016 (8:00am-5:00pm)

- Began morning making excel spreadsheet with the information obtained from the Duke participation reports.
- Called patients eligible to participate in the FHH study and was able to recruit one new participant.
- Copied all of the previously scanned IRB approved forms and amendments.
- Cleaned out and shredded all old paper work in the FHH binder.
- Using copied paperwork, filed binder and updated it with the new approved paperwork.
- Printed return labels for recruitment letters next week.

Friday July 15, 2016 (8:00am-5:00pm)

- Sent out my final draft of proposal to committee members and inquired about times available to meet to discuss and approve proposal.
- Applied the return labels printed to the box of envelopes.
- Upon suggestion from Dr. Fulda, created Doodle Poll to find everyone’s availability.
- Created new email and sent out the Doodle poll link to committee
- Spent rest of afternoon working with Dr. Espinoza
  - Reviewed literature on safety of patient records and their transportation
  - Called husband to try and understand how encryption works.
  - Reviewed the WEHAIL study and the flow charts created for it

*Total Hours for these 2 weeks 72*
Margarett Bennett
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X Kim Fulda

Date 7/19/16

Dr. Kimberly Fulda
Weeks of July 18-July 29

Monday July 18, 2016 (8:00am-5:00pm)

- Typed out previous two weeks’ dailies
- Helped Dr. Espinoza with the WEHAIL project
  - Reviewed protocol
  - Worked on timeline given to me
- Unloaded boxes of supplies and organized in office

Tuesday July 19, 2016 (8:00am-5:00pm)

- Filled out COI on two new studies
  - Micronutrient Deficiencies in Relation to Obesity: A Cross-Sectional Study of Childhood and Early Adolescence
  - Anxiety & Stress as Related to Cognitive Bias to Food Cues
- Filled out Addition of key for these studies
- Printed CITI training for these studies
- 1st trip to IRB for Jahnavi
- Set up proposal meeting for Thursday
- 2nd trip to drop of paper work
- 3rd trip to pick up new approved forms from IRB
- Reorganized FHH binder and reprinted double sided pages

Wednesday July 20, 2016 (8:00am-5:00pm)

- Filled out intent to graduate
- Trip to the IRB office
- RCOI fixed
- Learning Progress report form and process for the Micronutrient Study
  - Filled out form for amendment and patient profile

Thursday July 21, 2016 (8:00am-5:00pm)

- Searched for grants found two with promise
  - Thrasher Research Fund
  - National Science Foundation-CRI
- Proposal meeting
  - Was accepted and notes were taken for additions and edits
  - Proposal paperwork was signed
  - Intent to graduate was signed
- Spent rest of the day working on list discrepancies between our list and Duke’s
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Friday July 22, 2016 (8:00am-5:00pm)  
- Finished current list corrections between our lists and Dukes  
- Practice label making for FHH letters  
- Print labels and put together letters for FHH and took to be sent out  
- Fixed bibliography on proposal and printed  
- Scanned all forms and sent out to committee  
- Took original forms to GSBS office  
- Started on making return labels and putting on letters for the following  

Monday July 25, 2016 (8:00am-5:00pm)  
- Practice mail merge for FHH  
- Emailed Dr. Gwirtz for thesis template, should be given out the first week of August  
- Worked of locating sections of protocol of FHH to add amendments to for my project on the FFH Study  
- Stopped with that to help with mail merge and assembling letters to be sent out.  
- Made track edits with first draft of amendments and sent out to get feedback.  

Tuesday July 26, 2016 (8:00am-5:00pm)  
- Continued IRB edits  
- Trip to IRB to drop off paper work  
- Searched for more sources for my background of my thesis  
- Email exchange with Dr. Gwirtz about thesis and needed materials  

Wednesday July 27, 2016 (8:00am-5:00pm)  
- Modified IRB edits  
- Met with Dr. Fulda  
- Edited phone script  
  - Added second set of questions for those who did not consent  
  - Added verbal consent  
  - Made minor corrections  
- Made corrections to IRB amendments  

Thursday July 28, 2016 (8:00am-5:00pm)  
- Continued IRB amendment edits  
- Met with Dr. Fulda to determine if Voicemail script was needed  
- Developed Reminder voicemail script.  

Friday July 29, 2016 (8:00am-5:00pm)  
- Starting morning working with Clara on the review process of my amendments given to her by Dr. Espinoza.  
- Met with Dr. Espinoza about edits and corrections that needed to be made  
- Improved my verbal consent on phone script.
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- Made edits to my IRB amendments
- Filled out Request for waiver of Documentation of Informed Consent
- Printed Track changes of protocol of FHH
- Printed Clean version of edits of FFH protocol
- Made IRB memo
- Gathered up all paper work to be signed on Monday and turned in

*Total Hours for these 2 weeks 80*

X \[\text{Kim Fulda}\] Date \[8/16/11\]

Dr. Kimberly Fulda
CRM Internship Daily Journal

Weeks of Aug 1- Aug 12

Monday Aug 1, 2016 (8:00am-5:00pm)
- Completed final corrections on survey and amendments to submit to IRB
- Copied all forms and paper work to be turned in to the IRB
- Submitted the packet to the IRB

Tuesday Aug 2, 2016 (8:00am-5:00pm)
- Searched for new articles
- Made phone calls for recruitment most of the day for one Provider
- Last of the day spent reviewing FHH protocol and proposal to refresh knowledge

Wednesday Aug 3, 2016 (8:00am-5:00pm)
- Spent majority of the day making recruitment phone calls for the FHH study. Completed three Providers
- Spent last of the day looking over collected sources for new information

Thursday Aug 4, 2016 (8:00am-5:00pm)
- Spent all day making phone calls to the remaining providers.
  o After the three-day recruitment session, I recruited 10 new participates
  o Also set up the appointments for participants that needed computer help

Friday Aug 5, 2016 (8:00am-5:00pm)
- Spent morning prepping to help participate with computer needs.
- Waited on participant.
  o Scheduled to receive help at 11:00 am at the PCC
  o Waited until 12:30 pm. Participant did not show, and did not answer phone call.
- Spent rest of afternoon prepping letter with return labels for sending out letters the following week

Monday Aug 8, 2016 (8:00am-5:00pm)
- Received response from the IRB, with a list of corrections that need to be made
- Spent majority of the day making these corrections
- Completed the corrections, Copied new pages and forms with these corrections
- Turned in new packet with corrections to the IRB

Tuesday Aug 9, 2016 (8:00am-5:00pm)
- Spent the day working on sorting out the various participant list
- Worked on a Master list to use to make reminder phone calls and survey once I obtain approval from the IRB.
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Wednesday Aug 10, 2016 (8:00am-5:00pm)

- Worked with Lolley Ceesay on double checking the participant list with the Metree portal.
- Found new list created by someone on the share drive.
  - Checked that list and compared to the current lists

Thursday Aug 11, 2016 (8:00am-5:00pm)

- Spent day double checking information and sorting out discrepancies between the five participant list.
- Created a form to record responses of participants taking the survey

Friday Aug 12, 2016 (8:00am-5:00pm)

- Made mail merge for the labels and recruitment letters.
  - Ran into issues with the template and the recruitment letters not printing correctly
- Applied mailing labels to envelopes for three of the provider lists
- Printed the recruitment letters and assembled envelopes for those three providers
- The other half of the providers to be completed the following week

*Total Hours for these 2 weeks 80*

X Kim Fulda

Date 8/10/16

Dr. Kimberly Fulda
CRM Internship Daily Journal

Weeks of Aug 15- Aug 26

Monday Aug 15, 2016 (8:00am-5:00pm)

- Letters
  - Labels made
  - Envelopes labeled
  - Letters gave us problems. Letter are supposed to be one page but a space in the mail merge threw off the pages and would have printed in too pages
- Fixed letter template by adding a pages break and incorporating the spaces for the information and removing spaces near the header.
- All providers were completed except for one because of its size and printer issues.

Tuesday Aug 16, 2016 (8:00am-5:00pm)

- Letters were completed for the last provider.
- All letter were taken to mail room be mailed out
- Typed daily and took to Dr. Fulda
- Received the past two daily write ups to edit and reprint
- Filed and stored

Wednesday Aug 17, 2016 (8:00am-5:00pm)

- IRB approval of survey and phone script
- Trip to IRB to pick up
- Copied approved packet in triplicate
- Scanned all new approved documents and sent to Michelle
- Original word documents of approved documents sent to Michelle
- Looked through the file of the FHH study to find audit with Dr. Espinoza

Thursday Aug 18, 2016 (8:00am-5:00pm)

- Worked on master participant call list
- Write up for Michelle for what I needed access to complete project
- Reviewed sources for new information that could be used in the Thesis background
- Review master phone call list and double checked with list form Duke and Lolli’s Metree list

Friday Aug 19, 2016 (8:00am-5:00pm)

- Reviewed sources
- Worked on Thesis edits
- Talked with Michelle about data entry and SPSS code book

Monday Aug 22, 2016 (8:00am-5:00pm)

- After reviewing over the weekend I was not happy with my thesis rewrites so I decided to restart and deleted everything. Started working on it again in the morning
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- Reviewed phone call list
- Talked with Michelle about question to ask Janhavi when she returned on Tuesday
- Looked up SPSS, however still very confused on how to use SPSS

Tuesday Aug 23, 2016 (8:00am-5:00pm)

- Worked on a binder for my project and all important IRB approved documents
  - Using page protectors, the copies of all approved IRB documents we organized in the binder
  - Also all of the original IRB approved documents we organized in the back of the binder to preserve and keep track of them.
- Janhavi was busy for most of the day and arranged to speak with her on Wednesday

Wednesday Aug 24, 2016 (8:00am-5:00pm)

- Asked my question that I needed answered by Janhavi
- Talked with Janhavi about my phone call list
- After I reworked the phone call list
- List was approved and now may begin making calls

Thursday Aug 25, 2016 (8:00am-5:00pm)

- Prepped for phone making phone calls starting next week
- Talked to Dr. Fulda about staying late to make phone calls for the survey
- Sorted all lists and disposed of those not needed
- Helped clean out office by taking documents to HIPPA bin
- Janhavi going away party
- Went to the IRB for Dr. Espinoza to pick up a packet

Friday Aug 26, 2016 (8:00am-5:00pm)

- Reorganized desk
- Worked on thesis rewrite
- Looked for more sources however no new ones found
- Sorted call list and made folder for use in the PCC

Total Hours for these 2 weeks 80

X Kim Fulda

Date 9/2/16

Dr. Kimberly Fulda
CRM Internship Daily Journal

Weeks of Aug 29- Sept 9

Monday Aug 29, 2016 (8:00am-7:00pm)

- Typed up previous weeks’ dailies to be approved by Dr. Fulda
- Reviewed SPSS booklet
- Went through the basic tutorial of the SPSS Program
- Calculated hours and days need to complete requirements
- Meeting with Dr. Fulda at 3:00pm
- Stayed after to make reminder patient phone calls and administered surveys
- Made codebook for SPSS data entry

Tuesday Aug 30, 2016 (8:00am-6:30pm)

- Made SPSS File for data entry
- Made data entries for the previous nights’ surveys collected
- Worked on source cards to help improve thesis writing
- Stayed after to make reminder phone calls and administered surveys

Wednesday Aug 31, 2016 (9:00am-5:00pm) (no lunch)

- Reviewed CRM handbook to ensure I am meeting requirements
- Also checked CRM handbook for thesis rubric and guidelines
- Got car tag from campus police. Last day to do so
- Made Data entries for the previous nights’ surveys collected

Thursday Sept 1, 2016 (8:00am-5:00pm) (No lunch)

- Spent morning trying out SPSS to understand functions and how to perform certain tasks
- Worked no thesis looking for wording errors and to clear up complicated or confusing wording
- Put in request for room CBH 220 at 1:30pm on Nov 9 for my defense

Friday Sept 2, 2016 (8:00am-7:00pm) (No lunch)

- After talking with Dr. Fulda I have discovered that a provider had withdrew from the study
- Due to this I need to remove all participants from the reminder call list
  - Using the MeTree Portal I wrote down all UINs of those of the withdrawn provider
  - Also wrote down all UINs for those labeled withdrawn in the MeTree portal to double check the call list with as well
  - Afterwards I went through and removed all the recorded UINs from the excel call sheet and reprinted call list
  - Next because old call list had notes of who to call back, voice mails left and various other important information. I went through and blacked out all removed participant and their information.
Due to next week’s holiday I was informed that the recruitment letters needed to be sent out on Tuesday. It was late in the day when I received this information so I stayed after the complete tasks to ensure the letters went out on time.
  o Printed return labels and label 2 boxes of envelopes (1000 envelopes)
  o Made mail merge of all providers patient lists
  o Made mailing labels for all provider lists
  o Completed envelopes for all provider lists
  o Grouped envelopes by provider and by list order to be easier to fill on Tuesday

Monday Sept 5, 2016
  • Holiday

Tuesday Sept 6, 2016 (8:00am-7:00pm)
  • The majority of the day was spent printing the recruitment letter and filling the previously completed envelopes.
  • Letter were successfully finished and were taken to be sent out that day
  • Worked on thesis methods section to correctly reflect project.
  • Stayed after to make reminder phone calls and administer surveys

Wednesday Sept 7, 2016 (8:00am-6:00pm)
  • Spent time looking for previous CRM students completed thesis/projects to compare and get an idea of what is desired from mine.
  • Found another student’s practicum report that also dealt with Duke and the MeTree program
  • Stayed after to make reminder phone calls and administered surveys

Thursday Sept 8, 2016 (8:00am-5:00pm) (No lunch)
  • Worked on thesis on and off throughout the day
  • Working with Iqbal, I received the list of new participants so I could start the process of updating my call list.
    o I removed all identifiable information that was unneeded to make the reminder phone call
    o Monday I will go to Michelle to get the information about their next appointment dates to ensure I call them at the appropriate time.

Friday Sept 9, 2016
  • Took this day off to catch a plane to Tennessee for a wedding.
  • Hours were made up for this day and the holiday by staying after

Total Hours for these 2 weeks 78.5

X Kim Fulda

Date 9/11/14

Dr. Kimberly Fulda
Margarett Bennett  
UNTHSC CRM Program

CRM Internship Daily Journal

Weeks of Sept 12- Sept 23

Monday Sept 12, 2016 (8:00am-6:00pm)
- Typed up previous weeks’ dailies to be approved by Dr. Fulda
- Printed more phone survey recording sheets
- Updated participant call list
- Data entry in SPSS for past couple days’ worth of surveys
- Rewrote all notes from previous call list on the newest one.
- Made participant survey calls rest of afternoon

Tuesday Sept 13, 2016 (8:00am-5:00pm)
- Reviewed new sources
- Clipped pictures and figures for thesis and presentation
  - Pictures from provided PowerPoint of the Beginning steps of the study process
  - Pictures of MeTree from source
  - Figures from previous MeTree Studies
- Continued thesis rewrite

Wednesday Sept 14, 2016 (8:00am-5:00pm)
- Thesis writing and corrections
- Checked call list’s bad phone numbers to ensure they were correctly recorded
- Meeting with CRM group and Dr. Mathew

Thursday Sept 15, 2016 (8:00am-6:00pm) (No lunch)
- Incorporated previous gathered pictures into thesis draft
- Michelle needed my help
  - Made copies at the PCC for one Dr. Franks study
  - Using these copies I assembled and made what looked like blank patient files to be used later
  - Calculated contacted participant numbers of my thesis project and the survey responses
- Made more participant phone calls the rest of the afternoon

Friday Sept 16, 2016 (8:00am-5:00pm)
- Spent most of the day doing a literature search for Dr. Espinoza
  - Found 5 possible articles of use
- Remade a code book copy for Dr. Fulda to check my SPSS
- Made edits to code book after review

Monday Sept 19, 2016 (8:00am-5:00pm)
- Email exchange with Dr. Mallet
- Data entry from Thursday
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- Worked on thesis methods section

Tuesday Sept 20, 2016 (8:00am-6:00pm)

- Check MeTree with lqbal to see if phone calls improved completion rate
- Updated phone call list
- Thesis edits and work
- Participant survey calls that afternoon

Wednesday Sept 21, 2016 (8:00am-6:00pm)

- Filled out intent to defend and printed
- Began putting thesis rewrite into template provided
- Worked on method section of thesis
- Made a cumulative report of all participants call and those who were surveyed responses
- Finished 1st round of participant survey and reminder calls

Thursday Sept 8, 2016 (8:00am-4:00pm)

- Spent the day making the 2nd round call list.
- Updated list with newest participants
- Worked

Friday Sept 9, 2016 (8:00am-5:00pm)

- Looked over comments of thesis from those I asked to review
- Meeting with Dr. Espinoza
  - Participant link resending issue, needing a new consent
  - Worked on email to send to Duke to resolve issue
  - Updated Call list with yesterday's new participants
- MeTree reviewed to look for completion updates
- Tried to make return labels to start envelopes.
  - Computer froze and was unable to make label

Total Hours for these 2 weeks 85

X. Kim Fulda

Dr. Kimberly Fulda
Margarett Bennett  
UNTHSC CRM Program  

CRM Internship Daily Journal  

Weeks of Sept 26- Oct 7  

Monday Sept 26, 2016 (8:00am-5:00pm)  
- Made UNTHSC return labels.  
- Put return labels on two boxes of envelopes  
- Mail merge provider list  
- Started typing dailies  

Tuesday Sept 27, 2016 (8:00am-5:00pm) NL  
- Made mailing labels and put on envelopes  
- Made letters, printed and placed in envelopes  
- Dropped letting off to be sent out that afternoon  

Wednesday Sept 28, 2016 (8:00am-5:00pm)  
- Finished typing dailies  
- Updated my resume  
- Talked with Dr. Mallet and updated on process  

Thursday Sept 29, 2016 (8:00am-6:00pm) NL  
- Thesis Work  
- Lunch participant phone calls  
- Intent to Defend taken to Dr. Mallet  
- Took intent to defend taken to Dr. Mathew  
- Dropped off to intent to defend to the GSBS main office  

Friday Sept 30, 2016 (8:00am-1:00pm) NL  
- Typed up participant info from calls last afternoon, withdraws and link resent  
- Data entry to SPSS of survey responses from last nights  
- Looked through MeTree for updated completions  
- Was not feeling well, went home early  

Monday Oct 3, 2016 (8:00am-5:30pm)  
- Fixed dailies mistake and reprinted  
- Went over weekend work on thesis  
- Fixed grammatical errors and sentence structure  
- Went to library to find out if the use of sources figures were allowed.  
- Completed new bibliography in APA format  
- Participant phone calls, finished round two  

Tuesday Oct 4, 2016 (8:00am-5:00pm)  
- Made round three call list to start making calls
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UNTHSC CRM Program

- Worked on thesis.
- Meeting at lunch with new students
- Showed Jessica, one of the new students, to the student office
  - Showed her around and introduced her to rest of office
- Cleaned up after lunch and returned silverware
- Started working on new student schedule
- Worked on thesis formatting

Wednesday Oct 5, 2016 (8:00am-5:00pm)

- Started the morning getting Flu shot provided by school in EAD.
- Started on figure descriptions and citing
- Working on The Pain Management Study protocol revision for Dr. Espinoza
- Worked on extracting figures from a book for Dr. Fulda
- Went back to The Pain Management Study protocol
- Participant phone calls, finished

Thursday Oct 6, 2016 (8:00am-5:00pm)

- Formatted index
- Scanned IRB documents
- Made new student schedule for Dr. Espinoza
- Checked Voice mails, 48 new messages

Friday Oct 7, 2016 (8:00am-5:00pm)

- Data entry
- Sent current thesis to Dr. Mallet
- Double checked data
- Worked on data typed up

Total Hours for these 2 weeks 82.5

X Kim Fulda  
Date 10/18/11

Dr. Kimberly Fulda
CRM Internship Daily Journal

Weeks of Oct 10- Oct 21

Monday Oct 10, 2016 (8:00am-5:00pm)
- Working on Thesis
  - Acknowledgements
  - Journal Summary
- Worked on return labels for letters
- Double checked overall responses to calls
  - Checked excel
- Checked voicemail box for study

Tuesday Oct 11, 2016 (8:00am-5:00pm)
- Meeting with Dr. Fulda for SPSS help
- Worked on SPSS descriptive statistics
- Reviewed all surveys and doubled checked results
- Started typing dailies

Wednesday Oct 12, 2016 (8:00am-5:00pm)
- Downloaded and printed all weekly reports from Duke
- Checked MeTree of any progress improvements
- Started working on statistic calculations
- Made graphs made tables

Thursday Oct 13, 2016 (8:00am-5:00pm)
- More calculations
  - Split sample by male and female
  - Analyzed sample response by age
- Continued working on thesis

Friday Oct 14, 2016 (8:00am-8:00pm)
- Finished calculations, SPSS, and Tables
  - For sample split by gender
  - For sample’s age
- Thesis work
  - Limitations
  - Future research
  - Sent out as first draft to Dr. Mallet and Dr. Fulda
Margaret Bennett  
UNTHSC CRM Program

Monday Oct 17, 2016 (8:00am-3:00pm)
- Finished dailies
- Worked on preparation for recruitment letters
  - Made more return labels
  - Labeled two boxes of letters with return labels
  - Started mail merge

Tuesday Oct 18, 2016 (8:00am-5:00pm)
- Letters all day
  - Started making mailing labels by provider
  - Placed mailing labels on letters
  - Started printing letters

Wednesday Oct 19, 2016 (8:00am-5:00pm)
- Started morning working on letters
- Meeting with Dr. Mallet
  - Went over all corrections
  - Discussed improvements and presentation
- Worked rest of the day on assembling recruitment letter
- Mailed all recruitment letters

Thursday Oct 20, 2016 (8:00am-5:00pm)
- Worked all day on 40 pages of corrections given by Dr. Mallets.

Friday Oct 21, 2016 (8:00am-5:00pm)
- Worked more on corrections of thesis
- Reformatted Tables and Figures

**Total Hours for these 2 weeks 82**

X  
Date 11/7/16  

Dr. Kimberly Fulda
Weeks of Oct 24- Nov 4

Monday Oct 24, 2016 (8:00am-5:00pm)

• Thesis Edits

Tuesday Oct 25, 2016 (8:00am-4:30pm) (NL)

• Round 2 Dr. Fulda edits
  • Added new source and paragraph

Wednesday Oct 26, 2016 (8:00am-5:00pm)

• Finished last of edits to thesis
• Submitted thesis to entire committee
• Talk with Dr. Mallet about presentation
  • Received template from him

Thursday Oct 27, 2016 (8:00am-5:00pm)

• Started developing presentation
  • Introduction
  • Background

Friday Oct 28, 2016 (8:00am-8:00pm)

• Typed previous two weeks’ dailies
• Worked on Presentation
  • Results
  • Tables
  • Slide Outlines

Monday Oct 31, 2016 (8:00am-5:00pm)

• Finished formatting presentation
• Emailed Dr. Mallet about Practice times
• Fire alarm went off and had to leave building
• Came back and sent presentation to Dr. Mallet
• Found place to practice presentation

Tuesday Nov 1, 2016 (8:00am-5:00pm)

• Spent morning making not cards for presentation
• Spent rest of afternoon in conference room practicing presentation
Margarett Bennett
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Wednesday Nov 2, 2016 (8:00am-6:00pm) (NL)
  • Reviewed presentation and prepped for practice with Dr. Mallet
  • Practiced with Dr. Mallet the rest of the afternoon

Thursday Nov 3, 2016 (8:00am-9:00am)
  • I came into work and fell in the break room chaos ensued
    ○ Had to take rest of the day off

Friday Nov 4, 2016 (8:00am-11:00am)
  • Came in to try and maintain hours
  • Made corrections to figures made
  • Left because I was unable to work properly without pain.

Total Hours for these 2 weeks 70.5

X  

Kimberly Fulda  Date 11/9/16

Dr. Kimberly Fulda