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## Transcript

Speaker 1

Welcome to the bridge, the official podcast for the University of Maryland Baltimore School of Pharmacy Patients program. The patients program is the bridge between the community and the researchers. The patients program created this partnership to help researchers listen to the Community's voice in order to build a bridge to an effective learning healthcare community. Here's your host, Rodney Elliott.

Rodney Elliott

Welcome to the bridge podcast. I am Rodney Elliott, the community. Engagement specialist at the patients program and I am. Uber. Uber. Uber. Excited about our guests today, this is our first podcast of 2023 and the group we have here. Here is a dynamic group. They've been with the patients program for for a long period of time and our relationships go way back. So want everybody to sit back and join if you're on the bike listening or you're taking a walk in the neighborhood, this is a really nice opportunity to hear about what the patient program is doing and the project that's near and dear. To us and we're going to get right at it and introduce our. Group initially, but as we have our conversation, you'll learn a little bit more about each of them individually and collectively. As a group, we have Jeffrey Wells, Dr. Palmer, Janet Palmer. We have Deborah Marvel, who actually has a really nice two step. If you guys didn't realize that like she has a really awesome 2 step, we had a you shared an awesome dance. A couple of years ago, the patients program and I'll never forget it. There is footage out there of that. So if you need that, send me an e-mail I'll share with you guys. We also have Doctor Slobogean on here as well, and he may or may not say what the whole time, but if he does, that's great. If not, you guys will know why. So we're going to dive right into it and Doctor Slobogean you're up next. You're up next right away, and we're talking about a project that's new and near and dear to the patients program. It's called prep it. That's obviously an abbreviation for it. So in layman's terms, Doc, if you could for our audience, if you could just tell us what the prepare program is.

Dr. Gerard Slobogean

You know from the. Clinical side from the medicine side, this program is really looking at trying to reduce infections after surgery. I'm an orthopedic surgeon that only does surgery to fix broken bones and in any type of surgery, but in particular the ones I do prior to the start of the surgery. We clean the limb before the surgical incision and we call that the skin prep and the we have to do that for every single surgery. And so ultimately we have a choice between 2 main types of skin. And because that's a simple choice and and a decision that we have to make every single surgery, we thought that this was a good target to look and see if that choice that we make actually affects the infection rates of our patients.

Rodney Elliott

You answered my next question and that is exactly what question are we answering in the prep program. In the Prepper project, and basically you're talking about an opportunity to figure out what works best and who to get the information from other than the patient other than the client. So this project has been near dear to us and near dear to your profession for sure. Your next question is I'm going to gear that towards Jana and Deb. Jeff, you guys can pop in as well if you want. Can you describe what your experience was like as a valued patient partner and that keyword is awesome like patient partner and stakeholder in the prepping program like tell us about a time when. You felt your voice was heard. And it changed the project. I'm going to start with you, Jana. If you can go first for us.

Jana Palmer

I'd be happy to. So I think I would say the time that I felt like as a patient partner, I was able to really influence and impact the development of the research was honestly at our opening session when I was. Able to sell. Tell my story and share how the importance of learning the results and working on this project. And just how my life has been impacted by infection and if we can help someone else to not have to live through some of what I lived through and continue to live through as a result of infection, I think that's that was the I I felt like that was a powerful time for me to be able to explain that. And Jeff also had that opportunity to share that information to just to kick start the the whole project and the research with. Hospitals from around the country.

Rodney Elliott

I think you can't underestimate lived experiences. I hear that terminology a lot for the first day I joined patients program to right before leaving last year, closing out our projects about lived experiences and any time you have an opportunity to get lived experience from community members, patients who can really share their experience. I think that says a lot about not only the patients program but the relationship that we have. To our partners, but also it gives some substance to the project to let you know that, hey, we're doing this for a reason and we have people who have lived those experience and have that experience. Jeff, the same question to you, can you describe what your experience was like as a valued patient partner on this project?

Jeff Wells

And I think the thing that really struck me was the first introduction to the to this question that I had. It was a a survey group of trauma survivors had gotten together and they were asking us. This question or what we thought about it, or was this a good research question and we had some feedback? And it changed how they stated the question. It changed how they looked at things and afterwards I remember thinking. I wasn't just examined. I was listened to. And much later, as things developed that they got the I got to understand quite a bit more about what was going on. I the way I explained it to a friend of mine is that I wasn't just listened to when I understood things and had questions. If I had questions that reflected that I didn't know, then they taught me what was different. It wasn't just patting me on the head and smiling and saying, oh, that's nice. And then go and doing what they wanted. Would come along with us and help us. See what we're seeing?

Rodney Elliott

And we're definitely always a phone call or e-mail away when we have questions. People have questions and I've gotten tons of questions from different projects I've been on, from our community partners,

patient partners as well. They have same question but I want to actually throw a little twist in it. You know, we're looking for, you know, what your experience was like as a value patient partner, but also can you tell us? Our audience. Uh, you know, in other patients about why it's important to share their voice because you know, here at the bridge, we want to have a platform where we're sharing information for. Our researchers, but also. For our community as well, so. You know, what would you tell patients about why it's important to share their voice, share their lived experiences when they're part of a project as a patient partner?

Deb Marvel

Well, I think both Jeff and Jana had started to explain and talk about it. I guess in terms of my lived experience, I became a part of a prep because I'm Shock Trauma survivor and I came in. Later than Janet and Jeff, but in terms of being heard. I was heard day one and I think I was invited to the table as we say to the meeting because of my lived experience which involves many fractures from the waist down and fractures in terms of broken bones. And it just so happens that for the A prep part of the prep IT study, it involves open fractures and open fractures means. The bone breaks through the skin, and so in this case, this portion of the trial, which is a prep, it looks at. Possible infections at the site for open fractures.

Dr. Gerard Slobogean

You know running. I thought that that was a great explanation then. Now I don't have to explain what an open fracture is. But the one thing that I wanna touch on is, you know, both Jana had experience with an infection. Dev did, Jeff did it at one point as well and. You know, for these open fractures, it's a huge burden and in our definition for the trial, there were 7% of the patients had an infection. But when you look at a little bit of a broader definition, meaning following them up to one year, that number almost double s. So you know 13% of the patients had an in. And then when you look at the worst infections you know so or sorry, the worst open fractures people that are, you know, really badly injured with this open wound. You know that rate goes up to 30% of reoperations and and so this is a really challenging injury and for the patients that experience both the injury. And or a complication. It has a big effect and so I think it was really important that we had the patients voice really in the center of this.

Rodney Elliott

Yeah, but at that spot and I didn't send you my notes, but it seems like you're right along with my next question in line about, you know, oftentimes we hear when we're told working with patients in the Community, it can make research take longer. As a doctor in your profession for for years and have tons of experience. You know, the Prepper team invested their time up front with the patient stakeholders. So you know, how did their engagement actually make their recruitment more efficient, particularly when the pandemic hit down? Supposed the question.

Speaker

That's for you.

Dr. Gerard Slobogean

Yeah, I think you know, the interesting thing about this study was the two treatments that we're comparing, you know. The two ways the. 2 skin preps one's iodine and one's a Chlorhexidine solution.

You know, patients are never asked which one they would like. You know, the surgeon just chooses. It's a very simple part of the of the. Of the surgery. And so I was a little skeptical at at the start as trying to figure out how can we actively engage the patients into this study design because normally they don't even know. That this is happening. But really, where it did help was in the recruitment and I think you know we worked on better wording for. Understanding and explaining the studies or the consent process and stuff like that, you know, all three of them were helpful in that. And then, you know, you mentioned the sort of invested the time early, so. Even, you know, even if I want to minimize that contribution, the fact that we were all contributing together really bought a team effort so that when I really did like me, desperate help and I have no idea what to do. And I reach out to my patient partners. We already had that trust and we had already had a good working relationship. And so the pandemic. The pandemic we sort of started because we had done all the work ahead of time. We already had telephone consents, we already sort of knew how to approach this and so. So it really just paid itself forward. As you as you mentioned and your pandemic wasn't. A huge deal for us.

Rodney Elliott

That was awesome to have that resource in in, in the challenge in time to have that trust you talked about that earlier. You know, that's another word that I heard with the patients program from the very beginning, establishing trust with our partners, establishing trust within the team. So when a tough situation comes or when the difficult situation comes, you still can get the job done. You still can move on. So I think that was fantastic for the team. Top to bottom within the prepared program. This next question is for anyone who want to jump in first, which I'm pretty sure might be. Jeff, but we'll see. The results of a prep they're in and you know, can you briefly tell us a little bit about the importance of what you learned? Jeff, can you go first?

Jeff Wells

One of the things that I originally said. When we started the study was I don't really care which one is better. I hear that my doctor. Wants to know. And Dana, quite appropriately said I do care and that shows the value of having the different opinions and the different points of view. But you don't just focus on one thought. The one way of doing things, and I think that's what made the team's approach to this so helpful. But finding that there was equivalence between them, that there was not a significant statistical difference, but that that helps ease the burden for lower Second World third world countries with disrupted supply chains. That it will not be getting worse treatment because they can only provide one solution. That is, I think once you know something you didn't know, you make better decisions, you're able to do more.

Rodney Elliott

I like that. I like that. Jana, were there any surprises about what you learned and when a prep was, the results were in.

Jana Palmer

Well, I I don't know who's surprised as much as I would have hoped that one or the other showed a significant statistical difference, and it didn't. Although the positive of that is so, both of them work well. Both of them are the. The the data is. Equal or pretty similar and in terms of the results, so you know I think you know in my field of education, we know that it's difficult to make change. So if you think

about. If one would have shown a significant difference, how do you how do you reach out to surgeons to say, hey, you need to make a change when in their heart of hearts they believe what they're doing is the correct solution? So I guess the opposite side of that is, although I would have liked to have seen one that said absolutely use this one, it's the best. This showed us that both are equally. Do well and and what they're supposed to do to fight that infection rate, and it eliminates the need to have to encourage someone to make a change.

Rodney Elliott

Doctor Bozin, you just heard. You know, Janet mentioned that there was not a big significant change. You know? Let me ask you this question. So was it worthwhile doing this study from your perspective as a as a Doctor Who wanted to see? A difference?

Dr. Gerard Slobogean

I mean, I think we always wanna see one better than the other because we can. Then hopefully affect practice. Jeff mentioned low, low and middle income countries and potentially supply chain issues. I think that's important. I will also note that we had some supply chain issues in the US where different sites at one point or another were having trouble getting their the product as well. So even in the US, we know that that. That can happen. There's also some patients that have an allergy, a legitimate allergy to one of the products. And so knowing that, you know, giving them the other product and protecting them from their allergic reaction also isn't going to have a negative effect on their. Risk for infection. So I think that's also important, but probably I think the biggest, most important thing from this trial is not the results of the trial, but the process that we and that we've been able to implement.

Speaker

There you go.

Dr. Gerard Slobogean

And this trial really changed the trajectory or the course of all the trials that come through our department. And you know, I'd like to brag and and suggest that University of Maryland orthopedic trauma. We're the most successful department in in the country and nobody's close to what we achieve in clinical research and stuff like that, and we are working with a wonderful network of 30 other hospitals. And so now all these hospitals are all thinking in this same manner. And you know, the last analogy I'll give is my mentor, doctor, Doctor Mohit Bhandari at McMaster University 15 years ago. Did a trial. With 1000 tibia fracture patients and having a trial that big was sort of assumed to be impossible. And just by doing that trial, even though the results again were similar, you know not that sexy or exciting, just the fact that he was able to do that trial. So big has changed the entire field. And now these trials are common. So I think there's a lot. Of you know. Big take home messages from achieving such an engaged. Study like we did.

Rodney Elliott

To be with the patients program for this long and see if project go all the way through is is fantastic and the dynamic and the level of teamwork that was put in everyone involved was awesome thoughts about and this question is also geared towards you because typically you know, researchers share their results from trials. Four trials, like a prep and journals and that. So when thinking about the A prep results, how

did bringing the patients into the process change the way you disseminated and shared the results? That's a huge thing we talked about here. The patient program is disseminate and getting the information out as the engagement specialist. People always want to know. OK, what happened, what were the results? What did my input give? So let me touch on that a little bit.

Dr. Gerard Slobogean

Yeah, I I think you know, we're still a little early in, in the dissemination and still trying to figure out the best methods. And obviously, you know, being on podcasts like this is a great way to to spread the word a little bit. I also wanna you know, sort of comment and and send kudos to everybody in in that there's a lot of other stuff that's happening behind the scenes that I'm not even. Aware of and and you know a great patient sort of geared poster was created that can be put up in the clinic. So as patients who participated or even patients that are coming through the clinic with a similar injury, they now can be aware of the results just with the QR scan and things on the. Phone and so those have been some of the direct patient dissemination efforts. But I also want to like bring up one challenge that we have not solved and it's and it's just too bad sort of the way the research. Mechanism works. We can't really go back and contact all our patients and give them this information. Just because of the way the rules. Work and and I I don't. Make those rules. And so I think, you know, Jeff has become a lot more involved in, in our IRB. That's the, the group that makes the rules and regulates how we conduct research. And having a patient voice who's gone through this on that committee, I think is also really helpful because that's sort of a silly rule and doesn't really allow us to to share the results with the people that contributed to these results. And so going forward, I think we can preemptively avoid some of those things, but it would really help with our dissemination to patients.

Rodney Elliott

Ohh thank you for sharing that and you're. More than welcome, and this is all done the. Bridge will be. Available on multiple podcasts, multiple networks, multiple platforms.

Jeff Wells

It was almost a surprise to me. To learn, there's this not even a speed bump, but there's a dead end. For you. Basically prohibited from contacting persons that participated once their participation is in. And it just was. What a surprise. The thing that we want to do is build trust and give back results and award the helicopter research and coming in and taking. So this podcast, it really speaks to. Kind of a systemic or problem that's built into the system that now is the windmill that I felt that is, Debbie says.

Rodney Elliott

That talk about the windmill, do you think it was worthwhile for you to spend your time participating in this project now that you know the issues that we faced that we found out that it's challenging about getting information back to the community members, do you think it was worthwhile for your time to participate?

Deb Marvel

Oh, definitely it. It's not even. It was never a thought not to participate, but it helped in terms of being welcomed by the researchers and the patient program and the. Team because like Jeff likes to say, that being coming to the table, we sat at the big big boys table so to speak. And that we teamed together, we

it didn't matter where our backgrounds were from and so. I think it's important to get the information out to the community. I know that both Jeff and Dana and I are always talking about the A prep to the people that we know to survivors that. Accidents have happened within a year during the pandemic, but it is harder to get the information out to people that we don't know.

Rodney Elliott

Yeah, that is challenging. And you have one of our guest on the podcast today. I know she's listening and when we have problems, she's one of our major problem solver here at the patients program. So I see her buying her brain going and maybe we can. Develop a A. Way to fix that part, because that is huge. Dissemination is so huge and you know that's one thing we always talk about is getting information back in any language. They can say in any any method they can understand, like having that billboard up on the doctor's office. Sometimes when I go to a doctor's office, I do look around and see what's there and if. I see that posted there. With the. Scanning code, I can go and get and and get the information my own. That's helpful. That's helpful in in that process. So that was great that that was developed out of there as well. We're coming to the end, guys. I got one more question for everyone and they can all chime in now. I know we're five years into the patient stakeholder role. Jenna Dad and Jeff, five years in a long time. What other research engagement experiences have you had, and how can other patients who are interested get involved in research? Then let's start with you.

Deb Marvel

I am on another orthopedic study that is patient centered, which is how I think I got involved with a prep. Because of that, I don't know. I guess you can go through the patients. Program to to get involved.

Rodney Elliott

If you want to have a seat at the table, you definitely come through the patients program you just mentioned that you guys were at the big boy table. So thank you, Deb. I appreciate it, Jenna.

Jana Palmer

Well, I'm going to say that I've I've been blessed that I haven't had many health issues, so I have not had the opportunity to be invited to other studies. And I guess I should look at that in a positive light that I'm a pretty healthy individual other than my incident a few years ago. So I'm I'm not part of any other.

Speaker

OK.

Rodney Elliott

Well, don't worry about it. When you say stuff like that here, the pages program we have your phone number and e-mail address, so stay tuned.

Jana Palmer

However, let me also say that.

Speaker

She's busy.

Jana Palmer

I think an important part of of. What we're able to share is just. One thing that I tell people over and over, I live about an hour from Baltimore and my gosh, how blessed are we to live in this community? That for me, within an hour I can get to, you know, some of the best surgeons in the world, not even just in the country, but in the world. So I think that's part of our story as well-being able to share that. You know, University of Maryland is doing amazing things. The orthopedic department is absolutely amazing. We have fantastic surgeons, fantastic nurses. Just the folks that that take care of you in that hospital. Are I? I can't speak highly enough of my thoughts of University of Maryland and how they've taken care of me. And honestly, some few, a few other family members. It's just a blessing to be so close.

Rodney Elliott

Far too kind, Jeff.

Jeff Wells

I was. I was browsing through the New England Journal of Medicine this morning and saw an article by University of Maryland Orthopedics. I don't often browse would be doing.

Dr. Gerard Slobogean

A big a big day. Today, for another another one of our. Studies being published in the. New England.

Jeff Wells

So Jenna was exactly right that we're just, we have the opportunity or the availability to let us share what we can learn. I've been blessed with being treated by some of the best medical and my obligation for all the prayers that were said. For me was to answer them by being. Mindful and helpful for other people, I spend a lot of time visiting patients at different hospitals and I don't try to explain things. I just listen to people because that I think was the thing that struck me at the very first meeting, which Gerard. Sheila was they listened. They didn't tell us what to think, but they wanted to hear what we thought of their idea.

Rodney Elliott

It's one of the reasons why the bridge was created so we could listen so folks could listen to your knowledge. Folks could listen to your lived experiences. Folks can listen to Doctor Bogens, you know, professional expertise in these areas. So I always want to thank my guests for participating and sharing their thoughts. This session was. Just like I knew it would be. But before we close, is there anything anyone wants to say about the prepared program about the patients program? Feel free. Feel free to share it now. No pressure at all. You can end on that note but.

Dr. Gerard Slobogean

I gotta jump in. I I feel like one of those people. Like up on the stage that grabs the mic and start saying hi to all. Their friends. Family.

Rodney Elliott

Go right ahead. Come on. Go ahead. Do that, go ahead.

Dr. Gerard Slobogean

I have to do it so you know. First I wanna thank Jenna Dev and Jeff for going on this five year journey. It really, you know, facilitated by the patients program. We grew as a team with our patient partners. And I think this the patients program and these three individuals have really changed the course of all the research that will be done by my group and certainly our department, you know Dev just mentioned the prevent clot trial that was just published in New England Journal, another patient centered study that was done at University of Maryland patients program DEV involved as well and that that's going to really change care for patients as well. And then I have to acknowledge my other colleagues and Co, investigators and Co principal investigator Sheila Sprague, who's at McMaster University. He couldn't be here today because she's legitimately on the road in San Antonio collecting data to try and closeout one of our other studies. And and she has been a huge, huge driver of this. While Nathan O'Hara, who's done a lot of the analysis, Melvin Dari, my mentor and and all the staff at the McMaster game, David Jordan, Sophia and I'm, I'm sure I'm missing. A bunch and then of course our 14 clinical sites across the country, you know we mentioned that that the patients program and these three patient partners that have been here today with me have influenced nationally and network and just for the a prep study, I'm just gonna list them off really quickly. You know, Indiana. University, Vanderbilt University, University of Texas Health Center. Hamilton Health Sciences Prisma health upstate in Greenville, San Antonio Military Medical Center, right State University. Banner University Medical Center in Tucson, UCSF in San Francisco, University of Florida, the core institute. And two partners in Spain as well, Valde Hebron and Park 2 Allie Hospital. So huge national international reach and I just can't thank everybody enough for contributing to that and putting putting the patients voice on a whole another generation of trials. And research that's going to.

Rodney Elliott

Occur they have any closing?

Deb Marvel

No, I was gonna call on Jeff since he named uh for a different trial. What was published today? Can he name where a prep was published in?

Jeff Wells

A proof is published in The Lancet.

Rodney Elliott

And do you mind sharing who was on? That who was. Part of that publishing, Jeff, do you mind sharing? That a little bit.

Jeff Wells

Doctor Slobodian was the lead author, investigator Sheila and all of us that were involved.

Rodney Elliott

All of us that was involved, that's the key part about that. You guys, that's awesome. I mean, you know, patient. Just become authors that is fantastic. You can add that to your resume so that next time we share two step, we're going to add that to your doctor resume. Add that publisher to your resume, Jeff, I owe you a shirt because you look fantastic and the last shirt I gave you mentioned was a little too big.

Deb Marvel

Thank you.

Rodney Elliott

I got a smaller one for. You, buddy, keep it up. I can't thank you guys enough for today. Thank you for your time. Doctor subotin. Always a pleasure. Oh, man. Awesome work you guys are doing. Continue the work going on and I know we'll all stay in touch. Thank you again for joining the bridge today. Truly appreciate it.

Speaker 1

Thank you for listening to the Bridge podcast. To learn more about the patients program, visit our website at [www.patients.umaryland.edu](http://www.patients.umaryland.edu).