Baria, Victoria. Healthcare Provider Barriers to Family Health History Clinical Decision Support Tools. Master of Science (Clinical Research Management), February, 2015. Pp. 29, Tables 4, Figures 5, Bibliography, Titles 15.

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HEALTHCARE PROVIDER BARRIERS TO

FAMILY HEALTH HISTORY CLINICAL

DECISION SUPPORT TOOLS

Victoria Baria

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HEALTHCARE PROVIDER BARRIERS TO FAMILY HEALTH HISTORY CLINICAL DECISION SUPPORT TOOLS

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

Victoria Baria

Fort Worth, Texas

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Finally, I would like to thank my family and friends for always believing in my ability to succeed. Your love has provided me with the strength to continue pursuing my dreams. I would not be where, or who, I am now, without you.

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CHAPTER I. INTRODUCTION

I completed a six-month internship as a Clinical Research Management (CRM) student at the University of North Texas Health Science Center (UNTHSC) in the Molecular and Medical Genetics Department within the Graduate School of Biomedical Sciences, from August 2014 to February 2015. I worked under the supervision of Dr. Deanna Cross. The internship project focused primarily on the implementation of a Family Health History (FHH) and Clinical Decision Software (CDS) tool, MeTree. Dr. Cross helped identify a research topic within the scope of the study, and approved International Review Board (IRB) protocol, which encompassed my interest in medicine. Together, we decided on the topic of "Healthcare Provider Barriers to Family Health History Clinical Decision Support Tools."

As part of my thesis, I performed a review of existing literature regarding barriers to FHH and CDS utilization prior to study implementation. Based on my review, the following study aims were formalized:

1. Determine barriers to MeTree implementation via interviews and group discussion.
2. Determine MeTree risk stratification format preferences and identify patterns influenced by healthcare demographics.
3. Determine the best method of recruiting healthcare providers for implementation studies.

My role as a student investigator included developing the aims of the study, writing a proposal, gathering information by interviewing providers, analyzing/organizing the data, accomplishing the research objectives, and writing a masters thesis detailing the findings of my research.

Chapter II: Internship subject

BACKGROUND & LITERATURE

Family Health History (FHH) is a useful method of identifying patients who are at risk of developing familial/genetic diseases such as breast, colon, ovarian, and hereditary cancer syndromes, as well as thrombophilia and coronary heart disease. The Center for Disease Control and Prevention (CDC) has stated that FHH is an effective but underutilized tool for disease risk stratification. [3] In fact, FHH is the strongest predictor of disease risk for a number of genetic diseases. [1] Based upon this premise, the CDC launched the Family History Public Health Initiative in 2002 with the goal of improving FHH acquisition and utilization. [3]

FHH is normally obtained from the patient by a healthcare provider, stored in their medical record, and used to assist in the treatment of the patient (i.e., disease risk identification). Ideally, risk identification occurs prior to onset of disease and improved disease prevention and treatment outcomes are realized for these patients; however, this does not always occur. Three barriers related to FHH acquisition have been identified by Qureshi and Acton, which include: 1) a lack of training among providers, and therefore, a subsequent failure to recognize inherited diseases; 2) limited time or resources among providers; and 3) a lack of patient knowledge regarding his/her FHH. [3,4] In an attempt to reduce these barriers, MeTree, an online FHH collection tool, was developed and designed to educate patients and facilitate the collection of personal and family health history directly from the patient (Figure 1). The software then generates a personal risk stratification report for the patient (Figure 2). A more detailed report is sent to the healthcare provider that offers treatment recommendations and a number of

individualized risk scores for the provider to use in making treatment decisions. It also provides a pedigree and a disease chart that could be used if the patient needs to be referred to a genetic counselor or specialty physician by their provider (Figure 3).

Figure 1: MeTree Example Patient Pedigree

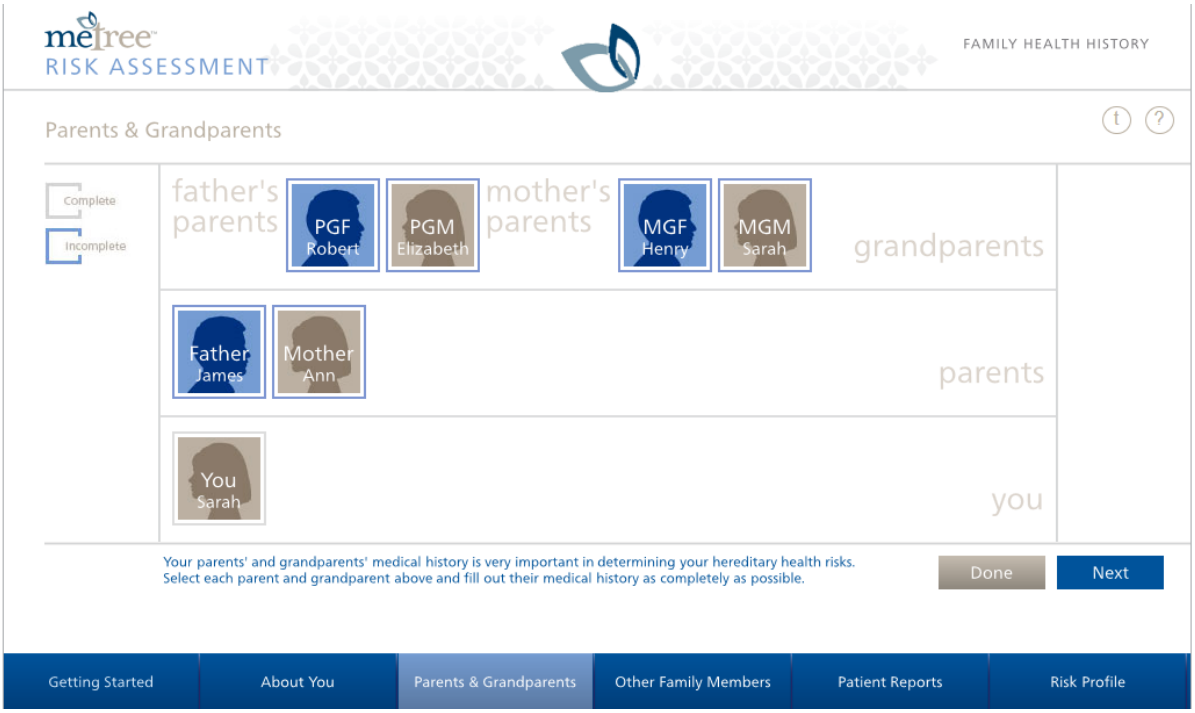


Figure 2: MeTree Personalized Patient Risk Report

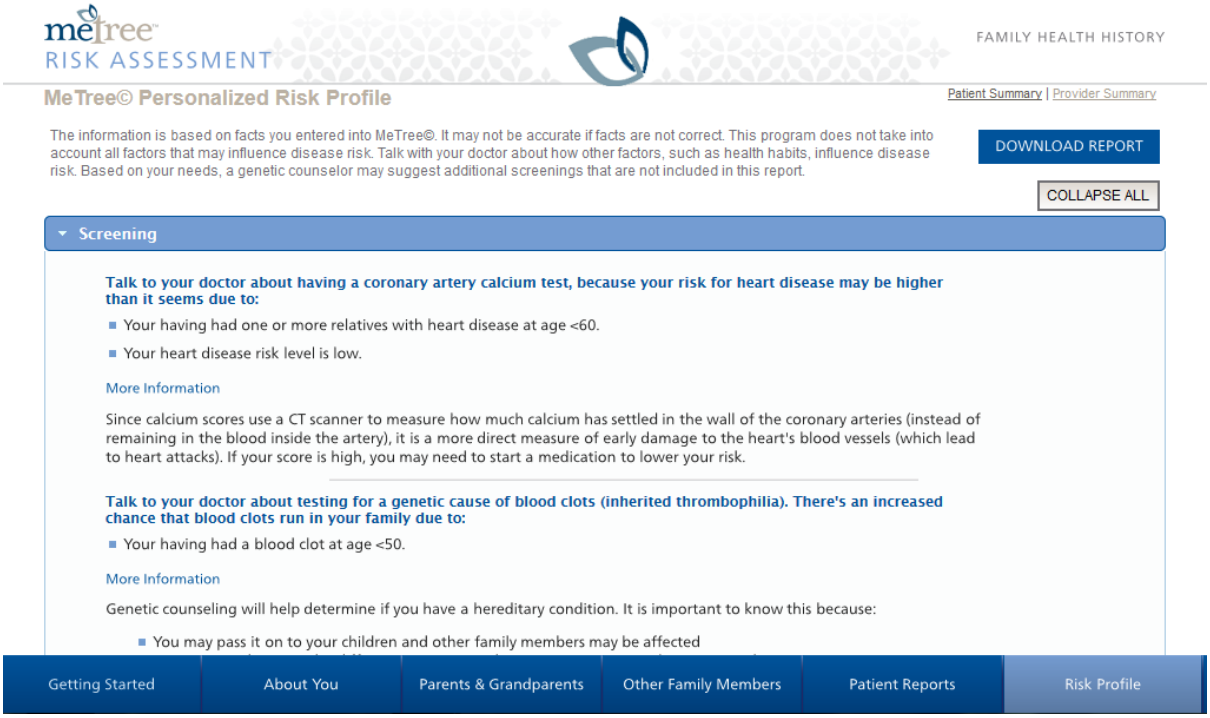
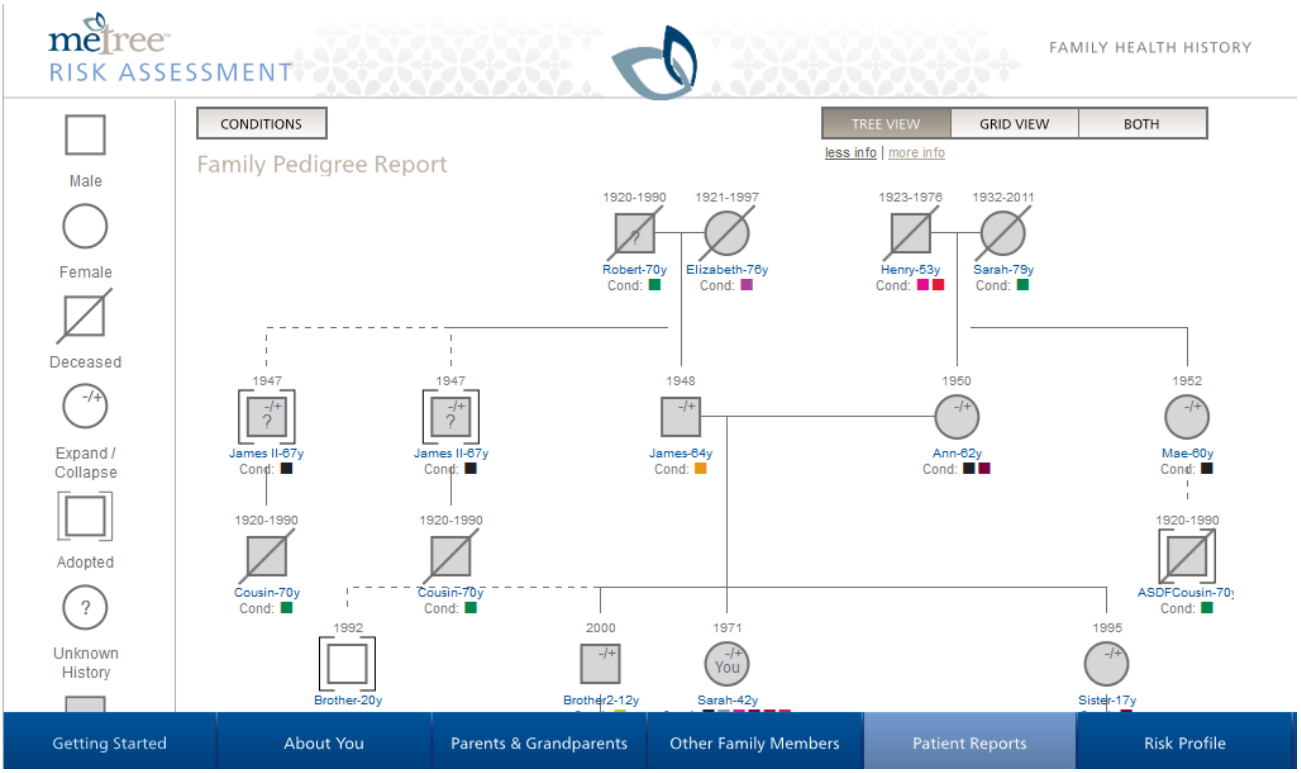


Figure 3: MeTree Example of Finalized Patient Pedigree Report



Due to limited training among providers, not all physicians are confident in their ability to stratify risk and interpret the FHH. [3,4] According to Mathers et al., healthcare provider reluctance to incorporate genetics risk assessment and counseling into their practice is tied to a lack of confidence, knowledge, and skills regarding the subject of genetics. [5] In a study of 1124 primary care patients, 23% of them had no evidence of risk indicated in their medical record, yet were identified to be at moderate or strong risk for one or more diseases when assessed by FHH tools. [7] During a qualitative interview in a study involving a FHH tool, *MyFamily*, one participating primary care provider stated, "Often times that [family health history conversation] doesn't happen especially if patients have a lot of medical problems, you know we might not spend as much time on preventative care… having that opportunity to sit down with them and their family history kind of gives that opportunity to have that discussion." [11]. In a review conducted by Cabana and coworkers, they evaluated " . . . barriers to guideline adoption in the

context of physician behavior change and found that barriers exist in terms of clinician knowledge, attitudes, and behavior."[13] Knowledge barriers included limited time to incorporate new information and a lack of access or awareness of guidelines, such as the risk level associated with a patient's FHH. [13] Attitudinal barriers were identified and include disagreement and lack of confidence in suggested guidelines. [13] Patient preferences for their individual care/treatment can also inhibit provider guideline adherence, for example, FHH collection and associated level of risk for genetic disease. [13]

MeTree is designed to generate a risk stratification report for the provider based on the patient provided FHH, therefore eliminating the need for the physician to recognize genetic risk from a provided FHH (Figure 2).[3,4,6] The MeTree report also offers targeted treatment suggestions to providers based on the patient's risk level, which also improves provider confidence in incorporating the use of genetics in their clinics. FHH tools, such as MeTree, significantly improve risk identification and are therefore clinically relevant to healthcare providers. Acquisition of FHH is also limited by a lack of time or resources among providers. Healthcare providers are often unable to gather a complete FHH during the time allotted for a routine healthcare visit. [6] FHH tools have shown an improvement in the quality of the data collected. In a study conducted by Qureshi, FHH showed a 46-78% improvement in data collection when compared to the standard practice. [3] During a qualitative interview in a study involving a FHH tool, *MyFamily*, the primary care provider who had the most patients utilizing the application expressed that the tool saved time within the visit. [11]

Additionally, during a routine healthcare visit, patients are often unprepared to answer questions regarding FHH and are therefore unable to provide this information within a timely manner, if at all. [6] Through the utilization of MeTree, patients are able to fill out their own FHH

prior to seeing the physician (Figure 1), thus, significantly reducing the amount of time healthcare providers spend on FHH collection. [8] This helps to shift the burden of completing an in-depth FHH from the healthcare provider, to the patient, alleviating one of the barriers to FHH widespread adoption among providers. During a qualitative interview in a study involving a FHH tool, *MyFamily*, one participating genetic counselor stated that the tool is a potential method of increasing patient engagement and involvement in their health care and family health history. [11]

Another barrier of adequate FHH utilization includes limited patient knowledge of FHH. Patients are often unable to provide an accurate FHH at the time of their visit because they either do not know, or do not see, the relevancy of the FHH questionnaire. [6] MeTree improves the quality of the data collected by the patients, because it provides them with sufficient training and time to do the research necessary to obtain an adequate FHH from their family members. [9] By first educating patients on the type, and amount, of information that needs to be collected, and by allowing ample time for them to complete a full FHH, another barrier to FHH collection is alleviated. During a qualitative interview in a study involving a FHH tool, *MyFamily*, one participating genetic counselor stated that the tool ". . . increases my confidence that we are getting accurate information because it forces patients to think about it ahead of time, and they ask family members for information and they come in better prepared to answer our questions, so in that sense, I think [*MyFamily*] improves [quality]." [11]

In collaboration with Duke University, the University of North Texas Health Science Center (UNTHSC) is conducting a clinical research trial investigating MeTree implementation in UNTHSC Family Medicine clinics. In a study conducted by Wu et al., during the MeTree pre-implementation phase, 14 healthcare providers expressed concerns and skepticism about the software. [1] However, in a 3-month, post-implementation survey, the same healthcare providers

expressed their support for the MeTree software. [1] They felt that it had increased awareness of the importance of FHH, improved their practice, made their work routine easier, and they indicated they would recommend MeTree to their colleagues. [1]

Clinical Decision Support (CDS) tools, such as MeTree, are designed to provide healthcare workers with just-in-time, relevant and organized, information to assist in making optimal health care decisions and outcomes for their patients. [12] This is especially true of CDS tools that can be incorporated into electronic health records (EHR). CDS tools have proven to influence medical practice by improving diagnosis, patient safety, guideline adherence for prevention and treatment, and reduced errors. [12]

Despite these improvements, several implementation barriers remain which prevent the actual use of CDS tools. In a study of medication prescribing CDS tools, poor workflow integration and limited relevance and timeliness of clinical messaging were found as common implementation barriers. [12] The study also determined that CDS tools were more readily adopted when they simplified patient-provider interaction, minimized perceived threats to provider autonomy, and were endorsed by a colleague. In other research, it was noted that effectiveness of CDS tools could be improved through more decision oriented and relevant summaries of large amounts of information and clearer displays of information. [12]

CDS tools have the potential to improve healthcare; yet, there are still a number of barriers to their widespread adoption among healthcare providers. For example, in a study conducted by Wu et al., the following barriers for Family Health History (FHH) CDS tools were identified: 1) healthcare providers believed that they were already collecting high quality FHH through standard methods; 2) healthcare providers believed that MeTree would not provide clinically relevant changes in their patients' health care plans; 3) healthcare providers worried

that patients would direct discussions during visits away from providers' priority topics; and 4) healthcare providers thought MeTree would negatively impact workflow.[1] However, in an implementation study involving a CDS tool similar to MeTree called *MyFamily*, researchers found that primary care providers found the family health history collection and CDS tool to be ". . . highly usable, fitting naturally into their existing workflows and personal practice patterns."[11]

FHH and CDS tools, and their associated barriers, are an important area of research because they deliver evidence-based recommendations at the point of care, which can eliminate barriers to practicing evidence-based medicine. [13] By conducting an implementation research study of the FHH collection and CDS tool MeTree, barriers associated with its adoption can be more fully understood and hopefully eliminated. However, despite the usefulness of CDS tools, the research findings of implementation studies can take up to 5-10 years to incorporate subsequent into medical practice, even when conducted under ideal conditions. [13]

This project aimed to accomplish three goals and attempted to determine the following items via group discussions and interviews: 1) barriers to MeTree implementation. 2) MeTree risk stratification format preferences and patterns influenced by healthcare provider demographics. Finally, it also determined 3) the best method of recruiting healthcare providers for implementation studies.

SPECIFIC AIMS

New electronic clinical decision support tools have the potential to improve patient provider communication and decision-making; however, these tools face a number of barriers to acceptance and implementation in a routine healthcare setting. Many of these barriers originated from a lack of education about the clinical benefits and usefulness of such tools. In fact, according to Lakbala et. al. and the Technology Acceptance Model, user acceptance of new technology depends on its perceived usefulness and ease-of-use."[2]

This study investigated barriers and provider preferences to the implementation of a CDS tool for Family Health History (FFH), MeTree, within a primary care setting. As previously discussed, Wu et al. identified four barriers to MeTree implementation.[1] The purpose of this project was to investigate whether barriers within UNT Health facilities are similar to those described by Wu et al. during our MeTree implementation study and to develop a plan to diminish barriers and identify provider preferences for information receipt.[1]

Hypothesis 1: Healthcare providers will encounter barriers to implementation of FHH clinical tools (i.e., MeTree) that include: a) skepticism, and b) concerns regarding the amount of time necessary to participate and review MeTree results with patients.

Specific Aim 1: Determine barriers to MeTree implementation via interviews and group discussion.

Hypothesis 2: Not all healthcare providers will want to receive their MeTree risk stratification reports in the same format.

Specific Aim 2: Determine MeTree risk stratification format preferences and identify patterns influenced by healthcare demographics.

Hypothesis 3: Healthcare providers are more likely to consent to participate in a study when approached/recruited in-person rather than through mail or electronic methods.

Specific Aim 3: Determine the best method of recruiting healthcare providers for implementation studies.

SIGNIFICANCE

The purpose of this project was to identify and diminish barriers associated with MeTree implementation among healthcare providers working in Family Medicine. The significance of such a project is that with the adoption of FHH self-collection tools, such as MeTree, FHH collection will improve, and subsequently, at-risk populations will be identified more accurately; patient outcomes will also improve.

As more members of the medical community adopt and implement Electronic Medical Record (EMR) systems, MeTree and other CDS tools will become more abundant. Consequently, the results of this study may prove valuable for implementing other clinical decision support tools to improve clinical practice.

MATERIALS & METHODS

Qualitative data was obtained during a Family Medicine faculty meeting that included a demonstration and explanation of the project, as well as through in-person discussions with providers, usually during the consenting process, and was conducted by study personnel. Family Medicine practitioners affiliated with UNTHSC healthcare facilities, who elected to participate in the study, were given a chance to express concerns and feedback they might have had regarding MeTree implementation, in an attempt to eliminate study barriers and accommodate user preferences. The opinions of healthcare providers were determined through the use of qualitative techniques, such as the in-person and group discussions that were employed during this study. [10]

Prior to implementation, an introduction seminar was held during the November 2014 UNTHSC Family Medicine meeting to educate and demonstrate the MeTree software to healthcare providers. Following the MeTree presentation, providers were given the opportunity to ask questions and express concerns, which were recorded and addressed by FHH study personnel. Consent forms were given to providers that showed immediate interest in participating in the study.

After the Family Medicine meeting, recruitment strategies included in-person discussion and email. In January of 2015, Family Medicine providers were contacted via email and invited to participate in the study. A follow up email was sent one week after the initial email with the consent form attached to it. During January and February 2015, Family Medicine providers were contacted in-person at their offices and invited to participate in the study. At this time, providers

were able to express any concerns they had regarding the study before agreeing or denying to participate in the study. Providers were also asked in-person what their preferred delivery method was for patient risk reports (i.e., hard copy, email, EMR integration, etc.).

RESULTS

The purpose of the study was to identify barriers to MeTree implementation through provider feedback (Specific Aim 1). To determine MeTree risk stratification format preferences and identify patterns influenced by healthcare demographics (Specific Aim 2). Finally, to determine the best method of recruiting healthcare providers for implementation studies (Specific Aim 3).

Specific Aim 1: Determine barriers to MeTree implementation via interviews and group discussion.

Qualitative information regarding barriers to MeTree implementation was obtained from providers during the November 2014 Family Medicine meeting and through in-person discussions. The recurring topics of concern were categorized into three main topics: 1. patient recruitment, 2. MeTree software limitations, and 3. provider involvement and liability.

1. **Patient Recruitment (Table 1):** There were three main patient recruitment concerns related to our patient population characteristics, and three recruitment suggestions.

Table 1: Barriers to Physician Recruitment—Patient Recruitment Concerns & Suggestions

Patient Recruitment	
Concerns	1. Language and cultural barriers
	2. Limited computer and email access
	3. Limited transportation
Suggestions	1. Increase patient enrollment by including additional visit types (i.e. other than wellness exams)
	2. In-person recruitment in the waiting room of clinics
	3. Study personnel provide patients with a hardcopy of the MeTree questions and enter the data into MeTree at their next appointment

1) Language and cultural barriers. In addition to the diversity of patients seen at clinics around the Greater Dallas-Fort Worth Metropolitan area (DFW Metroplex), one UNTHSC clinic also sees a significant population of Nepalese patients. Communicating with these individuals, in addition other non-English speaking patients (i.e., Hispanic and other Asian patient populations), would represent a barrier to patient recruitment and may diminish physician willingness to participate. 2) Many patients have limited computer access, and therefore, may not use email. MeTree requires the patient's FHH to be entered electronically, which would be difficult for patients with limited computer access to accomplish. Furthermore, recruitment via email would not be productive for this patient population. These barriers could lead to provider skepticism regarding the usefulness of their participation in the study. 3) Much of the patient population lacks

transportation to and from clinics. This creates another barrier for patients who would need to complete MeTree in-person or have an email address setup for them (i.e., at the clinic with the assistance of study personnel) due to limited computer access. Providers doubted the appropriateness of the study for their patients, indicating that a lack of transportation is already a barrier apparent in their patient population, which inhibits their ability to care for their patients.

Despite these patient recruitment concerns, providers showed an eagerness to participate in the study by offering suggestions to eliminate the patient recruitment barriers that they identified. Three suggestions were made: 1) Providers were interested in expanding the inclusion criteria for patient recruitment in an effort to increase enrollment. 2) Providers also suggested that in-person recruitment would be the best recruiting strategy. They suggested that we approach patients in the office waiting room to provide them with a paper version of FHH to take home and fill out. 3) They also suggested that we instruct patients to return with their completed FHH handout at their next wellness visit and meet with study personnel who would then enter the patients FHH into the computer on their behalf prior to their appointment.

2. **MeTree Software Limitations (Table 2).** There were two main questions/concerns regarding the type of FHH information collected and assessed by MeTree.

Table 2: Barriers to Physician Recruitment—MeTree Software Limitation Concerns

MeTree Software Limitations	
Concerns	1. Additional environmental factors
	2. Additional disease assessments

1) Providers were concerned about the environmental variables collected by MeTree involving the patient and their family members. They were specifically interested in obtaining more information regarding the health choices of the patient's relatives, including the smoking and drinking habits of the parents and grandparents, which could potentially impact the health and behavior of their patient and produce less accurate predictions of the patient's health risk if not obtained. 2) Providers were also interested in MeTree's ability to assess additional diseases with hereditary components, more specifically, obesity and mental health, which are two areas that greatly affect their patient population, and are therefore important to the providers. Skepticism regarding the appropriateness of the MeTree software for their patients is introduced by not including these diseases in the risk assessment and represents another possible barrier to provider participation.

3. **Provider Involvement and Liability (Table 3).** There were five questions/concerns regarding provider involvement and liability.

Table 3: Barriers to Physician Recruitment—Provider Involvement and Liability Concerns

Provider Involvement and Liability	
Concerns	1. Amount of time required to participate in the study
	2. Amount of resources required to participate in the study
	3. Liability for lack of patient follow-up
	4. Availability of genetic counseling
	5. Insurance coverage for MeTree recommendations

1) Providers were concerned with the amount of time the study would require. They worried that the study might take time away from their other patients and from health topics that are also important to their patient's health. 2) Providers were also concerned with the amount of resources that would be required to participate in the study. More specifically, they wondered whether their office staff would be required to enroll and assist patients in completing the FHH or provide MeTree troubleshooting. This would require office staff to receive additional training and incur costs due to additional payroll expenses. 3) Providers were concerned that they would be legally accountable for patients who received no intervention or follow-up. They indicated that the lack of patient follow-up could often be due to low patient adherence and limited means of transportation. 4) Providers also expressed concern with the availability of genetic counseling that could be offered for patients who were found to be at risk for one or more of the heritable diseases being assessed. They were also concerned because limited or no genetic counseling is readily available due to the shortage of working genetic counselors in the area. 5) Lastly, there was concern that genetic counseling would not be covered for the majority of their patients who happen to be on Medicare or Medicaid. Providers were also concerned with the potential need to refer these patients to specialty providers, and other prevention and treatment recommendations (i.e., MRI's, cardiac stress tests, etc.), that may not accept Medicare or Medicaid or be too expensive for both insured and self-pay patients.

Specific Aim 2: Determine MeTree risk stratification format preferences.

Qualitative information regarding risk stratification report preferences was obtained from providers through in-person discussions. The format options available include: 1) integration into

the EMR as Option A: interoperability with the EMR or Option B: a scanned in PDF, or 2) as a separate (i.e., separate from the EMR system) risk report handout that can be given to the provider as Option A: an email attachment or Option B: a hard copy.

1. Integration into the EMR was the most common preference for the delivery of the risk stratification report. Providers stated that the EMR would be the best place to store the MeTree data for future use and would be less likely to be overlooked. Of the two options available, option A, Interoperability with the EMR, was the preferred option; however, providers found Option B to be an acceptable format as well.
2. A separate risk report handout given to providers was the least preferred method. Of the two options available, option A was favored over option B. Providers stated that the risk report would be more like to be lost if it was given to them as a hard copy.

Although many questions and concerns were addressed during the Family Medicine meeting, and during in-person office recruitment visits, providers also expressed excitement regarding the study and appeared to be quite receptive. This represents another unanticipated outcome of the study. Providers indicated that patients are more likely to take personal action and responsibility for their health when they become participants in a study.[15] Furthermore, providers have experienced difficulty with patient adherence in order to meet medical guidelines for colonoscopies and mammograms. They believed that MeTree would be a great method of further educating, encouraging, and empowering these at risk patients to follow through with their provider's health recommendations. They also expressed that the personalized information provided by MeTree, primarily from the patients' risk report, would serve as the extra "push" these patients needed to take their provider recommendations more seriously. Furthermore, several providers expressed their interest in the study and asked if they could consent to

participate in the study immediately following the November 2014 Family Medicine meeting and did so.

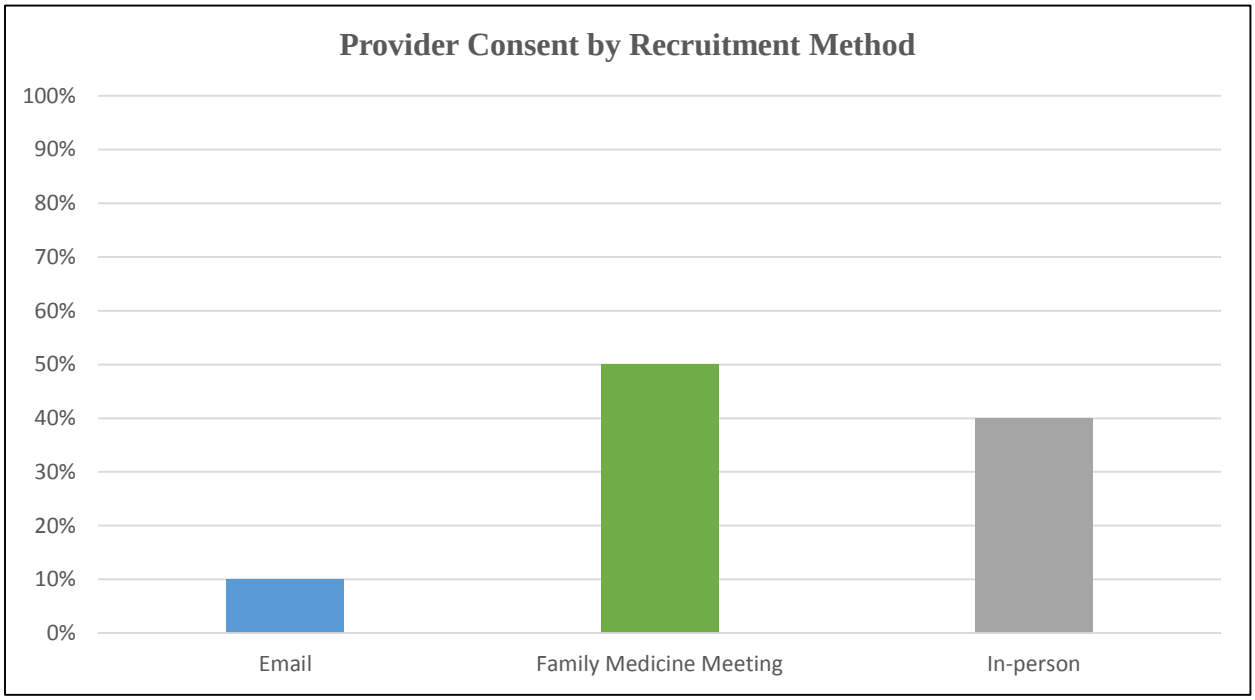
Specific Aim3: Determine the best method of recruiting healthcare providers for implementation studies.

Through all of the recruitment techniques, 10 Family Medicine providers consented out of a total of 20 Family Medicine providers on staff at UNTHSC (Table 4). Of the 10 consented providers, five consented during the Family Medicine meeting (50%), one consented after being contacted by email (10%), and four providers consented after meeting in person to discuss the study details at their office (40%) (Figure 4), thus, indicating that the best recruitment method was in-person (90%), whether alone or in a group setting.

Table 4: Family Medicine Provider Demographics

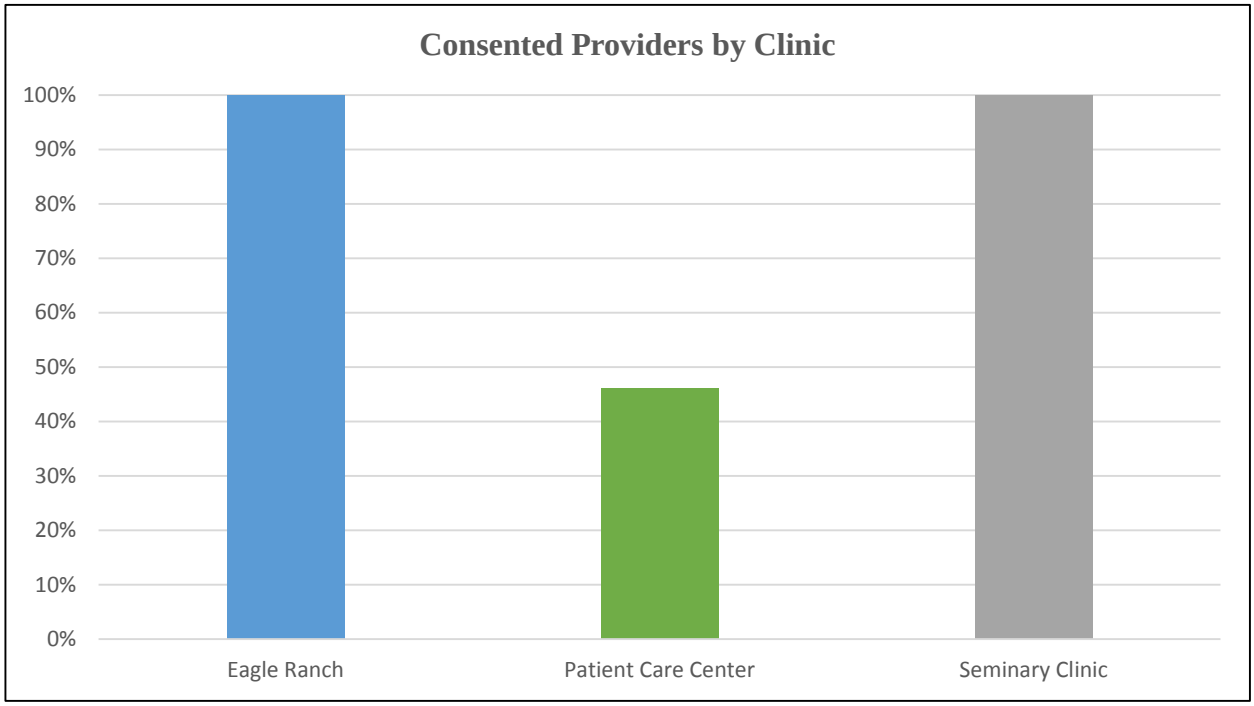
Family Medicine Provider Demographics				
	Consented			**Total**
		Number	Percent of total	Number
Gender	Male	7	70%	10
	Female	3	50%	6
Race Observed	Caucasian	7	58%	12
	Non-caucasian	3	75%	4
Degree Type	Physician Assistant(s)	2	67%	3
	Physician	8	62%	13

Figure 4: Provider Consent by Recruitment Method



Of the total providers recruited, eight are licensed physicians (two MD's and 7 DO's), and two are Physician assistants (PA) (Table 4). The difference in recruitment among provider types, is most likely due to the ratio of physicians to mid-level Family Medicine providers on staff at UNTHSC. Of the consented providers, there are three females and seven males (Table 4). No gender difference was observed in provider consenting. Table 5 shows the race of participating providers, which is broadly representative of the provider demographics within the UNTHSC Family Medicine group. Figure 5 shows the proportion of providers recruited from each of the three participating clinics, 100% of the providers from Eagle Ranch, 100% of the providers from Seminary Clinic, and 45% providers from the Patient Care Center (PCC) are participating in the study.

Figure 5: Consented Providers by Clinic



DISCUSSION

The goal of this study was to determine 1) barriers to MeTree implementation. 2) MeTree risk stratification format preferences and patterns. 3) The best method of recruiting healthcare providers for implementation studies.

The implementation barriers to provider recruitment at this site were minimal and differed slightly from the reviewed literature. The literature suggested that during the MeTree pre-implementation phase, healthcare providers expressed concerns and skepticism about the software.[1] However, at UNTHSC, the medical staff did not express significant skepticism about the MeTree software itself; rather, they were excited and wanted to utilize MeTree to its fullest extent. Providers also wanted to see more diseases added to MeTree's risk assessment abilities. In both the literature and within UNTHSC, providers showed initial concern for the amount of time they would need to dedicate to the study. However, these concerns were addressed immediately at UNTHSC, rather than at 3-months post implementation, [1] and therefore, their effects on our study may be diminished in comparison.

The most commonly preferred method for delivery of the risk stratification report is through the EMR. Providers expressed that EMR interoperability would be more useful than simply attaching a scanned PDF of the report to the EMR. Interoperability would allow MeTree to "fill in" the missing FHH information into the patient's chart (EMR) and supply providers with more information than was previously available. This method also allows information to be easily accessed in the future and makes it less likely that it will be overlooked. Providers also believed that supplying the risk report as a hard copy in-person could become a problem later if

the report is misplaced or gets separated from the patient's chart. Additionally, more clinics are moving away from paper charting to computerized patient records, and it would be useful for MeTree to follow that trend as well.

In-person recruitment proved to be the best recruiting method for our study. Of the 10 providers consented, 90% (n=9) of them were recruited in-person, while 10% (n=1) were recruited via email. This finding is consistent with the literature. In a study by Borgiel, the degree of personal contact between the recruiters and the providers played an important factor in recruitment rate. [14] Recruiters who had a personal meeting with the provider experienced a recruitment rate of 91%. [14]

In the current approved IRB paperwork, we estimated that we would recruit up to 15 Family Medicine providers. In practice, we were able to recruit 10 out of the 16 available UNTHSC Family Medicine providers, or a 62.5% recruitment rate, with 10 out of the 15, or 66.67%, of projected recruitment. This success could be because the project offers many benefits to the providers' patients with little additional work required from providers. It could also be due to the UNT Health System's culture, research interests, and/or the Dean's interest in the study, and would be an interesting subject for further investigation. Because there is no financial incentive for providers to participate in the research study, we can rule out any monetary incentive as a reason for their participation.

Future Research. Although this particular portion of study has been finalized, the MeTree implementation study will continue, as it was estimated to require at least 36 months to complete. In February and March 2015, participating healthcare providers and their office staff will be sent an online Organizational Readiness to Change (ORCA) survey, which is designed to collect information about the organization's climate and culture with regards to change (see

Appendix B: Selected Relevant IRB documents). These results will help to identify additional barriers associated with climate change that may impede the successful implementation of the MeTree software. In addition to the ORCA survey, another survey will be sent to the providers after they have been enrolled in the study for 6 months. This survey is concerned with obtaining feedback from providers regarding their experience with the MeTree software (see Appendix B: Selected Relevant IRB documents). Provider recruitment is expected to continue throughout the remainder of the study; however, the focus of the project will shift toward patient recruitment.

Limitations. Through the use of qualitative techniques, an in-depth understanding of healthcare providers' opinions can be determined. [10] However, the study is limited because quantitative data, other than the number of providers recruited and their demographic information, was not obtained and represents one limitation of the study. Additional quantitative data will be obtained in the future via ORCA surveys. This study represents a single site study, which also represents one possible limitation; however, it is part of a larger study with four other participating healthcare organizations and data obtained at this site will be used in collaboration with other sites. Another possible limitation is that MeTree is an established CDS tool, and therefore may not be representative of barriers that occur when implementing a new tool. Finally, it is possible that not all healthcare provider opinions regarding MeTree were adequately represented in the study, because individuals who did not consent may not be willing to discuss perceived barriers. To mitigate this, the project was presented to Family Medicine healthcare providers present during the November 2014 UNTHSC Family Medicine meeting. At which point, providers were able to express their interest, disinterest, and/or concerns regarding MeTree implementation into their clinic.

SUMMARY AND CONCLUSIONS

This study satisfied three goals: to determine 1) the barriers to MeTree implementation. 2) The MeTree risk stratification format preferences and patterns influenced by healthcare provider demographics. 3) The best method of recruiting healthcare providers for research studies. The barriers to MeTree implementation, more specifically provider enrollment, were addressed at the November 2014 Family Medicine meeting and at the time of consent. Through our recruitment strategy, we were able to identify, and therefore reduce the effects of, potential barriers to MeTree implementation, satisfying our first goal. The second goal was also satisfied. EMR interoperability was determined to be the most commonly preferred method and did not appear to be influenced by demographics or have any associated patterns. The third, and final goal, of the study was also satisfied. We found in-person recruitment to be the most effective recruitment method for our study.

Since this thesis topic was within the scope of my mentor's (Dr. Deanna Cross) study, my research did not require separate Institutional Review Board (IRB) approval. Therefore, it is unnecessary for me to close out any IRB documents.

CHAPTER III. INTERNSHIP SUBJECT

DESCRIPTION OF INTERNSHIP SITE AND INTERNSHIP EXPERIENCE

The following Clinical Research Management (CRM) internship was conducted at the University of North Texas Health Science Center (UNTHSC) in the Molecular and Medical Genetics Department within the Graduate School of Biomedical Sciences from August 2014 to March 2015. Under the supervision of Dr. Deanna Cross, the internship project focused primarily on the implementation of a Family Health History and Clinical Decision Software (CDS) tool, MeTree. An additional study involving the attitudes of IRB's and patients toward Biobanking was also investigated during this internship.

The internship began with identifying the research and thesis topic, *Healthcare Provider Barriers to Family Health History Clinical Decision Support Tools*. It was essential to start by reading numerous journal articles over Family Health History, Family Medicine providers, Genomic Medicine, Clinical Decision Support tools, and other related topics, to conduct an adequate literature review of the relevant articles. This allowed me to identify several problems and hypothesizes that could be addressed during my internship program regarding barriers to provider enrollment. During the internship, providers' initial opinions of the Family Health History and MeTree study were documented to identify whether any common misconceptions existed among them, in hopes of alleviating these barriers.

Beginning an internship at the start of the research project has its advantages, namely, participating in the Institutional Review Board (IRB) review process and protocol synopsis and study documentation composition. I was able to assist Dr. Deanna Cross in this process for the

Family Health History (FHH) project and initiated the IRB process for the Biobanking project. Additionally, the FHH project is part of a larger, multisite study, initiated by Duke University, and many of the Duke IRB documents proved helpful to our own IRB review and documentation process. Our project went to full-board review; therefore, Dr. Cross and I attended the September IRB meeting to answer the board members' questions involving the research project and to help facilitate its approval. Our project received approval, with amendments, a few weeks later. I then made the requested changes, created a cover letter detailing our changes, and we submitted our amendments to the IRB Chairman.

After IRB approval, we were able to initiate the project, which included hosting our Duke FHH study affiliates to assist us in provider recruitment. I assisted in the organization of their trip details, itinerary, transportation, and meals, provided them with maps, and coordinated their meetings with UNTHSC study personnel and Family Medicine providers. The Duke visitors presented the study details at the November 2014 Family Medicine meeting and were able to address provider questions and concerns regarding the study. I documented these questions and concerns, as they provided me with insight into provider barriers to enrollment, information that was essential to my thesis topic. Following Duke's presentation, I handed out consent forms to all providers attending the meeting and collected completed consent forms from interested parties. Providers who did not consent, or were not present at the meeting, were later contacted and invited to participate in the study via email. The providers who did not respond to the email invitation were then contacted in-person at their offices.

During December 2014-January 2015, I assisted in making revisions to our current IRB protocol and IRB documents. These revisions were seen as minor changes and were therefore expedited. Near the completion of my internship (February 2015), I contacted the clinic

supervisors at Eagle Ranch and Seminary Clinic to obtain the emails of the participating healthcare providers and their office staff. These emails addresses are needed for survey purposes which include an online Organizational Readiness to Change (ORCA) survey, designed to collect information about the organization's climate and culture in regards to change (see Appendix B: Selected Relevant IRB documents). This survey will be sent during February and March 2015.

APPENDIX A: DAILY JOURNAL

Victoria Baria CRM Internship Daily Journal

Monday, August 18, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8:00-noon: Read assigned journal articles and other study related materials.
  - "Protocol for implementation of family health history collection and decision support into primary care using a computerized family health history system." Lori A Orlando, et al.
  - "Using Family History Information to Promote Healthy lifestyles and prevent disease; a discussion of the evidence." Leisbeth Claassen, et al.
  - "Primary care physicians' use of family history for cancer risk assessment." Brian S Flynn, et al.
  - Read example proposal from Dr. Crosses from her former intern
  - Read and navigate through MeTree website.
- Noon-1pm: Lunch break
- 1-1:30pm: Met with Dr. Cross and discussed upcoming IRB meeting
- 1:30-2:15pm: UNTHSC IRB meeting with Amanda Ogelsby.
  - Discussed necessary revisions to IRB application.
- 2:15-4:45pm: Continued reading assigned journal articles and study related materials
  - Read Protocol Synopsis from IRB application
- 4:45-5pm: Wrote activities in Daily Journal (8/18 entry)

Tuesday, August 19, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8:00-9:30am: Continued reading assigned journal articles and study related materials
  - "Development and validation of primary care-based family health history and decision support program (MeTree)." Orlando LA, et al.
  - Read example proposal provided by a CRM colleague (Erica Resendes)
- 9:30-3:45pm: Met with Dr. Cross and made necessary revisions to IRB application recommend by Amanda Ogelsby from UNTHSC IRB. Made the following revisions:
  - Outlined details of UNTHSC's participation in the study of each study group
  - Determined and explained inclusion and exclusion criteria of each study group
  - Explained consent process of each study group
  - Described ORCA survey details and usage
- 3:45-4pm: Wrote activities in Daily Journal (8/19 entry)

Wednesday, August 20, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 10 hours

- 8:00-1:30am: Continued making revisions to IRB application recommend by Amanda Ogelsby from UNTHSC IRB. Made the following revisions:
  - Clarified ORCA survey subjects
  - Elaborated on the Genomic Medicine Model
    - Read journal article: "The genomic medicine model: an integrated approach to implementation of family health history in primary care." Orlando, et al.
  - Explained Health Information Collection process from Medical records and who is responsible for this
  - Clarified if Spanish-speakers will be recruited for the study
  - Explained the implications of physician withdraw from the study on their patients
- 1:30-2: Met with Dr. Cross to review Protocol revisions
- 2-3pm: Lunch Break
- 3-6:45pm: Made changes to other IRB application documents recommended by Amanda Ogelsby of UNTHSC IRB
  - Patient Information/Invitation Letter
  - Physician Consent Forms
  - Patient Recruitment Script
  - Key Participant Letter
  - Telephone Script
  - ORCA invitation Letter
- 6:45-7pm: Wrote activities in Daily Journal (8/20 entry)

Thursday, August 21, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 9 hours

- 8:00-1:00am: Worked on project proposal
  - Background section
- 1:00-2pm: Met with Dr. Cross
  - Discussed proposal background and project ideas
  - Discussed changes to IRB
- 2-3pm: Conference Call with Duke and other facilities participating in the study
  - Discussed status of project, enrollment and associated barriers
- 3-4:15pm: Compiled IRB application/documents
  - Made 5 copies of all revised documents
  - Removed old material from hardcopies of IRB
  - Inserted revised material into hardcopies of IRB
- 4:15-5pm: Break
- 5-5:45pm: Continued to compile IRB application

Friday, August 22, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 7

- 8-9:30am: Compiled IRB application/documents
  - Double checked each IRB packet and made sure there were no errors or missing documents
  - Turned in IRB application to Amanda
- 9:30-10am: Met with Dr. Cross
  - Discussed upcoming committee meeting and research proposal
- 10-noon: Continued working on research proposal
  - Made changes recommended by Dr. Cross
- Noon-1:30: Lunch Break
- 1:30-2pm: Prepared for committee meeting
  - Filled out and Printed required paperwork
- 2pm-2:45pm: First Committee Meeting
  - Met with Dr. Cross, Dr. Gwirtz, and Dr. LaRue and discussed possible research topic
- 2:45-3pm: Visited Ms. Amanda Ogelsby to determine how to sign up for CITI 'basic course'

Week Dates: Monday August 18, 2014 to Friday August 22, 2014

Total Hours: 42

X  **Date:** 9/25/2014

Dr. Deanna Cross

Monday, August 25, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8:00-9am: Miscellaneous tasks
  - Checked in with Dr. Cross for the day
  - Wrote in Journal (8/21 and 8/22 entry)
  - Created a new CITI login and signed up for the "basic course"
- 9-noon: CITI training basic course
- Noon-1pm: Lunch break
- 1-4pm: CITI training basic course
- 4-4:45pm: Organized current IRB application document in binder
- 4:45-5pm: Wrote activities in Daily Journal (8/23 entry)

Tuesday, August 26, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 7 hours

- 8:00-8:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Sent new CITI certificate to IRB and Dr. Cross
- 8:30-noon: Worked on research proposal
  - Wrote Summary section
  - Wrote Significance section
- Noon-1pm: Lunch break
- 1-4pm: Worked on research proposal
  - Re-read Journal Articles from past weeks and incorporate relevant information into proposal sections

Wednesday, August 27, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 4 hours

- 8:00-8:30am: Miscellaneous tasks
  - Checked in with Dr. Cross for the day
  - Wrote activities in Daily Journal (complete 8/26 entry)
- 8:30-noon: Worked on my research proposal
  - Added to Background section
  - Wrote Research design and methodology section

Thursday, August 28, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 4 hours

- 8:00-8:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Wrote activities in Daily Journal (complete 8/27 entry)
- 8:30-noon: Worked on research proposal
  - Problem/Hypothesis
  - Established Chapter titles
  - Formatted References

- Proof read proposal

Friday, August 29, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 7 hours

- 8:00-9:45am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Wrote activities in Daily Journal (complete 8/28 entry)
  - Proof read proposal and sent it for peer review
- 9:45-11am: Met with Dr. Mason, Dr. Fulda, Dr. Cross
  - Discussed project and MeTree implementation into family medicine at UNTHSC facilities
    - Pitched idea to Dr. Mason
- 11-11:30am: Met with Dr. Cross
  - Recapped meeting information
  - Discussed my proposal
  - Assigned additional tasks for the day
- 11:30-3pm: Miscellaneous tasks
  - Scheduled a meeting with FHH study personnel
  - Coordinated with Jacky to reserve a room for upcoming FHH study personnel meeting
  - Created a contact list with all FHH study personnel from UNTHSC
  - Proof read and sent Dr. Cross my research proposal
  - Wrote activities in Daily Journal (8/29 entry)

Week Dates: Monday August 25, 2014 to Friday August 29, 2014

Total Hours: 30

X Deanna S Cross

Dr. Deanna Cross

Date: 9/25/2014

Monday, September 1, 2014 (LABOR DAY)

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 0 hours

Tuesday, September 2, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 9 hours

- 8:30-11:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Coordinated meeting details with Jacky, reserved a room in EAD for meeting
  - Added the meeting location to the calendar invitation
  - Sent out a group email reminder about upcoming meeting and location
  - Made formatting changes to Daily Journal
    - Added 'date' and 'signature' lines
    - Bolded headlines
- 11:30-1pm: Lunch Break
- 1-2pm: Met with Dr. Cross
  - Discussed proposal changes/recommendations
  - Went over Daily Journal content and format
- 2-3pm: Met with Dr. Cross, Dr. Fulda, Anna Espinoza, and Michelle Lee
  - Duke Family Health History initial project meeting
- 3-4pm: Break
- 4-5:30pm: Made recommended changes to Daily Journal Content per Dr. Cross's request
- 5:30-7pm: Continued reading assigned journal articles and searching for new Journal Articles
  - Read "Designing a patient-centered personal health record to promote preventative care." By Alex Krist.

Wednesday, September 3, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 9 hours

- 8:30-9am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Wrote in Daily Journal (9/2 entry)
- 9-5:30pm: Searched for and read PubMed Journal articles to incorporate into proposal research
  - Read "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 trial." By R Ryanne Wu, Lori A Orlando, et al.
  - Read "Physicians' perception and attitude toward electronic medical record." By Parvin Lakbala & Kavoos Dindarloo
  - Read "Barriers and facilitators to implementing electronic prescription: a systematic review of user groups' perceptions." By Marie-Pierre Gagnon et al.
  - Read "Family history in primary care: understanding GPs' resistance to clinical genetics — qualitative study." By Jonathan Mathers et al.

Thursday, September 4, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 9 hours

- 8-8:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Wrote in Daily Journal (9/3 entry)
- 8:30am-1pm: Searched for and read PubMed Journal articles to incorporate into proposal research
  - Read "Use of a 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 et al.
  - Read "Provider Perceptions of Colorectal Cancer Screening Clinical Decision Support at Three Benchmark Institutions." By Jason J. Saleem, et al.
- 1-1:30pm: Miscellaneous tasks
  - Email correspondence with Dr. Cross
    - Researched the date of next UNTHSC IRB monthly meetings
- 1:30-5:00pm: Worked on research proposal
  - Added to 'Research design and Methodology' section
  - Integrated new article information into research proposal

Friday, September 5, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 9 hours

- 8:30-9am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Wrote in Daily Journal (9/4 entry)
- 9am-2pm: Worked on research proposal
  - Revised 'problem/hypothesis' section
  - Revised 'significance' section
- 2-3pm: Met with Dr. Cross
  - Discussed upcoming meetings and schedule
  - Discussed status of my research proposal
- 3-4:30pm: Miscellaneous tasks
  - Emailed Dr. Mason's administrative assistant, Desiree Gatewood, to present at the November Family Medicine meeting
    - Sent Dr. Cross a draft of email prior to sending it out to Desiree
  - Emailed Jacky to set up conference rooms for upcoming meetings and teleconference calls
  - Wrote in Daily Journal (9/5 entry)
- 4:30-5:30pm: Worked on Research Proposal
  - Proof read proposal
  - Sent proposal for peer review

Victoria Baria CRM Internship Daily Journal

Saturday, September 6, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 4 hours

- 11am-3pm: Worked on research proposal
  - Added content to 'background section'
  - Added to 'references' section
  - Received peer review suggestions and made necessary revisions
  - Proof read entire paper again
  - Emailed Dr. Cross proposal

Week Dates: Tuesday September 2, 2014 to Saturday September 6, 2014

Total Hours: 40

X _____ **Date:** 9/25/2014

Dr. Deanna Cross

Monday, September 8, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8:30-9am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Wrote in Daily Journal (9/6 entry)
- 9-11am: Searched for and read PubMed Journal articles to incorporate into proposal research
  - Read "Barriers to implementation of a computerized decision support system for depression: an observational report on lessons learned in "real world" clinical settings." By Trivedi
  - Read "Designing computerized decision support that works for clinicians and families." By Fiks AG.
- 11-11:45: Met with Dr. Cross
  - Discussed changes to research proposal
- 11:45-noon: Miscellaneous tasks
  - Correct Jacky's calendar invites (Dr. Fulda was left off invitation)
- Noon-1pm: lunch break
- 1-6pm: Worked on research proposal
  - Revised 'problem/hypothesis' section
  - Added to 'significance' section

- Revised and added to 'background' section

Tuesday, September 9, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 9.5 hours

- 8:30-9am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (9/8 entry)
- 9-2:45pm: Worked on research proposal
  - Revised and added to 'problem/hypothesis' section
  - Revised and added to 'research design and methodology' section
  - Revised formatting
- 2:45-4:30pm: IRB board review meeting
  - Answered IRB board questions regarding FHH study
- 8-9:30pm: Worked on research proposal
  - Proof read paper
  - Sent paper for peer review
  - Proof read paper again
  - Emailed latest draft to Dr. Cross

Wednesday, September 10, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6.5 hours

- 9-9:30am: Miscellaneous tasks
  - Worked on Daily Journal (9/9 entry)
- 4-5pm: Met with Dr. Cross
  - Went over proposal changes
  - Discussed upcoming meetings
- 5-10pm: Worked on research proposal
  - Revised Problem/Hypothesis section
  - Revised Research and Methodology section

Thursday, September 11, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8-9:30am: Miscellaneous tasks
  - Worked on Daily Journal (9/10 entry)
  - Checked in with Dr. Cross

        - Emailed about upcoming coordinators meeting
    - Emailed Michelle Lee about meeting
- 9-4pm: Worked on research proposal
    - Revised Background section
        - Added more supporting evidence from Journal Articles
        - Rearranged information based off Dr. Cross's suggestions
    - Revised Research and Methodology section

Friday, September 12, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 9 hours

- 9:30-10am: Miscellaneous tasks
    - Worked on Daily Journal (9/11 entry)
- 10am-7:30pm: Worked on research proposal
    - Read new Journal articles and reread old Journal articles
        - "Protocol for implementation of family health history collection and decision support into primary care using a computerized family health history system." Lori A Orlando, et al.
        - "Use of a Patient-Entered Family Health History Tool with Decision Support in Primary Care: Impact of Identification of Increased Risk Patients on Genetic Counseling Attendance." By Buchanan
        - "Patient and primary care providers experience using a family health history collection, risk stratification, and clinical decision support tool: a type 2 hybrid controlled implementation-effectiveness trial." By Wu et al
        - "Primary care physicians' use of family history for cancer risk assessment." Brian S Flynn, et al.
        - "The Medical Interview." by PETER R. LICHSTEIN
    - Added more supporting evidence from Journal Articles
    - Proof read and sent paper for peer review
- 10-11pm: Miscellaneous tasks
    - Proof read paper again
    - Sent paper to Dr. Cross for review
    - Worked on Daily Journal (9/12 entry)

Week Dates: Monday September 8, 2014 to Friday September 12, 2014

Total Hours: 41

X Deanna Cross **Date:** 9/25/2014

Dr. Deanna Cross

Monday, September 15, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 3 hours

- 8:30-11:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Read "Family History questionnaires designed for clinical use: a systematic review." By Reid
  - Wrote in Daily Journal (9/15 entry)

Tuesday, September 16, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 9 hours

- 9-10am: Met with Dr. Cross
  - Discussed IRB changes
  - Discussed my proposal
- 10-noon: Made necessary IRB changes
  - Created a 'track changes' and a 'clean' version of the Protocol Synopsis
  - Created a 'track changes' and a 'clean' version of the Patient Phone Script
  - Created a 'track changes' and a 'clean' version of the Providers Consent Form
- Noon-1:30pm: Duke FHH Site Coordinators Conference Call
  - Conference call with Dr. Cross, Michelle Lee, Anna Espinosa, myself, and coordinators at other sites
  - Met with Dr. Cross afterward to discuss scheduling upcoming meetings
- 1:30-5:30pm: Worked on Research Proposal
  - Made revisions suggested by Dr. Cross
  - Formatted References
  - Proof read paper
- 5:30-6pm: Wrote in Daily Journal (9/16 entry)

Wednesday, September 17, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8.5 hours

- 10am-2:30pm: Worked on Proposal
  - Wrote Summary section
- 2:30-3pm: Met with Dr. Cross
  - Went over proposal and Dr. Cross's recommendations
- 3-6:30pm: Worked on research proposal
  - Revised Summary section

- Revised Problem/Hypothesis section
- Revised Significance section
- Revised Background section
- Proof read paper

- 6:30-7pm: Wrote in Daily Journal (9/17 entry)

Thursday, September 18, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 9 hours

- 8am-2pm: Worked on Research proposal
  - Finished revising Background section
  - Revised Research Design and Methodology section
  - Added to Limitations section
  - Changed projected chapters
  - Created a Title page
  - Formatted paper
- 2-3pm: Duke FHH Site Monthly Conference Call
  - Conference call with Dr. Cross, Dr. Fulda Michelle Lee, Anna Espinosa, myself, and other sites
  - Met with Dr. Cross afterward to discuss my research proposal
- 3-5pm: Worked on Internship Journal
  - Wrote in Daily Journal (9/18 entry)
  - Proof read Journal

Friday, September 19, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 9-10am: Met with Dr. Cross
  - Discussed my proposal and edits
  - Discussed my Daily Journal
- 10am-1:30pm: Worked on Research proposal
  - Made revisions/corrections based on Dr. Cross's suggestions
  - Proof read paper
  - Sent paper for peer review
  - Proof read paper again (after peer review)
  - Corrected formatting issues
  - Sent out research proposal to committee members
- 1:30-5pm: Miscellaneous Tasks
  - Reviewed Calendars of study personnel and set up meetings accordingly

- Checked with Dr. Cross about possible meeting dates and meeting duration
- Emailed Michelle about Dr. Fulda's availability
- Sent out Calendar invites
- Sent email to Jacky to request EAD room reservation

- Wrote in Daily Journal (9/19 entry)

Week Dates: Monday September 15, 2014 to Friday September 19, 2014

Total Hours: 37.5

X Deanna J Cross Date: 1/5/2015

Dr. Deanna Cross

Monday, September 22, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 9-10am: Met with Dr. Cross
  - Discussed CPT, ICD9, and ICD10 codes
  - Discussed the database and abstraction form that I will create
- 10am-5pm: Worked on Abstraction form
  - Researched various abstraction form designs/layouts
  - Created an Abstraction form based off CPT, ICD9, Medication codes in IRB

Tuesday, September 23, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8:30-9am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (9/22 entry)
- 9-10am: Worked on Abstraction form
  - Worked on format

- 10am-noon: Created an IRB cover letter to submit with the changes to the IRB application
- Noon-4:30pm: Worked on code database
    - Created CPT code database

Wednesday, September 24, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8:30-9am: Miscellaneous tasks
    - Checked in with Dr. Cross
    - Worked on Daily Journal (9/23 entry)
- 9am-1pm: Worked on code database
    - Created ICD9 code database
- 1-2pm: Family Health History UNTHSC site meeting
    - Dr. Cross, Dr. Fulda, Michelle, Anna, and myself
    - Discussed timeline of the project and upcoming meetings
    - Discussed responsibilities
- 2-3:30pm: Worked on IRB application
    - Put together amended IRB paperwork
        - Cover page, and 'clean' and 'track changes' versions
        - Made copies for my binder
        - Turned in application to IRB
        - Organized IRB binder materials
- 3:30-4:30pm: Worked on code database
    - Worked on genetic code database

Thursday, September 25, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 9-9:30am: Miscellaneous tasks
    - Checked in with Dr. Cross
    - Worked on Daily Journal (9/24 entry)
- 9:30-5pm: Worked on code database
    - Looked up Medication Codes in national database
    - Looked up trade names of medications
    - Worked on medication code database

Friday, September 26, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 9-9:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (9/25 entry)
- 9:30-11pm: Worked on code database
  - Worked on Drug Codes
- 11-noon: Attended a Seminar
  - "Inferring feeding behavior from the masticatory apparatus: what can the TMJ tell us?" Claire E Terhune, PhD
- Noon-5: Worked on code database
  - Categorized all codes/descriptions by disease type

Week Dates: Monday September 22, 2014 to Friday September 26, 2014

Total Hours: 40.0

X _____ **Date:** 1/5/2015

Dr. Deanna Cross

Monday, September 29, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 9 hours

- 8-10:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (9/26 entry)
    - Proofed and finished last week's total
  - Sent reminder email to Dr. Gwirtz and Dr. LaRue about my proposal due date
- 10:30am-5pm: Worked on code database
  - Worked on Drug Codes
  - Corrected previous drug codes to only include the first digits

Tuesday, September 30, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 10 hours

- 8-8:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (9/29 entry)
- 9:30-noon: Worked on code database
  - Continued correcting previous drug codes to only include the first digits
- Noon-1: Lunch Break
- 1-2pm: Met with Dr. Cross
  - Discussed database and abstraction form
  - Discussed drug codes
- 2-7pm: Worked on database
  - Reformatted excel spreadsheet
  - Looked up how to input dropdown options in excel
  - Created dropdown options
  - Typed up drop down fields in a separate sheet

Wednesday, October 1, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 10 hours

- 8-8:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (9/30 entry)
- 8:30-noon: Worked on Abstraction form
  - Modeled abstraction form after database format
  - Emailed Dr. Cross about abstraction form
- Noon-3pm: Worked on proposal
  - Responded to Dr. LaRue's question regarding bias among practitioners
  - Responded to Dr. Gwirtz's recommended changes
  - Made recommended changes to proposal
- 3-6pm: Worked on Abstraction form

Thursday, October 2, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 10 hours

- 8-10:30am: Miscellaneous tasks
  - Worked on Daily Journal (10/1 entry)
  - Read Journal Article
  - Worked on Database codes
- 10:30-11: Met with Dr. Cross
- 11-6: Worked on Abstraction form
  - Modeled abstraction form after example Dr. Cross provided
  - Created Pt demographic section
  - Created Hereditary Cardiovascular section and imported corresponding codes
  - Looked up various diagnoses, procedures lab tests, genetic tests, to confirm correct disease grouping

Week Dates: Monday September 29, 2014 to Thursday October 2, 2014

Total Hours: 39.0

X Deanna J Cross **Date:** 11/5/2015

Dr. Deanna Cross

Tuesday, October 7, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 9 hours

- 8-10am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/2 entry and end of week)
  - Email correspondence with CRM colleague to determine proposal submission procedures
  - Looked up proposal grading rubric online
- 10-5: Worked on Abstraction form
  - Created Hereditary Blood clotting disorders and imported corresponding codes
  - Looked up various diagnoses, procedures lab tests, genetic tests, to confirm correct disease grouping
  - Emailed Dr. Cross the latest version of the Abstraction Form

Wednesday, October 8, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 9 hours

- 8am-1pm: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/7 entry)
  - Emailed Dr. Gwirtz to determine the final deadline for proposal submission
  - Sent Dr. Cross finished Research proposal and grading rubric
  - Updated email invitation with FHH meeting location
- 1-2pm: FHH meeting with Dr. Cross, Dr. Fulda, Dr. Espinoza, Michelle & I
  - Discussed upcoming FHH site visit
  - Discussed possible agenda items for site visit
- 2-5: Miscellaneous site visit items items
  - Email correspondence with Jacky
    - Reserved a conference room for Duke site visit
    - Arranged a town car for visitors

Thursday, October 9, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 9 hours

- 8am-5pm: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/8 entry)
  - Emailed Dr. Gwirtz revised proposal
    - Updated her on the progress of my internship
  - Email correspondence with Jacky
    - Confirmed room location with Jacky
      - Visited conference room and made sure it was suitable for FHH site visit
  - Worked on abstraction form/database

Friday, October 10, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 9 hours

- 8am-5pm: Miscellaneous tasks
  - Worked on Daily Journal (10/9 entry)
  - Went through MeTree demo powerpoint
  - Went through online MeTree demo
    - Filled out a demo family health history

- Navigated through various screens
  - Forwarded MeTree demo and powerpoint to other study personnel
  - Worked on Abstraction Form/Database

Week Dates: Tuesday October 7, 2014 to Friday October 10, 2014

Total Hours: 36.0

X Deanna D Cross **Date:** 01/05/2015

Dr. Deanna Cross

Monday, October 13, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8am-1pm: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/10 entry and end of week)
- 8:30-2pm: Abstraction Form
  - Continued entering codes into revised abstraction form
  - Emailed finished item to Dr. Cross
- 2-4pm: CPT & ICD9 code Database
  - Typed in codes according to disease type
  - Worked on formatting elements

Tuesday, October 14, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8-9:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/13 entry)
  - Emailed Dr. LaRue and Dr. Gwirtz about meeting to sign off on my proposal
- 9:30am-4: Continued working on database

- Continued typing in CPT and ICD9 codes based off disease type

Wednesday, October 15, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 9am-1pm: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/14 entry)
  - Emailed Committee members about obtaining signatures for my proposal submission
  - Continued working on FHH database
- 1pm-2:30pm: Proposal submission
  - Printed off proposal rubric/signature form and proposal
  - Obtained signatures from Committee members for my proposal
    - Visited each committee member to obtain signature
    - Turned in proposal and signed rubric in to GSBS
- 2:30-5pm: Worked on FHH database
  - Added codes (ICD9 and CPT) and dropdown function
  - Emailed finished database to Dr. Cross

Thursday, October 16, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8am-1:30pm: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/15 entry)
  - Practiced using the MeTree demo site
- 1:30-2pm: Met with Dr. Cross about FHH database
- 2pm-3:30pm: FHH Teleconference in Dr. Cross's office
  - Took notes on other FHH site experiences
  - Discussed details with Dr. Cross following the call
- 3:30pm-4pm: Worked on lunch arrangements for Duke visitors
  - Called Spiral Diner to inquire about delivery vs. pick up for when Duke is visiting

Friday, October 17, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8:30am-4:30pm: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/16 entry)
  - Emailed Jacky to check on car arrangements for our Duke visitors
    - Validated flight and hotel information
  - Emailed Dr. Fulda to determine her availability for the FHH Duke-UNTHSC site visit
  - Emailed Cynthia to welcome her to the study
  - Added Cynthia to the Study personnel contact list
    - Sent updated list to Michael Musty
  - Emailed Teji & Lori to obtain a cell phone number for them
    - Provided Jacky with the cell phone number (to give to town car driver)

Week Dates: Monday October 13, 2014 to Friday October 17, 2014

Total Hours: 40.0

X Deanna Cross **Date:** 01/05/2015

Dr. Deanna Cross

Monday, October 20, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 9-11am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/17 entry)
  - Scheduled a meeting with Dr. Brian Glaude from UNTHSC IRB, Dr. Fulda, Dr. Cross, Dr. Espinoza and myself for 1:30-2:30 on Oct 24
- 11-5pm: IRB paperwork
  - Worked on IRB protocol synopsis for biobanking project
    - Used grant proposal as an outline
    - Found required outline on UNTHSC's website

Tuesday, October 21, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8-8:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/20 entry)
- 8:30-11:45am: IRB paperwork
  - Worked on IRB protocol synopsis for biobanking project
    - Used grant proposal as an outline
- 11:45am-1:15pm: FHH coordinators teleconference
- 1:15am-4pm: More IRB paperwork
  - Continued working on IRB protocol synopsis for biobanking project
    - Used grant proposal as an outline

Wednesday, October 22, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8-9:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/21 entry)
  - Emailed Dr. Fula and Michelle about meeting with Dr. Sivoravong
  - Sent reminder about upcoming FHH meeting and added location to calendar
- 9:30am-1pm: Worked on IRB protocol synopsis for biobanking project
- 1-2:30pm: FHH Meeting (EAD 291)
  - Dr. Cross, Dr. Fulda, Dr. Espinoza, Michelle and I
- 2:30-4pm: Miscellaneous tasks
  - Worked on a "provider FHH roles" document to send to Dr. Sivoravong and other future physicians
  - Looked through our IRB paperwork and identified possible HIPAA elements
    - Emailed Amanda from IRB (asked if we need to add any HIPAA items to our paperwork)

Thursday, October 23, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8.5 hours

- 8:30-10:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/22 entry)
  - Continued working on "provider FHH roles" document

- Sent Dr. Cross document prior to meeting
- 10:30-11:30am: Met with Dr. Cross
  - Discussed "provider FHH roles" document
    - Took notes on recommendations/changes
- 11:30am-5pm: Worked on "provider FHH roles" document
  - Removed repetitive elements
  - Added information from Dr. Orlando's journal articles
    - Incorporated Provider Opinion chart
  - Emailed revised document to Dr. Cross
    - Made additional changes based off Dr. Cross's feedback
  - Emailed completed document to Michelle to send to Dr. Sivoravong

Friday, October 24, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8-1pm: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/23 entry)
- 1-3pm: BioBank meeting
  - Met with Dr. Cross to go over biobanking materials (1-1:30pm)
  - Met with Dr. Glaude, Dr. Cross, Dr. Fulda, Dr. Espinoza, and myself to discuss biobank study (1:30-2:30pm)
    - Took notes
  - Met with Dr. Cross to discuss meeting details and notes (2:30-3pm). Went over additional specific aims
- 3-4pm: Miscellaneous tasks
  - Worked on Daily Journal (10/24 entry)
  - Proof read recent entries

Week Dates: Monday October 20, 2014 to Friday October 24, 2014

Total Hours: 40.5

X Deanna S Cross **Date:** 01/05/2015

Dr. Deanna Cross

Monday, October 27, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8am-4pm: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Searched online for Veterans survey
  - Worked on biobank protocol synopsis
    - Added additional specific aims
    - Added elements that were discussed in the meeting with Dr. Glaude on 11/24

Tuesday, October 28, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8:30-9am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/27 entry)
  - Sent an email reminder to Dr. LaRue about attending IRB meeting next week
- 9am-4:30pm: IRB paperwork
  - Worked on IRB protocol synopsis for biobanking project
    - Used grant proposal as an outline
    - Used example of protocol synopsis provided by colleague
    - Continued searching for BANKS online survey

Wednesday, October 29, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8:30am-4pm: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/28 entry)
  - Reread Journal Articles
    - "Use of Patient Entered Family Health History Tool with Decision Support in Primary Care..." by Lori Orlando et al.
  - Worked on BioBank Protocol Synopsis
    - Risks
    - Benefits
    - Consent
- 4p-4:30pm: Met with Dr. Cross
  - Discussed upcoming site visit from Duke and items to be completed before their arrival

Thursday, October 30, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8am-12:30pm: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/29 entry)
  - Looked over agenda changes made by Duke
  - Sent an email reminder to Dr. Orlando and Lori about Spiral Diner orders
  - Invited Cynthia to lunch and asked for her lunch order
  - Updated Terra calendar invite (added Cynthia and Janhavi) added address and updated time
- 12:30pm-2:30pm: Met with Dr. Savoravong at Seminary clinic
  - Dr. Cross, Michelle, and I
  - Discussed FHH study and upcoming site visit
  - Took notes and documented his concerns for my proposal
- 2:30-3pm: Met with Dr. Cross
  - Discussed items that need to be done for upcoming meeting
- 3-4pm: Miscellaneous tasks
  - Called Residence Inn and asked about hotel shuttle
  - Emailed Jacky and confirmed town car and driver

Friday, October 31, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8-4:00am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/30 entry)
  - Combined all Spiral Diner Lunch orders and sent them to Deb and Dr. Cross
  - Sent miscellaneous emails to study personnel
  - Worked on FHH Duke-UNTHSC site visit agenda and maps
    - Determined the location of each meeting
      - Emailed Michelle for missing information

Week Dates: Monday October 27, 2014 to Friday October 31, 2014

Total Hours: 40

X Deanna S Cross

Dr. Deanna Cross

Date: 01/05/2015

Monday, November 3, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 9-10am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (10/31 entry)
  - Sent miscellaneous emails to study personnel
- 11am-1pm: Worked on FHH Duke-UNTHSC site visit agenda and maps
  - Listed locations of all meetings and additional useful information
  - Stared (boxed in red) all meeting locations on a UNTHSC campus map
- 1-2pm: Met with Dr. Cross
  - Looked over agenda, recommended changes
  - Printed off additional maps (map to Terra and map to Plaza Medical)
- 3-5pm: Miscellaneous tasks
  - Made the recommended changes to the agenda
    - Added Dr. Savoravong's titles
  - Emailed agenda and maps to Duke and UNTHSC study personnel
  - Coordinated with UNTHSC IT and invited them to meetings
  - Sent Dr. Fulda a Calendar Invite to her meeting with Duke on 11/6 at 10:30am

Tuesday, November 4, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8:30am-2pm: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (11/3 entry)
  - Sent miscellaneous emails to study personnel
    - Sent Cynthia study information
    - Updated Duke visitors on Family Med meeting location change
    - Emailed FHH group updated agenda
- 2-4:30pm: November IRB meeting
  - Observed the IRB meeting process

Wednesday, November 5, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 9-10am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (11/4 entry)
- 10-11:30am: Met with Dr. Cross
  - Printed and compiled Physician consent forms
  - Printed Abstraction form
  - Tabbed IRB paperwork for consent forms and tabbed surveys that need to be updated
  - Coordinated with Debbie about lunch arrangements for 11/6
- 11:30am-2pm: Updated site visit agenda
  - Updated family med meeting location
    - Updated map to reflect new meeting location
  - Emailed updates to study personnel
- 2-3pm: Reviewed IRB materials
  - Made sure all materials were in the binder
- 7:30-9:30pm: FHH introduction dinner at Terras
  - Discussed events for tomorrow
    - Attendee's: Dr. Orlando, Teji, Dr. Cross, Dr. Fulda, Dr. Espinoza, Michelle, Janhavi, Cynthia, and I

Thursday, November 6, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 9 hours

- 7-7:30am: Met Duke visitors and Dr. Cross at CBH
  - Stored luggage in Dr. Cross's office
- 7:30-9am: Family Medicine Meeting
  - Dr. Orlando gave FHH presentation
  - Took notes on physician questions
- 9-10:30am: Study review with Dr. Orlando & Teji
  - Went through IT items
  - Went through MeTree (patient process and interface)
- 10:30-11am: Met with Dr. Fulda
  - Discussed NorTex network
  - Discussed possible study expansion
- 11:30-12:30: Working Lunch
  - Helped Deb bring up lunch items

- Discussed FHH project
- 12:30-2:30pm: Met with Dr. Sivoravong
  - Drove from UNTHSC to Plaza Medical Center
  - Discussed Physician Champion items
  - Wrote down Dr. Sivoravong's questions
  - Drove from Plaza to campus
- 2:30-3:30pm: Visit conclusion
  - Went over concluding items
  - Retrieved visitors luggage
  - Waited for driver to pick up visitors
- 3:30-4pm: Met with Dr. Cross
  - Discussed upcoming tasks
  - Set up meeting for the morning

Friday, November 7, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 7 hours

- 9-10am: Met with Dr. Cross
  - Discussed IRB revisions that will need to be made
    - Additional HIPAA items
    - New patient surveys
    - MeTree Auto emails
- 10am-4pm: Miscellaneous FHH study items
  - Emailed Teji & Michael for MeTree auto emails
    - Need to account for all study communication
  - Changed Physician survey to say Provider survey
  - Added Michelle, Janhavi and Dr. S as key personnel to study protocol
  - Emailed Janhavi for COI, CITI and office phone number

Week Dates: Monday November 3, 2014 to Friday November 7, 2014

Total Hours: 40

X Deanna J Cross **Date:** 01/05/2015

Dr. Deanna Cross

Monday, November 10, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8am-9:30pm: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (11/8 & 11/7 entry and end of week)
  - Emailed Michelle about COI and CITI forms
- 9:30am-noon: Site visit notes
  - Typed up provider questions asked at Family Medicine Meeting
  - Typed up questions asked during Dr. Sivoravong's meeting
- Noon-4: Worked on IRB document changes
  - Looked up IRB website to determine what documentation needs to be submitted to make amendments
    - Read through website to determine if our proposed changes are minor or major
  - Worked on IRB cover letter
    - Listed changes that are being requested

Tuesday, November 11, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 9am-5pm: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (11/10 entry)
  - Worked on IRB document changes
    - Cover letter
    - Telephone script
    - Emailed changes to Dr. Cross
  - Emailed Teji correct IT contact personnel information
  - Read over Janhavi's site visit notes

Wednesday, November 12, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 9am-noon: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (11/11 entry)
  - Searched PubMed for more journal articles to add to thesis

- Noon-1pm: Genetics department Thanksgiving lunch
- 1pm-2pm: Met with Dr. Cross
    - Discussed IRB document changes
        - Primary study contact/crc
    - Discussed upcoming interview materials/questions
        - Emailed Dr. Cross personal statement and application essays
- 2-5pm: IRB document changes
    - Revised "Duke IRB patient letter on letter head"
        - Changed document to match the script submitted to IRB
        - Changed contact information

Thursday, November 13, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8am-noon: Miscellaneous tasks
    - Checked in with Dr. Cross
    - Worked on Daily Journal (11/12 entry)
    - Searched Pub Med for journal articles
- noon-2:30pm: Attend Phong's Thesis Defense
    - Helped Phong set up snacks and presentation
    - Watched Phongs presentation
    - Helped clean up after
- 2:30-4: Biobanking articles
    - reread BANKS article and survey items
    - reread Veterans article and survey items

Friday, November 14, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 8-11:30am: Miscellaneous tasks
    - Checked in with Dr. Cross
    - Worked on Daily Journal (11/13 entry)
    - Emailed Michelle again about getting COI and CITI forms
    - Updated UNTHSC FHH personnel contact list
        - Added Janhavi information
        - Sent updated contact list to Teji/Mike
- 11:30am-12:30pm: Met with Dr. Cross
    - Mock Interview

- 12:30-2pm: Reviewed Dr. Cross's mock interview feedback
- 2-4pm: Biobanking surveys
    - Highlighted common questions in BANKS and Veterans Survey

Week Dates: Monday November 10, 2014 to Friday November 14, 2014

Total Hours: 40

X Deanna S Cross Date: 01/05/2015

Dr. Deanna Cross

Monday, November 17, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 9-10am: Miscellaneous tasks
    - Checked in with Dr. Cross
    - Worked on Daily Journal (11/14 entry and end of week)
- 10am-1pm: Biobank Survey summary
    - Typed up summary document of survey similarities (BANKS & veterans)
- 1-3:30pm: Worked on IRB documents
    - Revised cover letter
    - Inserted page breaks in MeTree auto emails
    - Updated patient confidentiality items
        - Protocol synopsis
    - Edited patient invitation letter
    - Emailed Dr. Cross all revised items
- 3:30-4:30pm: Met with Dr. Cross
    - Discussed IRB paperwork
    - Printed off all COI and CITI forms
    - Set up study dedicated email
        - Email IT
        - Fill out paper work/application
- 4:30-5pm: Went to IT office
    - Dropped off email application/paperwork for Melody

Tuesday, November 18, 2014

- 9-10am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Emailed Dr. Gwirtz about thesis defense dates
  - Worked on Daily Journal (11/17 entry)
- 10-11:30am: Biobank survey summary
  - Proof read summary
  - Sent finished summary to Dr. Cross
- 11:30am-5pm: IRB paperwork
  - Revised cover letter
  - Added new study email address to IRB documents
  - Added confidentiality items to protocol synopsis
    - Emailed Dr. Cross about physician confidentiality changes
  - Created a "clean" and "track changes" version of revisions
  - Emailed Dr. Cross finished items

Wednesday, November 19, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 9-10am: Met with Dr. Cross
  - Discussed IRB paper work
  - Discussed cover letter changes
  - Discussed biobank survey summary changes
- 10-noon: Proof read Journal
  - Sent journal to Dr. Cross
- Noon-2pm: Worked on biobank survey
  - Made changes recommended by Dr. Cross
  - Emailed revised survey to Dr. Cross
- 2-3pm: Worked on IRB cover letter changes
  - Made changes recommended by Dr. Cross

Thursday, November 20, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 7 hours

- 8am-2pm: Miscellaneous tasks
  - Worked on IRB cover letter changes
    - Continued making changes recommended by Dr. Cross
    - Emailed revised cover letter changes to Dr. Cross
  - Worked on Daily internship Journal (11/19)

- Filled out Intent to Graduate Form
  - Obtained required signatures
- 2-3pm: FHH conference call
  - Discussed status of the project at each site

Friday, November 21, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 7 hours

- 9-10am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (11/20)
- 10am-3pm: Worked on Thesis
  - Rewrote proposal to reflect changes in project
  - Edited grammar from future tense to past tense
  - Looked up Thesis requirements in CRM handbook

Week Dates: Monday November 17, 2014 to Friday November 21, 2014

Total Hours: 36

X Deanna S Cross **Date:** 2/15/2015

Dr. Deanna Cross

Monday, November 24, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 8:30-11am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (11/21)
  - Emailed Dr. Espinoza and Janhavi about meeting to discuss physician recruitment
    - Physician email database/spreadsheet
- 11am-2:30pm: Worked on Thesis
  - Worked on Results section
    - Typed up physician questions/concerns about study

Tuesday, November 25, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 9-noon: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (11/24)
  - Registered for classes for Spring 2015 classes
  - Turned in graduation application (with signatures)
- Noon-2pm: Erica's thesis defense
  - Helped set up room (noon-1pm)
  - Watched Erica's defense (1-2pm)
- 4pm-5pm: Met with Dr. Espinoza and Janhavi
  - Discussed provider recruitment plans and discussed provider contact information for spreadsheet

Wednesday, November 26, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 3 hours

- 9-noon: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Daily Journal (11/24)
  - Miscellaneous emails

Thursday, November 27, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Univeristy Closed for Thanksgiving

Friday, November 28, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Univeristy Closed for Thanksgiving

Week Dates: Monday November 24, 2014 to Friday November 28, 2014

Total Hours: 15

X Deanna S Cross Date: 2/15/2015

Dr. Deanna Cross

Monday, December 1, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 0 hours

- Had to take a personal day due to car trouble

Tuesday, December 2, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 7 hours

- 8-8:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (12/1 entry)
- 8:30-10:30am: Worked on Thesis
  - Read over formatting requirements in CRM handbook
    - Made formatting changes to thesis
- 10:30am-3pm: IRB paper work
  - Protocol synopsis: Incorporated phone calls and emails in provider recruitment
  - Wrote telephone script for provider recruitment
  - Updated IRB cover letter with additional changes and explanations
  - Emailed documents to Dr. Cross

Wednesday, December 3, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6.5 hours

- 9:30am-noon: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (12/2 entry)
  - Emailed Dr. Gwirtz again about thesis defense dates
  - Worked on phone script document
- 1-5pm: Worked on Thesis
  - Abstract
  - Background section

Thursday, December 4, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 4 hours

- 9am-noon: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (12/3 entry)
  - Worked on Thesis
- 2-3pm: Met with Dr. Cross
  - Discussed arranging meetings with Amanda in IRB and Cynthia in IT
  - Discussed thesis chapters/sections
- 3-4pm: Miscellaneous tasks
  - Set up meeting with Amanda
  - Set up meeting with Cynthia

Friday, December 5, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 5 hours

- 9:30-11:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (12/4 entry)
  - Emailed Jacky about setting up a conference room
  - Emailed Cynthia about meeting
- 12:30pm-3:30pm: Worked on Thesis
  - Significance
  - Specific Aims

Victoria Baria CRM Internship Daily Journal
Week Dates: Monday December 1, 2014 to Friday December 5, 2014

Total Hours: 22.5

X _____ **Date:** 2/15/2015
Dr. Deanna Cross

Monday, December 8, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 9:00-11am: Miscellaneous tasks
  - Worked on Daily Journal (12/5 entry)
    - Proofed past journal entries
  - Checked in with Dr. Cross
  - Emailed Amanda in IRB again about meeting (suggested new time)
- Noon-4pm: Worked on Thesis
  - Went through example thesis
  - Internship experience section

Tuesday, December 9, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 9:00-11am: Miscellaneous tasks
  - Worked on Daily Journal (12/8 entry)
  - Worked on Thesis
    - Worked on references
- 11-noon: FHH meeting with Cynthia, Dr. Cross, and I
  - Discussed patient recruitment strategy with Cynthia
  - Discussed physician recruitment with Dr. Cross
- Noon-3pm: Miscellaneous tasks
  - Met with Dr. Gwirtz to determine thesis defense date
  - Emailed Cynthia a follow up email
  - Emailed Dr. Cross the Family medicine provider list and thesis defense dates
  - Emailed Janhavi about physician recruitment meeting

Wednesday, December 10, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 4 hours

- 9am-2pm: Miscellaneous tasks
  - Worked on Daily Journal (12/9 entry)
  - Checked in with Dr. Cross
  - Worked on Thesis from home
    - Worked on thesis format (based on guidelines)
    - Reread journal articles for more info to include in background

Thursday, December 11, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6.5 hours

- 8:30am-11am: Miscellaneous tasks
  - Worked on Daily Journal (12/9 entry)
  - Checked in with Dr. Cross
  - Emailed Janhavi about meeting
    - Went through family medicine provider list
- noon-4pm: Worked on Thesis
  - Results section

Friday, December 12, 2014

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 9:00-10:30am: Meetings
  - Met with Dr. Cross
    - Compiled IRB amendment documents
    - Made 3 Copies of each document
    - Discussed thesis defense date
  - Met with IRB Amanda Olgesby
    - Went over IRB amendment requests
    - Provided her with COI and CITI training forms on new study personnel
- 10:30am-1:30pm: Miscellaneous tasks

  - Worked on Daily Journal (12/11 entry)
  - Emailed Dr. LaRue possible thesis dates
  - Proof read Thesis
    - Sent thesis for peer review
- 1:30-2:30pm: FHH Meeting with Dr. Cross, Janhavi, & I
- 2:30-4pm: Miscellaneous Task
  - Sent Janhavi a meeting follow up email
    - Sent database, abstraction form, and MeTree demo info
  - Contacted Amanda Oglesby about advertisements and IRB involvement
- 4-5pm: Worked on thesis
  - Went over peer review recommendations
  - Made alterations to thesis
  - Sent Dr. Cross thesis draft

Week Dates: Monday December 8, 2014 to Friday December 12, 2014

Total Hours: 30.5

X _____ **Date:** 2/15/2015

Dr. Deanna Cross

Monday, December 15, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 4 hours

- 9-10am: Miscellaneous tasks
  - Worked on Daily Journal (12/12 entry)
  - Checked in with Dr. Cross
  - Emailed Janhavi
- 10am-noon: Met with Janhavi
  - Went over data abstraction form
  - Went over database and codes
- 1-2pm: Miscellaneous tasks
  - Email correspondence with Dr. Cross & Janhavi

Tuesday, December 16, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 0 hours

- Personal day: TCOM interview

Wednesday, December 17, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 5 hours

- noon-5pm: Miscellaneous tasks
  - Worked on Daily Journal (12/15 & 12/16 entry)
  - Emailed Dr. LaRue about thesis defense dates
  - Checked in with Dr. Cross
    - Email correspondence about interview

Thursday, December 18, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 11am-1pm: Miscellaneous tasks
  - Worked on Daily Journal (12/17 entry)
  - Checked in with Dr. Cross
  - Emailed Janhavi
  - Emailed Dr. Gwirtz about internship dates/deadlines
- 1-2pm: Meeting with Dr. Cross
  - Worked on provider email
- 2-3pm: FHH Conference call
- 3-4pm: Miscellaneous tasks
  - Emailed Amanda in IRB
    - Regarding Cynthia being added as key personnel
    - Forwarded information to Dr. Cross
  - Emailed Cynthia (received out of office reply)
    - Forwarded email to Dr. Cross

Friday, December 19, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 2

- 10am-noon: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (12/18; 12/19 entry)
    - Proof read previous entries

Week Dates: Monday December 15, 2014 to Friday December 19, 2014

Total Hours: 17

X Deanna Cross **Date:** 2/5/2015

Dr. Deanna Cross

Monday, January 5, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 5.5

- 9:30-10am: Miscellaneous tasks
  - Email correspondence with Dr. Cross about meeting
- 11am-noon: Met with Dr. Cross
  - Discussed upcoming conference items
  - Discussed weekly tasks
- Noon-4pm: Miscellaneous tasks
  - Located FHH handouts on Genetic Alliance website for Dr. Cross's conference
    - Emailed handouts to Dr. Cross
  - Contact UNTHSC printing department
    - Sent FHH materials
    - Requested a print estimate
    - Emailed FHH handouts
  - Contact Dr. LaRue about possible thesis defense dates
  - Email Amanda Oglesby about status of IRB updates

Tuesday, January 6, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6

- 9am-3pm: Miscellaneous tasks
  - Worked on Daily Journal (1/5 entry)
  - Checked in with Dr. Cross
  - Emailed/Called One stop printing about genetic alliance booklet estimate
    - Forwarded estimates to Dr. Cross
  - Emailed Cynthia information to run patient reports
  - Emailed Dr. Cross about meeting on 1/7 and making copies of IRB documents for the binder and for Janhavi
  - Emailed Janhavi about meeting on 1/7

Wednesday, January 7, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6

- 10-11:30am: Meeting with Dr. Cross & Janhavi
  - Discussed Printing options
  - Discussed Thesis defense date
  - Tested shared drive on Dr. Cross's desktop & laptop
  - Discussed provider and patient recruitment
    - Trifold for offices
    - Email script and consent form
- 11:30am-4pm: Miscellaneous tasks
  - Worked on Daily Journal (1/6 entry)
  - Emailed Committee members about thesis defense date
  - Visited IT to get help logging into the laptop
    - Uploaded documents to shared drive on Dr. Cross's laptop
  - Returned laptop to Dr. Cross
  - Tested out printing and folding pamphlets "in house"

Thursday, January 8, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 7.5

- 8:30-9:30am: Miscellaneous tasks
  - Worked on Daily Journal (1/7 entry)
  - Monitored the FHH email
- 9:30am-11am: Meeting with Dr. Cross
  - Printed and folded pamphlets for her upcoming conference
- 11am-4pm: Miscellaneous tasks
  - Read new and old journal articles for thesis

- Send Dr. F a consent form and description of the study

Thursday, January 9, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 4

- 9:30am-1:30pm: Miscellaneous tasks
  - Worked on Daily Journal (1/8 entry)
  - Monitored the FHH email
  - Searched pubmed for more journal articles for thesis

Week Dates: Monday January 5, 2015 to Friday January 9, 2015

Total Hours: 29

X Deanna S Cross **Date:** 2/15/2015

Dr. Deanna Cross

Monday, January 12, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 10am-1:30pm: Miscellaneous tasks
  - Email correspondence with Janhavi about FHH email address
    - Checked FHH links, sent her a different FHH link
  - Worked on Daily Journal (1/9)
  - Checked on FHH email
  - Worked on UNTHSC online training modules
    - Active shooter preparation
- 1:30-4pm: Worked on Thesis
  - Added new information to results section

Tuesday, January 13, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 10-11am: Met with Dr. Cross
  - Discussed thesis changes
  - Discussed daily tasks
- 11am-4pm: Miscellaneous tasks
  - Emailed Mike and Teji about starting ORCA survey process
  - Emailed Janhavi & Dr. Espinoza about physician recruitment meeting
  - Looked up UNTHSC Research appreciation day and JPS research day dates
  - Filled out FHH study progress reports
    - Progress report summary
    - Researched demographic information on Fort Worth
  - Worked on Daily Journal (1/12)
  - Checked FHH email

Wednesday, January 14, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 9-11am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Checked FHH email
  - Worked on Daily Journal (1/13)
  - Worked on UNTHSC online training modules
    - HIPPA
- 11am-noon: Met with Dr. Cross
  - Discussed FHH progress report documents
- Noon-2: Worked on FHH progress report
  - Planned patient enrollment - breakdown of demographics
  - Current enrollment demographics
  - Emailed reports to Dr. Cross
- 2-3pm: Met with Dr. Anna Espinoza and Janhavi
  - Discussed provider recruitment strategies
  - Emailed Dr. Cross about IRB forms needing "approved stamp"

Thursday, January 15, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 9am-2pm: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Checked FHH email
  - Worked on Daily Journal (1/14)
  - Emailed Janhavi and Michelle about clinic visit
  - Worked on UNTHSC online training modules
    - Child abuse awareness
  - Worked on FHH provider recruitment email
    - Sent email to be proofed by Dr. Cross
      - Made revisions
    - Sent email and consent form to providers from family history email
- 2pm-3pm: FHH conference call

Friday, January 16, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 9am-noon: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Worked on Daily Journal (1/15)
  - Emailed Janhavi and Michelle about clinic visit
  - Checked FHH email

Week Dates: Monday January 12, 2015 to Friday January 16, 2015

Total Hours: 30

X Deanna J Cross **Date:** 2/15/2015

Dr. Deanna Cross

Monday, January 19, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 0 hours

University Closed due to MLK Day

Tuesday, January 20, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 9:30am-noon: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Checked FHH email
  - Worked on Daily Journal (1/15; 1/19)
  - Emailed Janhavi about FHH coordinators conference call
- Noon-1: FHH Coordinators Conference Call
  - Listened to other sites report patient recruitment strategies and issues
- 1-2pm: Emailed consented providers new consent form
  - Responded to provider emails
- 2-3:30pm: Work on Thesis
  - Reviewed Dr. Cross's feedback/comments on my thesis
    - Background & Significance sections

Wednesday, January 21, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 9:30am-noon: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Checked FHH email
  - Worked on Daily Journal (1/20)
  - Delivered new consent forms to Janhavi
- noon-3:30pm: Worked on Thesis
  - Searched and read Journal Articles from PubMed about CDS tools/barriers

Thursday, January 22, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 7 hours

- 10am-11am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Checked FHH email

- Worked on Daily Journal (1/21)

- 2-3pm: Met with Dr. Cross
  - Made copies and scanned new/approved IRB documents
- 3-5pm: Worked on Thesis
  - Incorporated CDS article information into background section

Friday, January 23, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 10-11am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Checked FHH email
  - Worked on Daily Journal (1/21)
- 11am-4pm: Worked on Thesis
  - Incorporated new journal information
  - Proof read paper
  - Sent for peer review

Week Dates: Monday January 19, 2015 to Friday January 23, 2015

Total Hours: 25

X Deanna J Cross **Date:** 2/15/2015

Dr. Deanna Cross

Monday, January 26, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6.5 hours

- 9:30am-10:30am: Miscellaneous tasks
  - Checked in with Dr. Cross
  - Checked FHH email
  - Worked on Daily Journal (DATE)
- 10:30am-1:30pm: Visit Eagle Ranch Clinic
  - Michelle, Janhavi and I visited Eagle Ranch to acquire providers consent
  - Providers were too busy with patients to obtain consent signatures

- 1:30pm-4pm: Worked on Thesis
    - Looked for additional sources for background section

Tuesday, January 27, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 9am-10am: Miscellaneous tasks
    - Checked in with Dr. Cross
    - Checked FHH email
    - Worked on Daily Journal (1/26)
    - Emailed Janhavi about going to Eagle Ranch
- 10am-3pm: Worked on Thesis
    - Background section

Wednesday, January 28, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 9am-10:30am: Miscellaneous tasks
    - Checked in with Dr. Cross
    - Checked FHH email
    - Worked on Daily Journal (1/27)
    - Emailed Janhavi about going to Eagle Ranch
- 10:30am-3pm: Worked on Thesis
    - Background section

Thursday, January 29, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 5 hours

- 8:30-9:30am: Meeting with Michelle
    - Michelle was out of office today, Dr. Fulda called PCC to track down providers
        - PCC visit cancelled due to providers out of office
- 9:30-11am: Miscellaneous tasks
    - Checked in with Dr. Cross

- Checked FHH email
- Worked on Daily Journal (1/28)
- Emailed Michelle about PCC meeting cancelled

- 11am-noon: Met with Dr. Cross
  - Reviewed consented/reconsented providers
  - Discussed tasks that need to be completed
  - Discussed thesis details
- Noon-1:30pm: Work on Thesis

Friday, January 30, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 7 hours

- 9am-10:30am: Miscellaneous tasks
  - Emailed Janhavi about possibly meeting providers today
  - Checked in with Dr. Cross
  - Checked FHH email
  - Worked on Daily Journal (1/29)
- 10:30-2:30pm: Thesis defense arrangements
  - Filled out intent to defend
    - Emailed committee members to meet for signatures
    - Met with Dr. LaRue, Dr. Cross, and Dr. Gwirtz to obtain signatures
  - Reserved a room for defense
    - Emailed Jacky
- 2:30-3:30pm: Met with providers
  - Went over study and consented providers for the FHH study
- 3:30-4pm: Met with Dr. Cross
  - Delivered signed consent form
  - Updated provider list on shared drive
  - Discussed and made an ORCA survey to do list
    - Forwarded Teji's email instructions to Dr. Cross

Week Dates: Monday January 26, 2015 to Friday January 30, 2015

Total Hours: 30.5

X Deanna J Cross **Date:** 2/15/2015

Dr. Deanna Cross

Monday, February 2, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 9:30am-1:30pm: Miscellaneous tasks
  - Checked FHH email
  - Checked in with Dr. Cross
  - Worked on Daily Journal (1/30)
  - Emailed Michelle about meeting providers today
  - Emailed Michelle and Janhavi about contact's for ORCA surveys and QI's
  - Worked on thesis
    - Materials and Methods
- 1:30-3pm: Recruit providers at PCC
  - Discussed study details and consented providers
- 3-3:30pm: Met with Dr. Cross
  - Delivered signed consent forms

Tuesday February 3, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 9am-1pm: Miscellaneous tasks
  - Checked FHH email
  - Checked in with Dr. Cross
  - Worked on Daily Journal (2/2)
  - Emailed Michelle about meeting providers today
  - Responded to Teji's update email
  - Forwarded Michelle the Duke guest sign in info
- 2-3pm: Recruited providers for FHH study at PCC
  - Discussed study details and consented providers
- 3-4pm: Met with Dr. Cross
  - Discussed ORCA survey
  - Delivered signed consent forms

Wednesday February 4, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 9am-noon: Miscellaneous tasks
  - Checked FHH email
  - Checked in with Dr. Cross
    - Discussed appropriate response to Teji's email about sending HPI
  - Worked on Daily Journal (2/3)
  - Emailed calendar invite to Michelle for provider recruitment on 2/5
  - Email IT about sending secure information via email
- 1pm-4pm: Work on Thesis
  - Materials and Methods section

Thursday, February 5, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 9:30-10:30am: Miscellaneous tasks
  - Checked FHH email
  - Checked in with Dr. Cross
  - Worked on Daily Journal (2/4)
- 10:30-11:30am: Recruited providers for FHH study
  - Visited providers at the PCC with Michelle
- 11:30am-1:30pm: Miscellaneous tasks
  - Completed ITS confidentiality education/training
  - Submitted ITS file sharing request
  - Sent a follow up email to Eagle Ranch staff
- 1:30pm-3:30pm: Work on Thesis
  - Results section

Friday, February 6, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 6 hours

- 10-11am: Meeting with Dr. Cross & Janhavi
  - Discussed ORCA survey process with Janhavi
    - Dr. Cross was out of office
- 11am-noon: Miscellaneous tasks
  - Checked FHH email

- Worked on Daily Journal (2/5)
- Emailed Janhavi clinic contact information
- Emailed Janhavi the IT request I sent

- Noon-4pm: Work on Thesis
  - Added to background section

Week Dates: Monday February 2, 2015 to Friday February 6, 2015

Total Hours: 30

X _____ **Date:** 2/15/2015

Dr. Deanna Cross

Monday, February 9, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 7 hours

- 9-10:30am: Miscellaneous tasks
  - Checked FHH email
  - Checked in with Dr. Cross
  - Worked on Daily Journal (2/6)
- 10:30am-2pm: Worked on Thesis
  - Added additional sources to background section
- 2-3pm: Meeting with Dr. Cross & Janhavi
  - Discussed ORCA survey
  - Discussed project items
  - Scanned IRB documents (patient consent form)
- 3-4pm: Miscellaneous tasks
  - Looked for ORCA survey email and email reminder scripts

Tuesday, February 10, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 9-10:30am: Miscellaneous tasks
  - Checked FHH email

- Checked in with Dr. Cross
- Worked on Daily Journal (2/9)

- 10:30am-5pm: Worked on Thesis
  - Results section

Wednesday, February 11, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 9:30-10:30am: Miscellaneous tasks
  - Checked FHH email
  - Checked in with Dr. Cross
  - Worked on Daily Journal (2/10)
  - Email correspondence Michelle about provider demographic information
  - Emailed Mike Musty & Teji patient consent form and study update
- 10:30am-1:30pm: Worked on Thesis
  - Results section
  - Discussion section
- 1:30-2:30: Meeting with Dr. Cross
  - Determined provider demographics for yearly NIH progress report
  - Went over thesis discussion section
- 2:30-5:30pm: Worked on Thesis
  - Results section
    - Graphs with provider demographics
  - Discussion section

Thursday, February 12, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8 hours

- 9-10am: Miscellaneous tasks
  - Checked FHH email
  - Checked in with Dr. Cross
  - Worked on Daily Journal (2/11)
  - Email correspondence with Janhavi about provider consents
- 10am-2pm: Worked on Thesis
  - Discussion section
- 2-3pm: Meeting with Dr. Cross & Janhavi
  - Discussed ORCA surveys
  - Discussed study status

- 3-5pm: Worked on Thesis
  - Figures: screenshots of MeTree
  - Proof Read thesis
  - Sent thesis for peer review

Friday, February 13, 2015

UNT-HSC Genetics Department

Mentor: Dr. Deanna Cross

Total hours: 8.5 hours

- 9am-12:30pm: Miscellaneous tasks
  - Checked FHH email
  - Checked in with Dr. Cross
  - Worked on Daily Journal (2/12)
  - Reviewed peer review comments and made necessary changes
  - Emailed Michelle about possibly missing eagle ranch staff members for ORCA surveys
  - Looked for ORCA survey invitation word document
- 1-2pm: Met with Dr. Cross
  - Discussed Thesis
  - Discussed weekend availability
  - Searched for ORCA invitation word document
- 2-3pm: ORCA email invite test
  - Sent test email to Dr. Cross from Family History email
- 3-6pm: Miscellaneous tasks
  - Redid graphs for thesis
  - Added to Discussion section
  - Proof read past Daily Journal entries

Week Dates: Monday February 9, 2015 to Friday February 13, 2015

Total Hours: 39.5

X Deanna S Cross **Date:** 2/15/2015

Dr. Deanna Cross

APPENDIX B: SELECTED RELEVANT IRB DOCUMENTS

UNT Health Science Center

Office for the Protection of Human Subjects

Institutional Review Board

BOARD ACTION

IRB Project #: 2014-102 Date Submitted: September 24, 2014

Principal Investigator: Deanna Cross, PhD

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: Molecular and Medical Genetics Contact Info: x 5196

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: **September 9, 2015**

☑ Informed consent(s*) approved as submitted on : **October 3, 2014**

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: Subject (patient) consent form (with HIPAA Authorization Addendum) and provider consent form

☐ Study Protocol dated _____ approved as submitted.

☐ Investigator's Brochure _____ approved as submitted.

☑ Protocol Synopsis approved as submitted on: **October 3, 2014**

☐ 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

See IRB Board Action Addendum.

Chairman, Institutional Review Board

10/3/14
Date

UNT Health Science Center
Office for the Protection of Human Subjects
Institutional Review Board
BOARD ACTION

IRB Project #: 2014-102 Date Submitted: December 19, 2014

Principal Investigator: Deanna Cross, PhD

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: Molecular and Medical Genetics Contact Info: x 5196

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: **January 5, 2015**

☐ 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

The IRB Chair approved a number of protocol modifications via Expedited review procedures. Please see the IRB Board Action Addendum for additional information.

Chairman, Institutional Review Board

1/5/15
Date

UNT HEALTH SCIENCE CENTER

Title: Implementation, Adoption, and Utility of Family History in Diverse Care Settings

Protocol Number: #

Sponsor: NHGRI

Principal Investigator- UNTHSC: Deanna Cross, PhD

Collaborating Investigators: UNTHSC collaborators
Kim Fulda
Anna Espanoza
External Collaborators
Geoffrey S. Ginsburgh, MD PhD- Duke University (Overall PI)
Lori Orlando MD – Duke University (Co-PI)
Co –investigators
Catherine McCarty MPH, PhD –Essentia Rural Health Institute
Ryanne Wu –Duke University
Alison La Pean Kirschner- Medical College of Wisconsin
Carlos Maldonado- US Air Force
Grant Wood- Intermountain Health

Sites: **UNT Health Sites**
Patient Care Center
Seminary Road Clinic
Eagle Ranch Clinic
External Sites
US Air Force- Multiple locations
Essentia Healthcare –MN
Duke University – NC
Medical College of Wisconsin – WI
Intermountain Health- UT

You are being asked to take part in a research study. You are being asked to read and sign this consent by signing your name and filling in the date to indicate you agree to participate in this study.

UNT HEALTH SCIENCE CENTER

WHY IS THIS STUDY BEING DONE?

The purpose of this study is to examine the use and effectiveness of an internet-based family health history (FHH) collection software program (MeTree) that creates clinical decision support (CDS) with health risk scores to more efficiently manage the health of your patients who may be at risk for breast, colon, ovarian, and hereditary cancers as well as thrombophilia and coronary heart disease. Health risk scores are calculated using information from your patients' family health history, medical history, and lifestyle habits such as diet, exercise, and smoking.

This study will also investigate if it is possible to successfully add this patient-entered family health history into your standard electronic medical record systems.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?

Approximately 365 providers will take part in this study at 34 different medical clinics across the country, and approximately 15 providers will take part within the UNT Health system.

WHAT IS INVOLVED IN THE STUDY?

If you agree to be in this study,

1) You will be asked to sign and date this consent form.

2) You will receive education about MeTree, the (clinical decision support) CDS output provided after patients enter their family history, and the Genomic Medicine Model.

For the duration of the study (36 months),

3) Your participation will involve the completion of a computer-based survey at 6 months.

4) You will be asked to provide your email address so that the link to this survey can be sent to you at the appropriate time.

5) In addition, you will be asked for feedback during the early implementation of MeTree regarding any barriers, problems, or successes you've had with it.

The survey is designed to assess 1) uptake and acceptance of the intervention, 2) clinical effectiveness measures, and 3) patient-centered measures related to the clinical (disease control goals met; referrals made), behavioral (discussion of prevention and risk, estimation of CDS output used and adhered to), and emotional (satisfaction, knowledge, barriers to use, quality of CDS) domains.

HOW LONG WILL I BE IN THIS STUDY?

Your participation in the study will last for approximately 36 months. You will spend approximately 75 minutes participating in this study in addition to any time spent discussing the study details with your patients. **The one-time survey should take you approximately 10 minutes to complete.**

WHAT ARE THE RISKS OF THE STUDY?

There are no physical risks associated with this study. The confidentiality of your survey responses will be closely protected – we will ask you to refrain from providing personal information during the interview process and all individual records (digital audio recordings and notes) will be destroyed following study completion and data analysis.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

We hope that in the future the information learned from this study enhance patient health management.

WHAT ARE THE COSTS OR COMPENSATION?

There are no costs to you for taking part in this research study. You will not be paid for taking part in this research.

WILL MY INFORMATION BE KEPT CONFIDENTIAL?

Study records that identify you will be kept confidential as required by law. Federal Privacy Regulations provide safeguards for privacy, security, and authorized access. Except when required by law, you will not be identified by name, social security number, address, telephone number, or any other direct personal identifier in study records disclosed outside of Duke University Health System (DUHS). For records disclosed outside of DUHS, you will be assigned a unique code number. The key to the code will be kept in a locked file in the office of the central Duke Study Coordinator.

Your records may be reviewed in order to meet federal or state regulations. Reviewers may include the National Institutes of Health (NIH) or the Duke University health System Institutional Review Board.

If this information is disclosed to outside reviewers for audit purposes, it may be further disclosed by them and may not be covered by the federal privacy regulations.

While the information and data resulting from this study may be presented at scientific meetings or published in a scientific journal, your identity will not be revealed.

Your information will be labeled only with a code number. Only the researchers collecting your data at Duke University will have the information that matches the code to your name and other identifying information. This information will be securely stored and only very few, authorized members of the Duke study team, who have specifically agreed to protect your identity, will have access to this information. All other researchers and personnel, whether at Duke or elsewhere, including those who will be working with your information, will not have access to any of this identifying information about you.

It is the National Institutes of Health (NIH) policy that results of activities it funds should be made available to the public, including project datasets collected from studies such as this one. As part of this study, your de-identified information will be shared with researchers who request the data and agree, in writing, only to use your information for research, destroy the data after their analysis is complete, and keep it confidential and not share further with others. Information that could be used to readily identify you, such as your name, address, or telephone number, will NOT be provided to these researchers.

The study results will be retained in your research record forever.

WHAT ABOUT MY RIGHTS TO DECLINE PARTICIPATION OR WITHDRAW FROM THE STUDY?

You may choose not to be in the study, or, if you agree to be in the study, you may withdraw from the study at any time. If you withdraw, either your patients who are participating will also be withdrawn, or we will need for the physician surveys to be completed by a colleague of yours who knows your patient and also agrees to participate.

If you do decide to withdraw, we ask that you contact ***Dr. Deanna Cross*** in writing and let her know that you are withdrawing from the study. Her mailing address is:

Deanna Cross (Ph.D)
3500 Camp Bowie Blvd.
Fort Worth, Tx 76107

UNT HEALTH SCIENCE CENTER

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

For questions about the study or if you have problems, concerns or suggestions about the research, contact ***Dr. Deanna Cross*** at ***817-735-5196*** during regular business hours.

For questions about your rights as a research participant, or to discuss problems, concerns or suggestions related to the research, or to obtain information or offer input about the research, contact the UNTHSC Institutional Review Board (IRB) Office at (817) 735-0124.

STATEMENT OF CONSENT

"The purpose of this study, procedures to be followed, risks and benefits have been explained to me. I have been allowed to ask questions, and my questions have been answered to my satisfaction. I have been told whom to contact if I have questions, to discuss problems, concerns, or suggestions related to the research, or to obtain information or offer input about the research. I have read this consent form and agree to be in this study, with the understanding that I may withdraw at any time. I have been told that I may print a copy of this form for my records."

_____ _____

Signature of Subject Date

_____

Printed name of Subject

_____ _____

Signature of Person Obtaining Consent Date

_____

Printed name of Person Obtaining Consent

Organizational Readiness to Change – Weiner

Please circle the response that best reflects your clinic's/clinical service's/specialty's readiness to implement the Family Health History in Diverse Setting study. We are interested in your thoughts and opinions. We will ask you for your organizational role in your clinic but your responses will be anonymous.

Please specify your organizational role:

1. Provider
2. Administrator
3. Nurse
4. Clerk/scheduler

	1	2	3	4	5
	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree
1. We can get providers invested in implementing this change.	1	2	3	4	5
2. We are committed to implementing this change.	1	2	3	4	5
3. We keep track of progress in implementing this change.	1	2	3	4	5
4. We will do whatever it takes to implement this change.	1	2	3	4	5
5. We can support providers as they adjust to this change.	1	2	3	4	5
6. We want to implement this change.	1	2	3	4	5
7. We can keep the momentum going in implementing this change.	1	2	3	4	5
8. We can handle the challenges that might arise in implementing this change.	1	2	3	4	5
9. We are determined to implement this change.	1	2	3	4	5
10. We can coordinate tasks so that implementation goes smoothly.	1	2	3	4	5
11. We are motivated to implement this change.	1	2	3	4	5
12. We can manage the politics of implementing this change.	1	2	3	4	5
13. We have the resources to implement this change.	1	2	3	4	5
14. We know what we need to do to implement this change.	1	2	3	4	5
15. We need to implement this change.	1	2	3	4	5
16. We have the staff to implement this change.	1	2	3	4	5
17. We have the skills to implement this change.	1	2	3	4	5
18. We know what resources we will need to implement this change.	1	2	3	4	5

19. We believe that implementing this change will benefit patients.	1	2	3	4	5
20. We know what steps are involved in implementing this change.	1	2	3	4	5

Finally, how ready is your clinic/clinical service/specialty to implement this change?

1	2	3	4	5
Not at All Ready	A Little Ready	More Ready than Not Ready	Ready	Very Ready

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