Patient-Centered Communication in the Preoperative Visit, a Systematic Study

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Introduction: The skills for good communication with patients are vital for all physician-patient interactions, and are one of the six general competencies that must be taught in all residency programs.[1] The discussion of the upcoming anesthetic is an opportunity for the anesthesiologist to obtain patient information and provide teaching about the perioperative experience that can have a profound impact on the quality of the experience, *e.g.,* reducing medical errors, lessening pain, speeding recovery, reducing anxiety, etc. Numerous studies point to the importance of effective provider-patient communication in improving patient outcomes.[2] Klafta and Roizen[3] discuss six goals for the preoperative evaluation but no observational data have been presented to determine how well this model is followed in practice. Patient centered communication has been described by the Institute of Medicine as an essential component of high-quality care.[4] Patient centered communication has been examined in audio recordings of doctor-patient interactions, but none in the pre-anesthesia interview. Our proposed evaluation tool (Anesthesia Preoperative Assessment Tool - APAT) combines the six goals for an effective preoperative evaluation (tasks) with the techniques needed for a patient ‑centered interview (skills). The APAT allows for the determination of the time spent in completing each task as well as the order of completion. Additionally, each task is graded for patient centeredness. In our initial experience with the APAT, we have found it to be quite effective in its ability to reproduce what actually occurs in a preoperative interview. It is hoped that by studying this interaction, we may gain insights that will allow us to develop educational programs to increase communication skills in residents.

Methods: The University of Rochester Medical Center's Research Subjects Review Board approved the research protocol used for this study in its entirety, and it is in compliance with all relevant HIPPA regulations. Patients undergoing preoperative evaluation in our clinic were randomly chosen for inclusion in this study. A member of our department (nurse-practitioner, resident, or attending) conducted a standard preoperative interview while wearing a digital recording device. The recordings were later transferred to a DVD for detailed analysis. Study patients were also asked to fill out an evaluation form detailing their anxiety levels prior to and after the evaluation, and answer specific questions regarding the interview.

Results/Discussion: To date, 21 provider-patient interactions have been recorded and analyzed. The APAT breaks down the interview into 8 tasks. These are initiating the session, getting the patients perspective, history, physical, plan post op pain therapy, determining mutually agreeable anesthetic plan, describing the anesthetic (generally and informed consent), and closing the session. The average interview lasted 815 ±271.2 seconds. Longest average time was spent in obtaining the history (271 ±156.3 s), followed by discussing the anesthetic plan (134 ± 151.3s) Of particular note, the average time spent in discussing post-operative pain was 21 ± 44.8s, and in 14 of 21 recordings no discussion of postoperative pain occurred at all. The discussion of postoperative pain seemed to occur in cases with a more senior interviewer, as a response to a patient's question, or when the placement of an epidural was anticipated. Further, two patients reported awareness during sedation for an invasive procedure (bronchoscopy, colonoscopy) as intraoperative awareness. It was clear upon further questioning, that these patients had never been informed of the difference between sedation and general anesthesia.

Conclusion: The skills for good communication with patients are vital for all physician-patient interactions. The APAT we are developing is proving useful to evaluate the anesthesiologist-patient interaction. Further work is needed to validate the subjective grading of the components of the interview. Initial observations would indicate that there is a need for greater discussion of post operative pain, and patient education regarding intraoperative awareness

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