



A Needs Analysis to Inform an Awake Surgery Communication Curriculum: The Resident Perspective

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Background

- Conscious procedure offers shorter recovery times and decreased costs, but challenging patient experience
- Patient experience data now playing a critical role in areas including reimbursement and quality ratings
- Procedures present unique communication challenge, especially in training environment
- Balance coaching, instruction with physical and emotional support of patient
- Previous work assessed attending and patient perspective; residents provide unbiased, encompassing perspective

Specific Aims

- Aimed to learn:
 - Resident perspective on communication successes in conscious procedure
 - How this compared to earlier data procured from attending physicians

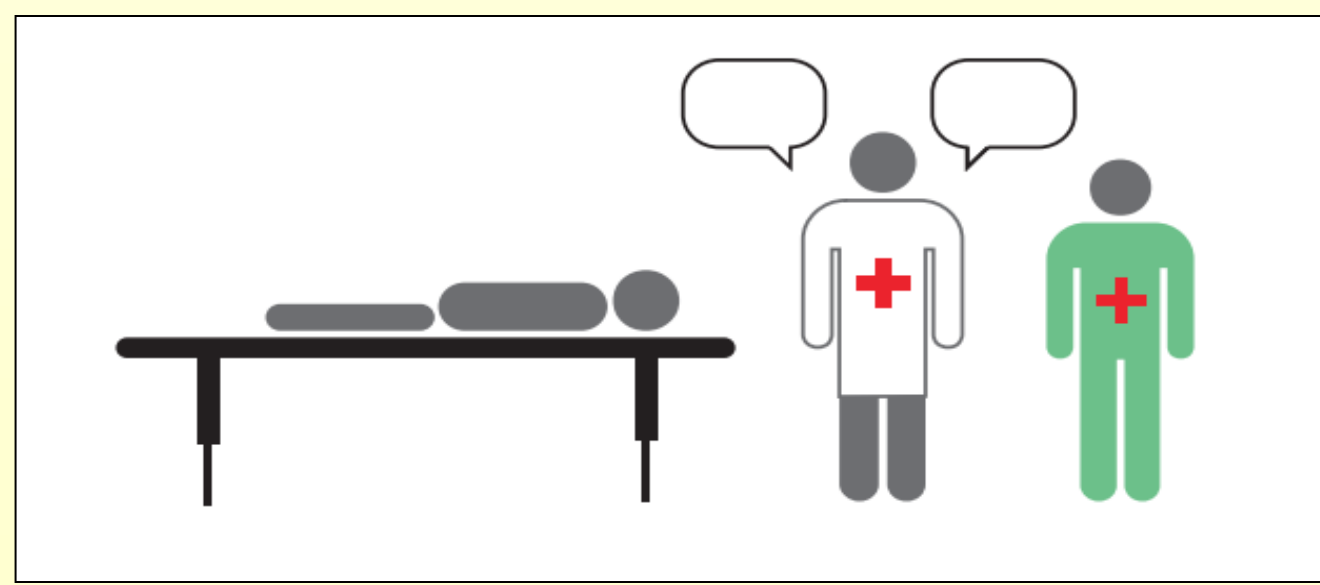
Methods

- Qualitative study
- Conducted focus groups with residents from OB-GYN (7), urology (7), and general surgery (11)
 - 2-7 residents per focus group
 - Required at least ten or more exposures to conscious procedure
- Saturation reached after five focus groups
- Themes developed and refined by 3 researchers according to the constant comparative method
- Coding done independently; discrepancies solved by consensus.

Results

Effective Physician-Patient Communication Subthemes	
Subtheme	Representative Quote
Pre-operative Communication	“I think setting expectations, about what it’s going to feel like, or what it’s supposed to feel like, making sure there aren’t questions, is helpful”
Adapting for the individual patient	“But I think it gives you that perspective of applying that personal relationship with the patient, learning it and then applying it directly”
Preparing for noticeable changes	“Communicating each step that they might feel, like “Oh I’m going to numb you now, you might feel a little prick, and then you’ll feel less pain”
Distraction	“Asking people about “what did you do before you retire”
Utilizing doctor-patient relationship	“It’s definitely better when the attending has the trust of the patient, and they have a longer relationship”
Ensure comfort for the patient	“You can have a conversation about whether they’re having issues with poor anesthesia” “It offers immediate feedback into how the patient’s doing, if they’re experiencing discomfort you can do something to adjust”
Patient Education	“I think the patient really appreciates being able to learn and hear what we’re also learning”

Overlap in Resident and Attending Perspective	
Resident Physicians	Attending Physicians
Pre-operative communication	Managing expectations
Adapting for the individual patient	Patient focused
Preparing for noticeable changes	Prepare for change in stimulation
Distraction	Distraction
Ensure comfort for the patient	Ensure comfort
Patient Education	Explaining or teaching Patient Instruction
*Utilizing doctor-patient relationship	
*Unique to resident perspective	



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Limitations

- Small sample size (n=25)
- Generalizability
 - Single university study
- Not all specialties involved in conscious procedure represented
- Researchers aware of attending physician data

Conclusions

- Strong correlation between resident and attending perspectives on positive communication techniques, with 67% of subthemes directly overlapping
- Resident’s unique perspective yielded new subtheme of doctor-patient relationship
- Unique perspective of resident provided new insight and validated techniques identified in earlier work

Moving Forward

- Triangulation: next step will involve incorporating these techniques into patient survey
 - Quantitative
 - Final assessment of validity of proposed technique



References

- Smith, Claire. Journal of Surgery. 2016.
- Practice Guidelines for sedation and analgesia by non-anesthesiologists. Anesthesiology 1996
- Greenburg, Caprice C. Patterns of Communication Breakdowns Resulting in Injury to Surgical Patient
- Nijkamp MD, Patient Educ Couns. 2002.
- DaRosa DA, J Surg Educ. 2013.