



Communication study

A systematic review of surgeon–patient communication: Strengths and opportunities for improvement



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ABSTRACT

Objective: Effective communication is critical to patient satisfaction, outcomes of care and malpractice prevention. Surgeons need particularly effective communication skills to discuss complicated procedures and help patients make informed choices. We conducted a systematic review of the literature on surgeon–patient communication.
Methods: Searches were conducted in MEDLINE, PsycINFO, and Sociological Abstract. Two reviewers screened citations and full-text articles. Quality was appraised using the Critical Appraisal Skills Program tool. Studies were categorized into content of communication, patient satisfaction, relationship of communication to malpractice, and duration of visits.
Results: 2794 citations and 74 full-text articles, 21 studies and 13 companion reports were included. Surgeons spent the majority of their time educating patients and helping them to make choices. Surgeons were generally thorough in providing details about surgical conditions and treatments. Surgeons often did not explore the emotions or concerns of patients. Potential areas of improvement included discussing some elements of informed decision making, and expressing empathy.
Conclusion: Surgeons can enhance their communication skills, particularly in areas of relative deficiency. Studies in primary care demonstrate communication programs are effective in teaching these skills.
Practice implications: These can be adapted to surgical training and ultimately lead to improved outcomes and satisfaction with care.

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1. Introduction

Physicians and surgeons must have excellent skills in communication to deliver high quality care [1]. Effective communication has a positive impact on important outcomes including patient satisfaction, adherence to recommended treatment, and self-management of chronic disease. Clinical outcomes of chronic diseases including diabetes, hypertension and cancer depend on effective communication [2–11]. In contrast, poor communication has been associated with patient dissatisfaction and even malpractice litigation [12,13].

Communication between surgeons and their patients is particularly important. Patients visiting surgeons are often fearful as they have to make decisions about whether to undergo invasive, often risky, procedures. The nature of these decisions is complicated and patients often lack information about surgical procedures, the options related to non-operative treatment and the requirements for rehabilitation post-surgery. Surgeons need to conduct conversation about complicated medical issues, about treatment choices, complexities of surgical procedures and options, and they have to allay patients' fears and build trust during short visits [14]. Consequently, surgeons require sophisticated skills in a variety of communication tasks including; exchanging information, responding to patients' emotions, and engaging in informed and collaborative decision-making.

Despite the importance of effective communication to surgeons, the vast majority of literature in the communication field has focused on primary care physicians and internal medicine specialists and their interactions with patients [15], and there have been relatively few studies describing communication between surgeons and patients. This gap leads to a lack of specialty specific understanding of best practices in communication and may lead to applying information from primary care when it is not appropriate for the surgeon–patient interaction. Furthermore, the absence of specialty specific information leaves surgery training programs without guidance in how best to teach trainees about effective communication. The Accreditation Council for Graduate Medical Education requires training in the competencies of interpersonal and communication skills and hence, residency programs are seeking to develop high quality materials to form the basis for this education [16].

To address this potential important gap in knowledge of surgeon–patient communication, we conducted this systematic review. We aimed to synthesize all descriptive studies examining the communication of surgeons during their interactions with patients, family members, and standardized patients. We aimed to bring these studies together to form a starting point for surgeons and for training programs to understand the existing literature in the field.

2. Methods

We conducted a systematic review of the literature. The reporting of our systematic review conforms to the Preferred

Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) Statement [17].

2.1. Eligibility criteria

Descriptive quantitative and qualitative studies were included if they reported an objective measure or rating of a communication skill or behavior during interactions of surgeons and/or surgical residents with patients, family members, and standardized patients. In order to be included, the interactions had to be audiotaped, videotaped or directly observed so that actual communication behaviors could be assessed. Studies were excluded if they only (1) examined the interactions between surgeons and other health professionals, (2) focused on satisfaction with communication without observed interactions or (3) dealt with teaching surgical skills.

2.2. Information sources

Medical Subject Headings and text words related to surgeon communication were used to search MEDLINE (OVID interface, 1950 to April 2010), EMBASE (OVID interface, 1980 to April 2010), PsycINFO (Scholar's Portal interface, 1806 to April 2010), and Sociological Abstracts (Scholar's Portal interface, 1953 to April 2010). Searches were performed without any year, language or study design restrictions. To supplement the search, the reference lists of included studies were scanned and the authors searched their personal files to identify further potentially relevant material.

2.2.1. Search

An experienced information specialist conducted all of the literature searches. The search strategy for the main electronic search (MEDLINE) is presented in the Appendix. It was revised as necessary for the other databases (full searches for these databases are available upon request).

2.3. Study selection

Two independent reviewers screened the citations (i.e., titles and abstracts) for inclusion using a pre-defined relevance criteria form. Discrepancies were resolved by discussion and the full-text article was obtained for potentially relevant citations. The same two reviewers subsequently assessed the full-text articles independently and conflicts were resolved by discussion.

2.4. Data collection process

A draft data extraction form was developed, piloted, and modified as necessary. One reviewer extracted all of the data using the standardized data extraction form and a second reviewer verified the data. When multiple study publications reported data from the same population (i.e., companion reports), the study reporting the content of communication was considered the major

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