Patient Education and Counseling 101 (2018) 1066–1074

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

# Family companions' involvement during pre-surgical consent visits for major cancer surgery and its relationship to visit communication and satisfaction

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ARTICLE INFO

*Article history:*
Received 23 July 2017
Received in revised form 16 January 2018
Accepted 17 January 2018

*Keywords:*
Companion
Family caregiver
Patient-provider communication
Cancer
Surgery

ABSTRACT

*Objective:* To examine the association between family companion presence during pre-surgical visits to discuss major cancer surgery and patient-provider communication and satisfaction.
*Methods:* Secondary analysis of 61 pre-surgical visit recordings with eight surgical oncologists at an academic tertiary care hospital using the Roter Interaction Analysis System (RIAS). Surgeons, patients, and companions completed post-visit satisfaction questionnaires. Poisson and logistic regression models assessed differences in communication and satisfaction when companions were present vs. absent.
*Results:* There were 46 visits (75%) in which companions were present, and 15 (25%) in which companions were absent. Companion communication was largely emotional and facilitative, as measured by RIAS. Companion presence was associated with more surgeon talk (IRR 1.29, p = 0.006), and medical information-giving (IRR 1.41, p = 0.001). Companion presence was associated with less disclosure of lifestyle/psychosocial topics by patients (IRR 0.55, p = 0.037). In adjusted analyses, companions' presence was associated with lower levels of patient-centeredness (IRR 0.77, p 0.004). There were no differences in patient or surgeon satisfaction based on companion presence.
*Conclusion:* Companions' presence during pre-surgical visits was associated with patient-surgeon communication but was not associated with patient or surgeon satisfaction.
*Practice implications:* Future work is needed to develop interventions to enhance patient-companion-provider interactions in this setting.



## 1. Introduction

Major surgery involves a significant risk of death or disability [1]. A pre-surgical visit is frequently held immediately before planned surgery to obtain patient consent and review surgical risks and benefits, potential postoperative morbidities, pain management and quality of life considerations [2–4].

Patients are often accompanied by a family member (i.e., companion) to medical visits and while the study of patient accompaniment is growing [5,6], most studies have focused on the consequences of having a companion present in ambulatory care setting. These studies have found that when companions are present in visits, patient ratings are higher across visit satisfaction dimensions of interpersonal rapport, information giving, and care quality [6–9]. Companions have been reported to help patients become more active participants in their conversational exchanges

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https://doi.org/10.1016/j.pec.2018.01.011
0738-3991/

by asking more questions and prompting them to raise their concerns with providers as opposed to simply passively receiving information [8]. When together, patients and their companions may proactively direct the course of the visit by orienting the provider to their agenda, introducing new topics, and disclosing more information [8]. Therefore, it is perhaps unsurprising that the great majority of patients value the involvement of companions when making treatment decisions [10]. It is also important to note that companions' engagement does not always have a positive influence on patients. Companions occasionally disagree with patients on treatment decisions and care [11].

While the findings noted have relevance for companion involvement in surgical decisions, there has been little exploration of companions' role within high stakes, pre-surgical visits in which decisions about major elective cancer surgery are discussed. The purpose of this study was to examine the impact of family companion presence on communication during pre-surgical visits, particularly in regard to the impact of companion presence on the overall patient-centeredness of the session, and patient and surgical oncologist satisfaction with the visit.

## 2. Methods

### 2.1. Study design

This study is based on secondary analysis of 61 digitally-recorded pre-surgical visits with surgical oncologists that occurred between July 2015 and September 2016. The parent study was a randomized clinical trial designed to evaluate how pre-surgical visit communication might be affected by a video designed to prepare patients and family members for major surgery [12]. Nine surgical oncologists at an academic tertiary care hospital agreed to participate in the study as they had sufficient cancer patient populations, the nature of the surgeries they performed were likely to result in a short term intensive care unit stay for their patients, and they were willing to be in the trial. While not all participating surgeons' standard practices involved a separate pre-surgical visit, participating surgeons had to schedule a dedicated pre-surgical consent visit—separate from the initial surgical evaluation—approximately one week prior to surgery, and consent to be audio recorded. While the study recruited patients from the nine participating surgeons, only eight surgeons had patients that were eligible for the trial and enrolled.

Adult patients scheduled to undergo elective major cancer surgery were recruited from these nine surgical oncologists' outpatient clinics. Patients were only eligible if, for a variety of medical reasons, the surgeon planned to postoperatively admit the patient to the surgical intensive care unit (SICU). Patients had to be scheduled for non-emergent surgery such that they had at least a day to review the video prior to consenting to surgery. Other inclusion criteria were: plan to undergo surgery with one of the study surgeons, age 18 or above, able to give informed consent, and able to speak English. Patients were excluded if they had visual or hearing impairments rendering them unable to view and/or hear the study videos.

**Table 1**
Examples of Key RIAS Composite Codes.

| RIAS Composite Code | RIAS Codes | Examples from Recordings |
|---|---|---|
| Questions – medical | Medical or therapeutic questions—either open or closed<br>Bid for repetition | • Patient: Now could you explain that to me because I never did understand the difference between the colon and the small intestine? |
| Information and counseling – medical | Gives medical or therapeutic information<br>Counsels medical or therapeutic | • Surgeon: You have that really big stent in there.<br>• Surgeon: Being a little bit generous in weight around the middle, weight and obesity do increase your risk of surgical complication. |
| Questions – lifestyle/ psychosocial | Lifestyle or psychosocial questions—either open or closed | • Patient: How soon after the surgery can I go back to work?<br>• Companion: What changes will occur in my dad's day-to-day life, if any, as a result of losing 20–30% of his pancreas and his spleen? |
| Information and counseling: lifestyle/psychosocial | Gives lifestyle or psychosocial information<br>Counsels lifestyle or psychosocial | • Patient: I'm prepared to do it [surgery]. |
| Activation | Asks for opinion<br>Asks for permission<br>Asks for reassurance<br>Asks for understanding<br>Back channels<br>Paraphrase, checks for understanding | • Surgeon: Here is your liver—does that make sense?<br>• Companion: Her prognosis is good, right? |
| Positive talk | Laughs, tells jokes<br>Expresses approval<br>Compliments<br>Shows agreement, understanding | • Surgeon: You are just doing your best.<br>• Companion: Your analogies are very good.<br>• Patient: I have faith in you as a surgeon. |
| Emotional talk | Empathy statements<br>Legitimizing statements<br>Concern, worry<br>Reassurance, optimism<br>Partnership statements<br>Self-disclosure | • Surgeon (to companion): It's very difficult to watch a family member go through this.<br>• Patient: I'll take those odds any day!<br>• Patient: I'm looking forward to relaxing and not going to work for two months.<br>• Surgeon: I promise you it's no worse than getting a little IV in your arm.<br>• Surgeon: This is a very normal feeling to have. You are not alone. A lot of women have these feelings. |
| Negative talk | Disagreement<br>Criticism | • Companion: It looks easy<br>• [In response to the above statement] Surgeon: It's not that easy. |
| Social talk | Personal remarks | • Surgeon: I forgot to ask: how was the cruise? |
| Procedural talk (orientations and instructions) | Transitions<br>Gives orientation, instructions | • Surgeon: I will just mention one more thing (orient).<br>• Surgeon: I'm going to sit down right now and talk about what the proposed surgery is. |