Do Patients Understand the Role of Resident Physicians in the Operating Room? A Survey of Gynaecology Patients

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Abstract

Objective: Studies from disciplines outside gynaecology have found that most patients do not understand the clinical responsibilities allocated to physicians-in-training. No research on this topic has been published in gynaecology, despite litigation against gynaecological surgeons regarding the role of residents in surgery. The goal of this research was to explore what gynaecological surgery patients understand about the role of resident doctors.

Methods: A questionnaire was distributed to female patients in gynaecological surgery pre-admission clinics in Edmonton, Alberta. Surveys included knowledge and opinion statements about residents' duties. Anonymous responses were entered into a secure database. Descriptive statistics were used to characterize the results.

Results: Of 108 participants, 83% understood that residents had a higher level of training than medical students, yet 40% were unsure whether residents were doctors. Almost one half (43%) of participants were uncertain whether residents required supervision, including while operating (20%). Most (92%) believed it was important to know their physician's level of training, yet only 63% reported knowing this information. Only 50% of participants would be comfortable with residents operating on them under supervision. A considerable number (56%) wanted to learn more about residents' roles.

Conclusion: Patients do not fully understand the role of residents, and many are uncomfortable with trainees operating on them under supervision. Considering the significant role of residents in patient care, educating patients is essential to improve their comfort and the overall consent process.

Key Words: Resident physicians, gynaecological surgery patients, surgical education, informed consent, medicolegal, resident education

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Résumé

Objectif : Des études dans d'autres disciplines que la gynécologie ont montré que la plupart des patients comprenaient mal la nature des responsabilités cliniques des médecins en formation. En gynécologie, aucune recherche n'a été publiée sur le sujet, malgré le fait que des poursuites aient été intentées contre des chirurgiens gynécologues concernant le rôle des résidents en chirurgie. Cette étude visait à rendre compte de ce que les patientes en chirurgie gynécologique savent du rôle des résidents.

Méthodologie : Un questionnaire évaluant les connaissances et les opinions sur le travail des résidents a été distribué aux patientes de cliniques de préadmission en chirurgie gynécologique d'Edmonton (Alberta). Les réponses anonymisées ont été entrées dans une base de données sécurisée, et les résultats ont été obtenus à l'aide de méthodes statistiques descriptives.

Résultats : Parmi les 108 participantes, 83% savaient que la formation des résidents était plus avancée que celle des étudiants en médecine, même si 40% n'étaient pas certaines s'ils étaient médecins. Près de la moitié (43%) des patientes sondées ne savaient pas si les résidents avaient besoin d'être supervisés, y compris pendant la chirurgie (20%). La plupart des participantes (92%) considéraient important de connaître le niveau de formation de leur médecin, mais seulement 63% avaient reçu cette information. Enfin, seulement 50% des répondantes seraient à l'aise qu'un résident les opère sous supervision, et une majorité (56%) aimerait en savoir plus sur le rôle de ces professionnels.

Conclusion : Les patientes ne comprennent pas parfaitement le rôle des résidents, et bon nombre ne seraient pas à l'aise qu'une personne en formation les opère sous supervision. Comme les résidents jouent un rôle crucial dans la prestation de soins, il serait crucial de mieux informer les patientes pour augmenter leur degré d'aise et améliorer le processus global de consentement aux soins.

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INTRODUCTION

Strong physician-patient relationships are vital for physicians to earn patients' confidence and trust. Over recent decades, the focus has shifted to patient-centred care. It is no longer acceptable for physicians to make decisions on behalf of their patients. Instead, patients must be provided with adequate information to make fully informed choices, especially when providing consent for surgery with its associated risks.[1] The Canadian Medical Association Code of Ethics states that physicians must "provide (their) patients with the information they need to make informed decisions about their medical care" and "make every reasonable effort to communicate with (their) patients in such a way that information exchanged is understood."[2]

With this changing paradigm, learning effective communication has become an integral part of Canadian medical school curricula. Nonetheless, confusion continues to exist at the very basic level of physician-patient interactions. Teaching hospitals are complex environments with all levels of trainees. Trainee physicians, who understand their own status, may not always help patients' understanding by using potentially confusing titles such as "student" or "resident" that do not explain the exact nature of this role. This confusion may influence not only patient satisfaction, but also the ability of patients to provide true informed consent to their medical care.[3]

Studies, mainly in emergency departments, have shown that although most patients believe it is important to know the level of training of their doctor, most have little knowledge about the responsibilities of physicians-in-training.[3,4] Several other populations in orthopedics,[5] ophthalmology,[6] and antenatal clinics[7] have also been examined. To date, no studies of this kind have been published describing patients' understanding about the role of trainees in gynaecology patients.

A Canadian gynaecological surgeon was recently sued because a patient alleged she was not fully informed about the role of a resident in her tape surgery for stress urinary incontinence. During the procedure, the patient experienced a bowel perforation that was successfully repaired. The patient signed a consent form that explained that the physician would perform the "procedure with the assistance of any other health care staff including residents." Later, the patient testified that if she had known a resident would be performing some or all of her procedure, she would not have consented to it. We did not know whether other gynaecological surgery patients would have similar concerns.

The goal of this study was to explore what patients undergoing gynaecological surgical procedures understand about the role of resident doctors in their care. We also wanted to identify the comfort level of these patients regarding junior providers being involved in their care.

METHODS

We conducted a cross-sectional survey of adult gynaecological patients at pre-admission clinics at the Lois Hole Hospital for Women in Edmonton, Alberta. The survey was conducted between February and May 2016. Questionnaires were distributed to patients by two medical students. A brief information leaflet that accompanied the questionnaire described our study objectives and provided contact information should the patients have any questions or concerns. Eligible patients needed to be female, over the age of 18, able to read and understand written English, awaiting major or minor gynaecological surgery, and agreeable to participate. All patients who agreed to participate provided verbal consent and completed the questionnaire. The Department of Obstetrics and Gynecology of the University of Alberta and the Lois Hole Hospital for Women administration, as well as the University of Alberta Health Research Ethics Board, provided approval for this study (Pro00061073). Faculty members were informed about the study and agreed that their patients could be approached by the study team. Before initiating patient recruitment, we estimated that 100 patients were required for this study on the basis of our previous experience with a similar survey of gynaecology clinic patients.[8]

Questionnaire

The questionnaire was adapted from a similar study conducted in an inner-city teaching hospital emergency department.[3] The questionnaire was initially piloted by eight participants and was then revised further before further dissemination. The questionnaire consisted of three sections (Appendix). The first section consisted of patients' demographic information: no personally identifying information was collected. The next section had seven statements about patients' knowledge of residents' duties and their roles compared with staff physicians. The final section consisted of five opinion statements about patients' comfort levels with resident doctors. Respondents were asked whether they agreed with, disagreed with, or were unsure about the statements in the final two sections. Participants were also invited to add comments on the questionnaire.

Data Management and Analysis

Questionnaire responses were collected and managed using REDCap, an application designed for managing data for research studies and hosted on a secure server at University