



Understanding communication between surgeon and patient

Thursday 30 May, 2013

Researchers in Australia and New Zealand have undertaken the first comprehensive analysis of surgeon-patient consultations, concluding that they are structurally quite distinct from consultations between patients and general practitioners and therefore warrant detailed and independent study.

Writing in the latest issue of the *ANZ Journal of Surgery*, the researchers found that this structural difference has implications for surgeon-specific research and education, highlighting the need to question current assumptions in communication training and in clinical practice.

Lead author, Dr Sarah J. White of the Australian School of Advanced Medicine at Macquarie University, said that while the structures of doctor-patient interactions in acute primary care settings have been described in great detail, the same cannot be said of surgeon-patient interactions.

"We posit that surgeon-patient consultations have a unique interactional structure and using Conversation analysis (CA) we sought to test this theory," Dr White said. "CA uses recordings of naturally occurring data. The analysis begins with transcription, where repeated exposure to the data allows researchers to 'notice' interesting features. This is followed by a more systematic analysis of the data, which is analysed with reference to the basic structures found in everyday conversation. Patterns and norms of interaction emerge from this analysis and form the findings of the research."

"The benefits of using CA to study surgeon-patient consultations include creating a detailed picture of the overall structure of consultations as well as focusing on their unique intricacies, where little basic research has been undertaken. We analysed 35 video-recorded consultations, all of which were recorded in New Zealand surgical settings. Of the 35, 32 were carried out in outpatient clinic settings, two were preoperative assessments in a ward setting and the final one was an outpatient consultation in a ward setting. There were seven surgeons and three registrars involved, two of whom were female, representing several surgical specialties.

"While the consultations follow a similar overall structure to other doctor-patient consultations, and progress logically, we found some key differences. As the patient is referred for first and check-up visits, the first activity of the consultation is to establish a mutual understanding of the referral letter and achieving alignment between the surgeon, patient and the referring doctor. We found that the referral permeates through the other activities in the consultation. Such a sequence does not usually occur in primary care consultations as patients self-refer, and the doctor is unaware of the precise problem that the patient might present. We found that follow-up visits involve the patient and surgeon re-establishing the clinical relationship, that is, the relationship the patient has with the clinical team, not just with an individual surgeon.

"These structural differences have implications that surgeons, colleges, medical boards and medical schools might like to consider. There are also implications for patient participation in the clinical process. We know that communication is a fundamental aspect of medicine, and we believe that this new perspective on surgeon-patient interaction has the potential to enhance specialist training," Dr White said.

The *ANZ Journal of Surgery*, published by Wiley-Blackwell, is the pre-eminent surgical journal published in Australia, New Zealand and the South-East Asian region. The Journal is dedicated to the promotion of outstanding surgical practice, and research of contemporary and international interest.



**Media inquiries: Bridget Hooper, Media & Public Relations Officer
+61 437 008 891 or +61 3 9276 7430**