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# *CORR* Insights®: In Orthopaedic Specialty Care, Longer Explanations Are Not More Caring or More Satisfying

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## Where Are We Now?

Building a strong physician-patient rapport is essential to the management of orthopaedic patients. These relationships help us develop patient-centered treatment options and facilitate a team-focused approach [2, 4]. Supportive communication between patients and physicians increases patient satisfaction, improves medication and treatment plan adherence, and helps drive successful clinical outcomes [1, 5]. These relationships are considered so critical to care that several different patient satisfaction measurement techniques have been developed, some of which are publicly available and tied to physician and hospital reimbursement [3]. While the importance of a strong patient-physician relationship is known, the best ways to enhance communication during an orthopaedic visit have not been well studied.

In their study, van Maren et al. [6] evaluated orthopaedic patient office visits to better understand potential associations between communication components and patient-perceived satisfaction with visits. They performed a cross-sectional analysis of 118 patients seeking care for upper extremity problems; the patients had a mean age of 45 ± 15 years. Audio from the office visits was recorded, and on playback, was separated into a number of different categories, such as relationship building, agenda setting, interpretation of tests and findings, technical explanation, and expertise transfer. A variety of patient-reported outcome measurement tools were then used to identify associations between patient satisfaction and the primary outcome: duration of expertise transfer. The authors found that longer durations of expertise transfer were not correlated with greater satisfaction, but were correlated with catastrophic thinking. Additionally, greater visit satisfaction was associated with less health anxiety and catastrophic thinking. Based on these discoveries, orthopaedic surgeons should attempt to relay management information through a back-and-forth conversation with a patient rather than a single-sided lengthy description. Further details regarding management can be expanded on as the patient continues to ask questions. Simply going through an exhaustive explanation upfront not only appears to have limited benefit, but also appears to create negative patient perceptions.

## Where Do We Need To Go?

This study tells us that spending more time with patients will not result in them being more satisfied with their care [6]. More communication seems not to be the answer; more-effective communication most likely will be. Reorienting our patients' misinterpretations or misunderstandings of their problems is key. It is important to do this in ways that don't cause the patient to feel offended or shut out. Additionally, how we communicate with our patients, such as using electronic or tangible visual aids, may need to be adjusted. Adapting to new communications strategies is becoming more of a cornerstone of orthopaedic practice, especially as more office visits are becoming virtual encounters.

Building off of this study, additional variables should be further analyzed so that practice-specific data can be collected. Orthopaedic care spans a large age range; subanalyses based on patient age and demographics would

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be beneficial because age often plays into a patient's goals. Additionally, stratifying patients by orthopaedic subspecialty seems important in the next round of studies. Patients following up in a trauma clinic are different than those contemplating elective surgery. Finally, the influence of the office environment, such as the physical room patients are seen in, instructional posters/diagrams, office staff, and available facilities, all need to be better understood.

## How Do We Get There?

There will not be one single communications formula that works for every patient. Instead, we should approach this stepwise to improve of all our patients' experiences. As the authors mention, instead of directly confronting a patient's specific orthopaedic problem and the solution to it, team-based communication—that is, communication that helps patients to feel that they are part of the decision-making process—can help people feel more in control and perhaps increase satisfaction and adherence to their management plans. Additionally, physicians can better apportion how office time is used, so as to balance time spent allowing the patient to share his or her story, with time spent teaching patients about the proposed treatment. A good technique is to utilize teach-back, where the physician briefly summarizes what the patient has said, helping reaffirm to the patient that the physician is fully aware what has been going on that led to the office visit.

Future studies should build off of the design of this current work. Recording patient encounters and breaking down portions of them for analysis, in addition to patient surveys, can be a reliable means to ascertain data. Obtaining these data should also not be overly difficult, as orthopaedic surgeons routinely see a number of patients in the office, allowing for the volume of data needed for granular analyses. One particular study idea that might be generalizable is evaluating the influence of the office setting on patient perceptions. This would be particularly helpful now as more visits are being performed virtually. If the office setting holds little influence on our patients then perhaps more surgeons would consider utilizing virtual visits after the first patient encounter. After a virtual visit, new patients could be asked whether they were satisfied with their level of care, and established patients could be asked whether they felt the virtual visit maintained at least the same level of care as a physical one. It would also be pertinent to understand the influence of instructive posters on patient education and expertise transfer. These data could then help all surgeons in designing more patient-centric offices, which might help reduce patient anxiety and improve patient education and perception of their surgeon.

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