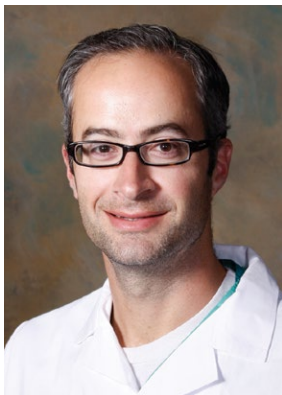


A Case for Professionalism:

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As physician anesthesiologists, we may be called upon to demonstrate our mastery over multiple dimensions of professionalism during any patient encounter. Our knowledge and technical skills as well as our communication and coordination capabilities can be challenged, even in what were at the outset routine cases. While a singular, all-inclusive definition for professionalism in anesthesiology remains elusive, I would submit that nowhere are these aspects of care recognized as a success or failure so conclusively as during the postoperative visit.

In the popular business book *Flawless Execution*,¹ author and former fighter pilot James D. Murphy emphasizes the importance of the debriefing in order to optimize team performance over time. This process is described in the context of a fighter squadron following completion of a military mission. Key highs and lows of the mission are reviewed and lessons learned are incorporated into the group knowledge in order to increase the chances for success under similar circumstances in the future. Within the anesthesia world, the postoperative visit is our best opportunity for data-gathering if we are to similarly improve the care we provide to our patients over time. In this article, I will focus on two professionalism-related outcomes that we can evaluate in our postoperative visits. These include professional advocacy with the public and the patient experience of care.



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Professional Advocacy With the Public

As members of a professional society, we strive in all of our activities to focus on “Advancing the Practice and Securing the Future for our Patients and our Profession.” One aspect of being a professional is to participate in activities that will advance the standing of the profession in the eyes of the public. On a granular, day-to-day clinical level, there is no better way to secure the future with the public than through a successful postoperative visit.

As my practice in this area has progressed over the years, I have developed a number of “tools” for ensuring a successful postoperative visit. The first is to wear a white coat on the ward and introduce myself as the *physician anesthesiologist*. This helps to clarify the leadership role we as professionals play in their care. The second is to revisit whatever the patient’s chief concerns were leading into surgery. If, for example, that concern was nausea (perhaps based upon a previous anesthetic), I will specifically ask about nausea and “celebrate” with the patient and their family about getting through this event without another negative experience. I usually take the interaction a step further and clarify what medical decisions were made in order to ensure a nausea-free experience this round and offer my services for future care, as needed.

The last tool is to coordinate some element of the patient’s ongoing postoperative care. This opportunity presents itself frequently when an outpatient arrives on the day of surgery with newly diagnosed hypertension and requires follow-up care. Facilitating that follow-up visit with a primary care physician goes a long way toward demonstrating your commitment to the patient’s overall health beyond the immediate surgical episode.

Optimizing Patient Experience of Care Through Design Thinking

Many of my physician friends still think of patient satisfaction as a “four letter” word. They quickly point to studies that show patient outcomes as worse for the most satisfied patients. This is apparently the result of excess testing (as demanded by the now “satisfied” patient) leading to

The Postop Visit



unnecessary invasive diagnostic and procedural care with resulting complications and negative outcomes. I would submit that these studies demonstrate more clearly a failure of professionalism on the part of the over-ordering doctor. I will propose here that there is another pathway to patient satisfaction, and this route involves a “new” dimension of professionalism: incorporating design thinking into the care we provide.

“When done correctly, postop visits can become the highlight of our clinical day. As physician anesthesiologists, we have no better opportunity to shine a spotlight on our profession to the public or our role in a positive surgical experience with our individual patients.”

In his *Harvard Business Review* article “Design Thinking Comes of Age,” Jon Kolko describes the role of design thinking in relation to a successful customer experience.² In the product business world, design thinking involves concepts such as integrating hardware and software in order to make a device more intuitive from the user’s point of view. Nowhere has this been done more famously than at Apple, where features such as “pinch-to-zoom” on the iPhone feel entirely instinctive, the very first time a user experiences them.

In a service culture, one of the principles of design thinking with most relevance is the focus on users’ experiences, especially their emotional ones. Certainly, surgery will be a major emotional trigger for most patients and their families.

Keeping families informed of what to expect can help to manage these strong emotional responses. I learned years ago about the importance of keeping families informed, following a case where I received negative feedback from a family member in spite of the fact that the clinical care resulted in a nearly perfect surgical outcome. I have used this information successfully for many cases since by informing the families of what to expect from their perspective during my preoperative visit. The “dots” of your role in this designed experience are connected in the postop visit when we have the opportunity to narrate events for the patient and family following the surgical encounter. This frequently results in a very rewarding exchange during my postop visits as the family reports, “Everything was as you said it would be – thank you!”

When done correctly, postop visits can become the highlight of our clinical day. As physician anesthesiologists, we have no better opportunity to shine a spotlight on our profession to the public or our role in a positive surgical experience with our individual patients. Consider incorporating advocacy and design thinking into your postoperative visits today.

References:

1. Murphy JD. *Flawless Execution: Use the Techniques and Systems of America’s Fighter Pilots to Perform at Your Peak and Win the Battles of the Business*. Reprint ed. New York: World PaperBack–HarperBusiness; 2006.
2. Kolko J. Design thinking comes of age. *Harvard Bus Rev*. September, 2015; 93(9):66-71.