

# Máximazing the quality of perioperative patient counselling

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## IMPACT PARAGRAPH

In this paragraph a reflection in layman's language is presented on the achieved or expected scientific and social impact of the results of the research described in this thesis. By answering four questions the impact of this thesis is explained.

### Research

What is the main aim of the research described in the thesis and what are the main results and conclusions?

In chapter 1 the general aim of this thesis is stated as: to study methods of improving patient counselling before and after an operation. More specifically

1. To study history as well as the current and future status of the surgical informed consent (SIC) process.
2. To evaluate various characteristics of SIC of general, orthopaedic and plastic surgeons in daily practice
3. To report on perceptions and experiences of young adults undergoing bariatric surgery regarding the SIC process.
4. To assess the relation between SIC and Shared Decision Making (SDM) in general surgery.
5. To analyse characteristics of malpractice claims and Medical Disciplinary Board (MDB) decisions regarding SIC in the Netherlands.
6. To evaluate currently used SIC forms in general surgery in the Netherlands and to provide a best-practice SIC form for surgeon and patient.
7. To evaluate the effect of a personalised e-health-care programme on 'return to normal activities' after surgery.

In chapter 9 we concluded that:

1. An adequate implementation of the elements of the SIC process will contribute to an optimal patient care. Training both patient and surgeon supported by e-health tools may improve the SIC process in daily practice.
2. Overall knowledge of Dutch general, orthopaedic and plastic surgeons regarding SIC is far from optimal. Education, dedication and the use of innovative tools are needed to improve SIC in daily practice in the Netherlands.
3. The SIC process in young adults undergoing bariatric surgery requires improvement Educational material on possible scenarios after bariatric surgery including risks and lifetime consequences should be developed.
4. Shared decision making (SDM) and SIC share certain aspects but SDM-Q-9 and SDM-Q-Doc questionnaires are inadequate for SIC related research.

5. A substantial portion of malpractice claims and MDB decisions are related to missing items of an overall deficient SIC process. Optimizing SIC may improve patient satisfaction and expectations and may subsequently result in a lower risk on malpractice claims and MDB complaints.
6. Currently used SIC forms in general surgery have insufficient quality. A format for a best-practice SIC form for both surgeon and patient is proposed.
7. Personalised e-health interventions after abdominal surgery accelerate 'return to normal activities' compared to usual care. Implementation of an e-health programme is recommended for certain surgical procedures.

### Relevance

What is the (potential) contribution of the results of this research to science, and if applicable to social sectors and societal challenges?

The scientific relevance of this thesis can be found in the publication of all (but one) chapter in a peer reviewed journal indexed on Pubmed®. The publications are cited over 300 times according to Google Scholar ® and contributed to the expanding knowledge of SIC and post-operative counselling of surgical patients.

Next to the scientific value, this thesis has a social and economic value. The quest to improve SIC for patients and surgeons is of social relevance. The general view of SIC is modulated by the timeframe, social circumstances and has developed intensively over the last century and the last decades (chapter 2). The role of the paternalistic surgeon has changed to a more patient orientated perspective. This thesis is an example of patient orientated research and provides new insights in several aspects, such as the difficulties of SIC in daily practice (chapter 3-6), the challenge to enhance SIC, diminish complaints and claims (chapter 7-9), or the implementation of E-health during recovery (chapter 10). The economic value can be found in faster recovery, higher satisfaction, enhanced compliance and fewer legal cases, which all lead to economic value for patients, hospitals and society.

### *Target audience*

For whom are the research results interesting and / or relevant? And why? In this thesis some patient groups were included but the conclusions of this thesis are more widely applicable to all patients. The more patients are in the lead and optimally guided by professionals during the SIC and postoperative process, the better their outcome. Patients are willing to spend more time and energy on becoming experts of their own situation. Focussing on patient empowerment will result in higher patient satisfaction and compliance.

In this thesis specific surgical specialties were included. But the conclusions for general, orthopaedic and orthopaedic surgeons are relevant for all surgeons. Apart from surgical subspecialties, introduction of this concept may also be worthwhile in other specialities including gastroenterology, (interventional) radiology or pulmonology and others.

#### *Activity*

How can these target groups be involved in and informed about the research results, so that the acquired knowledge can be used in the future?

From the patients' point of view reinforcing the patient empowerment by involving patients and patient perspectives in all domains of the surgical field is needed to optimize SIC and postoperative counselling. In the last decade the patient participation is on the rise and this thesis emphasizes the need and usefulness of this process.

From the surgeons' point of view adequate training regarding SIC issues is required. Formal incorporation in the Dutch basic training program for surgeons (including orthopaedic, plastics surgeons and urologists) is currently still lacking and needs implementation.