

STAND BY ME: Patient Continuity in Anesthesiology

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Abstract

The “Stand By Me” project provides continuity for anesthesiology residents to bring them to the bedside of surgical patients for the entire perioperative course. Residents will evaluate their continuity patient in pre-operative clinic, provide the subsequent anesthetic management for that patient, and perform the post-operative visit. Outcomes will be followed until discharge, allowing the resident and the patient to develop a relationship outside of the operating room, and the resident to understand a broader view of perioperative medical management.

The Initiative

In our anesthesiology residency training program, residents spend one month in the Anesthesiology Pre-operative Clinic (APC) seeing patients scheduled for surgery in the near future. The patients are assigned to a different resident for their intraoperative anesthesia care and are seen the next day by yet a third anesthesiology resident. This system provides no continuity and results in residents rarely seeing the same patient more than once. We know from published literature that the patient experience is subjectively improved when the anesthesia provider meets the patient preoperatively and continues care. We believe the present system can and should be changed for the betterment of our patients and our profession.

In the “Stand By Me” initiative the selected resident will choose one clinic patient each week to be their “continuity patient.” The resident will subsequently provide anesthesia for the entirety of the surgery, transport the patient to the post-anesthesia care unit, and follow up with the patient the next day for the post-operative visit. The resident will then follow their patient’s course until discharge, allowing the resident and the patient to develop a relationship. Our goal is to give each resident in the APC four Continuity Experiences (CE) during the month-long APC rotation. We will implement this trial over one year and use qualitative metrics to assess the impact of the project.

Project Evaluation

This prospective cohort study will examine resident satisfaction, burnout, and confidence in perioperative medical management using the Maslach Burnout Inventory (MBI) and semi-structured interviews to obtain qualitative data about the continuity experience. Resident surveys will be administered at three time points: prior to the CE 3 months into the PGY-2 year, after completion of the first CE, and after completion of the 4 CE experiences. Residents will be interviewed to provide open ended qualitative information regarding the intervention and its effects on professional identity formation. Input from the Patient Representation Team at Emory Hospital will be integrated into survey design to explore the value of the intervention. The “Stand By Me” resident cohort will consist of anesthesiology residents beginning training in July 2019 to control for variations in level of training.

Patient satisfaction will be assessed using the Heidelberg Peri-anaesthetic Questionnaire.

Residents will debrief at the end of the year to share their thoughts on this approach to the perioperative encounter.

A pilot CE was overall successful and allowed for one resident to take care of one patient from APC all the way through discharge after surgery. We are looking forward to having the incoming residency class participate in “Stand By Me.”

Follow Up

Our first pilot CE demonstrated the logistical complications of implementing “Stand By Me”.

The flexible nature of operative medicine means that we anticipate some patient’s surgeries will be postponed or rescheduled, requiring the resident to work outside of normal work hours or miss an additional day in the APC to perform the patient’s anesthetic on a different day. We look forward with interest to seeing how this affects resident and faculty support of the “Stand By Me” project.

The research team, the APC faculty, and the intraoperative anesthesiology faculty will work together to operationalize the project and staffing and to begin the planned intervention in the fall of 2019.

Background & Purpose

The ACGME Back to Bedside initiative is designed to empower residents and fellows to develop transformative projects that foster meaning and joy in work and allow them to engage on a deeper level with what is at the heart of medicine: their patients.

Anesthesiology is a richly rewarding career, but one not known for its longitudinal patient contact. In a typical day, an anesthesiology resident may care for a number of patients they have not previously met, and will not see again after their intraoperative care. We believe that intentionally creating a relationship between patients and anesthesiology residents throughout the perioperative course will both comfort patients, and create deeper fulfillment for the residents.

Lisa Tang, MD submitted this proposal to the ACGME Back to Bedside Initiative. With the skills and knowledge gained from the WHEA Medical Education Fellowship, Dr. Williamson is able to mentor her as the Primary Investigator in this resident-led initiative.

The ACGME has awarded \$5,000 for the support of this grant.

Team Members

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References

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