"Best Case/Worst Case": Training Surgeons to Use a Novel Communication Tool for High-Risk Acute Surgical Problems.

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(Case: 53 y/o female with metastatic CRC and obstructive brain mets – proceed with EVD and VP shunt?)

ABSTRACT:

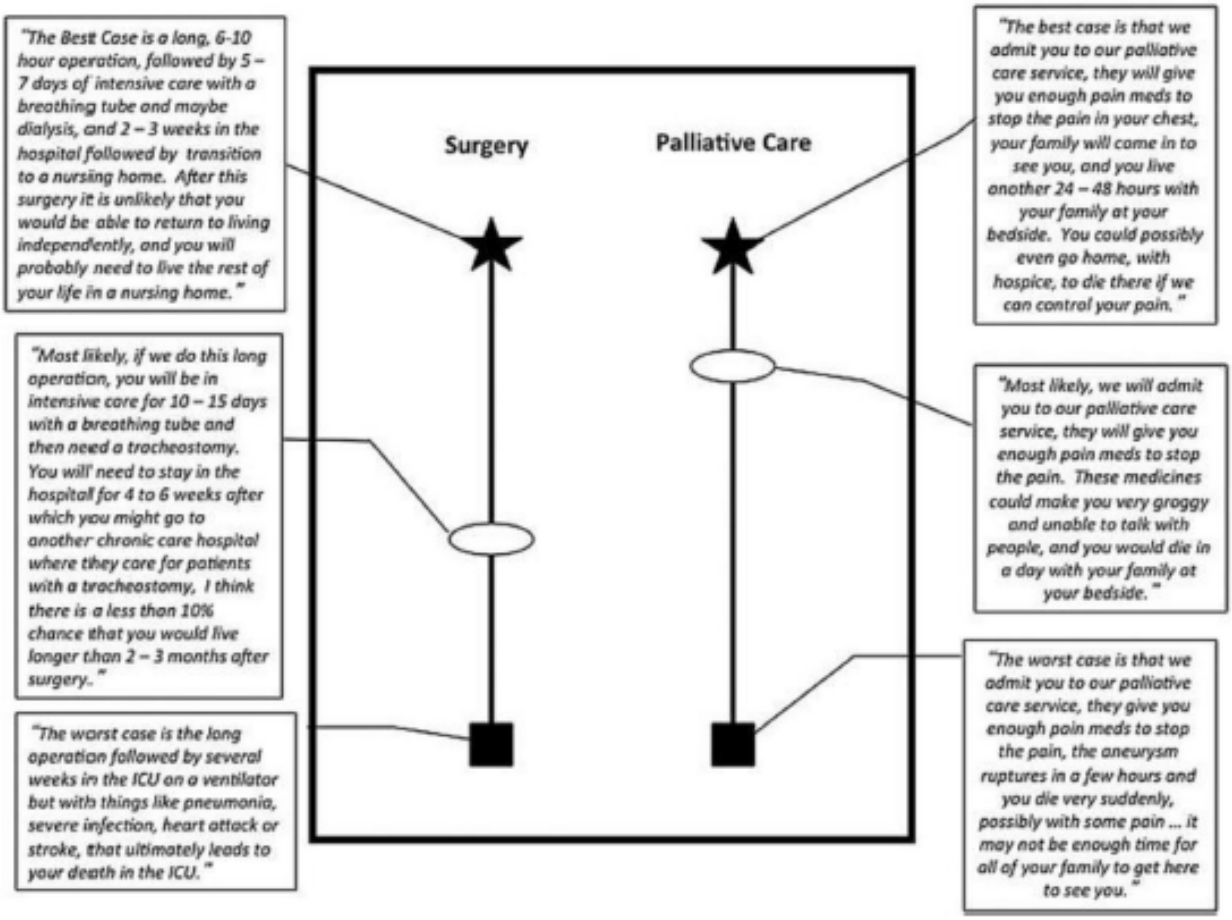
CONTEXT: Older adults often have surgery in the months preceding death, which can initiate postoperative treatments inconsistent with end-of-life values. "Best Case/Worst Case" (BC/WC) is a communication tool designed to promote goal-concordant care during discussions about high-risk surgery.

OBJECTIVE:
The objective of this study was to evaluate a structured training program designed to teach surgeons how to use BC/WC.

METHODS:
Twenty-five surgeons from one tertiary care hospital completed a two-hour training session followed by individual coaching. We audio-recorded surgeons using BC/WC with standardized patients and 20 hospitalized patients. Hospitalized patients and their families participated in an open-ended interview 30 to 120 days after enrollment. We used a checklist of 11 BC/WC elements to measure tool fidelity and surgeons completed the Practitioner Opinion Survey to measure acceptability of the tool. We used qualitative analysis to evaluate variability in tool content and to characterize patient and family perceptions of the tool.

RESULTS:
Surgeons completed a median of 10 of 11 BC/WC elements with both standardized and hospitalized patients (range 5-11). We found moderate variability in presentation of treatment options and description of outcomes. Three months after training, 79% of surgeons reported BC/WC is better than their usual approach and 71% endorsed active use of BC/WC in clinical practice. Patients and families found that BC/WC established expectations, provided clarity, and facilitated deliberation.

CONCLUSIONS:
Surgeons can learn to use BC/WC with older patients considering acute high-risk surgical interventions. Surgeons, patients, and family members endorse BC/WC as a strategy to support complex decision making.



Analysis:

Strengths:

- Practical clinical tool addressing important issue (with positive study outcome)
- Reasonably high response rate among surgeons (29/30 enrolled)
- Mixed-method (survey, qualitative) with both patient and provider perspectives

Weaknesses:

- Single center
- Low numbers, especially enrollment of hospitalized patients (only 12 of 25 trained surgeons saw one)
- No control group
- Intervention may be hard to implement (as studied) in other centers
    - (but YouTube video available)
- Potential for bias towards intervention
- [Does not include medical outcomes (ie death in ICU)]

Relevance to Palliative Care:

- MD's can improve communication through education re: evidence-based techniques
- Shared decision making in line with patients' wishes can be facilitated with BC/WC discussion
    - Consider use when patient cannot make up their mind
- Patients may respond well to a treatment recommendation