

Reply to Reviewers Comments

Dear Editor in Chief,

Please find enclosed the edited manuscript in Word format.

Title: Communication after cancellations in orthopaedics: the patient perspective

Authors : Saurabh S Mehta, David J Bryson, Jitendra Mangwani, Lucy Cutler

Journal : World Journal of Orthopaedics

ESPS Manuscript No: 4828- Edited

Manuscript has been revised according to suggestions by the reviewers;

Format has been updated.

References and typesetting were corrected.

Revision made according to the comments:

1) Reviewer no 00503838

Comments: This is an interesting manuscript about doctor-patient communication. I think patients' satisfaction will be changed by the reasons of cancellation, for example, lack of theatre time or patients' poor condition. Authors should add the data and discussion in the relationship between patients' satisfaction and reasons of cancellation.

Comment :Data and discussion in the relationship between patients' satisfaction and reasons of cancellation.

Reply: We have made substantial changes in the Methods, Results and Discussion section.

Addition made in Methods section of the manuscript: [Page: 5,6 Lines: 76-95 and 100-105]

Following the morning trauma meeting, attended by the on-call, operating and anaesthetic team, along with the Orthogeriatric consultant and the trauma coordinators, the order of the operative list is determined. Patients are then reviewed by the anaesthetist to assess their fitness for surgery and an anaesthetic plan formulated. If a patient was cancelled at that stage, because underlying medical factors prohibited surgery, then the patient was excluded from this study. Conversely, all patients who potentially remained on the planned trauma list remained eligible for participation in the study. Some patients were kept potentially on the list for either pending medical treatment or blood results for example International Normalised Ratio (INR) to be normal or review by Orthogeriatrician.

At our institution, two trauma theatre lists run in parallel each weekday with a single trauma theatre operating over the weekends. One theatre is ring-fenced for hip fracture patients and the other for general trauma. The hip fracture theatre is operational from 09:00 – 17:00 while the general trauma theatre runs from 09:00 until 20:00. We identified patients who were cancelled from either list. The decision to cancel a patient on the hip fracture list occurred late in the afternoon and cancellations from the trauma list were made in the evening.

All patients who were cancelled were invited to participate in this study.

We surveyed patients the morning after their operation had been cancelled.

This ensured that every opportunity was given for the medical staff to discuss the cancellation with the patient.

We assessed patients' satisfaction to overall communication of their entire stay in hospital and not just the episode of cancellation and also overall satisfaction with care provided. This information was collated to assess if communication surrounding cancellation affects these issues as well. A Fisher exact test was used evaluate differences in patient satisfaction and significance was assumed at $p < 0.05$.

Revision made in Methods section of the manuscript: [Page: 6 Lines:109-113]

Inclusion criteria included any patient whose operation was cancelled for clinical or non-clinical reasons. Examples of the former included cases of blood results or soft tissue swelling which were not normal after the morning review but were kept on the operating list as potential cases pending correction of their issues.

Addition made in Results section of Manuscript: Page7 Lines126-127]

Individual cause for cancellation was not collated or correlated with satisfaction, as lack of theatre time was the leading cause of cancellations.

[Page:7 Lines: 135-136]

23 of the 24 (96%) patients notified by a doctor were satisfied with the explanation and that communication.

Addition made in Discussion section: [Page: 9 Lines: 167-171]

A lack of theatre time availability was the leading cause for the cancellations.

On those occasions when a doctor discussed the cancellation with the patient,

96% were satisfied with the explanation and the communication. Patients

who were cancelled for medical reasons in the morning by the anaesthetic

team were excluded from participation in this study.

Reviewer no 00501315

Comments : "The doctor-patient's relationship is core problem in the medicine surrounding. This manuscript mainly discusses how to interpret the reason of cancellation of their operations in order to explain the importance of good communication between patients and doctor or nurse. This prospective study was a new method to explore patients' satisfaction and preferences for notification of cancellation of their operations, by doctor and nurse respectively. The simple results showed 48% Patients reported that they were dissatisfied with the explanation for cancellations. Of those 69.4% patients were dissatisfied notified by a nurse. There was a significant difference in satisfaction between those counseled by a nurse and those notified by a doctor, it seems patients were prefer to accept the cancellation of their operations notified by a doctor than this by a nurse. This prospective study evaluated reliability and validity. However, the sample size was smaller than the suggested in such kind of evaluation studies. The evaluating methods and

indicators used in this study are suitable, but not detailed. The manuscript is well written and documented, and the data provides a new scientific basis to further study of communication between patients and doctor or nurse. The main comments and suggestions are as following: 1. In the abstract, the sentence "how patients interpret" should be "how patients' interpret". 2. In the Introduction, I suggest this section should be split into two paragraphs from the sentence "To the best of our knowledge there has not been a study examining patients' perceptions.....". 3. In the methods section, it does not introduce if this survey was approved by Human Ethics Committee absolutely. 4. In the whole paper, Statistical analysis was not mentioned, what is the criterion of Identifying differences? 5. In the result part, author should better to add some table, figure to illustrate the results. 6. In reference 6, "42: 1100–1107" is different with other format. It should be "42: 1100-1107". 7. In the manuscript, no page number, no line number, it seems not meet the format of common journal."

Reply: We agree with the reviewer that doctor-patient's relationship is core problem in the medicine. It is new method new method to explore patients' satisfaction and preferences for notification of cancellation of their operations, by doctor and nurse respectively.

Comment :1. In the abstract, the sentence "how patients interpret" should be "how patients' interpret"

Reply : We have changed abstract substantially.

Comment 2: In the Introduction, I suggest this section should be split into two paragraphs from the sentence "To the best of our knowledge there has not been a study examining patients' perceptions.....".

Reply : We have made the suggested change.

Comment 3: In the methods section, it does not introduce if this survey was approved by Human Ethics Committee absolutely.

Reply: This prospective study is to assess patient's perceptions after cancellations of their operations. There are already established guidelines to inform patients of cancellation of their operation[3]. We are merely auditing the established and routine practice. There is no attempt to formulate new process or procedure. However we have clarified in the manuscript as commented by the reviewer

[Page-7 Lines 119-121]

Ethical approval was not required for this study; this was an audit of our current practice against accepted guidelines and it did not involve institution of any form of intervention.

Comment 4. In the whole paper, Statistical analysis was not mentioned, what is the criterion of Identifying differences?

Reply: We have added following in manuscript

[Page 6, Lines 103-105]

A Fisher exact test was used evaluate differences in patient satisfaction and significance was assumed at $p < 0.05$.

Comment 5. In the result part, author should better to add some table, figure to illustrate the results.

Reply :We have added two figures and three tables in the manuscript

Comment 6. In reference 6, “42: 1100 – 1107” is different with other format. It should be “42: 1100-1107”.

Reply: Change is made in the manuscript as suggested

Comment 7. In the manuscript, no page number, no line number, it seems not meet the format of common journal.”

Reply: Change is made in the manuscript as suggested

Reviewer No 00501329

The goal of this paper was to examine the patients’ perceptions on the communications surrounding cancellation of operations in orthopaedics and to identify areas for improvement in our communication skills. A prospective survey was undertaken at the department of Trauma and Orthopaedics. Main

results showed that patients expected to be notified of cancellations and would prefer to be notified by a doctor rather than a member of the nursing team. Communication surrounding cancellations does not appear to meet patient expectations or preferences. This study illustrates the importance and affect of communication in the doctor-patient relationship. The topic of the study is relevant to World Journal of Orthopaedics. The rationale is well presented and the manuscript is clearly written. Consequently, I only have minor suggestions. Details on the statistics might be added at the end of the methods section. The panel of age ranged from 17 to 91 years. It is therefore very large. Could there be an effect of age on the results reported? Similarly, approximately half participants were female/male. Could there be an effect of sex? Making subgroups might be relevant to better target interventions. Authors wrote Page 7: "These findings are in keeping with other studies suggesting that physicians are the preferred source of information provision [12] and serve to illustrate the importance of the doctor-patient relationship". One single reference is provided whereas authors refer to several studies. Authors wrote Page 8: "This was demonstrated in our data where a failure to communicate or provide adequate explanation correlated with overall patient dissatisfaction with Communication ?. It is not clear to me where such correlation was established in the results.

Comment :Details on the statistics might be added at the end of the methods section.

Reply: We have added following in manuscript

[Page 6, Lines 103-105]

A Fisher exact test was used evaluate differences in patient satisfaction and significance was assumed at $p < 0.05$.

Comment : The panel of age ranged from 17 to 91 years. It is therefore very large. Could there be an effect of age on the results reported? Similarly, approximately half participants were female/male. Could there be an effect of sex? Making subgroups might be relevant to better target interventions.

Reply: We have made the following analysis and addition into this study.

[Page7, Lines 139-140]

There was no difference in levels of satisfaction between male and female participants (Table 3)

Addition of a table

Table 2 : Patient responses per age groups.

Comment :Authors wrote Page 7: “These findings are in keeping with other studies suggesting that physicians are the preferred source of information provision [12] and serve to illustrate the importance of the doctor-patient relationship”. One single reference is provided whereas authors refer to several studies.

Reply: We apologise for the error. We have added following the following reference.

13. 13. **Johnson JD, Meischke H. Cancer information: women’s source and content preference. *J Health Care Mark* 1991; **11**:37-44 [PMID: 10110080]**

Comment: Authors wrote Page 8: “This was demonstrated in our data where a failure to communicate or provide adequate explanation correlated with overall patient dissatisfaction with Communication ?. It is not clear to me where such correlation was established in the results.

Reply : We have added the following analysis in the manuscript.

[Page 7, 8 , Lines 144-147]

There was significant association between patients who were not informed of their cancellation episode (n=10) and those that were (n=65) with their satisfaction with overall communication which was 1:52 respectively (Fisher Exact test: two-tailed P value < 0.0001).

Thank you for publishing our manuscript in the World Journal of Orthopaedics

Sincerely yours,

Saurabh Mehta

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