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# Three Pillars of Expectation Management in Spine Surgery: Trust, Communication, and Patient Education.

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# Three Pillars of Expectation Management in Spine Surgery: Trust, Communication, and Patient Education

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There are a multitude of skills to be acquired when pursuing a career as a spine surgeon. Diagnostic skills; technical, surgical, and interventional skills; and patient selection are obvious. Balancing experience, personal capabilities, raw scientific evidence, and gut feeling, all toward the benefit for patients, are the next level to be mastered. Leadership of complex multi-disciplinary teams and factoring in of specific economic and often logistical circumstances usually are to be accomplished at later stage. What may remain a challenge throughout a spine specialist's entire professional life is managing patients' expectations. This aspect can become a leading cause of frustration for the patient and the surgeon alike.

While there exists a multitude of literature on the topic, expectation management is usually approached nonspecifically, and the surgeon is left alone with his experiences and lifelong learning.

While attending senior surgeons' clinics, residents or fellows often detect certain patterns of communication and interaction with the patients. They most likely address similar points in an individualized way, sometimes more eloquently and sometimes more directly.

Especially colleagues focusing on the treatment of degenerative disorders may find out that expectation management may provide different challenges than, for example, in trauma or tumor treatment.

There are countless factors influencing patient expectations, but basically it comes down to 3 key aspects: trust, communication, and education.

## Trust

While variations in personalities are widespread in surgeons and patients alike, psychological aspects play an important role. Oftentimes a standardized psychological screening protocol is not established, which can provide the surgeon with helpful information to be considered. Establishing an atmosphere of trust, competency, and professionalism while talking about an (often surgical) treatment concept can be guided by

the question of "whether the surgeon would offer the same advice to members of his/her own family." While this may sound like "kitchen psychology," thinking about this simple question can be a genuine personal guideline in generating trust.

## Communication

Good communication skills are key to any medical specialty and spine surgery is no exception. The surgeon needs to focus on the question, "How he can find out everything he needs to know from the patient." The patient, however, has different needs. He needs to hear a plan that makes sense. The patient needs to hear the options and the most likely outcomes. All of that in a language he understands.

So taking real effort in understanding what matters most to the patient can be half the solution already. Understanding why he would prefer a particular treatment and what his wished outcome may be can be invaluable information for the surgeon.

## Education

The complex realities of spine care are demanding, and for the patient they may seem far beyond his grasp. Unfortunately, the Internet has so far only played a minor beneficial role in addressing this. When it comes down to the individual patient's level, education is the key aspect in managing patient expectations. Why does this condition cause pain and/or neurological symptoms? How does the individual anatomy play out? How will the situation most likely progress? What are the treatment options for this individual situation and their likely outcomes, positive and negative? What is known and what remains unknown? And, probably most important, what you personally can do and what you cannot do as a spine professional.

While these points may seem pretty standard to the surgeon, they are potentially life changing and brand new to the patient, and the patient must be educated. The patient must really understand these, how time consuming, frustrating, or inefficient this process might seem.



Educating the patient about why he has come to the current situation, what his options are, what his role is and what is the surgeon's role in achieving the best possible outcome in this particular situation, and why the surgeon recommends a specific treatment concept are the key learning outcomes.

Answering all these questions systematically can help align patient and surgeon expectations and can ultimately provide higher patient satisfaction as a key outcome parameter in treating degenerative disorders of the spine.

There is no overall recipe that works for anyone and everyone. But memorizing these 3 categories and their

individual points can be helpful in establishing a practical and yet more systematic approach toward expectation management.

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