

# OPERATIVE NOTES: A SIMPLE YET EFFECTIVE TEACHING RESOURCE FOR TRAINING

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## Abstract

**Objective:** To find out the opinion of surgical team about teaching of operative notes and whether writing of operative notes is taught during surgical training.

**Study Design:** Cross Sectional Study

**Place and Duration of study:** Civil Hospital, Karachi from July to September 2007.

**Methods:** Convenience sampling was used to include participants. A questionnaire was filled on the spot that included questions about formal teaching and operative notes, either they should be hand written or typed, how operative notes were learned, knowledge about any guideline, counselling about syntax to be avoided in writing, record of swab and instrument count, opinion about possible implications and need of standard national guidelines.

**Results:** A total of 154 surgical residents and consultants filled in the questionnaires. Responding to question about documenting operative notes, 69.5% preferred them to be hand written while 32.5% wanted typed notes. Most of them (81.8%) think that formal operative notes teaching is important. About half (46.1%) of the surgeons learned operative notes from senior trainee, 40.3% by reading other operative notes and 22.1% learned them by doing. Only 4.5% responded that they had some form of formal teaching about writing operative notes. It is important to realize that not a single respondent knew any guidelines about writing operative notes. Majority of the surgeons (87.7%) felt that there is a need of National guidelines about operative notes.

**Conclusion:** There is lack of teaching about how to write standard operative notes during surgical training. Formal teaching in this regard can improve the quality of documentation and offer multiple advantages including improvement of surgical training and patient care.

**Keywords :** Operative Notes, Quality, Surgical training, Teaching.

## Article

### Introduction

The quality of medical record keeping is currently being subjected to progressively more close scrutiny. A high standard of medical record keeping is vital for safe patient care and it provides information for research, audit and medicolegal purposes. The 1992 report of the National Confidential Enquiry into Perioperative Deaths (NCEPOD) noted a considerable variation in the quality of operation notes submitted by all contributing surgical specialties.<sup>1</sup>

Good quality of operative notes is required for provision of additional treatment, planning future operative procedures, research projects, quality assurance, billing, and medico-legal conflicts.<sup>2,3</sup> In addition, operative notes can be regarded as an important source of training in surgery. It is the responsibility of the surgeons that there are legible operative notes for every operative procedure. Many studies have highlighted the poor quality of operative notes<sup>4-8</sup> but surprisingly there is very limited literature available worldwide about teaching of operative notes.<sup>9-11</sup> After thorough search we were unable to find any reference from Pakistan in the literature. This study was done to find out the opinion of a surgical team about teaching of operative notes and whether writing of operative notes is formally taught during surgical training.

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### MATERIAL AND METHODS

This study was conducted from July to September 2007 in Civil Hospital Karachi which is a tertiary care teaching hospital in public sector. Data was collected in the form of a 1-page self-reporting questionnaire by second and third author after taking informed consent from doctors working in different surgical specialities in the hospital which included residents and consultants. Convenience sampling was used to include participants. This questionnaire was filled on the spot and included questions about formal teaching, operative notes, either they should be hand written or typed, how operative notes were learned, knowledge about any guideline, counselling about syntax to be

avoided in writing, record of swab and instrument count, opinion about possible implications and need of standard national guidelines.

### Results

A total of 154 doctors from surgical units participated in the study which included 104 (67.5%) males and 50 (32.5%) females. Out of them, 123 (79.9%) were surgical residents and 31 (20.1%) were consultant surgeons. Demographic profile and percentage of doctors from different specialities is shown in Table-1.

**Table-1: Demographic Profile of the respondents**

<b>Age (years)</b>	
Range	28 - 55
Mean $\pm$ SD	34.72 $\pm$ 6.14
<b>Gender</b>	
Male	104 (67.5)
Female	50 (32.5)
<b>Specialty</b>	
General Surgery	62 (46.7)
Gynae and Obs	25 (16.2)
Orthopedics	20 (13.0)
Ear, Nose & Throat	18 (11.7)
Neurosurgery	12 (7.8)
Ophthalmology	8 (5.2)
Plastic Surgery	5 (3.2)
Paediatric Surgery	4 (2.6)
<b>Grade</b>	
Residents	123 (79.9)
Consultants	31 (20.1)

Answering to question about documenting operative notes, 69.5% preferred them to be hand written while 32.5% wanted typed notes. Most of them (81.8%) thought that formal operative notes teaching is important. About half (46.1%) of the doctors learned operative notes from a senior trainee, 40.3% by reading other operative notes and 22.1% learned them by doing. Only 4.5% responded that they had some form of formal teaching about writing operative notes. 15.6% did not have any counselling about syntax to be avoided or legal issues about the notes. It is important to realize that not a single respondent knew any guidelines about writing operative notes. However some of them said that they were following their own guidelines, ward guidelines or guidelines from the senior. Majority of the surgical doctors (87.7%) felt that there is a need of National guidelines about operative notes. Responses to all the questions is shown in Table-2.

**Table-2: Responses of the doctors**

Questions	Yes
Operative Notes Should be*	
Hand Written	107 (69.5)%
Typed	50 (32.5)%
Formal Operative Notes teaching Important	126 (81.8)%
Learned writing Operative Notes by*	
Formal Teaching	7 (4.5)%
Learning by doing	34 (22.1)%
Senior trainees	71 (46.1)%
Consultant	18 (11.7)%
Reading other operative notes	62 (40.3)%
Anyone counselled you on the syntax to be avoided in the notes	24 (15.6)%
Know any guidelines about operative notes writing	0 (0)%
Specifically write down about swabs and instrument count	29 (18.8)%
Need for computer assisted standardization of operative notes	117 (76)%
Notes should be standardized and equal throughout a country so they can be fed into a national database	114 (93.5)%
Need of National guidelines about operative notes	135 (87.7) %
Implications of teaching accurate operative notes*	
Learning	106 (68.8) %
Continuation of care	114 (74.0) %
Legal liability	118 (76.6) %
Billing and reimbursements	36 (23.4) %

\* Multiple options were selected by the respondents

## Discussion

Communication skill is an important part of training in surgery. A large component of this communication is in the form of written documentation like operative notes, discharge summaries and referring letters. Clinical records are a communication tool, allowing a patient's care to be accessed by the treating doctor, the patient themselves and other healthcare workers. Writing an operative note is a core skill in surgery and should be completed in a timely fashion, as required by the Joint Commission of Accreditation of Healthcare Organizations.<sup>12</sup> The purpose of the operative notes is to provide information to those who will be caring for the patient following surgery. Despite its importance, it is not uncommon to find out that the essential details of operative procedures are missing, whereas certain un-necessary aspects of the procedure, such as needle used or the type of clamps used for each step are described in extensive details.<sup>4-8</sup> Very few studies mention the importance of operative notes as a learning tool and yet there is little evidence that operative notes' teaching is taught routinely during surgical training.<sup>9-11</sup> In fact, writing the operative notes is often a very confidential act, which is not discussed with assistants and is not used to reflect the surgical procedure in a team approach.

The important finding of our study is that majority of doctors in surgical units think that formal teaching about writing operative notes is important but less than five percent have any kind of formal training. Although, 71% (22/31) consultants think that formal teaching of operative notes is important but only five (4.0%) of surgical residents said that they learned writing operative notes from the consultants. Moore reported a survey that was distributed to 26 surgical residency program faculties and to the program directors of 52 randomly selected surgery programs. Of those responding from each group, only 31% and 18%, respectively, reported formal instruction regarding operative notes.<sup>13</sup>

Despite the large number of hospital guidelines it was surprising to know that not a single respondent including consultants were aware of any international guidelines about operative notes [like Good Surgical Practice, (Royal College of Surgeons of England and Ireland)] and used them for a systematic approach.<sup>14,15</sup>

High quality operative notes are becoming increasingly important. They assume an important significance when a patient either complains or makes a claim in negligence, or something goes wrong. Despite this, only 15.6% of respondents said that they were counselled about the syntax to be avoided or legal issues about the notes. Eichholz AC, et al. showed that a brief formal educational session regarding operative notes can be incorporated easily into the core teaching curricula, resulting in significant improvement in the quality of these notes.<sup>10</sup>

## Conclusion

Recognizing the value of operative notes and promoting a culture to use these notes as a tool for training can help in improvement of surgical training and quality of patient care.

## Reference

1. National confidential enquiry into Perioperative Deaths (1995). Key points in surgery; Recommendation. Summary of the 1992/93 report.
2. Shayah A, Agada FO, Gunasekaran S, Jassar P, England RJ. The quality of operative note taking: an audit using the Royal College of Surgeons Guidelines as the gold standard. *Int J Clin Pract* 2007;61(4):677-9.
3. Flynn MB, Allen DA. The operative note as billing documentation: a preliminary report. *Am Surg* 2004;70(7):570-4.
4. Rogers BA. Operation notes: an audit of the Royal College of Surgeons of England guidelines. [Online] [Available from URL: <http://www.edu.rcsed.ac.uk/lectures/lt3>]. Website Royal College of Surgeons Edinburgh, 1-6. 2003. Assessed on 2, 2008.
5. Baigrie RJ, Dowling BL, Birch D, Dehn TC. An audit of the quality of operation notes in two district general hospitals. Are we following Royal College guidelines? *Ann R Coll Surg Engl* 1994; 76 (1 Suppl):8-10.
6. O'Bichere A, Sellu D. The quality of operation notes: can simple word processors help? *Ann R Coll Surg Engl* 1997; 79 (5 Suppl):204-8.
7. Mathew J, Baylis C, Saklani AP, Al-Dabbagh AR. Quality of Operative notes in a District General Hospital: A Time for Change? *The Internet Journal of Surgery* 2003; 5(1):1-5.
8. Graham DH. Are you guilty of unsafe documentation? *Emerg Med Serv* 2000; 29(6):81.
9. Moore RA. The dictated operative note: important but is it being taught? *J Am Coll Surg* 2000; 190(5):639-640.
10. Eichholz AC, Van Voorhis BJ, Sorosky JI, Smith BJ, Sood AK. Operative note dictation: should it be taught routinely in residency programs? *Obstet Gynecol* 2004; 103(2):342-6.
11. Borchert D, Harshen R, Kemps M, Lavelle M. Operative Notes Teaching: Re-Discovery Of An Effective Teaching Tool In Surgical Training. *The Internet Journal of Surgery* 2006;8(1).
12. Joint Commission on Accreditation of Healthcare Organizations. 1996 accreditation manual for hospitals. Oakbrook Terrace (IL): The Commission; 1995–96.
13. Moore RA. The dictated operative note: important but is it being taught [letter]? *J Am Coll Surg* 2000;190: 639–40.
14. Good Surgical Practice (2002). Royal College of Surgeons of England.
15. Record Keeping. (2004) Good surgical practice, Royal College of Surgeons in Ireland. 7-8.