CORRESPONDENCE

A call for feedback on postoperative care: Do we need an automated tool?

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To the Editor,

In the article “Learning beyond the operating room: a call for feedback on postoperative care”, an important consequence of workflow in the perioperative period has been raised.¹ Anesthesiology residents disagreed that they knew about the postoperative course of their patients once in the postanesthesia care unit (PACU).¹ The authors correctly raise the concern that this lack of feedback from the PACU may lead to a gap in resident’s training.

The role of the anesthesiologist has significantly extended beyond the intraoperative room and now encompasses preoperative clinics, the PACU, high dependency units, and pain services. There is a paucity of literature describing the actual content or implementation of a curriculum that ensures anesthesiologists have the skills necessary for extended perioperative care.² Incidentally, many medical schools have incorporated a longitudinal clerkship for training medical students on anesthesia rotations, and are essentially patient centric; that is, following the patient in the preoperative, intraoperative, and postoperative phases.² This longitudinal structure helps the learner understand the outcome and benefit of each intervention while strengthening the rapport with the patient.³

Postoperative visits by the anesthesiologist have been critically reviewed.⁴ First hand feedback from the patient

helps the resident understand the patient’s anesthesia experience and pain relief.⁴ These visits can also help design institute-specific protocols.⁴ Should this clinical follow-up be replaced with automated tools, which are prone to failures and limited to the type of data captured? In person, follow-up and feedback provides human interaction between care givers and patients and results in greater patient satisfaction.⁵ One wonders if rather than turning to an automated system, we should instead design a curriculum and work pattern that permits and insists on direct patient feedback.

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This letter is accompanied by a reply. Please see *Can J Anesth* 2018; 65: this issue.

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