# Computers and Patients

## Ashish Ranade

Technology has become an integral part of our personal and professional life. Today's orthopaedic surgeon has extended the skills to use technology in outpatient settings and operating room. It is a common practice to use computers to write notes, see radiographs and generate prescriptions/ reports. The internet provides a wealth of information; power point presentations, clinical photographs/images, journals, educational websites can be looked up in the OPD setting.

The whole idea of using technology is better patient care and satisfaction. All of us would agree that patient satisfaction has been increasingly identified as an important aspect of quality healthcare. We are striving hard to improve patient satisfaction in terms of the care they receive.

Every coin has two sides; there are pros as well as cons. Electronic gadgets give the ease of data retrieval, storage and stratification. On the flip side, electronic gadgets consume valuable time during patient visit. The question remains unanswered as to how patients see the use of computers in clinics? Do they really like their doctor using technology while in the consulting room?

In a recently published paper1 in JAMA Internal Medicine, more computer usage during consultation was found to be linked with lower patient satisfaction rate. In this, the researchers studied association between doctor's computer use and communication with patient satisfaction. It was found that patients want their doctors to look at them not at the computers.

This study generates several questions. How do we use computers effectively without affecting patient satisfaction? How do we efficiently manage the time slot for every patient visit? We should aim to use technology in the best possible way in our day to day practice. Remember-good doctor-patient rapport remains the core of good medical practice.

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### Reference

1.Ratanawongsa R, Barton JL, Lyles CR, et al. Association between clinician computer use and communication with patients in safety-net clinics. JAMA Intern Med. 2015 Nov 30:1-3: doi:10.1001/jamainternmed.2015.6186.

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