



# The Journal of Education in Perioperative Medicine

LETTER TO THE EDITORS

## Hit Me With Your Best Talk: Improving Trainee Communication Methods in Anesthesiology

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### TO THE EDITORS:

The anesthesiologist's ability to communicate effectively in the operating room is critical for both patient outcomes as well as team dynamics. Breakdowns in communication are shown to contribute significantly to adverse events and patient harm. A 2021 study by Douglas et al analyzed anesthesia malpractice claims and found communication failures contributed to patient injury or harm in 43% of cases.<sup>1</sup> The most common types of communication failure noted were content failures, which included insufficient, inaccurate, or no information being transmitted. A survey study by Elks and Riley highlighted that excellent verbal communication in the operative setting is strongly associated with improved patient outcomes and reduced subjective stress among members of the health care team.<sup>2</sup> Interestingly, a mere 52% of survey respondents rated their communication skills as *very good*, whereas 39% rated their skills as *average*. Several other studies in the current literature strongly support the notion that effective communication enhances teamwork, and this ultimately plays a critical role in patient safety and surgical outcomes. This begs the question: if the role of effective communication is well understood as a positive contributor to both workplace dynamics and patient safety, why is dedicated interdepartmental communication training not more widely utilized in residency training programs in the United States?

It is important to consider barriers to communication and methods by which we can reduce communication failures as our professionalism relies not only on our clinical aptitude but also on our ability to know when and how to effectively communicate. We have considered several etiologies for communication failures in the training setting, including fear of speaking publicly, fear of retaliation, and low confidence. Particularly in residency training, when experience differentials and power dynamics are commonplace, fear of retaliation is one of the strongest causative factors in residents failing to communicate effectively. A systematic review conducted by Gianakos et al in 2022 demonstrated that 51% of surgical residents did not report bullying, discrimination, and sexual or social harassment during their training due to fear of retaliation.<sup>3</sup> Additionally, the Martinez et al survey of interns and residents concluded that fear of conflict was a significant barrier to residents speaking up about unprofessional behavior as well as medical safety threats.<sup>4</sup> In our literature search of this topic, we discovered several other mechanisms for undercommunication in the residency setting, including rigid hierarchical structures, fear of conflict, negative perceptions of institutional safety climate, and lack of supportive reporting mechanisms.<sup>3,4</sup> Whereas communication failures are demonstrated to be most prevalent in surgical subspecialties, members of the field of anesthesiology are equally at risk for

these failures due to proximity and frequent inter-specialty interactions.

We propose that anesthesiologists' training must include not only the rigorous clinical experience that is irrefutably tied to residency but also rigorous social experiences aimed at improving communication skills and increasing public-speaking confidence. A study published by Salgaonkar et al in the *Journal of Anaesthesiology Clinical Pharmacology* assessed communication skills during preoperative visits and informed consent collection performed by a small cohort of second-year anesthesiology residents. The residents were assessed via a preintervention and postintervention questionnaire that utilized a faculty-graded communication skills scale with numeric score ranges corresponding to grades of *poor*, *average*, *good*, or *excellent*. Whereas zero residents received an *excellent* score prior to the intervention, 42.8% of residents demonstrated improvement to the *excellent* score range following a structured communication skills workshop.<sup>5</sup>

Several studies have assessed methods for improving communication skills among residents in training hospitals. Gold et al suggests that a longitudinal coaching program pairing trained faculty coaches with trainees was associated with greater resident-reported confidence and growth across multiple core competencies.<sup>6</sup> A study published by Birnbach et al in 2021 demonstrated the effectiveness of conflict resolution training courses in improved

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ability to deescalate confrontational situations in the operating room.<sup>7</sup> Last, Chang et al proposed a novel approach to improving resident communication skills that included a resident-led communication curriculum focusing on communication competencies, including mindfulness practice, collaboration, effective discussion openings and closings, empathy, effective explanations, and handling difficult conversations. The curriculum demonstrated significant resident-reported competency improvements in all assessed skills and particularly in patient-centered communication, which is critical in overcoming established hierarchical barriers.<sup>8</sup>

We strongly suggest implementation of communication curriculum strategies in residency training programs such as those discussed previously as well as innovative and nonmedical curricula focused on improving public-speaking skills, such as the Toastmasters organization. This method of frequent public speaking practice with specific feedback categories and targeted areas for improvement was

utilized by Benning et al in a pediatric residency program over a 12-year study period with a significant improvement in mean overall rating among residents between their postgraduate first and third years as well as increased scores in eight of the nine specific elements assessed.<sup>9</sup> Further studies focused on communication improvement among anesthesiology residents are needed as much of the current literature is predominated by studies regarding surgical trainees. Anesthesiology training is unique in that trainees must have strong interdisciplinary relationships and often work directly with attending physicians in surgical specialties. We look forward to incorporating communication improvement methodologies within our own training program and hope to see others do the same with the end goal of successful communication both inside and outside of the operating room.

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