Invitational Rhetoric as a Tool for Surgeon / Anesthesiologist Communication

Kris Kirschbaum, PhD¹; Sally Fortner, MD² East Carolina University¹; University of New Mexico²

Learner Audience: This research is aimed toward other researchers, including, but not limited to anesthesiologists who are interested in education and communication.

Background: Mis-communication occurs frequently in the stressful, hectic operating room (OR) environment. Adverse events follow mis-communication more frequently than provider incompetency. Communication concerns prompted the ACGME to institute competency requirements to address communication issues at the trainee level. However, an empirical approach to understanding what factors contribute to mis-communication among healthcare providers is not yet substantiated. The primary aim of the present study is to examine and measure factors that contribute to miscommunication research: 1.) autonomous versus group affiliation (self-construal); 2.) interaction strategies (face concerns), and; 3.) conflict-management style. These factors are measured using survey data collected for anesthesiologists and surgeons (attending and resident level). The data provide greater knowledge of what differences exist that may contribute to mis-communication training for anesthesiologists and surgeons to reduce mis-communication.

Hypothesis: Variance exist in factors of self-construal, face concerns, and conflict management style between anesthesiologists and surgeons (attending and resident). The variance may contribute to mis-communication and may be reduced through effective communication training design.

Method Design: Data were collected through survey items that measure factors in anesthesiologists and surgeons—attending and resident—and statistically analyzed using factor analysis, correlation matrices, t-tests, and structural modeling techniques. UNM IRB (FWA 00004690) proposal # 28075, approved 4/25/2008.

Outcome: The data established differences between attending and resident for the measured factors. Additionally there was lack of evidence to support group affiliation in either specialty. These results suggest communication training needs to address inherent autonomy in the specialties and variation among training levels. Future research includes increasing study strength through participation of additional institutions.