JOURNAL OF SURGICAL RESEARCH 190 (2014) 437–444

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.JournalofSurgicalResearch.com

Association for Academic Surgery

Resident involvement in postoperative conversations: an underused opportunity

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ARTICLE INFO

Article history:
Received 10 December 2013
Received in revised form
26 February 2014
Accepted 7 May 2014
Available online 14 May 2014

Keywords:
Communication
Postoperative conversation
Residents
Surgeons
Patient families

ABSTRACT

Background: Because of established attending-patient and family relationships and time constraints, residents are often excluded from the immediate postoperative conversation with family. Interpersonal and communication skills are a core competency, and the postoperative conversation is an opportunity to develop these skills. Our objective is to assess attitudes, experience, and comfort regarding resident participation during postoperative conversations with families.

Materials and methods: Residents and attending surgeons in an academic surgery center were surveyed regarding resident involvement in the postoperative conversation with families. Paper surveys were administered anonymously. Nonparametric statistics compared responses.

Results: There were 45 survey respondents (23 residents, 22 attendings). All residents rated postoperative conversations with families, as "important" or "very important". Residents reported being "comfortable" or "very comfortable" with postoperative conversations. However, on average, residents reported fewer than 10 postoperative conversation experiences per year. Feedback was received by <30% on postoperative communication skills, but 88% wanted feedback. Most attendings reported it is "important" or "very important" for residents to communicate well with families during postoperative conversations, but rated residents' performance as significantly lower than the residents' self-assessments ($P < 0.001$). Attendings on average were only "somewhat comfortable" or "moderately comfortable" with residents conducting postoperative conversations with families, and only 68% reported allowing residents to do so. When bad news was involved, only 27% allowed resident participation. Most attendings (86%) believed residents need more opportunities with postoperative conversations.

Conclusions: Although most residents reported being comfortable with postoperative conversations, these survey results indicate that they have few opportunities. Developing a workshop on communication skills focused on the postoperative conversations with families may be beneficial.

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http://dx.doi.org/10.1016/j.jss.2014.05.020

1. Introduction

Good communication is a vital part of building any relationship and the physician-patient and family relationship is no exception. In surgical specialties, much of this relationship-building occurs during the patient's preoperative clinic visit. Residents are often not involved in these early conversations, and therefore patients and their families look to the attending surgeon to provide continuity throughout the postoperative course. Because of, in part, this established relationship and time constraints, it is often the attending surgeon who speaks to the family immediately postoperatively. This conversation is not only important for relaying surgical information and setting expectations for the postoperative course but also builds the relationship and trust between the surgeon and the family.

The Accreditation Council for Graduate Medical Education defines six core competencies, one of which is development of interpersonal and communication skills: "residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates [1]." Participation in the postoperative conversation is a potential opportunity for residents to further develop these communication skills.

There have been no studies specifically examining the role that surgical residents play in postoperative communication with patient families occurring immediately after surgery. Resident involvement in such conversations provides a unique opportunity for residents to gain experience not only relaying information and forming relationships with family members but also occasionally in the delivery of bad news and the discussion of sensitive topics. The objective of this study is to examine resident involvement in the postoperative conversation.

2. Methods

Surveys were designed to examine resident and attending surgeon attitudes, experience, and comfort regarding resident involvement in the communication with families immediately postoperatively. The survey content differed slightly for the two groups, though the overall themes were the same. Both surveys assessed the number of opportunities residents had to be involved in the postoperative conversation with families, the respondents' perceptions of the importance of and comfort with resident involvement in such conversations, and the need for increased practice or simulation to develop these communication skills. For the purpose of this survey, the postoperative conversation was defined as the conversation with the family that occurs immediately after surgery; the time in which the surgeon relays the surgical findings, the outcome of the operation, and the expectations for the postoperative course. The attending survey consisted of 12 fixed-response questions (Fig. 1A), and the resident survey consisted of 14 fixed-response questions with 2 free-response questions (Fig. 1B). The fixed-response questions were evaluated on five-point scales as ordinal variables, and nonparametric tests evaluated differences in responses. Differences in resident responses by training year were assessed by Kruskal–Wallis test. Questions with significant variation throughout the training year were further evaluated by pairwise Wilcoxon rank-sum tests with false-discovery rate correction for multiple testing. Differences between resident and attending responses to matched ordinal-response questions were tested by Wilcoxon rank-sum test, and Fisher exact test compared categorical-response questions. All analyses used R version 3.0.1 (R Project for Statistical Computing, Vienna, Austria).

Surveys were reviewed by a nonparticipant third party before distribution. The survey was deemed institutional review board-exempt. Surveys were distributed to general surgery residents from a single Midwestern teaching hospital during a resident meeting at the end of the academic year. The residency program had no formal curriculum in place dedicated to communication skill development. Attending surgeons from the same hospital were surveyed during a faculty meeting. Attending surgeons not present at the meeting were contacted directly for participation and returned surveys at a later date. All attending surgeons were employed by the department of surgery. Participation was voluntary and anonymous.

3. Results

A total of 45 surveys were completed. Twenty-three surgery residents completed the survey out of a total resident pool of 31. Residents represented all clinical levels of training. Twenty-two of 35 attending surgeons completed the survey. The response rates were similar among resident and attending physicians (74.2 and 62.9%, respectively, $P = 0.4$). Attending experience ranged from 1 to 32 y, with a mean of 12.8 y.

3.1. *Importance*

Nearly all respondents believed it is "important" or "very important" for residents to communicate well with patients and their families; one attending surgeon felt that this skill is only "somewhat important." Similarly, 93% of respondents reported that it is "important" or "very important" for residents to communicate well with patient families during the postoperative conversation. Responses from resident and attending physicians did not differ significantly for either question ($P = 0.8$ for both).

3.2. *Skill and comfort level*

Resident and attending physicians reported significantly different assessments of residents' patient communication abilities ($P < 0.001$). All resident respondents believed that they already possess the skills necessary to communicate "well" or "very well" with patients and families (mean 4.4 out of 5), whereas 55% of attending surgeons believed that resident communication with patients and families is "adequate" (mean 3.6 out of 5). Resident comfort with postoperative conversations varied significantly by training year ($P = 0.02$ by Kruskal–Wallis test). When questioned regarding their comfort with the postoperative conversation with family, all upper level residents (post-graduate year [PGY] 3–5)