

# Communication Skills Training for Surgical Residents: Learning to Relate to the Needs of Older Adults

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**BACKGROUND:** It is vital for physicians and surgeons to communicate successfully with older adults, who will constitute one-fifth of the US population by 2030. Older adults often perceive themselves as stigmatized and powerless in healthcare settings. Effective communication leads to better patient compliance and satisfaction, which is now a component of Medicare hospital reimbursement and physician and surgeon compensation from hospitals and networks.

**OBJECTIVE:** To increase orthopaedic surgery resident understanding of the unique needs of older adults in order to maintain effective and sensitive communication with this vulnerable population.

**DESIGN:** A two-part training program (ongoing for 8 years) comprised of: 1) small-group interactive didactic sessions on aging issues; and 2) workshop demonstrations given by the residents to a group of older adults, followed by a Question & Answer session. Residents were assessed using a 22-item pre–post questionnaire covering medical knowledge of aging, attitudes toward older adults, and personal anxiety about aging. Older adult participants were surveyed for perceptions of residents' sensitivity toward them.

**SETTING:** Hospital for Special Surgery in New York City, a specialized urban academic center, with a 5-year Orthopedic Surgery Residency program.

**PARTICIPANTS:** 70 PGY3 residents, for whom the program is a requirement, and 711 older adult participants recruited from a community convenience sample.

**RESULTS:** Older adult participants: Of 711 participants, 672 (95%) responded; 96% strongly agreed/agreed that the residents had demonstrated sensitivity toward them. Residents: Of 70 residents, 35 (50%) were assessed. Mean knowledge scores increased significantly ( $p \leq 0.001$ ); five of nine attitude items ( $p \leq 0.05$ ) and one of four anxiety items improved significantly ( $p \leq 0.001$ ).

**CONCLUSIONS:** Significant change was seen in residents' attitudes and anxiety levels toward older adults, attributes that are usually deep seated and hard to change. Residents moved along the Accreditation Council for Graduate Medical Education Milestones continuum for three core competencies. (J Surg Ed ■■■■-■■■. © 2018 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

**KEY WORDS:** physician-patient communication, older adults, vulnerable populations, surgical residents, communication and interpersonal skills

**COMPETENCIES:** Professionalism, Interpersonal and Communication Skills, Practice-Based Learning and Improvement

## INTRODUCTION

As the aging population increases, it is vital that physicians and surgeons learn to communicate more effectively with older adults, who often perceive that they are marginalized and stigmatized and feel especially powerless in health care settings.<sup>1-3</sup> Communication with older adults is complicated by age-related issues (such as cognitive decline) as well as negative stereotypes about older adults and aging, which are

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an occupational hazard for health care workers, who encounter the most vulnerable elderly.<sup>3,4</sup> Successful patient communication leads to better recall of information, compliance, adherence to medications, satisfaction, and overall better outcomes.<sup>5,6</sup> In addition, under the Affordable Care Act, Medicare reimburses hospitals through a quality incentive program, with patient satisfaction scores, including good physician-patient communication, making up 30% of the bonus and penalty formula.<sup>7,8</sup>

In the coming decades, physicians and surgeons alike will be seeing increasing numbers of older adult patients. By 2030, 20% of the U.S. population will be over 65, compared with 13% in 2010.<sup>9,10</sup> In terms of future demands on orthopedic surgeons, older adults are staying active longer and are also increasingly obese, two factors that lead to greater stress on their joints.<sup>11</sup> It has been projected that by 2030, the number of knee and hip replacements will have increased by 673% and 174%, respectively,<sup>11</sup> and the joint replacement skills of the orthopedic surgeon will, accordingly, be more in demand than ever.

Surgeon-patient interactions can be confounded by patient anxiety, medication-induced confusion, time constraints, the lack of a previous relationship, and financial pressures.<sup>12,13</sup> To address these and other issues, the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Orthopaedic Surgery developed the Orthopaedic Surgery Milestones Project for orthopedic surgeon trainees as a way of testing 6 required core competencies, which include not only medical knowledge and patient care skills but also professionalism, interpersonal and communication skills, and practice-based learning and improvement.<sup>14</sup> Within these core competencies, residents are expected to progress to the level where they can communicate competently in difficult or even adversarial patient circumstances and can sustain working relationships with their patients during complex and challenging situations. Residents are also expected to demonstrate compassion, respect, and sensitivity to diverse patient populations, including older adults, as well as increasing their competency in assisting patients to adjust to the physical declines of aging.

Surgical residency programs throughout the country have been exploring appropriate ways to teach and evaluate communication skills, as they are not as easily conveyed, defined, or measured as are straightforward medical skills or knowledge. Program designs have included lectures, videos with actors, scenarios and workshops available online, and encounters with mostly standardized patients.<sup>15-20</sup> The Hospital for Special Surgery (HSS), a specialized musculoskeletal teaching center in New York City, created an innovative and successful surgical residency curriculum module (which has been up and running for 8 years) with the objective of training postgraduate year 3 (PGY3) orthopedic surgical residents to communicate more sensitively and effectively with older adults. The program

involves interactive didactic sessions with the residents and interactive workshops with real patients/participants. To our knowledge, a surgical residency curriculum module on interacting effectively with older adults has not been reported in the literature.

## MATERIALS AND METHODS

The program was conducted at HSS, which has a 5-year Orthopedic Surgery Residency program. In 2008, we received a 2-year grant from the American Geriatrics Society/Hartford Project to help implement a required training program within the residency curriculum to improve communication skills with older adults and sensitize residents to their needs. The program was piloted for 2 years beginning in 2008 (referred to as year 1) and, with minor changes, became a required part of the resident training curriculum in 2010 (year 3) and continues as an integral part of the HSS residency curriculum. The present study was approved by the HSS Institutional Review Board.

### Subjects

#### Residents

Over the 8 years (2008-2016) of the curriculum, 70 PGY3 residents participated. We decided to assess the residents starting in year 5 and continuing through year 8 (for all 35 residents during this period). Residents were given protected time away from clinical duties to fulfill program requirements.

#### Older Adult Participants

Older adults are recruited from the ongoing free educational programs offered to the general public through HSS's Greenberg Academy for Successful Aging. Programs are advertised in a seasonal brochure mailed to 15,000+ people and distributed in public libraries, senior centers, and throughout the hospital.

### Intervention

The training was developed by a designated part-time senior program coordinator, an HSS social worker who specializes in aging, and is conducted in 2 parts: (1) an interactive didactic session of 1 hour; and (2) a workshop (**Box 1**). The coordinator debriefed with residents after each workshop and provided constructive feedback, if necessary, for process improvement.

### Assessment of Program

#### Older Adult Participants

A postworkshop survey was used to measure resident sensitivity toward older adults. We began to collect data on resident sensitivity on a 4-point Likert scale (strongly

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