Talk the Talk: Implementing a Communication Curriculum for Surgical Residents

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OBJECTIVES: The Accreditation Council for Graduate Medical Education milestones provide a framework of specific interpersonal and communication skills that surgical trainees should aim to master. However, training and assessment of resident nontechnical skills remains challenging. We aimed to develop and implement a curriculum incorporating interactive learning principles such as group discussion and simulation-based scenarios to formalize instruction in patient-centered communication skills, and to identify best practices when building such a program.

DESIGN: The curriculum is presented in quarterly modules over a 2-year cycle. Using our surgical simulation center for the training, we focused on proven strategies for interacting with patients and other providers. We trained and used former patients as standardized participants (SPs) in communication scenarios.

SETTING: Surgical simulation center in a 900-bed tertiary care hospital.

PARTICIPANTS: Program learners were general surgery residents (postgraduate year 1-5). Trauma Survivors Network volunteers served as SPs in simulation scenarios.

RESULTS: We identified several important lessons: (1) designing and implementing a new curriculum is a challenging process with multiple barriers and complexities; (2) several readily available facilitators can ease the implementation process; (3) with the right approach, learners, faculty, and colleagues are enthusiastic and engaged participants; (4) learners increasingly agree that communication skills can be improved with practice and appreciate the curriculum value; (5) patient SPs can be valuable members of the team; and importantly (6) the culture of patient-physician communication appears to shift with the implementation of such a curriculum.

CONCLUSIONS: Our approach using Trauma Survivors Network volunteers as SPs could be reproduced in other institutions with similar programs. Faculty enthusiasm and support is strong, and learner participation is active. Continued focus on patient and family communication skills would enhance patient care for institutions providing such education as well as for institutions where residents continue on in fellowships or begin their surgical practice. (J Surg Ed E:III-III. © 2016 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: general surgery, residency, interpersonal and communication skills, curriculum implementation, resident educators

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

INTRODUCTION

Communication skills are essential to providing patient-centered care that is customized and adapted to patients’ individual values, needs, and preferences.1 Clear and compassionate communication is critical in surgical practice where communication needs vary in complexity, from setting patient expectations and assessing adherence, to eliciting patient perspectives and concerns, managing family conflicts and patient counseling.2 Physician communication
proficiency is related to important outcomes such as treatment compliance, accurate information exchange, and patient experience.3–5

The Accreditation Council for Graduate Medical Education (ACGME) milestones specify that surgical trainees should develop interpersonal and communication skills in 3 practice domains—care for diseases and conditions, coordination of care, and performance of operations and procedures.6 Communication skill development has traditionally received relatively light emphasis in graduate medical education given the packed curriculum and assessment difficulties7–9; general surgery trainees often hone their “soft skills” at the bedside and through modeling of mentor attending surgeons.9–11

As approaches to identifying, measuring, and improving communication behavior have become well established in social science literature, surgical trainees have the opportunity to be familiarized with these contemporary skills and assessment methods.12–17 Simulation and role-play have advantages in surgical education including sharpening skills before speaking with patients, video-recording for learner assessment, and professionally mediated feedback during debriefing.18–21 As the need for a specific and thoroughly assessed communications curriculum became apparent at our institution, challenges of program development arose, such as finding protected educational time and resources for simulation, developing scenarios and training actors, and standardizing implementation and assessment techniques. The purpose of this report is to describe our experience designing and implementing a patient-centered communication curriculum for general surgery residents, and to offer guidance for training programs developing similar curricula in the future.

**MATERIALS AND METHODS**

**Setting**

The Surgical Residency Program at Inova Fairfax Medical Campus was initially accredited for 2 residency positions in 2002 and has grown to the current complement of 5 residents per postgraduate year (PGY). The entire breadth of training is available to the residents at the campus, as Inova Fairfax Medical Campus is a level 1 trauma center, and a tertiary care referral center in all surgical specialties. Faculty are a hybrid of private practice and hospital-employed surgeons. Until the introduction of ACGME milestones, our residency program faculty made assessments without uniform criteria as part of the standard service rotation evaluations. As with most surgical training programs, residents’ communication skills have only recently been formally assessed as part of the introduction of milestone evaluations.

**Approach**

After a needs assessment and gap analysis identified opportunities to formalize instruction in patient-centered communication skills, we developed a curriculum incorporating interactive learning principles such as group discussion and simulation-based scenarios. The course was designed to increase residents’ skills of compassionate, effective communication with patients and their family members using simulated encounters, facilitated discussion, and after-action debriefing. Although brief lectures introduced the topics, we focused on developing a cooperative learning climate that actively engaged the learner.22

The curriculum is presented in quarterly modules over a 2-year cycle and involves a variety of disciplines providing subject matter expertise—social work, risk management, patient experience, palliative care, and social science researchers. We sought to expose trainees to proven strategies for interacting with patients and other providers, encourage residents to practice and sharpen communication skills, increase skills confidence, and develop residents’ competency in interpersonal and communication skills as well as systems-based practice.23

**Resources**

In our assessment of available resources to develop our curriculum, we noted several resources available to all (Table 1). Universally accessible resources include the MedEd Portal [https://www.mededportal.org/](https://www.mededportal.org/), a free publication service promoting educational scholarship and

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<th>Resources</th>
<th>Institution specific</th>
<th>Universal</th>
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<td>Passionate patient volunteers previously trained as hospital volunteers</td>
<td>Simulation center with staff dedicated to coordinating activities, training, preparation, and technical management</td>
<td>MedEd Portal simulation scenarios</td>
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<td>Simulation center with staff dedicated to coordinating activities, training, preparation, and technical management</td>
<td>Multidisciplinary team involved in resident training program: physicians, nurses, mental health professionals, qualitative and quantitative researchers, and simulation experts</td>
<td>Validated assessment tools</td>
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