

VIEWPOINT

Being Affable, Available, and Able Is Not Enough

Prioritizing Surgeon-Patient Communication

Muneera R. Kapadia, MD, MME

Department of Surgery,
University of Iowa
Hospitals and Clinics,
Iowa City.

Kathleen Kieran, MD, MSc, MME

Division of Urology,
Seattle Children's
Hospital, Seattle,
Washington; and
Department of Urology,
University of
Washington, Seattle.

The adage about the 3 A's of surgical practice—affability, availability, and ability—suggests that being friendly, present, and competent is sufficient for a successful surgical practice. While these are of course important traits, it is clear that patients demand more from surgeons. Effective communication is at the crux of the successful surgeon-patient relationship. While affability can be further defined as ease in talking to others, it is only a small part of effective communication, which includes a distinct skill set. Effective communication skills benefit both clinicians and patients by improving patient understanding and adherence to treatments and are associated with superior clinical outcomes and higher patient and clinician satisfaction.¹ Institutions also evaluate their clinicians by using patient-reported measures, which are largely communication based. Most importantly, while it may be difficult for patients to judge our technical skills and medical knowledge, they can certainly evaluate how we, as surgeons, speak with them and make them feel.

While effective communication has several benefits, poor communication may have several detrimental outcomes: diminished patient trust, patient dissatisfaction, and, in some cases, malpractice litigation.² Themes from examined malpractice suits suggest a high proportion result from communication failures and include clinicians who lack understanding of the patient or family perspective, deliver information poorly, and make the patient or family feel devalued or deserted. Patient complaints often indicate that patients do not feel respected, listened to, or personally engaged by the clinician. Moreover, there is a significant association between unsolicited patient complaints and surgical complications.³

It is in our interest as surgeons and in the interest of patients to prioritize effective communication. While the importance of specific communication training is widely recognized in medical fields that historically have prioritized patient or family interactions and longitudinal experience, it is less apparent that this is a priority for surgeons. However, the reality is that effective surgeon-patient communication is critical for the care of surgical patients, and therefore communication training should be a priority for all surgeons.

Special Considerations for Surgical Communication

Surgeons frequently face patient-associated communication challenges. Surgical illnesses are often highly complex and have high acuity. Surgeons must communicate the nature of the problem, surgical and nonsurgical alternatives, risks and benefits, and realistic expectations for the future. Especially for high-risk operations, expected outcomes may be uncertain and the risk of

morbidity and mortality high, leading to difficulties with prognostication. Patient expectations and concerns, as well as goals of care, are central to counseling patients, but these are not always skillfully elicited.^{4,5} Therefore, balancing a patient's wishes with appropriate surgical management can be challenging; this is complex shared decision-making and requires advanced communication skills to be used. The consequences of communication that falls short are far-reaching and may lead to nonbeneficial surgery, overtreatment at the end of life, a lack of surgical buy-in, unmet expectations, and dissolution of trust between patients and clinicians.^{4,6}

Because surgical encounters are problem based, the surgeon-patient relationship often is established over a relatively short period. Trust must be developed quickly, especially in urgent or emergency situations. Time constraints further exacerbate communication challenges in both elective and urgent settings. Surgical issues may also lead to strong patient or family emotions, which can be difficult to manage, further complicating decision-making.⁵ Although not specific to surgery, all surgeons need to be skilled at delivering bad news and error disclosure. All of these situations require sophisticated communication skills.

Training Surgeons to Communicate With Patients

While most surgeons would agree that effective communication skills are critical, communication skills are inconsistently taught in postgraduate surgical training and practice. Surgical training, beginning in medical school and progressing through postgraduate and continuing medical education, has prioritized factual medical knowledge regarding pathophysiology and treatments as well as technical skills acquisition, with less emphasis on communication skills. Most surgical training programs have little to no formal communication skills training, even though trainees frequently face scenarios that call for advanced communication skills. Popular depictions of so-called surgical culture may also underscore an unwritten belief that surgeons do not need to acquire or refine their communication skills. For example, television shows and movies often portray surgeons as cold, uncaring, and arrogant but technically skilled, implying that technical excellence is prioritized at the expense of interpersonal skills.

In a survey of general surgery residents and faculty, unsurprisingly, the most frequently cited barrier to teaching communication skills was limited time.⁷ Additionally, most trainees reported that they preferred to learn about communication skills in clinical settings. With time constraints, role modeling may be the default teaching method. However, the value that observational learn-

Corresponding

Author: Muneera R. Kapadia, MD, MME, Department of Surgery, University of Iowa Hospitals and Clinics, 200 Hawkins Dr, 4605 JCP, Iowa City, IA 52242 (muneera-kapadia@uiowa.edu).

ing offers trainees is highly variable and dependent on whether best practices in clinical communication are being modeled. Trainees are more likely to learn from deliberate practice of communication skills, during roleplay or with actual patients, followed by specific feedback about the observed interaction. Feedback on communication skills is less frequently used than role modeling, and with the role modeling, the onus to develop communication skills remains on the learner.⁷ Additionally, trainees are variably offered an opportunity to participate in high-stakes conversations, such as delivering bad news or error disclosure.

Future Steps for Surgical Communication Skills Education

Surgeon-patient communication is a critical component of successful clinical practice and should be emphasized and prioritized widely and deliberately by surgeons. There have been significant advances in communication training and development of communication models, which include the ask-tell-ask procedure for information exchange,⁸ SPIKES for delivering bad news,⁹ NURSE for demonstrating empathy,⁸ the best case/worst case framework for complex decision-making,¹⁰ and delineated steps for error disclosure, to name a few. To ensure surgical trainees are current with

best practices in communication and well prepared for their future, surgeon-patient communication deserves a dedicated, standardized curriculum that includes not only didactics but also communication skills practice. Such a curriculum would focus on basic communication skills, informed consent, shared decision-making, delivering bad news, eliciting goals of care, end-of-life discussions, and integrating surrogate decision-makers and other stakeholders into conversations.

However, a formal curriculum alone is not enough. Communication skills need to be practiced and reinforced in the clinical setting. Additionally, these skills are learned, relearned, and honed over one's career, and therefore education and reinforcement of these skills is needed not only during training but also during clinical practice; therefore, faculty development is needed to promote effective communication skills use and role-modeling for trainees.

Communication with patients is an essential skill that is not always prioritized as it should be. Compared with other clinicians, surgeons have been late adopters of communication skills education, which is a disservice to patients. To improve the care we provide for patients, surgeons need to adopt and embrace effective communication skills and communication skills training.

ARTICLE INFORMATION

Published Online: February 26, 2020.
doi:10.1001/jamasurg.2019.5884

Conflict of Interest Disclosures: Dr Kieran reported serving as a panel member for the Patient-Centered Outcomes Research Institute's Advisory Panel on Healthcare Delivery and Disparities Research. No other disclosures were reported.

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