

## Interpersonal and Communication Skills Improve During Residency

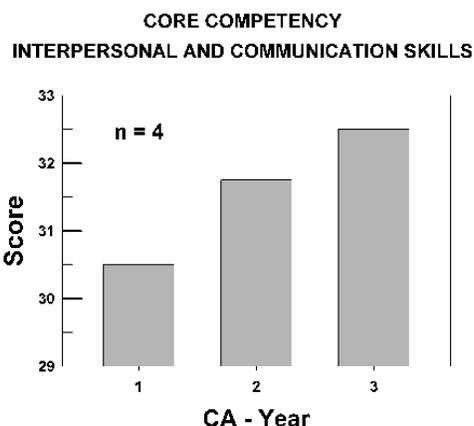
Casabianca, M.D., T. Papadimos, M.D., S. Bhatt, M.D.

*University of Toledo College of Medicine, Toledo, Ohio*

**Background:** Interpersonal and communication skills are a core competency established by the ACGME. These skills are important for anesthesiologists who often meet patients immediately before surgery. Effective interpersonal and communication skills are necessary to establish confidence, rapport and have effective information exchange and learning with patients, patient's families, and professional associates.

**Methods:** After IRB approval and adherence to APS/NIH guidelines structured encounters using standardized patients were developed. This provides a consistent model without the confounders residents face daily. The residents were evaluated in five different areas; opening the interview, listening skills, interview content, therapeutic core qualities, and closing the interview and were further subdivided for a total of 17 possible points. Each standardized patient evaluated the quality of each resident interview. Residents participated in two separate patient encounters and were videotaped.

**Results:** Scores varied by year in training. The average score for the CA-1 class (4) was 30.5 (range 29.0-32.0), the CA-2 class (4) was 31.75 (range 30.0-34.0), and the CA-3 class (4) was 32.5 (range 32.0-34.0).



**Discussion:** Resident interpersonal and communication skills improve as they advance in residency. The results obtained support this notion despite lack of formal instruction or constructive criticism. The improvement may be due to the absolute number of evaluations and similar interactions residents have and the informal feedback they receive. An increasing knowledge base could also lead to improvement as the resident feels more confident in their discussions. The standardized patient allows us to evaluate and compare resident performance.

**References:** Yudkowsky R, Alseidi A. *Curr Surg.* 2004 Sep-Oct;61(5):499-503  
Hobgood CD, Riviello RJ. *Acad Emerg Med.* 2002 Nov;9(11):1257-69