

Incorporating Interpersonal Skills into Otolaryngology Resident Selection and Training

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No sponsorships or competing interests have been disclosed for this article.

Abstract

Increasing attention has been paid to the selection of otolaryngology residents, a highly competitive process but one with room for improvement. A recent commentary in this journal recommended that residency programs more thoroughly incorporate theory and evidence from personnel psychology (part of the broader field of organizational science) in the resident selection process. However, the focus of this recommendation was limited to applicants' cognitive abilities and independent work-oriented traits (eg, conscientiousness). We broaden this perspective to consider critical interpersonal skills and traits that enhance resident effectiveness in interdependent health care organizations and we expand beyond the emphasis on selection to consider how these skills can be honed during residency. We advocate for greater use of standardized team-based care simulations, which can aid in assessing and developing the key interpersonal leadership skills necessary for success as an otolaryngology resident.

Keywords

interpersonal skills, resident selection, education, training, resident development, organizational psychology, simulation, collaboration

Received July 18, 2017; accepted August 25, 2017.

A recent commentary in this journal advocated for improving otolaryngology residency selection by drawing from personnel selection research, conducted in the field of organization science, to generate evidence-based, theory-driven practices.¹ As an otolaryngology resident (Y.L.M.) and organizational behavior professor (C.G.M.), we read this article with great interest. We agree wholeheartedly with the suggestions made by Drs Bowe, Laury, and Gray for programs to adopt more rigorous selection practices (eg, structured interviews) and to attend to applicants' cognitive ability, integrity, and conscientiousness.¹ But these elements predominantly assess prospective residents' cognitive talents and *intrapersonal* proclivities and are therefore necessary but

insufficient as predictors of performance in complex interdependent health care organizations. Modern medicine is a team sport; thus, *interpersonal* skills and traits—social skills, knowledge of teamwork strategies, and relevant personality characteristics²—are critical elements that must be more thoroughly incorporated as part of the selection process for otolaryngology residents, as well as their ongoing training and development. Indeed, the importance of these interpersonal skills is evident in their inclusion among the Accreditation Council for Graduate Medical Education core competencies that all residents must possess.

Importance of Interpersonal Skills for Otolaryngology Residents

Working collaboratively is a necessity in surgery and can improve patient care by synthesizing multiple perspectives and reducing the risk of missing key information.³ Breakdowns in interpersonal dynamics (eg, issues of communication, hierarchy, and conflict) have been cited as causing medical error since at least the mid-1800s,⁴ and recent research has linked these breakdowns among surgeons—captured via “unsolicited patient observations” (eg, patient complaints of surgeons' disrespectful behavior or rude interactions)—to increased complication and readmission rates.⁵

Assessing individuals' interpersonal skills can help identify applicants who are more likely to succeed as otolaryngology residents. These skills have been assessed among medical students via video-based situational judgment tests (watching video-recorded vignettes of interpersonal interactions and deciding on the most appropriate response), with greater interpersonal skill ratings positively predicting students' performance when practicing medicine 9 years later.⁶

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Otolaryngology—
 Head and Neck Surgery
 2018, Vol. 158(1) 21–23
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 Otolaryngology—Head and Neck
 Surgery Foundation 2017
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 sagepub.com/journalsPermissions.nav
 DOI: 10.1177/0194599817731754
 http://otojournal.org


Table 1. Dimensions of the “Big Five” Model of Personality.

Dimension	Common Traits Associated with Dimension ^a
Extraversion	“Sociable, gregarious, assertive, talkative, and active”
Neuroticism ^b	“Anxious, depressed, angry, embarrassed, emotional, worried, and insecure”
Agreeableness	“Courteous, flexible, trusting, good-natured, cooperative, forgiving, soft-hearted, and tolerant”
Conscientiousness	“Careful, thorough, responsible, organized, and planful . . . hardworking, achievement-oriented, and persevering”
Openness to experience	“Imaginative, cultured, curious, original, broad-minded, intelligent, and artistically sensitive”

^aDescriptions of common traits are quoted with permission from: Barrick MR, Mount MK. The Big Five personality dimensions and job performance: a meta-analysis. *Personnel Psychology*. 1991;44(1):3-5.

^bNeuroticism is also referred to as “emotional stability,” with lower levels of the associated traits representing greater emotional stability.

Residency programs can also improve their selection methods by assessing interpersonally relevant personality characteristics. Bowe and colleagues advocate selection based on conscientiousness,¹ a key personality characteristic that reliably predicts performance in a variety of settings. However, over-prioritizing this aspect of personality may result in ineffective resident selection, as conscientiousness has been shown to be unrelated to clinical skills ratings among medical students, only predicting their preclinical knowledge on early-year exams and actually negatively predicting clinical knowledge in later years of their program.⁷ Other personality traits (eg, the other 4 dimensions of the “Big Five” model of personality; **Table 1**) have been proven relevant for predicting performance in team-based work,² with extraversion, for instance, predicting performance in socially interactive occupations⁸ and medical students’ interpersonal clinical skills (ie, communication, patient rapport, team rapport, and patient care).⁹

Selecting and Training for Interpersonal Skills

Beyond just selecting for individuals with stronger, naturally occurring social/teamwork skills and personality characteristics, ongoing efforts to train residents in interpersonal skills are needed as well. Skills and strategies for managing interpersonal dynamics and working in teams are seldom, if ever, taught in medical education (and when they are, they are rarely grounded in organizational science or theory).⁴ Selecting for these important interpersonal leadership skills therefore represents only half the dual processes of assessment and development that contribute to residents’ knowledge, skills, and abilities (see **Figure 1**).

Ongoing education regarding interpersonal skills is needed from the outset of otolaryngology residency, as residents are asked to step into roles that involve managing and coordinating patient care among teams representing multiple specialties and backgrounds. Even individuals with strong preexisting social skills are likely to be unprepared for these sorts of leadership roles in the complex, time-sensitive environment of surgical residency.

A Path Forward

How might these interpersonal skills be better incorporated into the selection and training of otolaryngology residents? In addition to the tools mentioned so far, residency programs

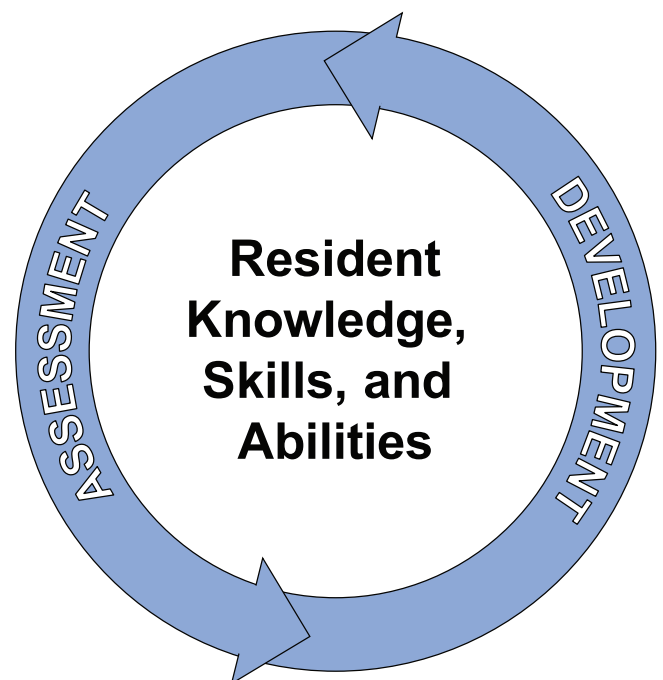


Figure 1. Dual processes promoting resident effectiveness.

would benefit from the increased adoption of interpersonal simulations. Bowe and colleagues call for greater use of work samples—for instance, examples of past performance provided by writers of recommendation letters.¹ However, as a complement to these retrospective samples of work, “live” work samples can be created through the systematic use of simulations. These simulations can be designed to assess interpersonal competencies as individuals work through a team-based clinical scenario. Similar, interpersonally focused simulations have been utilized as selection tools for department chair candidates—with applicants conducting a difficult conversation with a (simulated) faculty member—revealing useful information about interpersonal style not identified via traditional methods.¹⁰

For otolaryngology residents, this kind of live work sample might take the form of a simulated airway case with unhelpful staff and/or other interpersonal challenges (eg, an anxious parent). In line with the dual-process model (**Figure 1**), these simulations could be utilized as part of the residency interview

process but also conducted recurrently for residents to hone their interpersonal skills (as well as their clinical skills, by varying scenarios as they advance through residency).

The tools highlighted by Bowe and colleagues represent important steps for applying findings from the organizational sciences to otolaryngology resident selection. But we encourage residency directors and faculty to think more broadly, in terms of necessary qualities for successful residents, and on a longer time-horizon, in terms of both assessing and developing these qualities. The goal should be not only to select intelligent, conscientious future surgeons, but also to develop capable leaders and collaborators who will succeed in dynamic health care organizations.

Acknowledgments

We thank David Eisenman, MD, Elizabeth Guardiani, MD (both University of Maryland), and Kathleen M. Sutcliffe, PhD (Johns Hopkins University), for their advice and feedback on this work.

Author Contributions

Yemeng Lu-Myers, substantial contributions to conception and design; drafting and critical revision; final approval; accountability for all aspects of the work; **Christopher G. Myers**, substantial contributions to conception and design; drafting and critical revision; final approval; accountability for all aspects of the work.

Disclosures

Competing interests: None.

Sponsorships: None.

Funding source: None.

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