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## How Surgeons Communicate And Teach: An Analysis Of Intraoperative Agentic And Communal Language

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### Abstract:

**Introduction:** Power dynamics influence participation within surgery. Our objective was to compare the use of agentic (“I”) and communal (“we”) spoken intraoperative language between attending and resident surgeons.

**Methods:** We recorded 8 teaching surgeries (3 General Surgery) and de-identified the transcripts of attending (5 male; 3 female) and resident (3 male; 5 female) surgeons. We adapted Grebelsky-Lichtman’s codes for agentic and communal language, creating a coding schema (Table).

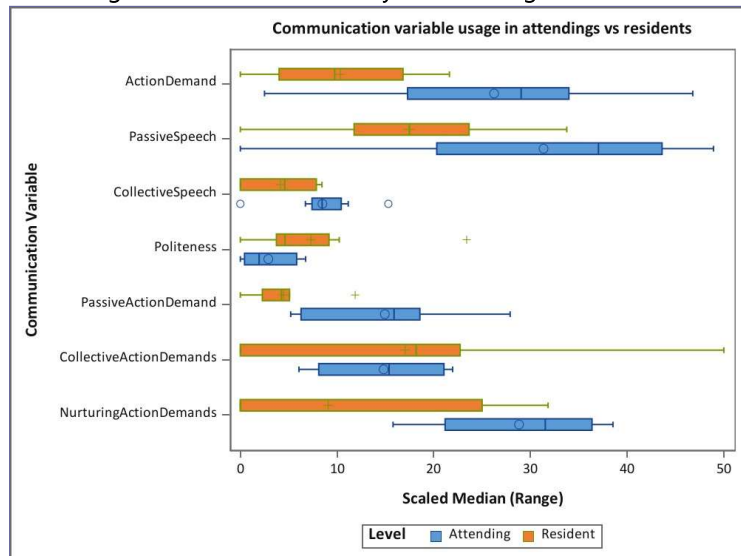
Schema for Communal and Agentic Codes

Code: Communal (*) and Agentic (**)	Definition	Source	Examples from Grebelsky-Lichtman or other sources	Examples from case 454: Attending (A) and Resident (R)
Collective*	Any sentence with a 'we' or 'us' or 'ours' (addressing the collective group)	Merriam-webster 11 <sup>th</sup> edition	<i>"Our job is to finish that."</i>	R454: "Nope, <u>we're</u> good"
Passive Speech*	Statements denuded of declarative force that is submissive, less assertive, roundabout, non-aggressive, or conveys uncertainty. Includes hedges and hesitant speech.	Gudykunst, 1998. Dixon & Foster, 1997. Lituchy & Wiswall, 1991	"about six", "sort of", "possibly", "perhaps" (Dixon p.3) <i>"You <u>could</u> finish that book if you wanted to."</i>	R454: "I <u>think</u> this knife is like dull <u>or</u> something"
Politeness*	Marked by an appearance of consideration, tact, deference, or courtesy	Merriam-webster 11 <sup>th</sup>	<i>"You're welcome."</i>	A454: " <u>Please</u> " R454: "Thank you"

		edition		
Nurturing*	Rhetoric that displays nurturing or maternal traits	Gibson & Heyse, 2010	"I'm just one of many mom's who'll say an extra prayer each night <u>for our sons and daughters</u> going into harms way." (Gibson p.246) " <u>Let me show you an easier way to do that.</u> "	A454: "Ok <u>let me help you</u> there"
Degree Modifier*	Words that depend on a contextual scale. A word/form that scales a quality up or down, or somewhere in between.	Cynthia 2021. Bolinger 1972	" <u>Too far</u> "	A454: "A <u>little</u> more"
Action Demand**	An imperative (telling exactly what is going to be done)	Holmes & Stubbe, 2003	"It will require...to do some difficult things...to replace his..." (Grebelsky p.10) " <u>You come out here and get one.</u> "	A454: "You cut this"
Assertive Speech**	A clear/confident style of speaking which involves being more directive, opinionated, and explicit	Banwart, 2010. Hargie, 2006	"We are going to protect the pensions." (Grebelsky p.11) " <u>I will take care of it</u> "	A454: " <u>It is definitely solid</u> "
Display Solution**	Providing information when asked a question; providing a solution when discussing a problem	Hargie, 2006. Gudykunst 1998	"I can therefore tell the House that from first of March the UK Border Force will split from UKBA and become a separate operational command." (Grebelsky p.11) " <u>That's right</u> "	A454: "Sure"

We calculated inter-rater agreement and coded all transcripts for agentic and communal terms. Mann-Whitney testing was used to compare attendings versus residents and males versus females.

**Results:** In the operating room, attendings demonstrated increased utilization of action demands, degree modifiers, collective speech, and nurturing speech, while residents demonstrated increased utilization of politeness ( $p < 0.05$  for all). Among action demands spoken, passive action demands ("*I think you should cut*") or polite action demands ("*please cut*") were more likely to be used by residents while collective action demands ("*we will cut*"), nurturing action demands ("*cut here slowly*"), or action demands with degree modifiers ("*cut a little more*") were more likely to be used by attendings. ( $p < 0.05$  for all, see Figure) There were no gender differences in any of the categories.



**Conclusion:** In the operating room, residents were more likely to utilize communal language while attendings were more likely to use agentic language with communal modifiers. The differences observed cannot be attributed to gender and likely depend on the power dynamics in the operating room as well as teaching and learning dynamics present in surgical education.

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