

To Speak or Not to Speak: Factors Influencing Medical Students' Speech and Silence in the Operating Room

Author order: KJ, TS, MB, AB, GS

Background:

Medical students are vital members of the operating room (OR) team yet are rarely taught when to speak in the OR. Understanding why students hesitate or are encouraged to speak up will help identify behaviors that improve their assimilation and OR pedagogic experience.

Methods:

Our objective was to explore why medical students speak up or remain silent in the OR. This qualitative study utilized Constructivist Grounded Theory, building on our previous research on OR silences. Using semi-structured interviews, we interviewed 37 participants from 4 groups (medical students, resident surgeons, attending surgeons and OR nurses) about expectations for medical students' speaking up and behaviors that encouraged or discouraged students' speaking up. Transcripts were iteratively team-coded and analyzed to develop a conceptual model. These were triangulated to generate a list of speech-encouraging behaviors for each group.

Results:

Students' decisions to speak or remain silent depended on their perception of the OR as a safe space and was influenced by three themes: consciousness of being evaluated, situational awareness, and interpersonal engagement with OR team members. Increased preparation helped students feel safer concerning evaluation and encouraged dialogue with OR team members. Awareness of critical surgical moments, evidenced by the attending's mood, also helped students identify appropriate times to speak. Informal communication with OR staff and tasks also encouraged speaking, whereas fear of exhibiting a lack of knowledge, unawareness of critical moments, or attendings with negative reputations suppressed speaking. Reluctance to speak up was viewed as a threat to patient safety.

Conclusion:

Medical students are challenged finding safe times to speak up despite lack of experience and training in the OR. A conflict exists between encouraging student engagement and their fear of evaluation. Our findings suggest that better preparation for a case will accelerate student perception of safety in the OR. Surgeons and staff can encourage students to speak up by establishing interpersonal relationships, self-awareness of their moods, and assigning students case-related tasks. Improving students' sense of safety will encourage speaking up, improve learning, and engage them in advocating for patient safety.

Take home message:

OR behaviors that create a safe space will encourage students to speak up.