Medical students often enter surgery clerkships apprehensive and filled with preconceived notions. They are apprehensive about interacting with the stereotypic brusque and curt surgeon. They are surprised when they learn that surgeons spend a great deal of time in patient care outside the operating rooms. Students become keen observers of how communications occurs both in and outside the operating room. The purpose of this study was to understand how clerkship students perceive the way surgical residents and attendings communicate in challenging situations.

At our university, students complete a reflection at the end of their surgery clerkship rotation. They respond to this prompt, "What lessons did you learn from how a resident or a faculty member dealt with a difficult situation?" We examined data for five years of reflection (Academic Years 2014-19). We performed a content analysis of these responses, coding each student answer for the communication elements. Codes were synthesized into thematic categories.

Of the 653 reflections, 79% addressed communication. Most students wrote about positive experiences. Patient communication descriptions fell into two broad themes: communication style and non-verbal skills. Communication style included tone (warm, supportive), style (patient centered (acknowledging perceptions, establishing trust, rapport) and demeanor (matter-of-fact, clear, honest). Non-verbal-skills included patience (space to listen, silence, time) and position (sit down, kneel down to be at patient level, touch). Students wrote about team communication, which had both style and non-verbal skills, but also talked about political and collaborative communication. Communicating about error took place with students (acknowledging) and in mortality and morbidity conference. In both venues the style and non-verbal skills were used. Negative communication observations were rarely the focus and reflected the theme of avoidance; that is, failing to communicate in a timely manner or inappropriate tone.

Students greatly admired the communication skills that they discovered surgical residents and attendings possessed. Many highlighted how they wanted to incorporate these skills into their own practices. While these reports might not reflect all the communication challenges, their specificity indicate impact on the students. The findings leave educators with the challenge of using these perceptions to counteract the perpetuation of surgeon stereotypes.