

Surgeons and anesthesiologists: Need to communicate?

One man never made a team. Think of Pele, Maradona, and now, Lionel Messi – “the game changers, the super heroes, the Gods of soccer.” But imagine a match where there were no passes, no gesticulation, or no verbal or non-verbal communication with the teammates. Even the most worthy of teams needs the oldest winning recipe – communication and teamwork. Communication is an essential component of training in soccer. It is the glue that holds the team together and is the source of motivation for all (www.socceressentials.com).

Surgeon and anesthesiologist are the key players in the operating room (OR), aiming for a common goal – safety and good outcome for patient. Behind the mask, they often cannot read each other’s minds. Within the four walls of the theater, they may also forget the basic rules of the game and fail to achieve the goal. And in this game, winning or losing may prove to be unacceptably expensive, translating into an increase in morbidity and mortality. Quality communication is perhaps the key for everyone to remain focused on the goal.

After a series of confidential interviews with surgeons, Gawande *et al.* found 43% adverse events as a result of communication failure.^[1] Lingard *et al.* found 30% such events among the various errors reported over a 3-month study period in OR personnel, indicating a lack of standardization and team integration.^[2]

In this issue, Kumar *et al.* have analyzed a questionnaire-based study which revealed that 95.5% anesthesiologists felt that good communication between surgeons and anesthesiologists is a must for quality patient care in the perioperative setting.^[3] Eighty-six percent respondents thought that a failure in adequate communication causes stress to them and 52.2% faced some situations where it affected patient outcome. Eighty-two percent were of the opinion that formal training is necessary for all medical personnel and 77.6% were interested in participating in it.

The OR scenario has been shown to parallel that of aviation, and several authors have analyzed the safety checks used in the

latter. Effective communication and teamwork has worked well in aviation and has also shown promise in improving patient care in the field of medicine.^[4-6]

Awad *et al.* implemented medical team training for surgeons, anesthesiologists, and nurses of the OR using crew resource management principles of aviation for a 2-month time period and concluded that it can improve communication, ensuring a safer environment that leads to decreased adverse events.^[7]

Cooper *et al.* showed examples of how to effectively communicate in certain situations that might arise during a surgical procedure.^[8] They spoke about communication gaps and how to possibly bridge them at the 2012 ASA meeting at Washington DC. Some of the reasons mentioned for not communicating were natural reluctance to interrupt, fear of embarrassment or outright retribution, concern about being misjudged, or simply not knowing what to say or how to say it. The challenge is to overcome the inertia and move over the barriers of speaking up. Two different ways to achieve this were suggested – advocacy/inquiry and the two-challenge rule. The former is a deliberate practice to express your concerns without being defensive and show curiosity to understand the others’ point of view. The “two-challenge rule” is practiced in aviation where you raise your concern without being offensive. If it is not heard, repeat more forcefully and take the issue to a more effective superior.^[9]

Verbal and non-verbal communications are the two ways to get one’s point across effectively. The three verbal skills that must be mastered are honesty in thought and speech, consistency in expression, and clarity in delivering the message. Facial expressions, body language, and the ability to listen to others are the cornerstones of non-verbal communication skills. Without an obvious overdo, they should represent enthusiasm, class, and character. These are conventional soccer tips and would be very apt in the OR scenario as well.

Whether it is a soccer field or an air travel or a surgical suite, teamwork works. There is no substitute to good and effective communication and we know there are many ways to implement it. It is suggested that some deliberate and structured education on communication skills be included in post-graduate training, both in surgery and anesthesiology. Reinforcement of the concept of good communication at regular intervals for all OR personnel would help in improving overall patient care and alleviate the stress in the theater environment.

Access this article online	
Quick Response Code:	Website: www.joacp.org
	DOI: 10.4103/0970-9185.117040

Rakhee Goyal

Department of Anesthesia and Critical Care, Armed Forces Medical College, Pune and Command Hospital (SC), Pune, Maharashtra, India

Address for correspondence: Dr. Rakhee Goyal,
NP-5 Officers Project Quarters, MH, CTC, Pune - 411 040,
Maharashtra, India.

E-mail: rakhee_goyal@yahoo.co.in

References

- Gawande AA, Zinner MJ, Studdert DM, Brennan TA. Analysis of errors reported by surgeons at three teaching hospitals. *Surgery* 2003;133:614-21.
- Lingard L, Espin S, Whyte S, Regehr G, Baker GR, Reznick R, *et al.* Communication failures in the operating room: An observational classification of recurrent types and effects. *Qual Saf Health Care* 2004;13:330-4.
- Kumar M, Dash HH, Chawla R. Communication skills of Anaesthesiologists: An Indian perspective. *J Anaesthesiol Clin Pharmacol* 2013;29:374-8
- Sexton JB, Thomas EJ, Helmreich RL. Error, stress, and teamwork in medicine and aviation: Cross sectional surveys. *BMJ* 2000;320:745-9.
- Vincent C, Moorthy K, Sarker SK, Chang A, Darzi AW. Systems approaches to surgical quality and safety: From concept to measurement. *Ann Surg* 2004;239:475-82.
- Rivers RM, Swain D, Nixon WR. Using aviation safety measures to enhance patient outcomes. *AORN J* 2003;77:158-62.
- Awad SS, Fagan SP, Bellows C, Albo D, Green-Rashad B, De la Garza M, *et al.* Bridging the communication gap in the operating room with medical team training. *Am J Surg* 2005;190:770-4.
- Cooper JB, Caplan RA, Gaba DM. APSF Workshop Engages Audience in Communication Skills and Drills. 2013 APSF newsletter. Available from: <http://www.apsf.org> [Last accessed on 2013].
- Pian-Smith MC, Simon R, Minehart RD, Podraza M, Rudolph J, Walzer T, *et al.* Teaching residents the two-challenge rule: A simulation-based approach to improve education and patient safety. *Simul Healthc* 2009;4:84-91.

How to cite this article: Goyal R. Surgeons and anesthesiologists: Need to communicate?. *J Anaesthesiol Clin Pharmacol* 2013;29:297-8.

Author Help: Online submission of the manuscripts

Articles can be submitted online from <http://www.journalonweb.com>. For online submission, the articles should be prepared in two files (first page file and article file). Images should be submitted separately.

1) **First Page File:**

Prepare the title page, covering letter, acknowledgement etc. using a word processor program. All information related to your identity should be included here. Use text/rtf/doc/pdf files. Do not zip the files.

2) **Article File:**

The main text of the article, beginning with the Abstract to References (including tables) should be in this file. Do not include any information (such as acknowledgement, your names in page headers etc.) in this file. Use text/rtf/doc/pdf files. Do not zip the files. Limit the file size to 1024 kb. Do not incorporate images in the file. If file size is large, graphs can be submitted separately as images, without their being incorporated in the article file. This will reduce the size of the file.

3) **Images:**

Submit good quality color images. Each image should be less than **4096 kb (4 MB)** in size. The size of the image can be reduced by decreasing the actual height and width of the images (keep up to about 6 inches and up to about 1800 x 1200 pixels). JPEG is the most suitable file format. The image quality should be good enough to judge the scientific value of the image. For the purpose of printing, always retain a good quality, high resolution image. This high resolution image should be sent to the editorial office at the time of sending a revised article.

4) **Legends:**

Legends for the figures/images should be included at the end of the article file.