

## Communication Skills for Anaesthesiologists

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Though all health care providers have to communicate with their patients, for anaesthesiologists, communicating with patient and relatives is crucial. However, anaesthesiologists get minimum opportunities to communicate with their patients. Pre-anaesthetic evaluation is the only time an anaesthesiologist can communicate with his patients and their relatives. In addition to patients and their relatives, anaesthesiologist has to communicate with other members of the surgical team, other specialists and administrators. Good communication skills are required for effective participation in conferences and stage presentations also.

A small slip in communication can cost heavily. Though the science of anaesthesiology is taught in the Anaesthesia departments, art of communication is not part of the curriculum.

These are soft skills that have to be learnt by practice. Communication is a two-way process. Both parties have to communicate with each other. Listening is an important part of communication. However, most of the time we want to speak more and listen less. Good communication needs more listening and less speaking. Listening includes understanding what the other party is saying. One should not be in a hurry to answer.

Communication has verbal and non-verbal components. We all focus on what to say but verbal component constitutes

only 10% of communication. Ninety percent of communication is non-verbal. While verbal component consists of words and sentences the non-verbal component consists of appearance, attire, body language, posture, facial expression and tone and pitch of voice. Eye contact is an important part of non-verbal communication. What we say is important but how we say is more important. The surrounding and environment also affects the communication. Noiseless surrounding, comfortable room temperature and comfortable furniture is also a prerequisite of effective communication.

### Communicating with patients

Most important person in the life of a doctor is his patient. In order to give proper treatment and getting patient satisfaction a good communication is essential. A satisfied patient is an ambassador of the doctor in the community and less likely to create legal problems and violence. Communication with patient should build confidence of patient in the doctor and patient should feel that doctor will act only for his overall benefit. Good communication also improves the patient's compliance with doctor's instructions. We should keep the following points in mind while communicating with our patients:

1. A professional look is the first requirement. Your dress, white coat, hair style, shoes etc., should give a professional look. Then only patient will respect you.
2. First ascertain the language in which patient is comfortable to communicate. Nowadays we get patients from all parts of the country and also from other countries. These patients may not know Hindi, English or any other language that we know. If we know that the patient's mother tongue is not Hindi, then it is best to communicate with him in his language. If there is no common language known to both parties, then it is essential to involve a translator. In such cases a problem may arise later on to explain as to how doctor communicated with the patient without a translator.
3. Maintain privacy: There should be no other person except patient, relative, doctor and essential staff like a nurse and a translator.
4. First try to know the patient and build a relationship. Do not jump to questions on medical problems. Ask questions regarding his family, occupation, any non-medical problems. If possible, address the patient by his name.
5. Focus on the patient: There should be no distraction on phone or computer. Doctor should just focus on listening to the patient without interruption and should make eye to eye contact.
6. Communication should be patient-centric and not disease-centric. Communication should include what you want to say as well as what the patient wants to know.
7. Do not use medical terminology: Convert medical terms into day-to-day common language that the patient can understand.
8. Doctor should answer all the questions from the patient honestly and sincerely.
9. Whenever appropriate, advise them to take a second opinion. This also gives the impression that doctor is honest and has nothing to hide.
10. In the end ask the patient if he has understood what you have said. It is a good practice to ask him to repeat what he has understood.

An example of miscommunication is the nil orally order. Most of us ask the patient not to eat any thing after dinner on the eve of surgery. Patient follows it verbatim. As result he does not take his tablets for Thyroid or Hypertension. He may present with high blood pressure or may have delayed recovery. Therefore, instructions should be clear and patient should be asked to repeat so that there is no scope for miscommunication.

### **Communication with relatives and attendants**

Identify a responsible person who is authorised by the patient to communicate on his behalf. This should be ascertained in advance. Later on, in situations where patient cannot communicate; all communication should be done with this person.

All the points mentioned for communicating with patients holds good for communication with relatives or attendants also. Responsible person must be a major (above 18 years old). If the patient is a female, make sure that either one female attendant or female nurse is there while you are examining / questioning the patient.

### **Communication with colleagues and other members of team**

Surgical care of the patient is a team work. It involves anaesthesiologist, surgeon and other supporting staff. Team members may be senior, our colleagues or junior to us. Carrying all of them with us requires good communication.

1. General principles of communication apply here also.
2. Tell what is expected of each team member and cross check if he has understood what you mean.
3. Welcome ideas from every team member and apply them where ever possible.
4. Appreciate in public but criticise in private.

### **Communication for lectures and stage talks**

Presentaion of scientific papers or lecture involves mass communication. In our conferences, most of the presentations are with audio visual aids. Although general principles of communication apply here too, there are some specific points to remember.

1. The audio-visual presentation is not for reading from the stage. It is just an aid so that you do not miss any point. In fact, you should not be reading from your laptop but talking to the audience.
2. Eye contact with one or more of your audiences will create an interest in your talk.

3. Talk should be brief and to the point.
4. It is difficult to hold the attention of your audience for more than 30 minutes.
5. Audience participation and question/answer session at the end of the talk is crucial. What you want to convey is important but what the audience wants to know is more important. Therefore, your talk should take only 75% of time allotted to you, leaving 25% for audience participation.
6. Slides or videos should be clearly visible even from the last row. Audience lose interest if they cannot see what is shown on the screen.
7. Slides should not be crowded with text. Each slide should have a maximum of six rows.
8. There should be good colour contrast between the back ground and the text.
9. Use of microphone (hand held or fixed to collar or podium) requires practice. Distance between mouth and microphone determines how effectively your voice will reach the audience.
10. Practice the talk several times before the actual presentation (if possible with your friends or colleagues) and take their suggestions. During this practice set the timing of your talk to 75percent of the time allotted.
11. Speak with pauses and tone variation so as to not sound too monotonous.

The above suggestions will help us in communicating effectively with our patients, colleagues and other members of the team.