Perioperative Communication: Challenges and Opportunities for Anesthesiologists

The single biggest problem in communication is the illusion that it has taken place…

George Bernard Shaw

On March 27 1977, two Boeing 747 jets collided on the foggy and over-congested runway of Los Rodeos Airport, Canary Islands. Captain of one of the jets had decided to take off while the other was still taxiing on the runway. Ensuing investigation revealed misinterpretation of communication between the pilots and air traffic control, leading to the fatal “human error,” which lead to a loss of 583 lives. It is the deadliest accident in the history of aviation.

In 1979, NASA (National Aeronautics and Space Administration) developed the Crew Resource Management (CRM) system to mitigate stress-induced errors in critical and emergency situations in an airline’s flight deck, which is now pertinent in healthcare situations and operation rooms as well.[1,2] CRM is a system that develops and utilizes resources to endorse safety within the workplace. Its training incorporates the development of a wide range of attributes such as knowledge, skills, communications, situational awareness, problem solving, decision making, and teamwork, along with the attendant subdisciplines related to each of these areas [Figure 1]. It emphasizes precise and appropriate communication.

The word communication is derived from the Latin word “communicare,” which means “to impart” or “to participate.” Apt communication is fundamental in the delivery of high-quality health care. The ability to conduct proper interaction with the patient as well as the perioperative team affects the professional standards, patient outcomes, and anesthesiologist’s personal values. In day-to-day practice, we partake in complex social collaborations which amount to ethical, medicolegal, and personal consequences.[3] Lack of appropriate communication among medical care providers may result in hypothetically preventable disastrous medical errors.[4] Anesthesiologists with effective interpersonal and communication skills can preempt medical disasters, expensive intervention, and ensure provision of better patient support.

Gawande conducted confidential interviews and observed that 43% of adverse events were a direct result of communication failures between 2 or more clinicians.[4] The landmark study by Lingard et al.[5] (421 communication failure events over a period of 3 months) characterized lapses in communication into four important reasons: (1) Occasion: in which timing of an exchange was requested or provided too late to be useful; (2) Content: in which information was missing or inaccurate; (3) Purpose: in which issues were not resolved; and (4) Audience: in which key individuals were excluded. The authors detected that 36% of communication failures resulted in perceptible effects on system processes including ineptitude, tension between teams, wastage of resources, delays, inconvenience to patients, and procedural errors.

Various factors determine successful patient outcomes, most important being the expertise, knowledge, and skill levels of surgeons, anesthesiologists, paramedical staff, electrophysiologists, etc., Furthermore, many communication tools such as TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety), SBAR (Situation, Background, Assessment, and Recommendation), handovers, and briefing and debriefing have been implemented in the perioperative setup to ensure patient safety.[6]

Nevertheless, it is extremely dependent upon good and effective communication among team members.

Tewari et al. highlighted the importance of communication between the perioperative anesthesiologists and the intraoperative neurophysiological monitoring (IONM) team in this issue.[7] Regardless of a long history of more than 30 years, the practice of IONM has only lately come into widespread use in neuro-orthopedic surgeries. Advances in anesthesiology have greatly improved the utility and accuracy of IONM. The knowledge and experience of the anesthesiologists about the basic electrophysiology in the operating room, as well as active communication with the IONM team, contributes significantly in the acquisition of appropriate evoked potentials during the case and helps attenuate adverse neurological outcomes for the patients. It is debatable if IONM is becoming the “standard of care” for neurosurgery or spine surgery; various studies have been and more are being published proving its relevance in improving outcomes.

As both IONM and anesthesia deal with neural transmission, this article should provide an impetus for further research on the interaction of anesthetic drugs on waveform acquisition.
in various IONM modalities, and other opportunities for improved communication during the periprocedural period. It is time to devise, test, and develop institutional protocols that ensure that anesthesiologists improve their communication skills with patients, surgeons, and other members of the perioperative team. The art of anesthesia is reliant on professionalism and a significant part of that is communication. A team that utilizes a variety of communication skills personifies vastly developed professionalism. Obligation to professionalism calls anesthesiologists to play the role of team leader and their commitment will define them as individuals accomplished of “speaking forth,” which literally interprets as “profession.”

The patient will never care how much you know, until they know how much you care.” …Terry Canale.[8]

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