

Soft Skills for Successful Anaesthesia Practice

What kind of profession is anaesthesia? If we ask this question to the general public we would get an unanimous response; 'COOL'... Heart breaking... isn't it?! Nevertheless instead of taking this remark as a derogatory one, it can be considered as a complement. Let us dig this further to understand the unimpeachable reality hidden in it. What happens after we finish a caesarean of a high risk elderly primigravida with hypertension, diabetes, hypothyroid, who also happens to be overweight; successfully under spinal anaesthesia... Well, the obstetrician thanks us! The patient is surprised and says 'But my anaesthetist did nothing other than lightly pricking me in the back, injecting drugs here and there, holding my hand and talking and listening to me while looking coolly at the monitor...' To this the (friendly) obstetrician would retaliate, "Surgeons are worried if the anaesthetist is moving around in anxiety. We can work and know that 'all is well' only if the anaesthetist is cool and relaxed." This brings us to the insight about certain traits that we as anaesthetist subconsciously acquire being in the noble profession. Let's dissect these traits further. The obstetrician as well as the patient said that the anaesthetist was cool/relaxed, can it really be so? The answer is clearly NO. But what was projected to them as being relaxed or cool was a well composed and calm anaesthetist. The patient was impressed by the anaesthetist who was courteous and empathised her by talking and assuring her. The anaesthetist did not

only have strong speaking abilities but was also a good listener. And above all, the anaesthetist was looking at the monitor; that's a sign of vigilance. So, the overall demeanour of the anaesthetist disclosed her composure, calmness, courtesy, empathy, communication, confidence and vigilance. Aren't these cues equally important than merely giving spinal anaesthesia in this case? What are these skills other than technical fluency and how do we acquire them?

Yes, these are the soft skills. 'Soft skills'; the term literally means traits that complement hard or technical skills.

"Soft skills are set of skills used by humans when performing tasks or carrying out procedures while interacting with each other and underlying systems" [1]. Anaesthesia practice is usually compared to aviation industry, both being high reliability domains. Both the disciplines demand calmness under intense pressure, compulsive attention to minute detail and vigilance during long periods of quasi boredom. Even the impetus for developing soft skill development programmes is attributed to some high profile aviation disasters in past wherein the analogies concluded that the mishaps took place as a result of lack of non-technical skills amongst the pilots [2]. The lessons learnt from aviation incidences helped in forming a taxonomical framework of non-technical skills as follows:

1. Situation awareness
2. Decision making
3. Team work
4. Leadership
5. Management of stress and fatigue

In fact, here we shall deal further with how the non-technical cognitive skills developed for

aviation industry can be used to facilitate anaesthesia practice.

Let us imagine a hypothetical situation where we have been called for inducing a case in a relatively new OT environment. What as an anaesthetist do we do? The surgeon is in a hurry, yet being a novice to the place we ask him to wait as we familiarize ourselves (we prioritise) to the new OT. We inspect the place (for trouble shooting), examine the available resources and assistants (suitability), plan and prepare ourselves for the case (task management). We then gather information from patient, discuss it with our team members including surgeons (team management), weigh the risk and benefits, choose from given options, identify any loop holes and anticipate problem (situation awareness), authorize and bestow responsibilities on co-workers for smooth execution of procedure (leadership). A deficiency in any of the above traits can be a deterrent for successful patient management. Arguably, anaesthetists in many ways are already experts and endowed with soft skills, they are focussed and frequently have targeted performance in extra ordinarily stressful situations.

As professionals we aspire to achieve not only high standards of medical practice but also to continually raise those standards. And soft skills do not in any way relate to the medical knowledge. However, the complexity of patient care in modern world demands a wide range of skills and attributes from anaesthetists. The anaesthesia specialty clearly endorses technical dexterity; yet beyond competencies such as cannulation or endotracheal intubation are certain unvoiced and unwritten strategies that ubiquitously assist in managing and improving patient care. These strategies are nothing but the soft skills.

The soft skill that requires special mention in today's era is communication. Good communication is as important in protecting

¹Dept of Anaesthesiology and Critical Care, Shrimati Kashibai Navale Medical College, Pune.

Address of Correspondence

Dr. Poonam Ghodki
Dept of Anaesthesiology and Critical Care,
Shrimati Kashibai Navale Medical College,
Pune.
Email: drpoonamghodki@gmail.com



Dr. Poonam Ghodki

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professional integrity as it is to patient safety and satisfaction. Although language forms the basis of communication, non-verbal cues (e.g. attitude, etiquettes, manners, habits and appearance) too are of paramount significance. Many evidences are now proving to be myth breakers in the area of communication, for e.g. we often use inadvertent communication before intravenous cannulation like 'it is going to hurt/sting'. Reports suggest there are at least two reasons to avoid such 'negative' communication [3]. Firstly, it may not be painful/unpleasant in majority of patients and second; informing them in such a manner may perhaps increase their analgesic requirements. So, should we not inform our patients? Indeed, we should but maybe in a positive way like reiterating that cannulation is going to help in

making them numb and also will help in performing the procedure more comfortably [4]. How can we improve soft skills amongst anaesthetist fellows? Traditional teaching in medical profession emphasises on acquiring knowledge and practical skills to ensure impeccable practice while explicitly lacking in teaching soft skills. In essence, incorporating the non-technical skills into individuals who are supremely trained can be a tough job. Anaesthetists' non-technical skill (ANTS) is one such system developed for teaching, assessing and evaluating soft skills among anaesthetists [5]. It comprises of characteristics and elements of soft skills (discussed previously) and continues to be used to 'close the loop' when designing improvements. Utilising this system

appears deceptively simple but the truth is that considerable skill is required to observe, assess and rate the behaviour of individuals in ANTS training [6]. Neuro-linguistic programming (NLP) and simulation training can also be implemented for improving anaesthetist's behaviour and attitude towards patients and colleagues.

It has now become imperative to bridge the gap between anaesthetists and patients to introspect the teaching programme for anaesthesia in our country and sensitise anaesthetists to soft skills to improve safety; after-all safe anaesthesia ensures safe surgery and a safe patient [7].

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