

## LETTER TO THE EDITOR

## Effective Communication in Anesthesia Emergencies

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### To the Editor

Emergencies, by their nature, are disruptive and demanding. They require healthcare teams to be exceptionally focused and composed to administer effective management. Essential to this process is emergency communication, where rapid, clear, and precise communication is crucial to avert potential tragedies.

Double-checking, a standard healthcare practice aimed at enhancing patient safety, involves multiple checks in medication administration, blood transfusion, and radiotherapy. However, this process is time-consuming, expensive, and less suitable for unpredictable emergency scenarios [1].

Inspired by the aviation industry, Closed-Loop Communication (CLC) is a technique to prevent medical errors [2]. CLC is especially pertinent in emergencies within anesthesia practices. It is a three-step process: 1) The sender delivers a message, preferably addressing the receiver by name; 2) The receiver acknowledges and clarifies if necessary; 3) The sender confirms the message was understood correctly, thus 'closing the loop' [2].

Despite advancements in surgery and anesthesiology, nearly one in ten surgical patients still suffer from complications due to errors, many of which are preventable and attributed to human factors [3]. Communication failures are a leading cause of these adverse events [3].

Research on enhancing communication in healthcare, particularly in operation Rooms (ORs), is still in its nascent stages [3]. This paper reviews various issues related to communication in anesthesia and intensive care, with some insights inspired by the aviation industry.

There is an increasing focus on teamwork, communication, and safety in healthcare. OR teams have been extensively studied, incorporating sociological and human factors [3]. While integrated data-link communication and computer interfaces are gaining traction, verbal communication remains vital among OR team members, including anesthesiologists, surgeons, nurses, and other personnel.

Unlike aviation, where critical verbal communication often happens remotely via radio systems, ORs rely predominantly on face-to-face verbal and non-verbal communication [4]. This direct communication method is crucial for ensuring patient safety.

Specific training recommendations for CLC in emergencies are scarce, though some guidelines exist in publications by the Ameri-

can Heart Association [5]. Poor teamwork and non-technical skills negatively impact patient outcomes, with high morbidity and mortality associated with coordination failures, unfamiliarity among teams, and poor communication [5].

Communication is a dynamic exchange between a sender and a receiver. In the OR, where multiple individuals communicate simultaneously, the risk of miscommunication is high. Literature suggests that effective communication is a key component of successful teamwork and high-quality patient care [5].

Drawing from aviation, it's vital for both parties in a healthcare team to understand and assume responsibility for effective communication. This includes not taking effective communication for granted [4].

The paper lists several verbal communication errors and enhancing factors, drawing inspiration from aviation [4]:

**Error Factors:** Uncommon language/expressions, pronunciation/hearing problems, inadequate voice volume, unfamiliar accents, poor emphasis on urgency, environmental distractions (noise, stress), technical issues (equipment knowledge, insufficient training), misunderstanding of messages, failure to listen or demonstrate understanding.

**Enhancing Factors:** Using common language, overcoming accents, controlling speech volume/timbre/tone, highlighting priority, choosing optimal communication times, continuous team communication training, thorough listening, verifying understanding, and incorporating non-verbal reminders to reinforce messages.

In the aviation industry, attitudinal components are examined post-teamwork failures. Similarly, in healthcare, inadequate teamwork skills can have severe consequences. Implementing Team Resource Management (TRM) programs can improve cooperation, attitudes, and behaviors in ORs [5].

Performance degrades when cognitive demands during emergencies exceed available resources. Errors also arise from poor communication quality or insufficient training of the involved parties.

In anesthesia patient care, diverse communication skills are essential. Enhancing communication in this field heavily relies on training. A well-identified language can improve team performance, enhance communication quality, and identify strategies for advancing practice. Virtual simulations could play a significant role in improving training and team performance.

## References

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