

“Way with Words” – practical tips to improve your communication skills

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Communication is fundamental to the practice of anaesthesia and particularly for anaesthetists who work with immense time pressure to form rapport and communicate effectively with patients and other team members.

There is very little explicit teaching of communication and even less assessment of communication skills which many people see as being innate. Most people do not realise that communication is predominantly a subconscious process. Expanding research in the field of neuroscience has given us increasing insight into how the brain processes language and allows us to consciously shape our communication to achieve therapeutic results such as reducing anxiety or even pain.

Suggestions are verbal or non-verbal communications that alter behaviour or perceptions. They may be direct (conscious) or indirect (subconscious). Humans naturally spend time in subconscious levels of processing e.g. when engrossed in music, driving a familiar route home, or in “the zone” whilst exercising. Similarly patients who are in pain, tired or fearful tend to reduce their conscious processing and in these altered levels of consciousness become more open to suggestions.

Suggestions can be positive or negative e.g. “This will help with the pain “ versus “This can make you feel sick”. Unfortunately, many clinicians adopt negative suggestions as part of their routine communication e.g. “The propofol does sting as it goes in”. These are referred to as nocebo communications. Identifying and then reframing nocebo suggestions to a more positive form helps improve patient’s experience and reduce pain. The brain can be hypervigilant for words with a high threat valency e.g. “sting”, “sharp” and this raises anxiety and increases pain especially in patients who may already be sensitised by previous experiences.

The brain has heightened alertness for certain words such as our names -hence the importance of using people’s names appropriately. Conversely negative constructions such as “don’t” or “won’t” are less well heard so it may be better to say “Remember the antibiotic” rather than “Don’t forget...”

The LAURS of communication provide an overarching framework to guide any interaction.

Listen -for content, meaning, use of metaphor, word choice, emotional content etc

Accept -the other person's viewpoint, values and perceptions even if they radically differ from your own. This doesn't mean you agree but does mean you are able and willing to work in a respectful way to achieve change and recognise we all have our own realities.

Utilise – what you have learnt about the other person's views, preferences, strengths and experience to help shape your communication to be as effective as possible.

Reframe – turn nocebo suggestions into positive suggestions and help direct the patient to a more positive expectation.

Suggest – be aware of the power of suggestion and how communication often works at a subconscious level. Use suggestion to alter behaviour and perception thereby improving the patient's experience.

Refs:

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