



Effective Communication in Surgical Technology and Surgical Assisting

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Effective communication is a crucial element of nearly all human interactions, but it is especially important in surgical contexts, most notably when a patient's life is at risk. In recent decades, there has been increasing interest in the realm of health communication, which provides theories that guide communication between health professionals and among health professionals with their patients.

The field is nascent enough that it generally provides evidence-based practices that guide provider-patient interactions, nurse-patient interactions, or communication strategies between health professionals but has yet to guide, for instance, communication between surgeons and surgical technologists (STs) or surgical assistants (SAs). Our aim in this article is to help to close that gap through highlighting key theories in the field of health communication and then applying them to the realms of surgical technology and assisting.

COMMUNICATION THEORIES THAT GUIDE HEALTHCARE

The most basic theory in the realm of communication comes from Dean Barnlund, who developed the Transactional Model of Communication.^[1] In this theory, a sender directs a message to a receiver, who then provides feedback. When, for instance, a surgeon asks the ST for his or her scalpel

LEARNING OBJECTIVES

- ▲ Explain key health communication theories and their relevance to surgical settings
- ▲ Differentiate roles and demonstrate role clarity within the surgical team
- ▲ Apply practical communication strategies to promote patient safety and teamwork
- ▲ Demonstrate empathic and attentive communication with surgical patients

and the ST complies, the message has been received with appropriate feedback. While this theory does provide a general framework to understand communication, its simplicity often can fail to highlight that context often shapes communication. In health communication theory, scholars often distinguish between three basic relationships that play a role in healthcare settings: 1) social relationships between peers, friends, and fellow family members; 2) professional relationships between co-workers, physicians, and other health professionals; and 3) therapeutic relationships between health professionals and their patients or family members.^[2] Theories of social intelligence inform us that it is a mark of intelligence to navigate these various contexts in different ways, as one should naturally act more freely and nonchalantly among one's friends or family members as compared with how one acts, for instance, in a professional environment among colleagues.^[3]

Thus, above and beyond the transactional theory of communication, we need a more nuanced theory if we are to consider the unique sorts of relationships that occur between surgeons and SAs or STs. Ludwig von Bertalanffy's General Systems Theory (GST) provides a fitting complement to the transactional theory in that it emphasizes that the system in which the communication occurs influences the communication behaviors of individuals within it.^[4] Rather than the intimate physician-patient relationship that dominated pre-modern versions of healthcare where family doctors with highly personalized relationships with patients, these days most healthcare interactions in industrialized societies occur in healthcare systems. Bertalanffy's theory can help us to understand the innerworkings of those systems through the lens of communication. This is especially helpful when we are investigating communication between professionals who play different roles in the system with different scopes of practice. In such environments, teamwork becomes critically important to ensure processes operate smoothly and patient health outcomes are met. Instead of one doctor having to know all the nuances of each patient situation, a team-based approach allows for specialization such that various individuals are responsible for specific aspects of the overall care experience.^[5] In such a context, effective communication plays a critical role in the achievement of patient outcomes.^[6]

The Association of Surgical Technologists (AST) provided a position statement on teamwork in 2013 that outlined the following features that align well with systems

theory: 1) teamwork is an essential part of the surgical environment in that it helps to provide a seamless, safe, and efficient surgical experience with a positive patient outcome; 2) due to the surgical arena being a highly technical and fast-paced environment, health professionals must strive for increased proficiency via team collaboration that leverages good interpersonal skills to provide safe, quality outcomes for the patient; 3) team players need to learn and refine their skills in communication, conflict negotiation and resolution, and consensual decision making in the surgical environment in order to achieve exceptional team and patient outcomes.^[7] In striving to achieve these outcomes, two concepts from systems theory are especially important, namely, role ambiguity and role clarity. Role ambiguity refers to not understanding one's role in the system.^[8] If, for instance, an SA tries to take on the role of the surgeon by working outside one's scope of practice, there might be confusion as to which tasks are delegated to which individual, which can lead not only to frustration but poor patient outcomes. Role clarity, on the other hand, refers to understanding how one's role fits within the system.^[8] In the context of healthcare, role clarity occurs when the health professional not only understands how one's role interacts with the roles of others in a team, but also how one's role plays a part in the greater whole of the system.

Students seeking certification in surgical technology or surgical assisting should understand that STs and SAs have different roles in healthcare systems. STs typically work with several surgeons and thus must be competent and flexible to adjust to specific surgeon's nuances. Since STs will commonly work with the same surgeons regularly over the course of their careers, it can be helpful to make note of the subtleties of practice each surgeon prefers during surgery so they can attend to those preferences more efficiently in similar procedures in the future.^[9] SAs, on the other hand, typically work with one surgeon exclusively, or—in other health system set-ups—with a specialty group. Given the increased frequency of collaboration, SAs must become highly adept at responding to the unique surgeon's expectations and needs. Placed in terms of the context of health communication, both STs and SAs must develop the skills to ensure “relational coordination,” that is, “a mutually reinforcing process of communicating and relating across arenas of expertise for the purpose of task integration.”^[10] When things go smoothly in the surgical environment and everything is “firing on all cylinders,”

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the surgical team is demonstrating relational coordination.

Communication is a crucial skill utilized within the operating room and among the surgical team. To achieve a successful outcome for the patient, the operating room team must work together as a cohesive unit. Each member must know one’s specific role and successfully communicate with each other throughout the surgical procedure to maintain a smooth and efficient perioperative process. The principles of sterile technique state that “movement in and around the sterile field must not compromise the sterile field,” which includes conversations among the various team members within the operating room.^[11] Even though every team member requires surgical masks, talking should be kept to a minimum, and necessary conversations should be focused primarily on the patient and the surgical case being performed. Any personal conversations should be held until the conclusion of the procedure when the surgical incision is closed to prevent possible contamination via airborne moisture droplets.

PRACTICAL COMMUNICATION SKILLS

Practical communication skills can promote a positive surgical environment and outcome for the team and surgical patient. Generally speaking, surgeons appreciate effective communication skills and value team members who can present information and ideas clearly and directly.^[12] It is good practice to speak respectfully and professionally and show appreciation for team members’ work and contributions. Evidence from the field of health communication shows that best practice includes repeating orders, names of medications, solutions, and count information. If there is any uncertainty, STs and SAs should ask for verification and confirmation.

^[13] Strong communication skills help to create a “culture of

safety” where people are encouraged to speak up when they identify breaks within sterile technique or have questions or concerns. If the surgeon or another team member is about to alter the course of the standard operating procedure, it is acceptable to state the concern in the form of a question to help determine the appropriate next step of the procedure. This culture enables surgical teams to collaborate to express their ideas after the procedure and collectively create solutions to prevent future misunderstandings and contaminations. This moral obligation, known as surgical conscience, helps the team maintain surgical asepsis practices and techniques and gives the patient the highest possibility of a successful outcome.^[14]

Successful teamwork also requires active listening skills between surgical team members. These skills are essential to comprehend each person’s role throughout the surgical procedure during the “timeout” phase of the procedure, which is the brief pause immediately before starting the surgery where the operating room team verifies the patient’s identity, the details of the procedure, and the surgical site. When the “timeout” is announced, each person within the operating room must cease all activities and give their undivided attention to the surgeon to verify the details as to the specific procedure to ensure everyone is on the same page. Listening skills can be specific to the operating room throughout the procedure but must also be utilized throughout the perioperative care of the surgical patient. A ST or SA must know what is happening in the room while the surgeon is working. In the realm of health communication, the term that captures this holistic attention is “circumspection,” which entails a “sight” that “knows” what is going on around oneself.^[15] One aspect of circumspection is to pay attention to the monitor alarms that indicate the patient’s vitals are not at the proper levels, which increases their risk for potential complications. In such situations, something must be done either on the field or with anesthesia through medication to correct the levels before the procedure can continue. Paying close attention to the surgeon is critical when unexpected occurrences are encountered during the procedure so the ST or SA can help identify the appropriate actions needed and steps that can be taken to help achieve a positive patient outcome following the procedure.

Listening skills are not limited to the operating room but are crucial throughout interactions with the patient and the patient’s family members. Often, surgical patients have anxiety about not being in control or knowing what is happening during their procedure. This fear is typically height-

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ened for patients who are very ill, have comorbidities, or have never personally experienced a surgical procedure before.^[16] The primary concerns center around not waking up from anesthesia, being unable to provide for their family following surgery, or having the surgery exacerbate the problem instead of alleviating it.^[17] As a healthcare professional who is a team member guiding and assisting a patient at a vulnerable point in life, the goal should be to make eye contact, be receptive to the patient's fear, show sensitivity and empathy as to what the patient is experiencing, and attempt to alleviate as much anxiety as possible through empathic responses, which refer to communication that recognizes the feelings of the patient.^[18] Using a soothing tone and monitoring the patient's body language, best practice is to utilize reassuring statements such as "We are going to take very good care of you" and "We will see you in the recovery room when it's all done" to ease anxiety.^[19] It is especially important not to promise the patient something you cannot follow through on, use your words cautiously, and use a soothing tone of voice to calm the patient before the induction of anesthesia. On the whole, STs and SAs should focus on the primary goal of patient safety and work hard to become a productive and respected surgical team member, providing the patient with a positive and successful experience.

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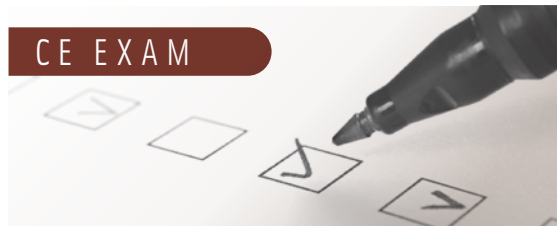


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- What is the primary limitation of Barnlund's transactional theory of communication in surgical settings?**
 - Assumes all communication is therapeutic in nature
 - Oversimplifies communication by ignoring contextual factors
 - Focuses too heavily on written communication
 - Does not account for feedback between sender and receiver
- Which concept from systems theory refers to not understanding one's responsibilities within the healthcare team?**
 - Role ambiguity
 - Relational coordination
 - Circumspection
 - Role clarity
- What practice is recommended for surgical technologists to better adapt to different surgeons' preferences?**
 - Keeping a journal to note surgeon-specific nuances
 - Limiting communication to reduce distractions
 - Avoiding asking questions during procedures
 - Shadowing only one surgeon for consistency
- What term describes the mutually reinforcing process of communicating across areas of expertise to integrate tasks?**
 - Collaborative delegation
 - Relational coordination
 - Therapeutic communication
 - Professional rapport
- According to sterile technique principles, personal conversations in the operating room should be:**
 - used to train students during the procedure.
 - encouraged to maintain team morale.
 - minimized and focused on the patient and procedure.
 - only between the surgeon and anesthesiologist.
- Which communication approach is recommended to help reduce a patient's anxiety before anesthesia induction?**
 - Using empathic responses and reassuring statements
 - Providing detailed technical explanations of the procedure
 - Avoiding eye contact to maintain professionalism
 - Promising specific outcomes to build trust
- Which communication practice helps create a "culture of safety" in the operating room?**
 - Delegating communication to the circulating nurse
 - Avoiding questions to prevent slowing the procedure
 - Speaking only when spoken to by the surgeon
 - Repeating orders and asking for verification when uncertain
- What is the purpose of the "timeout" phase before surgery begins?**
 - Allow the team to prepare instruments
 - Allow anesthesia to stabilize the patient
 - Provide the surgeon time to review imaging
 - Final opportunity to confirm patient and procedural information
- What does the article describe as "circumspection" in the context of surgical practice?**
 - Ability to follow the surgeon's instructions without question
 - Practice of documenting procedural steps
 - Holistic awareness of what is happening in the operating room
 - Method for reducing preoperative anxiety
- The patient concern that is commonly associated with preoperative anxiety is the fear of:**
 - being unable to afford the procedure.
 - postoperative dietary restrictions.
 - interacting with unfamiliar staff.
 - not waking up from anesthesia.

EFFECTIVE COMMUNICATION IN SURGICAL TECHNOLOGY AND SURGICAL ASSISTING

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