

What makes a good Anaesthetist? – A Sri Lankan perspective.

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This survey was undertaken to find out the views of anaesthetists and surgeons in Sri Lanka on what they thought were the attributes of a good anaesthetist. 50 anaesthetists and 50 surgeons of different grades at the National Hospital of Sri Lanka were the respondents to the survey. All grades of anaesthetists agreed on three top attributes and they are team work, patient care and up to date knowledge. All grades of surgeons highlighted communication with the surgical team as the most important attribute. The most striking difference between surgeons and the anaesthetists was the high priority surgeons gave to communication.

Keywords: good anaesthetist; attributes

Introduction

Anaesthetists form a very large proportion of the medical workforce of a hospital. In addition to the traditional role of working in the operation theatres, anaesthetists are involved in provision of care in intensive care units, high dependency units, outreach services for critically ill patients and in the management of acute and chronic pain. After their basic qualification in medicine, anaesthetists undergo a further period of specialized training during which they have to pass specialty examinations where their knowledge, skills and attitudes are assessed. Although all anaesthetists undergo the same basic training, when it comes to the actual practice of anaesthesia, it is possible to distinguish some of them as ‘good’ anaesthetists. It is very difficult to quantify what makes a ‘good’ anaesthetist but one can recognize them in practice. We conducted a study to find out the views of the anaesthetists and the surgeons in Sri Lanka on what they thought were the attributes a good anaesthetist should possess.

Method

The study was carried out in the National Hospital of Sri Lanka (NHSL). 50 anaesthetists and 50 surgeons of different grades were asked to list what they considered were the top 5 attributes a good anaesthetist should possess. The replies given were analysed for each specialty as a whole and then by the grade of the responders. The replies were compared to see whether there was

agreement or not between anaesthetists and surgeons on what attributes a good anaesthetist should possess.

Results

Table 1

The top five attributes mentioned by anaesthetists and surgeons when taken as a group.

Anaesthetists (n=50)	Surgeons (n=50)
1. Team work 31(14.8%)	1. Communication with the surgical team 27(12.3%)
2. Knowledge 28(13.4%)	2. Team work 20(9.1%)
3. Patient care 26(12.4%)	3. Risk taking 19(8.6%)
4. Punctuality 16(7.6%)	4. Punctuality 18(8.2%)
5. Quick decision making 15(7.2%)	5. Confidence 13(5.9%)

Table 2 Top 10 attributes mentioned by each grade of anaesthetists (numbers expressed as %)

Consultants (n= 5)	Senior Registrars (n= 6)	Registrars (n= 10)	Medical Officers (n= 29)
Total attributes 16	Total attributes 30	Total attributes 47	Total attributes 156
Team work 18.75%	Team work 16.6%	Team work 16%	Team work 10.4%
Patient care 18.75%	Knowledge 10%	Knowledge 16%	Knowledge 10.4%
Knowledge 12.5%	Patient care 10%	Patient care 9.2%	Patient care 10.4%

Competence 12.5%	Competence 10%	Quick decision making 7%	Preparation 7.8%
Leadership 12.5%	Confidence 6.6%	Competence 7%	Punctuality 7.8%
Communication with surgical team 6.25%	Punctuality 6.6%	Skills 7%	Quick decision making 7.1%
Preparation 6.25%	Risk taking 6.6%	Work with minimum facilities 4.6%	Confidence 6.5%
Be with patient 6.25%	Dedication 6.6%	Confidence 4.6%	Dedication 5.85%
Post op care 6.25%	Leadership 3.3%	Leadership 4.6%	Skills 5.2%
	Be with patient 3.3%	Punctuality 4.6%	Be with patient 3.9%

Table 3 Top 10 attributes mentioned by grade of surgeons (numbers expressed as %))

Consultants (n = 5)	Senior Registrars (n = 10)	Registrars (n = 12)	Medical officers (n=23)
Total attributes 15	Total attributes 54	Total attributes 53	Total attributes 97
Communication with surgical team 13%	Communication with surgical team 13%	Communication with surgical team 11.3%	Communication with surgical team 12.3%
Team work 13%	Team work 13%	Team work 11.3%	Punctuality 9.3%
Confidence 13%	Risk taking 13%	Risk taking 9.4%	Patient care 8.2%
Preparation 13%	Punctuality 9.2%	Confidence 7.5%	Risk taking 7.2%
Conscientious 6%	Competence 5.5%	Competence 7.5%	Confidence 6.1%
Be with patient 6%	Patient care 5.5%	Punctuality 7.5%	Skills 6.1%
Skills 6%	Finish list 5.5%	Finish list 7.5%	Work with minimum facilities 6.1%
Dedication 6%	Preparation 3.7%	Good anaesthesia 5.7%	Team work 5.1%
Knowledge 6%	Dedication 3.7%	Work with minimum Facilities 5.7%	Finish list 5.1%
Know about surgery 6%	Should not criticize surgeon 3.7%	Quick recovery 5.7%	Knowledge 5.1%

Discussion

When the two specialties were considered as a whole irrespective of grade of seniority, the top attribute mentioned by the anaesthetists was team

work. Team work was the second most important attribute mentioned by the surgeons. The top attribute that the surgeons thought that an anaesthetist should possess was ability to communicate with the surgical team. However, communication with surgical team was not among the top five attributes mentioned by anaesthetists as a whole and only the consultant anaesthetists mentioned this as an attribute anaesthetists should possess. None of the training grades of anaesthetists listed communication with the surgical team as an important attribute. Punctuality was mentioned as an attribute by both surgeons and anaesthetists and was the fourth most important attribute listed by both groups.

Team work, knowledge and patient care were the top three attributes that all grades of anaesthetists thought a good anaesthetist should possess. Competence was mentioned as the fourth most important attribute by Consultant Anaesthetists and Senior Registrars in Anaesthesia. Registrars and medical officers in anaesthesia thought the ability to make decisions quickly an important attribute and the registrars thought a good anaesthetist should be able to work with minimal facilities. Consultant anaesthetists mentioned the provision of post-operative care as an important attribute. Consultants, Senior Registrars and Registrars in Anaesthesia listed leadership as a desirable attribute. No surgeon however, thought leadership a desirable skill an anaesthetist should possess. Consultant surgeons and all grades of anaesthetists except registrars mentioned staying with the patient an important attribute.

When the responses of different grades of surgeons were looked at, all grades thought communication with the surgical team was the most important attribute a good anaesthetist should possess. Team work was the second most important attribute listed by Consultant Surgeons, Senior Registrars and Registrars in Surgery. However, medical officers in Surgery had team work much lower down in their list. The training grades of surgeons thought a good anaesthetist should 'take risks' and Registrars and Medical Officers in surgery listed 'working with minimal facilities' an important attribute. These were not mentioned by Consultant Surgeons. Senior Registrars and Registrars in Surgery thought a

good anaesthetist should finish the list without canceling patients. Senior registrars in surgery would like a good anaesthetist to not criticize surgeons.

All grades of anaesthetists are agreed on the top three attributes a good anaesthetist should possess – team work, knowledge and patient care. All these three attributes are mentioned in the document ‘Good Anaesthetist’ produced jointly by the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland.¹ Registrars in anaesthesia have listed some attributes at variance with the other grades of anaesthetists. They are the only grade that did not mention being with the patient as an important attribute and thought the ability to work with minimal facilities an important attribute.

Being punctual was mentioned by all training grades of surgeons and all training grades of anaesthetists too listed punctuality as an important attribute. All grades of surgeons think communication with the surgical team is an important attribute anaesthetists should possess. The training grades of surgeons listed ‘risk taking’ and ‘finishing the list’ high up in their list of desirable attributes. These may have been influenced by their perceptions of patients being postponed due to being inadequately optimized and list over-runs and might indicate failure of communication with the surgical team.

A similar study was carried out at the University College Hospital, London (UCHL), and it clearly highlights the huge range of opinion amongst anaesthetists and surgeons of every grade.² In this survey keeping calm under pressure was the topmost attribute listed by anaesthetists and the second highest listed by the surgeons. Interestingly, this was not an attribute mentioned by the Sri Lankans. Like in our study, communication was the topmost attribute mentioned by the surgeons in the UK study and the fourth commonest attribute mentioned by anaesthetists. Some disparities were also evident in the UCHL survey. The anaesthetists believing ‘clinical judgment’ and ‘attention to detail’ were of great significance, whilst surgeons placed more emphasis on ‘speed – quick at performing procedures’ and ‘efficient at running lists’. They

referred these distinctions as ‘cultural’ differences between the two specialties due to different stresses exerted upon each on a day-to-day basis.

Conclusion

Communication skills may be an area that needs to be emphasized more during the training of anaesthetists.

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