

# **An ethnographic approach to communication in anaesthesia teams**

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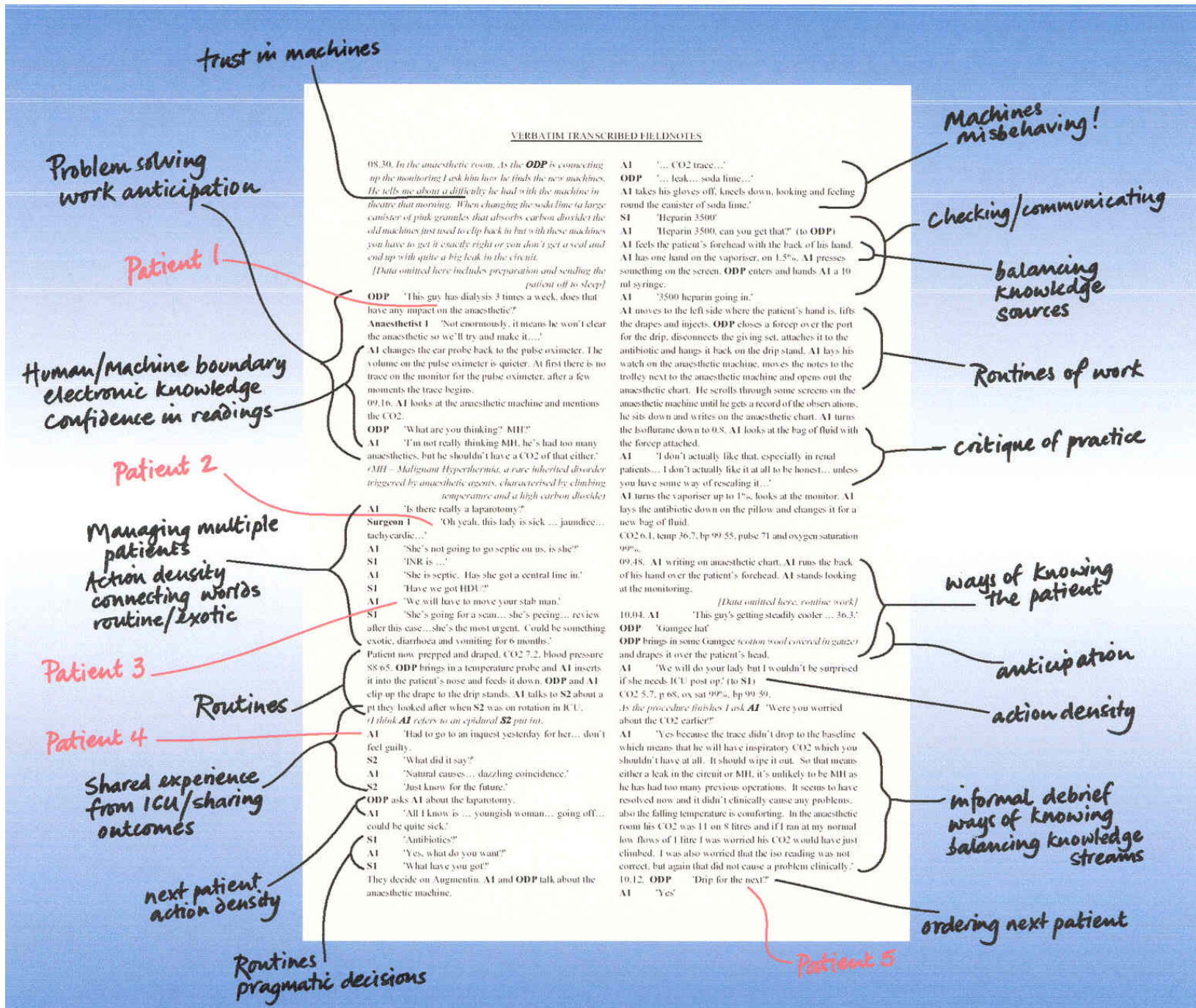
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# Ethnography

- Originates in social anthropology
- Uses a range of methods
- Focuses on meanings of individuals' actions and explanations
- Combines perspectives of researcher and researched
- *'Reaches the parts other methods can't reach'*

# ***‘The problem of expertise in anaesthesia’***

- *What makes an expert?*
- Diverse research team: *insiders/outsideers*
- Naturalistic observation in workplace and interviews with anaesthetic staff
- Inductive, iterative analysis of transcripts
- Rigour and validation



trust in machines

Problem solving work anticipation

Patient 1

Human/machine boundary electronic knowledge confidence in readings

Patient 2

Managing multiple patients Action density connecting worlds routine/exotic

Patient 3

Routines

Patient 4

Shared experience from ICU/sharing outcomes

next patient action density

Routines pragmatic decisions

Machines misbehaving!

Checking/communicating

balancing knowledge sources

Routines of work

critique of practice

ways of knowing the patient

anticipation

action density

informal debrief ways of knowing balancing knowledge streams

ordering next patient

Patient 5

The patient is wheeled to Recovery, A1 at the head, RN1 at the foot.

RN1 connects the monitoring, RN2 straightens the patient's blankets and sets the BP recording. A1 at the head, mixing antibiotic. RN1 takes the tape off the LMA.

A1 lists the drugs the patient has had to RN1.

A1: ...morphine... resp. rate went down to 2, back up to 7 now...oxygen saturation 93/94

RN1: What's her name? *He puts some gloves on.*

A1: How do you let these things down? (*pressure bags*)

RN2 shows her how to do it - turning a valve at the bottom lets the air out. RN2 asks how long the cannula in the patient's elbow has been like this - there is blood coming from it.

RN1 writes on the anaesthetic chart. A1 still at the head.

RN2 looks at the drips and infusions that are going into the elbow cannula.

RN1 feels the end of the filter with his forearm.

RN1: Resps. are 6 per minute

A1: Better than 2!

RN2 explains that she is just going to measure her blood sugar. (*Patient still has the LMA in*)

A1 writes on the prescription chart, she asks RN2 something. RN2 nods her head, A1 writes on the chart and leaves.

RN1: Hello, you with us yet? Open nice and wide.

The patient opens her eyes and then her mouth. RN1 removes the LMA.

The patient is wheeled to recovery, A2 at the head.

RN3 goes to head of patient. RN4 (trainee) also present.

A2: He's allergic to penicillin...

ODP1: Very, very nervous... (*talks over A2*)

N5 enters and hands over. A2 is further down, by the patient's abdomen.  
He stands quietly, writing on prescription chart.

RN3 explains to RN4 the care of a patient with an LMA in, what to look for.

A2: He is asthmatic...(*picks up the Ventolin inhaler resting on patient's chest*).

A2 hands over quietly to RN3. The patient takes a large, deep, audible breath and then opens his eyes. RN3 removes the LMA, explaining to RN4 what he is doing.

Patient: Where's Pat? Where am I?

RN3 : You're in Recovery and Pat's back down on the ward. Are you OK?

P: I'm all right.

A2: Are you awake?

The patient opens his eyes

Patient: Who are you?

RN4: I think he's OK.

A2 leaves.

# Themes

- Routines
- Distraction
- Informal learning
- Differing expectations
- ‘Power games’
- ‘Check point’ in care
- ‘Happy’