Bedside Manner

Patients presenting for anesthesia may feel a lack of connection to the doctor. This heightens anxiety and decreases patient satisfaction. In the limited time available you should do everything possible to build a connection with the patient. ‘Bedside manner,’ while somewhat intangible, can be improved through a few simple steps:

- Begin your visit with an introduction and an explanation of your role, but do not plunge straight into business. An ‘irrelevant’ question can often serve as a good ice-breaker, particularly if it engages the patient’s interest: “How ‘bout them Cubs?” Just a few moments of unhurried chatter can pay big dividends.
- Remain friendly and personable throughout, but pay attention to cues from the patient so you know when to switch to ‘professional mode.’
- Exhibit good manners:
  - Get yourself to the patient’s level. Research on a physician’s body language has shown that a seated position with your torso and legs facing the patient is important for establishing collaborative interaction and demonstrating active listening. Sitting down during the encounter has been shown to increase the perceived physician bedside time.
  - Show empathy—Patients place a significant value on physician empathy when considering satisfaction. Although perceived empathy is subjective, simple actions like sitting down can influence patient perception and significantly improve your effectiveness in this area.
  - Address the patient as they’d like to be known (and ask them if in doubt). Older patients will generally prefer a more formal Mr. or Ms., while younger patients may prefer a first name. Avoid nicknames and diminutives unless specifically requested. (‘Hon’ is OK in Baltimore where it is a generic term, but sexist everywhere else!)
- Perform the preoperative interview and explain the details of the procedure and the form of anesthesia to the patient. Try to get a feel for how much or how little the patient wants to know about the details, and adjust your questions and descriptions accordingly.
- Address the issues you KNOW the patient is thinking about:
  - We will be there for you throughout the operation.
  - We’ll make sure you stay asleep (if a general anesthetic) or comfortable (if a regional or MAC case).
  - We’ll do our best to make you comfortable during and after the operation.
- Avoid the use of loaded terms: “paralyze,” “death,” “put to sleep.” These are scary out of proportion to their meaning.
- Give the patient a chance to talk and ask questions. Listen respectfully.