# Principles to guide healthcare professionals on how to introduce themselves

## Introduction

The following principles are intended to guide doctors and members of the anaesthesia team who are not medically qualified (for example anaesthesia associates and anaesthetic assistants) on how to refer and introduce themselves to patients and other members of staff. This guidance is not intended to be a definitive script but instead to support healthcare professionals in putting patients at ease, to assist with shared decision making and improve the patient experience overall.

The principles were created through collaboration between doctors and PatientsVoices@RCoA and reflect patient-empowering initiatives such as #hellomynameis.

## Principles

The GMC's Guidance on Decision Making and Consent (2020) makes it clear that the information that should be shared with patients includes: "*the names and roles of key people who will be involved in their care, and who they can contact (and how) if they have questions or concerns.*"

The RCoA's position on this issue is that members of the anaesthesia team should take reasonable steps to inform staff and patients of their role, taking time in clinical interactions to explain their role.

Bearing in mind that patients are sometimes unaware that anaesthetists are medically qualified doctors, and that other healthcare professionals may be delivering some of their anaesthetic care, we consider it essential that the explanation of the 'role' should include whether the individual is a medically qualified doctor.

We encourage anaesthetists to use the prefix 'Doctor' when introducing themselves to patients to help patients understand the background of the clinician involved in their care. Most patients will also find it helpful to have a simple explanation of what they will actually be doing to/ for the patient. For example, this might be:

> "*Hello, I'm Dr (First name), Surname, I'll be [brief description of main role today].*"

We acknowledge that some doctors, at the outset, may want to establish informal dialogue to put patients at ease. This may include letting the patient know they can call them by their first name, and we welcome this.

If the anaesthetist is not autonomously practising, we encourage them to let the patient know the name of the consultant leading the team.

> *"Hello, I'm Dr (First name), Surname and I'll be working in the team led by the consultant Dr Y. I'll be [brief description of main role today]."*

Anaesthesia associates should include the fact that they are not medically qualified doctors as part of their explanation. For example,

*"Hello, I'm (First name), Surname and I am an anaesthesia associate. I work alongside the doctors in the anaesthetic team and am supervised by Dr Y. I'll be [brief description of main role today].*

Members of the anaesthesia team who are not medically qualified doctors should correct people who refer to them as doctor or terms traditionally used to describe an anaesthetic doctor e.g. anaesthetist, so that there is clarity for patients about the background of those involved in their care. Non-medically qualified doctors who hold a PhD, should also be clear that they are not a medically trained doctor.

The patient should be asked whether they understand what has been explained and whether they have any questions.

These explanations could be usefully supported by written / online information describing the roles and hierarchical relationship of the members of the anaesthesia team. This information should be made available to patients pre-operatively and visible within patient areas.

PatientsVoices@RCoA plan to produce an infographic on the roles of the anaesthesia team that will assist with this.

**Further resources**

https://www.rcoa.ac.uk/patient-information/about-anaesthesia-perioperative-care/anaesthesia-team