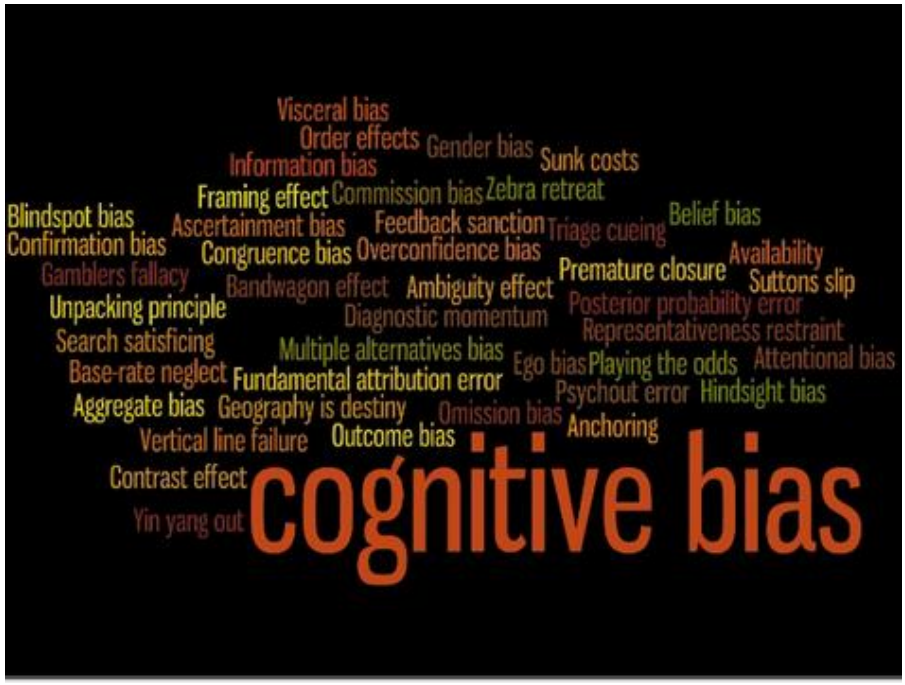
Crisis Resource Management

Human Factors and Biases

Errors occasionally happen (and) occasionally they are associated with harm. Whether we like it or not **we are all susceptible** to "human factors" when providing complex care.

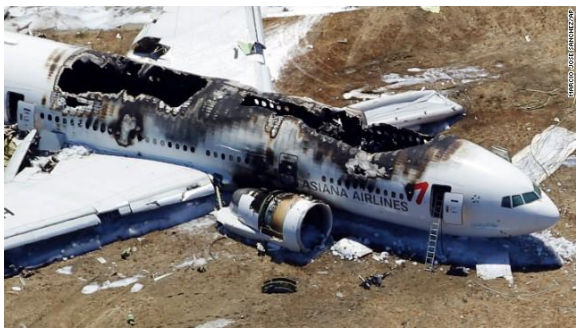
While some errors are not 'preventable', up to 75% of critical errors have historically been attributed to the 'human' factor. Reflect on how you go in these regards after each Emergency/Trauma case you attend. These classically involve issues with "communication" and/or "cognitive bias"

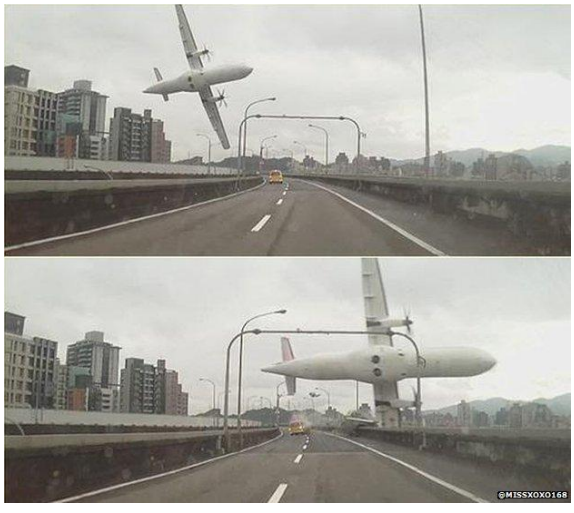
Suggested Podcast Link https://vimeo.com/75271893



Suggested Communication Techniques to ↓ Error

Convey Information	Strategy:	Technical Specific
Co-ordinate	Strategy:	CRM / Leader
Cohesiveness	Strategy:	Team Climate
Disputes	Strategy:	Negotiation
Listen to Concerns	Strategy:	Graded Assertiveness





Raise your Concerns: Graded Assertiveness – Use 'CUSS' – "Concern" "Unsure" "Safety" "Stop"

Team Factors

Human Qualities and Persuasion Skills are important in order to prevent chaos in Emergency scenarios. Always assume that the default position for a Trauma is chaos unless real conscious efforts are made to maintain teamwork, communication and safety:

‘ The whole TEAM needs to gain Control of a Potentially Chaotic Situation! ’
‘ Gain control of “Self” “Others” “The Environment” and “The Patient” ’

Negotiation Skills

“Credibility, authority, and being LIKED are powerful persuasion tools”

Strategies to achieve Conflict Resolution = Laws of Influence (Ciadini)

1. **Authority**
   - Individuals are more likely to comply with experts/authority
2. **Reciprocity** (“Do us a favour”)
   - If you give something to people, they feel compelled to return the favour.
3. **Liking**
   - We are more inclined to follow the lead of someone who is similar to us rather than someone who is dissimilar
4. **Social Proof** (“Lemmings”)
   - We are likely to view a behaviour as okay if others around us are also performing it.
5. **Commitment** and **Consistency**

Therefore, as a Team Member and as a Team Leader think about:

- **HOW DO YOU APPEAR?**
  a. BODY LANGUAGE
- **WHAT YOU DO?**
  a. SHARE YOUR MENTAL MODEL
  b. ASK FOR HELP
  c. USE THE ‘GROUP’
- **WHAT YOU SAY?**
  a. BE AUTHORITATIVE
  b. FOCUS ON THE PATIENT
- **HOW DO YOU SAY IT?**
  a. BE NICE
  b. BE ARTICULATE/SLICK

Goals versus Tasks

Trauma Teams focused on goals rather than strict protocols get more done in less time. As a result there may be less conflict and more teamwork in working for common goals: