Crew Resource Management in Major Trauma

10th European Congress on Emergency Medicine

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In memory
Of
Ian Rentell
1951 - 2016
Outline of session

• Describing Crew Resource Management (CRM) & Human Factors

• Putting CRM & Human factors into action

• Learning points to share
“Every surgeon carries within himself a small cemetery, where from time to time he goes to pray – a place of bitterness and regret, where he must look for an explanation for his failures.”

Rene Leriche
1951
Hope is more important than anything else in life

What are we, if we don’t try to help others?

We are nothing at all.

Henry Marsh CBE FRCS
Consultant Neurosurgeon
St. Georges, London.
Crew Resource Management (CRM)

• System promoting optimal use of all available resources:
  – people, equipment, and procedures to promote the best possible outcomes

• Depends on effective team leadership
Clinical Human Factors Group

is an independent charity working for clinical professionals and managers to make healthcare safer.
Exceptional talks

Sharing ideas on Risk, Human Performance, Teams and Leaders

Ben McBean, Royal Marine

Surviving an IED Blast / Putting life into perspective...

Welcome to Risky Business Conference Talks
Evolution of CRM

- NASA 1979
- Improving air safety
- Primary cause of “accidents” due to human error
Non-Technical Human Factors that influence high performing teams

- **Attitudes**
- **Bandwidth**
- **Communication (Verbal & Non Verbal)**
- **Defuse conflict**
- **Evaluating & Learning**
- **Failure to be situational aware**
- **Gradients of power**
“Dirty Dozen” – Error promoting conditions
Sqnl Leader John Franklin MBE RAF S02 Eng FW

Lack of:
- Communication
- Resources
- Assertiveness
- Situational Awareness
- Teamwork
- Knowledge

Abundance of:
- Pressure
- Stress
- Norms
- Fatigue
- Distraction
- Complacency
Major Trauma CRM & human factors in challenging pre-hospital cases

Health warning!
At the start of every shift on HM56

• HEMS Qualification: In date?

• Had enough rest 12 Hrs since finish of last shift?

• Had something to eat & drink?

• Physically well to fly?
6th November 2013
08:10 Hrs

South West Ambulance Service requesting support on the B3075 Road in Dorset.

Car v Fire Engine

Multiple Casualties
How did this effect me?

*Sadness*
- for deaths and injuries

*Guilt*
- for not having or could have done more

*Anger*
- at what has happened
- at whoever caused it or let it happen - at the injustice of it all
- at the lack of understanding of others

*Shame*
- for not having reacted as you would have wished - for having appeared ‘needy’

*Fear*
- of ‘breaking down’ or ‘losing control’ - at or on a similar event happening again

*Memories*
- of past, similar events
- of feelings of loss or of concern for others in your life
Trauma Risk Management (TRiM)

don’t bottle up your feelings, tell someone

don’t avoid talking about what happened

don’t be too hard on yourself

don’t expect the memories to go away immediately—time!

do try to re-establish your normal social and work routines

do drive with greater care, your concentration may be impaired

do be more careful in general

Thank you, Ian Mew & Clive Stevens!
“Taking care of yourself is NOT a luxury

It’s the first priority in ensuring you do all other important things well”. 

Liz Crowe
02 10 2016
I believe that.....

• Crew Resource Management & Human Factors **MUST** be a compulsory part of any trauma care curriculum.

• Understanding yourself, your strengths and weakness’ are Human Factors that will enable you to be a better clinician.

• You never think it will happen to you – take care of yourself and each other. It’s a marathon not a sprint!
Thanks & Take care!

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