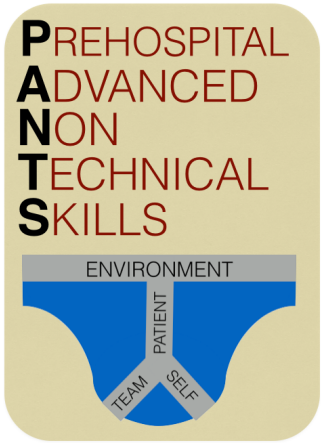
Prehospital Advanced Non-Technical Skills



Managing the Environment

Safety first. Control space, light, heat, noise, hostility/distraction

Identify and control workspace *Control your environment, don't let it control you*

Managing Self

Physical readiness:

I'M SAFE checklist - illness meds stress alcohol/drugs fatigue eating/elimination

Full stomach, empty bladder. Hungry, Angry, Late or Tired? = HALT

Cognitive readiness and resilience:

Stress affects memory, attention, judgement

Stress minimisation strategies:

- Team brief (en route)
- Visualisation (between, before, en route), and access 'performance state'
- Mindfulness (be 'in the moment', attention to breathing)
- Metacognition (thinking about/ awareness of your thought processes)
- Reduce cognitive load: SOPs, simulation, control environment, delegate, checklists
- Simulation with stress exposure and perturbation improves adaptability to novel conditions
- Post-mission debrief

Stay in the right performance zone - 'combat breathing' can lower heart rate and restore focus and fine motor control

Cognitive and perceptual limitations and errors

No-one can truly multi-task well

Perception / map of world constructed by brain from limited data so much of it is best guess/made up

Much of memory is a confabulated narrative

Stress makes these even less reliable - very easy to miss things / be fooled

Visual and attentional resolution limited to tiny part of visual field - fixation on a task leads to loss of situational awareness

Behaviour is context-specific: you can't assume you will perform 'normally' in unusual circumstances

Bystander effect = contagious inaction; be the one to speak up / act. Use your 'discontinuity detector' (*this doesn't fit with what I think is right and I am going to act*)

Managing the Team

Managing a large resus team and making things happen

Establish assertive leadership – verbal and physical

Manage expectations and biases - remember people might only see the uniform and assume non-specialist ambulance officers have arrived: 'I am **Doctor** Reid, [**consultant**] anaesthetist/**emergency physician**/intensivist. I'm the critical care **physician leading** the retrieval today.

Task appropriately; do things only you can do

Remove/reduce distractions - give annoying people a job

Set goals and share mental model: define the 'mission trajectory' & temporality (what and when)

Resuscitation by voice: commentary approach (cf black boxes silent minutes before crash)

Cross Monitoring - watching each other's back

Closed loop communication: Doctor: "Give 20 mg Ketamine iv, that's 2mls" Paramedic: "20 mg that's 2mls of ketamine iv" Doctor: "That's correct"

Preventing and managing conflict

Communication styles: Aggressive: What the hell happened

Submissive: I'm sorry to bother you

Cooperative: I could use your help

Assertive: This is what I think

Overly aggressive or submissive approaches can change focus of interaction from patient care to power.

'How about we', 'Could you please', 'I'd like us to' = 'mitigating language' – good for team building but not for immediate crisis management

Dealing with authority gradients: Advocacy – 5 step approach

1. Attention grabber – excuse me Dr Gina

2. State Concern (based on FACTS they can't disagree with) – he has a significant head injury and has had *n* minutes of relative haemodynamic stability. Keep it about the patient (advocacy)

3. State the problem as you see it – we can't manage all of his clinical needs in this hospital

4. State a solution – let's work together to get him to the trauma centre in the next 30 minutes

5. Obtain agreement – would that be okay with you Dr Gina?

Many organisations have developed graded assertiveness tools:

QANTAS: RAISE: Relay information; Ask if they are aware, seek clarification; Indicate concern; Offer a Solution; Emergency Language ("You must act now" or a simple command such as "Go Around")

Military: PACE: Probing for a better understanding; Alerting Captain of the anomalies; Challenging suitability of present strategy; Emergency Warning of critical and immediate dangers.

One critical assertion strategy presently used in the health care setting is the CUS program (from TeamSTEPPS). CUS stands for **"I'm concerned; I'm uncomfortable; this is unsafe." Followed by "STOP - You must listen!"**

Traffic lights:

Persuasion and Influence

Be nice and be liked

Be authoritative (but not aggressive)

Find common (tribal) ground: – we vs. they

State facts and don't get personal

Use the group - power of 'social proof'

Ask for help – more likely to get more favours (commitment & consistency)

Hypnosis tools: pacing, leading, presupposition

A light touch on the upper arm can increase persuasion and the perceived status of the toucher (careful!).

Compare "*He's bleeding and you need to take him to theatre*"

with: "*His blood pressure is now 85 systolic and the FAST is positive. He needs to get to theatre to control the haemorrhage*'

What about: "*We're worried his blood pressure is now 85 systolic and the FAST is positive. How fast can you help us get him to theatre so you can save his life?*"

What influence / persuasion principles are employed in that sentence?

Tactical Language

Acquire some rehearsed phrases to help you get the job done when you encounter or anticipate resistance or team discoordination. Embed some of the persuasion and hypnosis tools above.