



## Optimizing Crisis Resource Management to Improve Patient Safety and Team Performance - *A handbook for acute care health professionals*

**Peter Brindley, Pierre Cardinal (Editors).** ©Royal College of Physicians and Surgeons of Canada 2017, pdf document, 60 pages. Endorsed by the Canadian Critical Care Society and Canadian Association of Critical Care Nurses. ISBN: 978-1-926588-41-4

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This monograph is available electronically, free-of-charge, in both English and French via the Royal College of Physicians and Surgeons of Canada. It is divided into six short chapters that reflect the core components of crisis resource management: attention and awareness, decision-making, verbal communication, task management, leadership and followership skills, and teamwork. The editors, Peter Brindley and Pierre Cardinal, should be commended for bringing together a panel of experts from the fields of both medicine and psychology. They also succeeded in concisely integrating language and ideas that are often non-medical and non-intuitive into the acute-care field.

No matter what specialty, the recognition and initial management of an acutely ill patient - whether in an office, airplane, or hospital setting - must be a core competence for all healthcare workers. Managing life-threatening conditions means coordinating multiple tasks and people, often working with incomplete information. Having the right people to do the right things at the right times can be lifesaving.

The importance of communication and collaboration are so important they comprise two of the six CanMeds roles defining a medical expert. Honing these skills in the arena of an acute-care crisis is inherently difficult as education is often fragmented and content-based. Learning may not include deliberate reflection of communication or collaboration. When asked, experienced acute-care physicians may or may not know, or have the language,

to describe how to perform well or fail to do so. Without metacognition - i.e., thinking about how we think - practitioners may repeat the same mistakes and patients suffer the consequences.

Highlighted in the Attention and Awareness and Decision-Making chapters are the potential biases of healthcare providers and how they can endanger acute care. For example, oversimplifying and premature cognitive closure can result in blind spots as more information becomes available. Yet, without filtering information, one can be overwhelmed by minutia, which could result in incorrect actions or even inaction. The Attention and Awareness chapter includes a brief discussion on “distraction” - an increasingly important risk factor in acute-care medicine as many factors, including one’s smartphone, vie for attention during a crisis. Suggestions about how to maintain situational awareness during prolonged resuscitation is also valuable.

In the chapter on Verbal Communication, the authors make the compelling point that communication, like a drug, can be either helpful or hazardous, depending on the message and the context. In the Introduction, Dr. Cardinal makes the important point that there is no singular means of crisis management and ends with “It just depends!” To this end, the authors present five paradigms of communication. They also warn against automating such crucial communication. The authors should be commended on their balanced approach of offering suggestions without being prescriptive, although these ideas could have been further illustrated by providing clinical vignettes as examples of varied verbal communication skills in various clinical situations.

The authors devote a chapter to Leadership and Followership. The Royal College of Canada CanMeds

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roles include leadership. Although active followership is not a CanMeds role, it is reassuring that the authors have considered these roles as simply two sides of the same coin. The authors emphasize that the goals of a functioning team include the skills to acquire, filter, and interpret information in an ongoing manner well beyond the capacities of any individual. Moving flexibly between both supporting and leadership roles in acute care helps define an expert. A useful supplement to this concept would be concrete examples of how to support trainees to become leaders during resuscitation and how to become an active follower, particularly for more senior physicians.

In the final chapter, Teamwork, the authors bring together the concepts covered in the other chapters. They highlight deliberate team-based training, shared leadership, announcing intentions, recapping, and inviting further input. They also touch on how to deal with negative emotions or unhelpful outbursts - not the easiest role of a leader but necessary. If such episodes are not addressed, the authors emphasize, they could fester for long periods of time, potentially harming patient care long into the future. The authors use the example of rudeness, which has been quantitatively studied, to show its direct impact on teamwork. A section on debriefing would be a

valuable addition to this chapter in its next edition. Also included is the comment that excessive seriousness or political correctness can adversely affect the team. These comments are rather gratuitous as neither are defined, and yet both are loaded in their meaning.

In conclusion, the authors and editors deserve credit for this resource for acute-care medicine practitioners. It does not pretend to be comprehensive but does alert physicians to the importance of non-technical skills. It helps us to think more about how we think and act during life-threatening situations. We need to be aware of our biases and cognitive limitations and harness the power of true teamwork. Finally, we need to appreciate our behavior and actions may have a profound impact - not just on the patient in front of us but the people who surround us both now and into the future. This is just the beginning of the conversation.

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