



# ENSEÑANDO LA RCP la importancia de los factores humanos

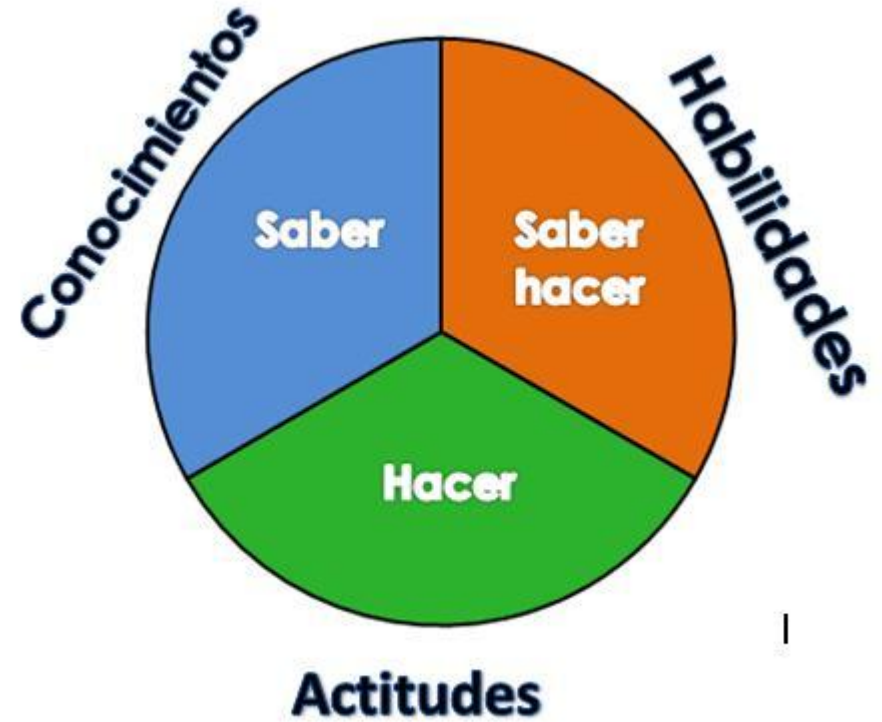
Alonso Mateos Rodríguez





# PIRÁMIDE DE MILLER



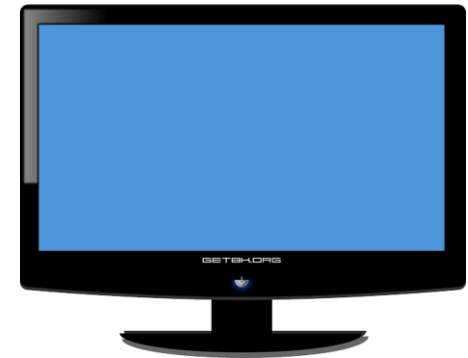


# Aspectos prácticos

- Grupos de 6-8 alumnos



dreamstime.com



# Debriefing

- Lo mas importante
- Varios tipos de debriefing
  - a**P**titudinal
  - a**C**titudinal → **MEDICINA CENTRADA EN LA PERSONA**
- *El propio alumno debe detectar sus necesidades*





EuropaSur, Diario de Campo de Gibraltar. Noticias de Campo de Gibraltar ▶ Opinión ▶ Medicina centrada en la persona

## LA TRIBUNA

# Medicina centrada en la persona

VALLE CORONADO | ACTUALIZADO 12.05.2016 - 01:00

0 comentarios 0 votos

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EN su artículo *El paciente del siglo XXI* ya nos adelanta Albert Jovell el cambio social en las relaciones sanitarias que, según él, incorporan a un enfermo que se sabe informado y

PUBLICIDAD

Cursos de enfermería  
Básicos, avanzados y máster



# 4<sup>TH</sup> INTERNATIONAL CONGRESS OF PERSON CENTERED MEDICINE



Universidad  
Francisco de  
Vitoria

UFV Madrid

## *PERSON CENTERED MEDICAL EDUCATION AND THE GOALS OF HEALTH CARE*

*7 - 9 NOVEMBER, 2016 - MADRID, SPAIN*

**CAMPUS OF THE FRANCISCO DE VITORIA UNIVERSITY**



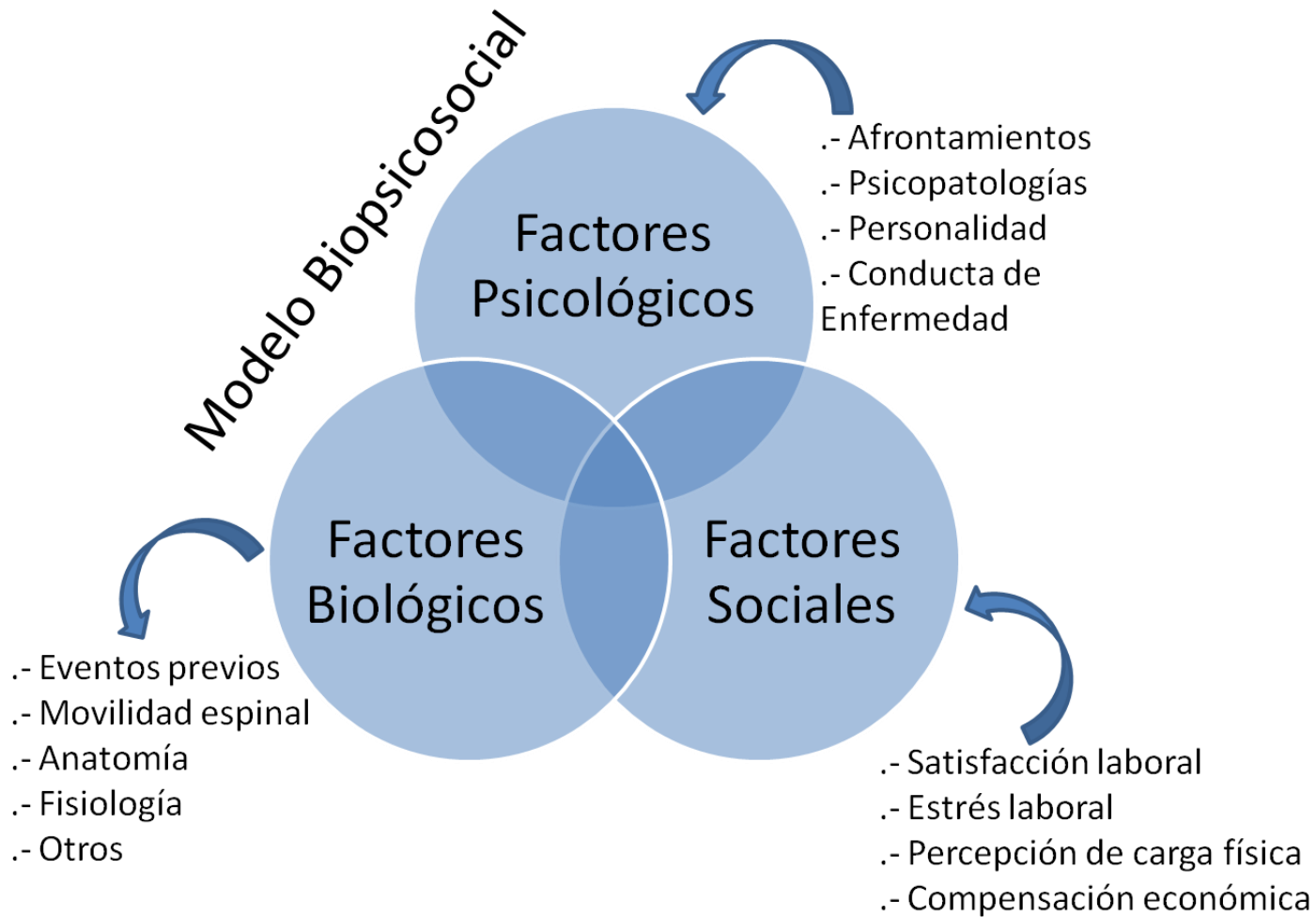


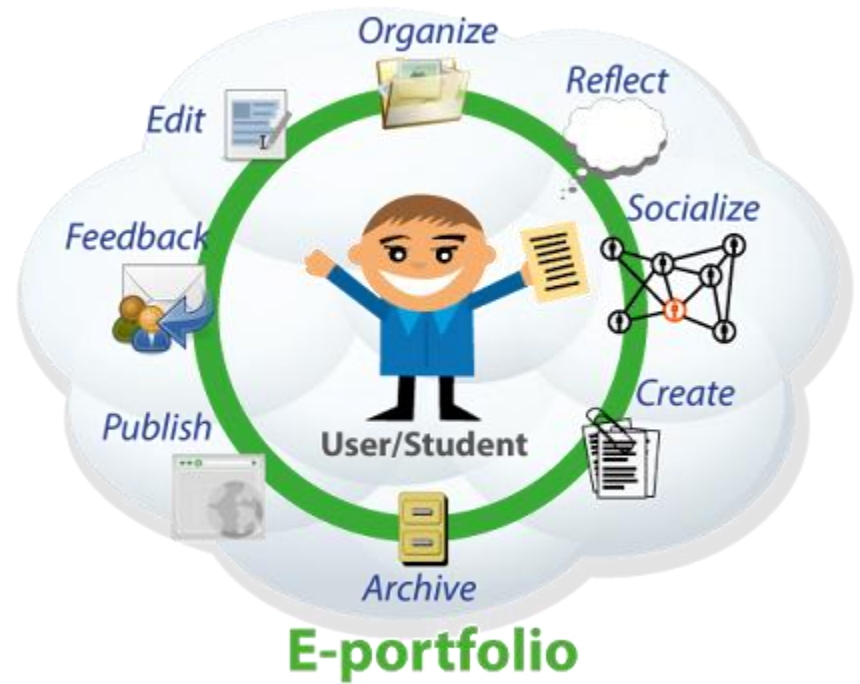
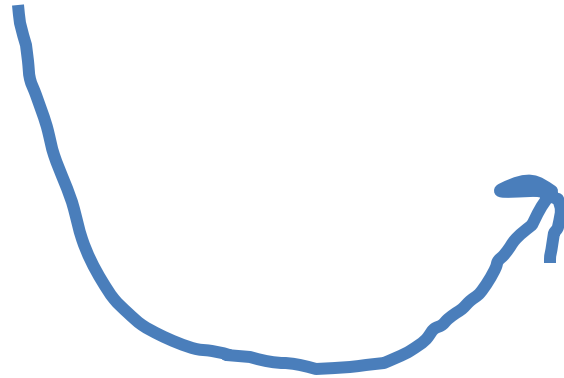
# Explicada como...

**“La Atención Centrada en la Persona, ve a las personas afectadas como iguales, como socios en la planeación, el desarrollo y la evaluación del cuidado de salud, para asegurar que se dan los servicios de la manera mas adecuada para sus necesidades. Requiere que a la persona se le ponga en el centro de todas las decisiones relacionadas con su salud”**

*Health Foundation, UK*







CÓMO

LO

HAGO



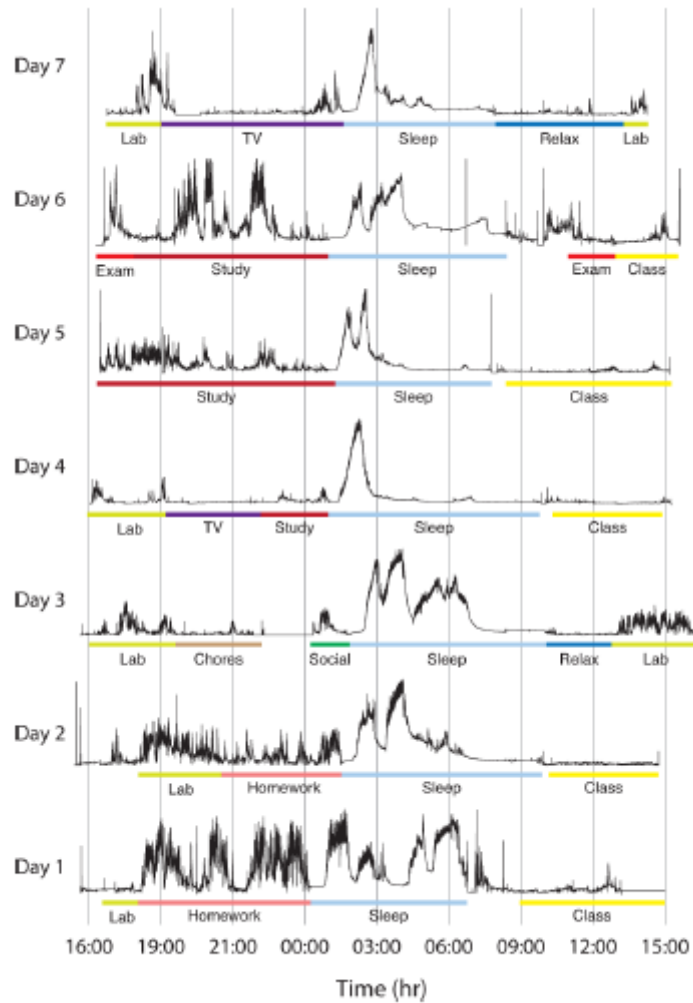


# A Wearable Sensor for Unobtrusive, Long-Term Assessment of Electrodermal Activity

Ming-Zher Poh, *Student Member, IEEE*, Nicholas C. Swenson, and Rosalind W. Picard\*, *Fellow, IEEE*

(c)





# The ERC congress on education.

Reykjavik 24 - 25 September 2016

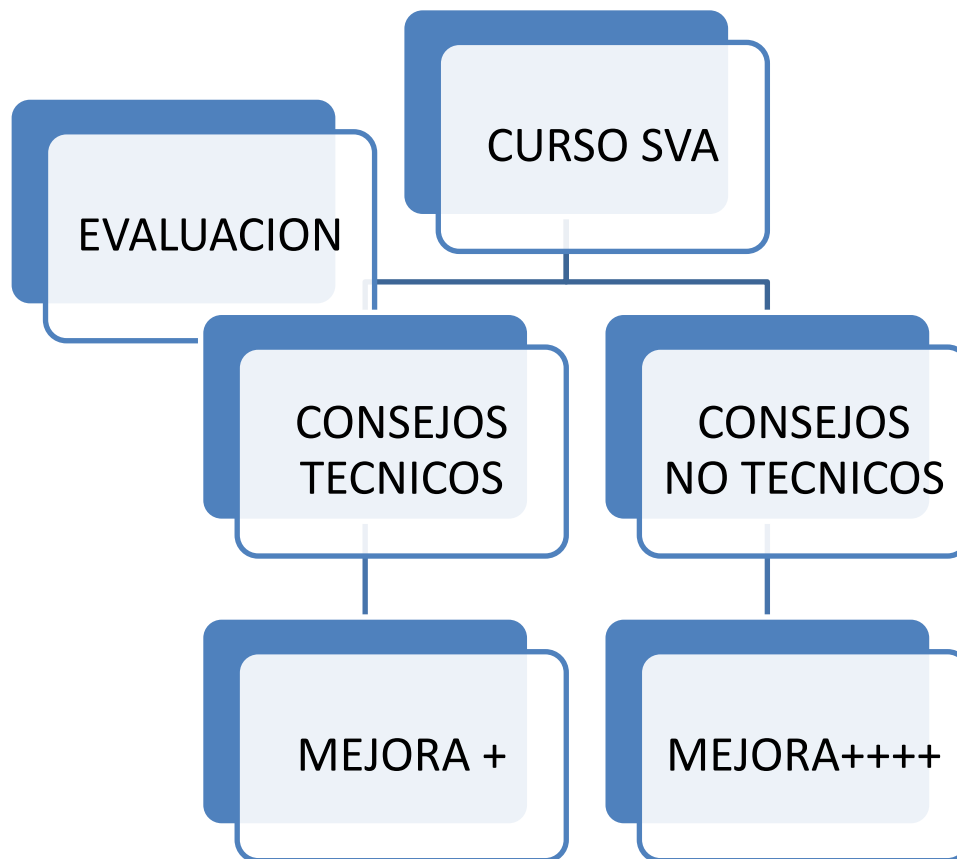




[Crit Care Med.](#) 2010 Apr;38(4):1086-91.  
doi: 10.1097/CCM.0b013e3181cf7383.

**Brief leadership instructions  
improve cardiopulmonary  
resuscitation in a high-fidelity  
simulation: a randomized controlled  
trial.**

[Hunziker S<sup>1</sup>](#), [Bühlmann C](#), [Tschan F](#), [Balestra G](#), [Legeret C](#), [Schumacher C](#), [Semmer NK](#), [Hunziker P](#), [Marsch S](#).



STATE-OF-THE-ART PAPER

## Teamwork and Leadership in Cardiopulmonary Resuscitation

Sabina Hunziker, MD, MPH,\*§ Anna C. Johansson, PhD,§ Franziska Tschan, PhD,†  
Norbert K. Semmer, PhD,‡ Laura Rock, MD,§ Michael D. Howell, MD, MPH,§  
Stephan Marsch, MD\*

*Basel, Neuchâtel, and Bern, Switzerland; and Boston, Massachusetts*

**Table 1** Principles of Effective Leadership

**A. Effective leadership principles for healthcare professionals.**

- I. Consider existing leadership. Is it adequate and adapted to the situation?
- II. Make orienting remarks. Invite contributions.
- III. Ask questions that highlight perceived problems.
- IV. As a leader, avoid performing tasks and procedures yourself; instead assign tasks.
- V. Promote exchange of information.

**B. Effective leadership instructions for teaching leadership (adapted from Hunziker et al. [10]).**

- I. Assuming leadership is important: explaining the importance of leadership in a resuscitation situation.
- II. Announce to your colleagues what you do and tell your colleagues what they should do!  
Assign and distribute tasks according the algorithm (e.g., "I am in charge of ventilation and you are in charge of chest compression.")
- III. Decide what to do; be affirmative (e.g., "We defibrillate now." [instead of "Should we defibrillate?"]).
- IV. Monitor adherence to instructions and to algorithm! Always ensure adherence to your instructions and to the algorithm. (Make sure that the person you advise really does what you told him or her to do, and check whether the team's performance adheres to the algorithm; refer to the algorithm.)
- V. Make short and clear statements!



**Table 2** Principles for Effective Teamwork to Avoid Medical Errors

I. Voice specific findings; avoid diagnosing

The team member assuming the leadership role should encourage information sharing and ask questions as opposed to suggesting diagnoses, especially early on during the crisis.

II. Think out loud—"talk to the room"

All members of the team are encouraged to verbalize ongoing observations as the crisis unfolds. Effective leadership can facilitate this process by querying the team for observations.

III. Perform periodic reviews of quantitative information (drug dose, time, and response)

Noted changes should be verbalized to the team, highlighting the change in the status of the information. Effective leadership can facilitate this process by querying the team for observations.

IV. Double-check crucial data

All members of the team are encouraged to double-check crucial data and tasks, and verbalize any doubts.



# CRISIS RESOURCE MANAGEMENT



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# CONCLUSIONES

- LA MEDICINA CENTRADA EN LA PERSONA EMPIEZA A HACERSE UN HUECO
- HAY UN CAMBIO FACIL DE LA MCP A LA MEDICINA CENTRADA EN EL ALUMNO
- MODELO CRM
- FACTORES HUMANOS





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