

# Enhancing Anaesthesia Crisis Resource Management through Simulation: A Narrative Review on Current Evidence and Future Directions

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## ABSTRACT

Crisis Resource Management (CRM) is a structured approach designed in maximising teamwork, communication, leadership, and situational awareness under high-risk perioperative conditions. Adapted from aviation, CRM principles have been implemented in anaesthesia to ensure non technical skills can influence patient outcomes to the same extent as technical expertise. High-Fidelity Simulation (HFS) is a core facilitator of Anaesthesia Crisis Resource Management (ACRM), allowing clinicians to practice rare but potentially fatal events—such as malignant hyperthermia, perioperative cardiac arrest, and airway disasters in safe, controlled conditions. Simulation-based training enhances crisis preparedness, improves interprofessional communication, and develops team performance, with structured debriefing reinforcing learning and promoting effective behavioural responses. Skill acquisition, retention, and clinical performance can be objectively evaluated using behavioural rating scales, global evaluation forms, and digital analysis. Innovative educational approaches—including mental rehearsal, flipped classroom, video-assisted debriefing, telesimulation, Virtual Reality (VR), and Artificial Intelligence (AI)—are expand access, realism, and overall effectiveness of ACRM programs. Simulation-based CRM education provides a scalable model for enhancing patient safety in anaesthesia by addressing challenges related to standardisation, cost, and scalability. This review examines the clinical application and future directions of ACRM, emphasising technological advancements, current research, and strategies to translate non technical skills into safer perioperative practice. The novelty of this review lies in its comprehensive integration of emerging technologies such as VR, AI, and telesimulation with traditional ACRM methods, offering fresh perspectives on enhancing accessibility, realism, and scalability in anaesthesia crisis management training.

**Keywords:** Anaesthesia education, High-fidelity simulation, Non technical skills, Patient safety, Skill retention, Teamwork

## INTRODUCTION

Having been developed in the aviation industry to reduce accidents caused by teamwork and communication failures, has become an integral component of anaesthetic training. The operating room represents a high-risk environment where multidisciplinary teams, rapid decision-making, and complex systems come together, and crises can develop at any time. Under such circumstances, human factors must override technical proficiency. ACRM was designed to implement non technical skills—such as leadership, communication, situational awareness, and effective resource utilisation of resources. These skills enhance team performance during perioperative crises, decrease errors, and optimise patient safety [1,2]. HFS has proved the most effective means of integrating CRM principles into anaesthesia education. As opposed to conventional lecture-based teaching, HFS provides realistic and interactive practice for managing rare but high-priority events such as malignant hyperthermia, perioperative cardiac arrest, and catastrophic device failure. Students learn technical competency in addition to coping with team reaction, stress communication, and situational awareness of the situation in rapidly changing settings. Experiential education allows theoretical information to be safely translated into practice without placing patients at risk.

Over the past two decades, CRM-based simulation training has been shown to improve both technical and non technical skills, crisis preparedness, team behaviour, and patient safety. Its influence extends beyond isolated crisis performance during fleeting moments, leading to long-term improvement in communication, leadership, and interpersonal interactions. While such advantages exist, challenges include variability in program format, lack of standardised curriculum, uncertainty in

refresher training frequency, and requirement for validated measurement tools for assessing long-term clinical impact. Despite its proven benefits, several challenges impede the widespread implementation and consistent effectiveness of CRM simulation training. Variability in program formats across institutions can result in uneven skill acquisition and differing learning experiences, making it difficult to compare outcomes or establishment of best practices. The absence of a standardised curriculum further complicates efforts to ensure that all trainees acquire core competencies, potentially leaving critical gaps in crisis management skills. Additionally, uncertainty regarding the optimal frequency of refresher training undermines knowledge and skill retention—while infrequent updates may lead to skill decay, while persistent sessions may be impractical or resource-intensive. These challenges collectively hinder the scalability and uniformity of CRM programs, making it difficult to evaluate their long-term impact on patient safety and team performance. Addressing these issues through developing evidence-based guidelines, consensus-driven curricula, and structured refresher protocols will be essential to maximise the potential of CRM education in anaesthesia [3,4].

This review traces the principles and applications of ACRM and its translation into anaesthesia by simulation. It identifies areas of lacuna in literature and highlights future directions, including technological advancements, strategies for broader implementation, and building robust assessment tools to ensure that CRM training through simulation equates to improvements in patient outcomes.

## Background and Evolution of CRM in Anaesthesia

CRM in anaesthesia has its roots in aviation, where CRM was introduced in the late 1970s after human error was identified as

the leading cause of accidents rather than mechanical failure. Aviation training focused on teamwork, leadership, communication, and decision-making under pressure, significantly reducing errors and improving safety. These principles, when applied to healthcare, involve complex systems, rapid decision-making, and high-risk environments requiring precise coordination among team members [5-7]. Anaesthesia trainees may face perioperative crises like an unanticipated difficult airway, anaphylaxis, malignant hyperthermia, high spinal block, or massive haemorrhage during surgery. Intraoperatively, they may also face anaesthesia machine failure, cardiac arrest, or oxygen supply disruption. Postoperatively, critical events such as residual neuromuscular blockade, severe hypotension, or airway obstruction demand immediate and coordinated action [1,5].

In the early 1990s, innovative anaesthesiologists recognised parallels between the cockpit and the operating room—both low-error-tolerance environments. This led to the adoption of aviation CRM principles into the clinical setting, resulting in ACRM. Early ACRM emphasised proactive mindset development, early recognition of emerging problems, effective delegation, and clear, concise communication during crises. These practices aimed not only to prevent adverse events but also to optimise outcomes through improved team performance. Initially delivered via lectures, seminars, and role-play exercises, ACRM training evolved with the advent of high-fidelity manikins capable of realistic physiological feedback. HFS allowed clinicians and multidisciplinary teams to experience lifelike crisis scenarios, enabling practical application of ACRM principles for rare but catastrophic situations. Over time, ACRM matured into an essential component of postgraduate anaesthesia training and ongoing professional development, reflecting the growing recognition of non technical skills in ensuring safe, high-quality clinical care [1,8].

### Core Principles of CRM

In high-stakes environments, CRM relies on interdependent principles that guide decision-making, teamwork, and problem-solving. Leadership ensures straightforward assignment of roles, prioritisation of tasks, and alignment of the team with the goal of patient safety. Effective leaders balance authority with inclusivity, creating an environment where all team members feel empowered to raise observations or concerns that may impact outcomes [9]. Communication is central to successful crisis management. In high-pressure situations, clarity, conciseness, and explicitness are essential. Closed-loop communication, where instructions are given, repeated, and confirmed, minimises errors and ensures correct execution. Situational awareness refers to perceiving and interpreting environmental cues, understanding the patient's clinical status, and anticipating future developments. Resource utilisation involves optimal deployment of personnel, equipment, and other assets, ensuring an effective team response even under constrained conditions. Together, these principles provide a dynamic framework enabling anaesthesia teams to respond rapidly, maintain control, and protect patients during unexpected emergencies [10,11].

### HFS for Teaching CRM Skills

The HFS speeds up learning of CRM in anaesthesia by delivering rich, experiential environments that mimic the turbulence and uncertainty of real-life clinical emergencies. Combining high-fidelity manikins, physiological monitoring, and realistic operating room equipment supports active learning and competence development. Simulation permits anaesthesia professionals and perioperative teams to practice managing emergencies like airway obstruction, malignant hyperthermia, and cardiovascular collapse. Though uncommon, these crises are highly lethal and disabling, and simulation allows the clinicians to be ready when they occur in real life.

Students rehearse CRM principles in real time, harmonising technical interventions with communication, leadership, and

situational awareness. Debriefing facilitates reflective learning, error identification, and strategy formulation. HFS sets interprofessional collaboration, and forceful communication, transgresses hierarchical boundaries, and supports reciprocal respect. Technologies such as video-assisted debriefing, electronic health record integration, and virtual or augmented reality platforms augment the effectiveness and availability of CRM training. HFS remains a valuable learning tool and a primary mechanism for improving patient safety in modern anaesthesia practice [12-14].

### Assessment of ACRM Training Effectiveness

Evaluating ACRM training ensures that acquired skills translate into measurable clinical improvements. Assessment has progressed from informal observation to structured tools that measure technical and non technical performance in both simulation and real-world settings. Standard instruments, such as behaviourally anchored rating scales, global assessment tools, and checklists assessing leadership, communication, situational awareness, task management, and teamwork coordination, allow systematic evaluation of strengths and identification of areas for improvement. Long-term assessment examines skill retention and transfer to clinical practice. Longitudinal testing, repeated simulation, and workplace-based evaluations assess whether trainees maintain non technical competencies during real emergencies. Emerging technologies, such as video-based assessment, eye-tracking, and digital analytics, enhance objectivity and provide detailed insights into decision-making and team interactions. Comprehensive evaluation ensures that ACRM training imparts knowledge while improving crisis management and patient safety [15,16].

### Evidence of Transfer: Simulation-Based Training and Clinical Performance

A critical question in CRM education is whether skills learned in simulation translate to actual clinical performance. Simulation provides a controlled, risk-free environment to practice rare but high-consequence events, but its value lies in improving patient outcomes and safety in real clinical settings. Evidence shows that non technical skills acquired through simulation—such as communication, leadership, and situational awareness—are more consistently applied during perioperative crises.

Studies demonstrate that CRM-trained teams recognise emerging issues earlier, respond more systematically, and coordinate interventions efficiently, enhancing both team and individual performance. Despite evidence of skill transfer, directly linking CRM training to patient outcomes is challenging due to the unpredictable nature of crises and multiple influencing factors. Nevertheless, indicators such as improved protocol adherence, reduced communication errors, and better preparedness support the translational potential of simulation-based CRM. Repeated practice, structured debriefing, and reinforcement strategies enhance retention and application, embedding non technical skills into clinical culture and promoting safer anaesthesia practice [15,17,18].

### Measuring Impact: Tools for Assessment and Outcome Measures

The impact of CRM training is measured using standardised tools and defined outcome metrics to capture both immediate learning and long-term performance. Behaviourally anchored rating scales, global assessment forms, and structured observation checklists evaluate communication, leadership, situational awareness, and resource utilisation. These tools provide feedback, generate quantitative data, and allow comparisons across individuals and cohorts, supporting both training and research. Outcome metrics include individual measures such as knowledge retention, confidence, and skill transfer, and team measures such as crisis detection efficiency, protocol compliance, task allocation accuracy, and error reduction.

Institutions may also monitor clinical outcomes, including perioperative complications, intervention times, and morbidity or mortality trends. Video analysis and digital tools further enhance objectivity. These approaches demonstrate that CRM education improves individual competence and system-wide patient safety [19,20].

## CRM Training Innovations

Educational innovations enhance engagement, retention, and clinical application of CRM skills. Mental rehearsal allows learners to visualise crisis scenarios before hands-on simulation, reinforcing neural pathways for decision-making, increasing confidence, and improving response. The flipped classroom delivers core knowledge via pre-class materials such as readings, videos, or interactive modules, while classroom or simulation sessions then focus on active, experiential practice under supervision. Video-based debriefing enables participants to review recordings, analyse performance, and reflect on team dynamics. These approaches combine cognitive, experiential, and reflective learning, enhancing retention and transfer of CRM competencies to clinical practice [3,21,22].

## The Anaesthetists Non Technical Skills (ANTS)

The ANTS programme provides a systematic structure for evaluating and enhancing non technical skills in anaesthetic practice. It specifies four principal skill categories: task management, team working, situational awareness, and decision-making, each divided into precise elements with explicit behavioural descriptions for effective and poor performance. ANTS has a general application in simulation-based education and actual clinical practice, to provide feedback, facilitate debriefings, and assessment of long-term improvement in non technical skills. Incorporating ANTS into ACRM training improves communication, leadership, and situational awareness, culminating in patient safety and team performance [23-25].

## Cost, Feasibility, and Scalability of Simulation Programs

Implementing ACRM simulation programs involves financial, logistical, and operational considerations. HFS requires significant investment in manikins, monitoring equipment, simulation suites, instructor training, and scheduling multidisciplinary teams. Despite these costs, the benefits of improving team performance, reducing errors, and enhancing patient safety justify the investment, particularly when integrated into postgraduate curricula. Feasibility and scalability are essential for broader adoption. Modular curricula, medium- or low-fidelity simulation, and standardised scenarios improve accessibility without compromising quality. Virtual simulations, blended approaches, and flexible scheduling reduce logistical challenges. Faculty development and train-the-trainer models facilitate program expansion while maintaining instructional quality. Systematic planning allows large-scale implementation of practical ACRM training. Low-cost solutions include using task trainers, tabletop exercises, or improvised manikins to replicate scenarios effectively. Leveraging open-source virtual platforms and peer-led debriefings can reduce expenses while retaining educational value [26,27].

## Future Directions: Telesimulation, Virtual Reality, Artificial Intelligence, and Research Priorities

Emerging technologies and innovative strategies are shaping the future of CRM training, making it more accessible, interactive, and practical. Telesimulation allows remote learners to participate in real-time simulations with feedback, promoting inter-institutional collaboration and broader access to high-quality training. VR and AI create immersive, adaptive, and data-driven learning environments. VR provides interactive scenarios to enhance situational awareness and decision-making, while AI enables real-time performance

feedback, personalised learning, and predictive modeling. Current research focuses on validating these technologies, assessing long-term skill retention, evaluating impact on clinical outcomes, and establishing best practices for integration into curricula. These innovations improve scalability, precision, and educational effectiveness, preparing clinicians to manage high-risk perioperative crises confidently [28-30].

## CONCLUSION(S)

The CRM is a cornerstone of anaesthesia training, emphasising non technical skills that underpin patient safety. Simulation-based ACRM enhances leadership, communication, situational awareness, and resource management in high-stakes situations. Evidence demonstrates improved team performance and crisis management in clinical practice. Innovations like mental rehearsal, flipped classroom, video debriefing, VR, AI, and telesimulation increase accessibility and scalability. Despite costs and standardisation challenges, CRM training fosters a culture of safety and teamwork, supporting the transition to safer perioperative care.

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