

Engaging Nurses in Code Skills to Promote Interdisciplinary Teamwork

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Introduction

In our small community hospital we have developed a robust simulation program that engages interdisciplinary teams to participate in low volume, high risk simulated situations. It is important to involve the disciplines one would call on in an actual emergency in the simulation to promote psychological reality as well as allow the simulation to progress as close to real life as possible to identify areas of success and challenges. Teamwork in emergency situations can be challenging, especially with ad hoc interdisciplinary teams.

Background

An identified weakness in our current program was that mode code simulations were voluntary, scheduled simulations. While these have value in practicing technical skills and teamwork, the emotional urgency is difficult to induce. There are also challenges in getting the correct compliment of emergency responders, as these mock codes tend to be unit based, or groups from the same discipline participate together. As a result, there is not the opportunity to practice in unfamiliar groups that would be present in an actual code situation. This initiative included a plan to institute overhead announced Code Blue that bring the actual ad hoc code team for that day to the simulation. Only on arrival will they become aware that it is not an actual patient emergency, yet they are still required to complete the simulation and debriefing.

Procedures

This initiative comes from review of code situations and the desire to reinforce new protocols developed, including the identification of code leader by lanyard, minimize overcrowding, and standardize the expectation of a debriefing following the event. While stakeholders verbalize buy in, these are noted to not yet be fully consistent in the current culture. The planning committee first obtained permission from senior leadership to utilize overhead paging for these simulations, to promote reality. An interdisciplinary team worked to develop simple scenarios to focus on BLS, ACLS, and Teamwork.

The team uses actual equipment from their area, to allow assessment of timing to obtain, and any issues with use. At times, if the code leader is someone from the planning team, we arrange to have them give an order that deviates from Advanced Cardiac Life Support protocol. If no one questions it, we then discuss the importance of giving input to the leader if they are deviating from established algorithms during the debriefing.



Results

To date these mock codes have been well received. Participants acknowledge initially feeling stressed, and vaguely annoyed to be called to a simulation. However, in the debriefing, there is overwhelming feedback that this was more psychologically engaging, and more realistic due to the interdisciplinary team make up and dynamics. There has also been positive feedback that a post code debriefing had previously seemed daunting, but the benefit became more clear after the simulated event. There is ongoing struggle with overcrowding, but keeping data on the number of respondents arriving, versus actually being needed, will be useful in follow up code team planning. These simulations also give an opportunity to reinforce the newest American Heart Association guidelines on effective compressions using the mannequin feedback. We continue to monitor for any adverse effects of alarm fatigue from the paging, and strive to hold these often enough to allow various team member the opportunity to participate, without over taxing our resources.

Conclusion

Overhead announced codes are an effective way to assure participation and provide realistic simulations. The project has been hampered by high census that so finding a location and available staff has been challenging. The project has been well received by staff participating.

