
Theresa Anderson, 1 Brad Trumpower, 2 Brahmapreeti Nallamothu, 2, 3
1 Department of Internal Medicine, University of Michigan, Ann Arbor, Michigan; 2 Division of Cardiovascular Medicine, University of Michigan, Ann Arbor, MI; 3 Ann Arbor Veterans Affairs Health System, Ann Arbor, Michigan

BACKGROUND
• In-hospital cardiac arrest (IHCA) affects approximately 292,000 adult and 15,000 pediatric patients yearly. 1
• ~22% of patients survive IHCA. 1
• Studies have shown mock code training as a core quality in top performing hospitals with higher IHCA outcomes 2, 3, however, performance evaluations of team dynamics is currently lacking.
• The Resuscitation Education Initiative (REdI) is an ACLS/BLS training program for the Veteran Affairs Healthcare System.

HYPOTHESIS
We hypothesized that team dynamics and communication skills are an area of poor performance for participants in mock codes.

METHODS
• The REdI Mock Code Program was implemented across the nation at 8 Veterans Affairs Medical Centers in 2019.
• Sites utilized a templated survey which was modifiable to meet the needs of each mock code session (i.e., using a BLS score system rather than ACLS for a BLS code).
• Facilitators scored participants utilizing a checklist with a binary system of inclusion, reflecting the successful or unsuccessful completion of a task.
• If no response was recorded, this was considered "omitted" rather than an unsuccessful completion of a task.
• Quantitative analysis performed for sites with blinded survey review

RESULTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Met Standards</th>
<th>Not Met</th>
<th>Omitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed Loop Communication</td>
<td>22 (50%)</td>
<td>22 (50%)</td>
<td>--</td>
</tr>
<tr>
<td>Designating Roles</td>
<td>22 (50%)</td>
<td>22 (50%)</td>
<td>--</td>
</tr>
<tr>
<td>Summarization</td>
<td>25 (57%)</td>
<td>16 (36%)</td>
<td>3 (7%)</td>
</tr>
<tr>
<td>Clear Messaging</td>
<td>26 (59%)</td>
<td>15 (34%)</td>
<td>3 (7%)</td>
</tr>
<tr>
<td>Knowledge Sharing</td>
<td>28 (64%)</td>
<td>13 (29%)</td>
<td>3 (7%)</td>
</tr>
<tr>
<td>Constructive Intervention</td>
<td>28 (64%)</td>
<td>12 (27%)</td>
<td>4 (9%)</td>
</tr>
<tr>
<td>Knowing One’s Limitations</td>
<td>28 (64%)</td>
<td>11 (25%)</td>
<td>5 (11%)</td>
</tr>
<tr>
<td>Mutual Respect</td>
<td>38 (86%)</td>
<td>6 (14%)</td>
<td>--</td>
</tr>
</tbody>
</table>

Figure 1. Category of mock code simulation per session. Number of surveys used in analysis was 44, however, two sessions included both ACLS and BLS components for grading.

Figure 2. Percentage of correctly identified leaders during mock code session, n=44.

CONCLUSIONS
Mock codes are often used for teaching basic skills involved in cardiac resuscitation. Participants did not perform well in areas involving team dynamics and this could be an area for future attention when designing effective mock codes.

REFERENCES