

## Stop, Drop, Code: Learning Together to Enhance Veteran Care

By Megan Collins

VA Connecticut (VACT) is home to several training programs, including two Commission on Collegiate Nursing Education (CCNE) accredited nurse residencies, a nurse practitioner residency with two tracks as well as a physician residency program. One of the nurse residency goals was to include more interdisciplinary simulation into the curriculum to help promote practical knowledge of how to handle emergency situations.



From Left to Right: Anna Vailionis, RN; Rachel Gladu, RN; Phyllis Thangaraj, MD; Arjun Ravishankar, MD; Hannah Reiter, RN; Casey Stein, MD; Alex Heard, MD; Thomas Lee, RN; John Briones, RN  
Photographer: Jancee R. Pust-Marcone MSN, RN, CCRN-K

Using high-fidelity manikins, hour-long lunch and learn simulations were held on August 3 and August 23, 2022. The scenarios were designed to have first- and second-year internal medicine residents respond to a decompensating patient who then progressed to a full cardiac arrest. Nurse residents were given a pre-brief on patient history and were assigned the role of “primary nurse” and “nursing team” to assist with the initial emergency. Residents were then required to provide pertinent information in Situation-Background-Assessment-Recommendation (SBAR) format to the responding physician team who did not have any details of the simulated emergency.

The simulation coordinators felt that this style allowed for a real-world high-pressure scenario where nurses must succinctly provide important information to a team who has never met a patient. The physicians who were involved in these simulations have limited to no experience being team leaders, so this training was great practice for them moving through a rapid response and progressing to the Advanced Cardiac Life Support (ACLS) algorithm.

After each scenario was complete, the group held a formal debrief, which opened great discussions not only about what occurred in the scenarios, but also about additional real-world possible occurrences. For example, one of the scenarios was a 79-year-old male who was in day-three of post-op recovery from bilateral knee replacements, complaining of shortness of breath and back pain. The patient progressed into pulseless electrical activity due to a pulmonary embolism. While the team was leaning towards concluding that these issues were the cause of the event that the patient mentioned early on, it took some time before they decided they would administer tissue plasminogen activator (tPA).

The residents hesitated before calling for the medication because they were unsure. What they had not considered was the delay in timing that happens in real settings between calling for medication and

retrieving it from the pharmacy. The process was explained so that the nurses and physicians understood how delays in obtaining certain treatment options affect outcomes.

Feedback was extremely positive from both the nurse residents and internal medicine residents. Responses to the mock event included:

“I feel more prepared and have a good idea as to how I can be more useful as an intern.” – Internal Medicine Resident

“I enjoyed the interdisciplinary aspect of this exercise. This is something I hope we do more often.” – Nurse Resident

“Greatly appreciated the mock experience with the interdisciplinary team. Felt collaborative and improved communication skills. Would recommend more frequent mock codes so residents can learn and collaborate with us more than once during their rotations here.” – Nurse Resident

The learning environment was a safe place to practice quick critical thinking skills, and everyone involved took the opportunity seriously. The nurses and physicians worked well as a collaborative team to improve their closed-loop communication and ACLS skills. Based on verbal and written feedback, everyone left feeling encouraged and showed a strong desire to practice and learn more in this training format.