MEDICAL SCHOOL
UNIVERSITY OF MICHIGAN

# Capstone for Impact Submission | GY2019

**Project Title:** Code and Rapid Response Teams

**Student Name(s):** Franko, Lynze

**Advisor Names(s):** Dr. Andrew Change/Dr. David Hughes

**Branch:** Procedure Based Care

**Path of Excellence:** Patient Safety and Quality Improvement

**Handover/Transition:**
If this project can be continued by another UMMS student, you may contact them at the following email address/phone number (N/A if project cannot be handed over): **lynzefranko@gmail.com**

**Summary:**

Medical students at the University of Michigan have limited formal exposure to code and rapid response teams. Additionally, medical students have few opportunities to become more familiar with the function of the different team member roles and ACLS treatment algorithms. Because collaboration and building of a strong team environment can improve patient outcomes, an interprofessional 2-hour course was developed in order to increase medical student understanding of code and rapid response team functions and support interprofessional team building.

**Methodology:**

A course was developed that focused on improving student understanding of code and rapid response teams, the importance of interprofessional team building, and ACLS treatment algorithms. The course included 2 sessions.

The first session comprised of 4 small groups didactics lead by 3 registered nurses and 1 respiratory therapist, and focused on:

1. Introduction to the Rapid Response Team

2. Roles of the Code Team

3. Cardiac Defibrillator Monitor and Code Cart Equipment

4. Respiratory Therapist Role and Respiratory Equipment.

The second session included 5 separate simulated codes, focusing on understanding of the code team roles, code communication techniques, and basic ACLS treatment algorithms, in addition to mock codes on pulseless electrical activity, supraventricular tachycardia, ventricular tachycardia, status epilepticus, and bradycardia.

**Results/Conclusion:**

Sixty second year medical students in the procedural branch attended the course in two sets of 30 students. The students were then divided into smaller groups of 4-7 students. Faculty involved in teaching the course included 3 registered nurses, 1 respiratory therapist, 3 surgical residents, 1 emergency medicine resident, and 4 attending physicians from surgery, neurology, and emergency medicine. Initial anecdotal inquiry of the course's impact led to statements from medical students that the course helped to increase understanding of team member roles, communication techniques, and familiarity with code equipment and ACLS cards.

**Reflection/Lessons Learned:**

In the future, it would be ideal to expand this course to most students making the transition from core clerkships to the branches curriculum prior to their final year of medical school.

Broadening this course to include multidisciplinary learners in addition to instructors would be beneficial so that it can become an interprofessional education course and further support team building between professions.

Future courses should also include evaluations assessing the impact the course has on student knowledge of code and rapid response team member roles as well as student interest in future team building exercises.