Implementation of Mock Code Simulations in a Pediatric Emergency Department: Identifying Knowledge Gaps to Increase Clinician Confidence and Optimize Patient Care

Taylor Paige Demkin¹, BSN, RN, CPN; Karyl Reid², MSN, APN, RN, PNP-BC, PMHNP-BC; Elizabeth Vaccarino², MSN, RN, CPEN

¹University of Pennsylvania School of Nursing, Philadelphia, PA and ²Hackensack University Medical Center, Hackensack, NJ

Purpose:
- To develop and implement pre-assessment and post-assessment surveys to assess staffs’ confidence, experience, and knowledge with pediatric resuscitations throughout the process of implementing a mock code initiative in a pediatric emergency department.

Description of Improvement:
- Pediatric resuscitations are rare events that commonly arouse anxiety and fear in many healthcare providers.
- Research has shown that while providers learn life-saving skills such as BLS and PALS, without use, skill retention deteriorates and confidence wanes (EMSC, 2012). Conversely, continued practice responding to pediatric emergencies increases skills and confidence, reduces fears and anxieties, and enhances communication and teamwork.

Outcome of Initiative:
- 70.4% of registered nurses, 69.2% of providers, and 38.9% of residents completed the pre-assessment survey.

Conclusions:
- The pre-assessment identified skills that staff were comfortable and uncomfortable performing.
- The post-assessment helped to identify the disconnect between performance and personal perception.
- Overall, the project identified and confirmed the need for continued education and participation of providers in mock pediatric resuscitations.

Implications:
- Pre-assessment surveys can help identify skills that providers are uncomfortable performing. Such data can be used to guide future mock code simulations.
- Post-assessment surveys and reviewer surveys can help identify a disconnect between personal perception and actual performance.
- Pre- and post-assessment surveys can be used to track improvements in personal and overall department confidence and knowledge during pediatric resuscitations.

References: