

RCDP PREBRIEFING GUIDE

Our **purpose today** is to improve our resuscitation skills and team performance. Leadership at Highlands is fully committed to providing employees the resources needed to improve patient outcomes. We know at Highlands, codes are less frequent, meaning less opportunities to maintain proficiency. We want you to leave today's session with functional knowledge of First Five Resuscitation Priorities for your unit.

Today we will be using **Rapid Cycle Deliberate Practice**, or **RCDP**, to practice the First Five Resuscitation Priorities. The **First Five Resuscitation Priorities** we are looking to see in sequence are...

1. Check Responsiveness and pulse
2. Call for Help
3. Start/Perform High Quality CPR
4. Use the AED
5. Prepare Epinephrine

RCDP is a high energy, fast paced, structured method of simulation.

This **technique** brings teams together to work through scenarios focused on patients that require resuscitative efforts. Today, we are focusing on resuscitation priorities for acute care. You will have opportunity for **repetitive PERFECT practice**. RCDP allows learners to "try again" in a manner similar to a sports team or a professional athlete.

RCDP is different than other types of simulation you may have experienced in that I will PAUSE during the simulation to provide specific feedback and coaching. We recognize that this can be frustrating. **After the pause, three options are possible.** I may ask you to:

- 1) Restart the simulation from the initial patient encounter
- 2) Rewind the simulation at a specified period of time prior to the pause
- 3) Resume from where you left off

Each time I will attempt to orient you to where you are re-starting as team. I may be modeling and helping to choreograph key behaviors.

I would like to orient you to the equipment and environment. The **manikin** we will be using today will not have a pulse. The **pads** you see on the manikin's chest are to protect the skin when defibrillating.

In the absence of an actual code blue button, we ask you to call out loud "I am hitting the code button".

The **crash cart** provided resembles the ones used in clinical practice and we have provided a **stool** for your convenience. **The Defibrillator is live.** Please visually and verbally clear prior to discharging electricity.

We know this patient isn't "real", and we are **asking you to buy into the fiction with us.** We ask that you meet us halfway and do your best to fully engage in the simulation.

We hold the **basic assumption** that everyone involved in simulation activities at UAB is intelligent, capable, cares about doing their best, and wants to improve. This means it is okay to make a mistake.

To begin the session, I will take you all into the hallway. I will select one person to initiate the simulation as the healthcare team member coming to introduce themselves to their patient for the first time. The rest of you will stay in the hall to quietly observe the initial interaction and will respond when called.

If you for some reason feel ill or need immediate help due to an emergency, please use the phrase "**This is not a simulation.**" This phrase indicates a true emergency has occurred that requires attention.

Please **check your pockets** before leaving today's session. It is important that supplies from the simulation center stay in the simulation center and do not end up in patient care areas. We label our simulated supplies "Not for Human Use: Education Only".

What **questions** do you have?