Role Pre-Assignment for ACLS Events

Role ambiguity, nurse confidence, and benefits of preassigning nursing roles

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Problem

(P) For inpatient registered nurses responding to a medical emergency (I) does preassigning roles (C) compared to assuming a role at the time of the arrest (O) affect nurse's confidence during resuscitation (T) over six months?

Advanced Cardiac Life Support (ACLS) proficiency is strengthened by the self-confidence to respond with accuracy. Without role delineation, nurses may feel uncertain of their responsibilities during a medical emergency. Preassigning nursing roles is vital to improving efficiency during cardiac emergencies.

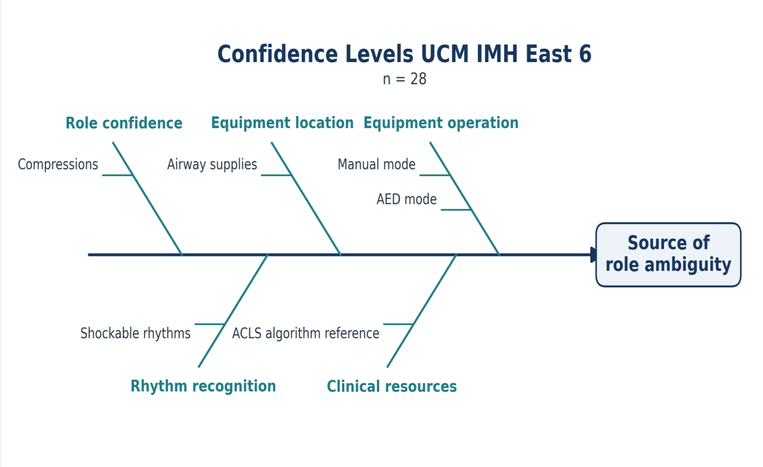
Goal

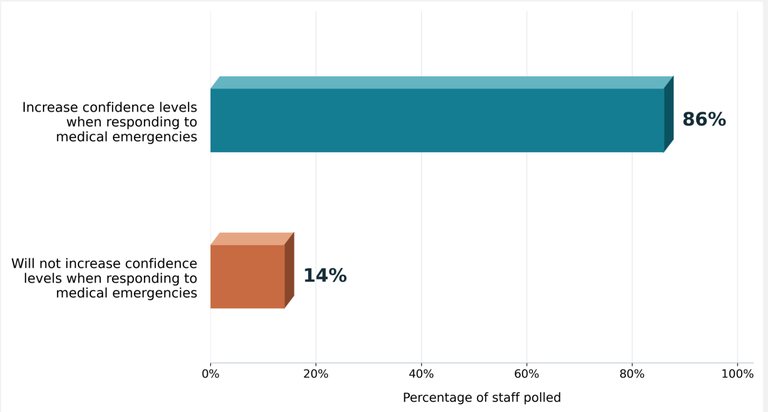
This systematic review aims to determine if preassigning ACLS roles reduces ambiguity, which can increase confidence levels and improve outcomes. Six months post preassigning ACLS roles, the mean score for confidence will improve by at least one Likert point from baseline.

Intervention Design

East 6 is a 35-bed cardiac telemetry unit staffed by registered nurses, monitor technicians, and nursing assistants. The nurse manager oversees the unit and there are two assistant nurse managers providing leadership on the day and night shifts. A rotating charge nurse supports the shift operations. The nurse-to- patient ratio is 1:4. Each nurse is required to maintain BLS and ACLS certification.

ACLS roles are airway manager, compressor, medication provider, monitor operator, recorder, and team leader. At shift change, roles will be determined by the charge nurse and Assistant Manager. ACLS role delineation badges will be assigned and outline the nurse's role, tasks, and responsibilities. Monthly audits utilizing the RACI matrix will support implementation. A Likert measuring scale will be used to compare baseline and monthly results.





Results – Systematic Review

- Alanezi, et al. (2024) concluded that role allocation is taught in AHA ACLS guidelines but is not routinely practiced.
- Ardern et al., (2023) mixed-methods, nonrandomized intervention study found the use of role lanyards "helpful" – 52% and "extremely helpful" – 36% in clarifying roles & responsibilities, task delegation, accountability, and improved nurse confidence.
- Bates et al. (2026) concluded that clearly defined team roles during resuscitation improved efficiency, communication, and patient outcomes.
- DeGroot et al., (2023) conducted a quantitative quasi-experimental study to conclude that the use of code blue role delineation badges increased the nurse's understanding of their role during a medical emergency by 16.5%, while promoting positive communication, confidence in skills, and situational crowd control.
- Giri et al., (2024) reported an increase in role adherence from 19% - 98%, two months after the implementation of assigned roles.
- Liddell, S. (2026) completed an operational/implementation – focused quasi experiment that reported posttest mean rank scores at 21.29 compared to pretest mean rank scores of 10.63 when measuring confidence levels, two months after implementing the team dynamic model.

Conclusions and Next Steps

- Implementing role delineation, prior to a medical emergency is an effective workflow to increase nurse confidence & resilience, communication, teamwork, care coordination, efficiency and decreases role ambiguity.
- Clinical evidence supports preassigning nursing roles.
- Role pre-assigning implementation should be considered for all IMH inpatient units.
- Pilot role assignments, at shift change, using the RACI matrix (or similar framework).
- Measure outcomes after each ACLS event using a six-point Likert scale. .
- Review the current practice guidelines associated with shift report.