Introduction: There is ample evidence that high performance teams are vital to patient survival during emergency events. Role designation among clinicians is key for high-performing emergency response teams.

Identification of the problem: Poor team dynamics and communication breakdown is often the cause of preventable errors with patient mortality/morbidity occurring more often when team dynamics fail. Lack of role designation may lead to adverse patient outcomes during emergency events.

EBP Question/Purpose: Does role designation strategy impact PACU staff team dynamics during emergency situations?

Databases/Resources Utilized: CINHAL PubMed UpToDate ASPAN 2021 Scope and Standards AHA 2020 Pediatric Advanced Life Support Guidelines finding 12 articles and selecting Mayo High Performance Teamwork Scale. Synthesized findings support role designation as an effective strategy for high performing emergency response teams and simulation as a learning tool to improve knowledge confidence and clinical skills.

Purpose: Implement and evaluate the effectiveness of an evidence-based role designation strategy for PACU staff during emergency situations with aims to improve staff confidence staff knowledge and team dynamics.

Methods/Evidence: Pre-intervention: Survey distributed to PACU staff to assess knowledge of emergency skill/concepts with 5-point Likert scale measuring confidence of role assumption and skills needed for each role. Team dynamics evaluated using the validated Mayo High Performance Teamwork Scale during unit mock codes.

Intervention: Education via skill stations for the following roles/concepts: Effective Team Dynamics Airway Management Crash Cart Compressions & Documentation. Roles and Designation Tool implemented during education.

Post-intervention: Repeated survey of knowledge and confidence with staff. Comparative team dynamics evaluated with Mayo High Performance Teamwork Scale during unit mock codes.

Significance of Findings/Outcomes: Implementation of an evidence-based Role Designation Tool with education improved role delineation among PACU staff. Consistency in understanding assumed role during emergencies improved from 0% role-consistency (0/10 simulated events) to 87.5% role-consistency (7/8 simulated events) (p < 0.001).

Implications for perianesthesia nurses and future research: Implementation of a role designation tool in the PACU provides PACU staff with a clear plan for emergencies. This clear plan improves communication team dynamics and comfort among PACU staff during emergencies positively impacting patient outcomes.