

LETTER TO EDITOR

In Reference to "The Effect of a Rapid Response Team on Resident Perceptions of Education and Autonomy"

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We read with great interest the study by Butcher and colleagues¹ on resident perceptions of rapid response teams (RRTs) with regard to education and autonomy. We found it interesting to note that one-third of residents felt the nurse should always notify the primary resident when calling an RRT. Nursing literature demonstrates that ambivalence exists on when to notify the physician,² thus suggesting nurse-physician interactions are still suboptimal and an area for future improvement. Given the focus on interprofessional training and practice by both the Accreditation Council of Graduate Medical Education and Liaison Committee on Medical Education,^{3,4} RRTs provide a perfect opportunity to improve interprofessional training and practice through better physician-nurse collaboration.

Interestingly, the future of RRT activation can also be streamlined to avoid nurse-physician conflicts about who should be notified. For example, the technology exists for automated alerts in the electronic medical record to trigger when a patient decompensates,⁵ thereby acti-

vating an RRT. One can imagine this technology circumvents the physician and nurse when initiating the RRT. Given the potential uses of such technology, future studies regarding physician autonomy with automatic triggering of an RRT will be equally valuable.

References

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