Supplementary materials/Materiali supplementari



*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).

**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

Table 1. Database search table.

PAROLE CHIAVE/STRINGA	LIMITI	ΤΙΤΟ	LO DEGLI STUDI				
S1non-technical skills or communication or situation awareness or teamwork	NO	269347		4Non-techospital manager Academ abstract) Steve; Si Journal of 1-8, 8p. systemat ISSN: 22 Arrest; F Teamwor Commun Profession	chnical sk cardiac a nent: A s ic Journa Cormacl tedmon, A of Paramo (Journal A ic review 202-7270 Prehospita rk; Deciss nication S	kills in ou rrest coping re l (include k, Stefanio Alex Aust edicine, 2 Article - r 7, tables/c Subjects: al Care; sion Maki Skills; petence	t-of- view. es e; Scott, ralasian 020; 17 esearch, harts) : Heart ng;
S2Resuscitat* OR advanced life support OR cpr OR acls	NO	57660	(S1 OR S4 AND S2 AND S3) 13	Non-tecl care in tl prospect observat Academ abstract) Roman; Ivana; Po Metodej Cmorej, Emerger 22(1): 1- research NLM355 Hospital	inical ski ne Czech ive multi- ional stuc ic Journa Peran, D Vidunova ekara, Jar ; Brizgalo Patrik Cl ney Media 8. 8p. (Jo) ISSN: 1 562664 S s; Clinica	Ills in pre- Republic centric dy (NTS s l (include David; Syk a, Jana; K coslav; Re ova, Niko h. BMC cine, 5/13 ournal Art 471-2273 ubjects: al Compet	hospital : a study). es cora, rsova, enza, la; /2022; cicle - & PMID: rence
S3emergency medical services or ems or prehospital or pre- hospital or paramedic	NO	50752		Teamwo of-hospi non-tech attention (includes John Au	ork and le tal cardia nical skil ? Acader s abstract stralasian	eadership c arrest - lls require nic Journ) Dagnell 1 Journal o	in out- do these al , Adam of

				Paramed (Journal ISSN: 22 Arrest T Teamwo	icine, 202 Article - 202-7270 herapy; P rk: Leade	20; 17 1-6 tables/cha Subjects: rehospita ership	5. 6p. arts) Heart l Care;
S4non-technical skills or nts or non technical skills	NO	1102		Compar program deliverec Academi abstract) Karen; V Emergen (EMJ), M 6p. (Jour 0205 PM Subjects Resuscit Educatio Technici 44 years	rison of tw mes on pa d CPR per ic Journal Govende Vallis, Le cy Medic May2016; nal Artic filD: NLM : Educatio ation, Car on; Emerg ans Educ ; Male; F	wo trainin aramedic- rformance (include or, Kevin; e; Pillay, eine Journ 33(5): 35 le) ISSN: 12669836 on, Medic rdiopulmo gency Med ation; Ad emale	ng e. Sliwa, Yugan nal 51-356. 1472- 52 cal; onary dical ult: 19-
"Cardiopulmonary Resuscitation"[Mesh] AND "non-technical skill" 23	NO	3 Relationship technical performance of the second	between non-technical skills and ormance during cardiopulmonary does stress have an influence?Krage Con Soei Len L, Kolenbrander MW, en D, Loer SA, Wagner C, Schober J. 2017 Nov;34(11):728-733. doi: med-2016-205754. Epub 2017 Aug 344039 skills correlate with non- s in crisis resource management: a dy.Riem N, Boet S, Bould MD, aik VN.Br J Anaesth. 2012 23-8. doi: 10.1093/bja/aes256. Epub MID: 22850221 n-technical skills and barriers for of teamwork in cardiac arrest en PO, Jensen MK, Lippert A, Resuscitation. 2010 Jun;81(6):695- 016/j.resuscitation.2010.01.024. ar 20.PMID: 20304547				
("nontechnical skill" OR non-technical skill*) AND ((("Advanced Cardiac Life Support"[Mesh]) OR "Cardiopulmonary Resuscitation"[Mesh]) OR "Heart Arrest/therapy"[Mesh]) 35	NO	7 Feedback in improvement Hampshire S, Advanced Lif Resuscitation	advanced life support: A quality initiative.Thorne CJ, Kimani PK, Begum-Ali S, Perkins GD; e Support Subcommittee of the Council UK.Resuscitation. 2020				

Oct;155:189-198. doi: 10.1016/j.resuscitation.2020.07.032. Epub 2020 Aug 20.PMID: 32827586		
Cardiac arrest leadership: in need of resuscitation?Robinson PS, Shall E, Rakhit R.Postgrad Med J. 2016 Dec;92(1094):715-720. doi: 10.1136/postgradmedj-2015-133738. Epub 2016 Jun 8.PMID: 27281816		
Utility and assessment of non-technical skills for rapid response systems and medical emergency teams.Chalwin RP, Flabouris A.Intern Med J. 2013 Sep;43(9):962-9. doi: 10.1111/imj.12172.PMID: 23611153 Review.		
Relationship between non-technical skills and technical performance during cardiopulmonary resuscitation: does stress have an influence?Krage R, Zwaan L, Tjon Soei Len L, Kolenbrander MW, van Groeningen D, Loer SA, Wagner C, Schober P.Emerg Med J. 2017 Nov;34(11):728-733. doi: 10.1136/emermed-2016-205754. Epub 2017 Aug 26.PMID: 28844039		
Identifying non-technical skills and barriers for improvement of teamwork in cardiac arrest teams.Andersen PO, Jensen MK, Lippert A, Østergaard D.Resuscitation. 2010 Jun;81(6):695- 702. doi: 10.1016/j.resuscitation.2010.01.024. Epub 2010 Mar 20.PMID: 20304547		
Do technical skills correlate with non- technical skills in crisis resource management: a simulation study.Riem N, Boet S, Bould MD, Tavares W, Naik VN.Br J Anaesth. 2012 Nov;109(5):723-8. doi: 10.1093/bja/aes256. Epub 2012 Jul 31.PMID: 22850221		
Effect of a specific training intervention with task interruptions on the quality of simulated advance life support: A randomized multi centered controlled simulation study.Truchot J, Michelet D, Philippon AL, Drummond D, Freund Y, Plaisance P.Australas Emerg Care. 2023 Jun;26(2):153-157. doi: 10.1016/j.auec.2022.10.001. Epub 2022 Oct 12.PMID: 36241582 Clinical Trial.		

((("Cardiopulmonary Resuscitation"[Mesh]) AND "Clinical Competence"[Mesh]) AND "Heart Arrest/therapy"[Mesh]) AND "Patient Safety"[Mesh] 3	NO	1Do technical skills correlate with non-technical skills in crisis resource management: a simulation study.Riem N, Boet S, Bould MD, Tavares W, Naik VN.Br J Anaesth. 2012 Nov;109(5):723-8. doi: 10.1093/bja/aes256. Epub 2012 Jul 31.PMID: 22850221		
		2Teamwork and leadership in cardiopulmonary resuscitation.Hunziker S, Johansson AC, Tschan F, Semmer NK, Rock L, Howell MD, Marsch S.J Am Coll Cardiol. 2011 Jun 14;57(24):2381-8. doi: 10.1016/j.jacc.2011.03.017.PMID: 21658557 Free article.		
(("Cardiopulmonary Resuscitation"[Mesh]) AND "Communication"[Mesh]) AND "Patient Care Team"[Mesh] 42		Identifying non-technical skills and barriers for improvement of teamwork in cardiac arrest teams.Andersen PO, Jensen MK, Lippert A, Østergaard D.Resuscitation. 2010 Jun;81(6):695- 702. doi: 10.1016/j.resuscitation.2010.01.024. Epub 2010 Mar 20.PMID: 20304547		
("Clinical Competence"[Mesh]) AND "Anesthesiology"[Mesh] AND "non-technical	10 anni	2Importance of non-technical skills in anaesthesia education B Radhakrishnan 1, Manisha D Katikar 2, Sheila Nainan Myatra 3, Parshotam Lal Gautam 4, Stalin Vinayagam 5, Richa Saroa 6 Affiliations Indian J Anaesth . 2022 Jan;66(1):64- 69. doi: 10.4103/ija.ija_1097_21. Epub 2022 Feb 3. Expand PMID: 35309030 PMCID: PMC8929322 DOI: 10.4103/ija.ija_1097_21		
SKIIIS 40		Basic concepts for crew resource management and non-technical skills.Flin R, Maran N.Best Pract Res Clin Anaesthesiol. 2015 Mar;29(1):27- 39. doi: 10.1016/j.bpa.2015.02.002. Epub 2015 Feb 20.PMID: 25902464 Review.		
(("Resuscitation"[Mesh]) AND "Emergency Service, Hospital"[Mesh]) AND "Patient Care Team"[Mesh] 92	10 anni	1Examining non-technical skills for ad hoc resuscitation teams: a scoping review and taxonomy of team-related concepts.Evans JC, Evans MB, Slack M, Peddle M, Lingard L.Scand J Trauma Resusc Emerg Med. 2021 Dec 4;29(1):167. doi: 10.1186/s13049-021-00980- 5.PMID: 34863278		
(("Leadership"[Mesh]) AND "Communication"[Mesh]) AND "Emergency Medical Technicians"[Mesh] 12	10 anni	1Non-technical skills in paramedicine: A scoping review.Bennett R, Mehmed N, Williams B.Nurs Health Sci. 2021 Mar;23(1):40-52. doi: 10.1111/nhs.12765. Epub 2020 Sep 8.PMID: 32734658 Review.		

("Cardiopulmonary Resuscitation"[Mesh]) AND "Communication"[Mesh] 159	10anni	2Standardising communication to improve in- hospital cardiopulmonary resuscitation.Lauridsen KG, Watanabe I, Løfgren B, Cheng A, Duval- Arnould J, Hunt EA, Good GL, Niles D, Berg RA, Nishisaki A, Nadkarni VM.Resuscitation. 2020 Feb 1;147:73-80. doi: 10.1016/j.resuscitation.2019.12.013. Epub 2019 Dec 28.PMID: 31891790 Clinical Trial. Relationship between non-technical skills and technical performance during cardiopulmonary resuscitation: does stress have an influence?Krage R, Zwaan L, Tjon Soei Len L, Kolenbrander MW, van Groeningen D, Loer SA, Wagner C, Schober P.Emerg Med J. 2017 Nov;34(11):728-733. doi: 10.1136/emermed-2016-205754. Epub 2017 Aug 26.PMID: 28844039		
("Clinical Competence"[Mesh]) AND "Resuscitation"[Mesh] AND "Non-technical skills" 32	10anni	4Relationship between non-technical skills and technical performance during cardiopulmonary resuscitation: does stress have an influence?Krage R, Zwaan L, Tjon Soei Len L, Kolenbrander MW, van Groeningen D, Loer SA, Wagner C, Schober P.Emerg Med J. 2017 Nov;34(11):728-733. doi: 10.1136/emermed-2016-205754. Epub 2017 Aug 26.PMID: 28844039 An observational study of technical and non- technical skills in advanced life support in the clinical setting.Peltonen V, Peltonen LM, Salanterä S, Hoppu S, Elomaa J, Pappila T, Hevonoja E, Hurme S, Perkonoja K, Elomaa T, Tommila M.Resuscitation. 2020 Aug;153:162- 168. doi: 10.1016/j.resuscitation.2020.06.010. Epub 2020 Jun 16.PMID: 32561474		
		Feedback in advanced life support: A quality improvement initiative. Thorne CJ, Kimani PK, Hampshire S, Begum-Ali S, Perkins GD; Advanced Life Support Subcommittee of the Resuscitation Council UK.		
		Comparison of two training programmes on paramedic-delivered CPR performance.Govender K, Sliwa K, Wallis L, Pillay Y.Emerg Med J. 2016 May;33(5):351-6. doi: 10.1136/emermed- 2014-204404. Epub 2015 Dec 23.PMID: 26698362		

(("Cardiopulmonary Resuscitation"[Mesh]) AND "Patient Care Team"[Mesh]) AND "Treatment Outcome"[Mesh]19	10 anni	1The effect of team-based CPR on outcomes in out of hospital cardiac arrest patients: A meta- analysis.Kim S, Ahn KO, Jeong S.Am J Emerg Med. 2018 Feb;36(2):248-252. doi: 10.1016/j.ajem.2017.07.089. Epub 2017 Jul 30.PMID: 28793963 Review.		
("Patient Care Team"[Mesh]) AND "Quality Improvement"[Mesh] AND "non technical skills "10	10 anni	Interventions to improve team effectiveness within health care: a systematic review of the past decade.Buljac-Samardzic M, Doekhie KD, van Wijngaarden JDH.Hum Resour Health. 2020 Jan 8;18(1):2. doi: 10.1186/s12960-019-0411- 3.PMID: 31915007		
"Clinical Competence"[Mesh]AND "non technical skills" 450	10 anni	1Non-technical skills required to recognise and escalate patient deterioration in acute hospital settings.Large C, Aldridge M.Nurs Manag (Harrow). 2018 May 30;25(2):24-30. doi: 10.7748/nm.2018.e1707. Epub 2018 May 2.PMID: 29718603 Review.		
		6Relationship between non-technical skills and resuscitation performance of nurses' team in in-situ simulated cardiac arrest EJ Kim, KR LeeKorean Journal of Adult Nursing, 2015 Resusc Plus. 2021 Oct 8:8:100171. doi: 10.1016/j.resplu.2021.100171. eCollection 2021 Dec.		
"non-technical skills" AND "resuscitation" 5610	10 anni	Measuring non-technical skills during prehospital advanced cardiac life support: A pilot study Philippe Dewolf 1 2, Maïté Vanneste 1, Didier Desruelles 1, Lina Wauters 1 Affiliations Expand PMID: 34693380 PMCID: PMC8517196 DOI: 10.1016/j.resplu.2021.100171Resusc Plus . 2021 Oct 8:8:100171. doi: 10.1016/j.resplu.2021.100171. eCollection 2021 Dec.		
		Relationship between non-technical skills and resuscitation performance of nurses' team in in- situ simulated cardiac arrest EJ Kim, KR Lee - Korean Journal of Adult Nursing, 2015 – synapse.koreamed.org		

	Non-technical skills in the out-of-hospital cardiac arrest: is it time for a pit stop? S Cormack - British Paramedic Journal, 2019 - ingentaconnect.com Aims: To ascertain an understanding and identify if there are barriers to the use of non-technical skills (NTS) in an out-of- hospital cardiac arrest (OHCA) by student paramedics. Methods		
	[LIBRO] Safety at the sharp end: a guide to non- technical skills R Flin, P O'Connor - 2017 – taylorfrancis.com		
	[PDF] Non-technical skills in healthcare S Prineas, K Mosier, C Mirko of patient safety and, 2021 – library.oapen.org		

Table 2. Summary of selected studies

AUTHORS	GOALS	TYPE OF	MATERIALS E	RESULTS/CONCLUSION
		STUDY/SETTING	METHODS	
Peltonen V. et	Evaluate	Prospective	Team composed of a	The association between the total NTS
A1.2018	association	Observational study.	resuscitator and two	score and that of the TS was significant,
	between NTS e	Intra-hospital Setting	intensive care nurses with	with slope equal to 0.48, 95% CI 0.34-
	TS in 20 real	initia nospital Setting	experience and specific ALS	0.61,p < 0.001, when the total NTS score
	situations of		training in a University	increases by 1, the total TS score increases
	advanced life		Hospital in Finland	by 0.48. Furthermore, this study
	supports			demonstrates that both the total scores and
				the scores of the various subcategories of
				TS and NTS are correlated (slopes 0.29 -
				0.39, p < 0.001): in particular, the strongest
				association was found between the total
				score of the NTS and the subcategories of
				the TS "chest compressions", "rhythm
				control" and "quality of defibrillation"
				(slopes 0.37 - 0.56, p < 0.01).
Dewolf P. Et	Evaluate the	Systematic review	The search was carried out	This systematic review suggests simulation
A1.,2020	effectiveness of		according to Prisma GL,	as a training methodology on NTS, with a
	NTS training in		using PubMed, Embase,	focus on improving leadership skills,
	advanced life		WoS, Eric, Cinahl and	communication and stress management,
	support		Cochrane Library. The risk	fundamental elements for effective
	situations.		of bias was assessed using a	technical performance.
			literature-validated tool, the	
			Medical Education Research	
			Study Quality Instrument	
			(MERSQI). The studies	
			included in the review were	
			40 (of which 23 randomized	
			controlled studies, 6	
			"test/retest" studies, 4	
		1		

			observational studies and 7	
			studies with other designs).	
Stærk M. Et al.	Observe, through	Prospective	The study was conducted in	Using unannounced "in situ" simulations,
2022	"in situ"	observational study.	4 hospitals in Denmark. 36	delays in recognizing cardiac arrest, in
	simulations, what	Multicentric Intra-	unannounced "in situ"	starting chest compressions, in calling the
	happens in the	hospital setting.	simulations were carried out	resuscitation team, and in delivering the
	first minutes of		in various departments in	first shock were detected. These delays
	the treatment of a		which a team was present	have been attributed in part to the
	patient in cardiac		(composed of department	numerous barriers affecting NTS: lack of
	arrest.		staff on an anosathatist	communication or communication that is
			start of an anaesthetist-	not well understood, absence of early and
			resuscitator, an anestnesia	effective leadership, confusion in the
			trace Same the descriptor to the	distribution of roles and actions to be
			two Sundhedsassistants)	taken.
			called to intervene in a	
			scenario of a patient with	
			chest pain, who	
			subsequently experienced	
			cardiac arrest with a	
			shockable rhythm. At the	
			end of each session, a	
			debriefing was carried out by	
			analyzing the video	
			recording.	
Kim,S. et Al.,	To determine the	Systematic review	The systematic review was	The meta-analysis shows that patients who
2018	outcomes of	with Meta-analysis	carried out on PubMed,	received CPR performed by a Teamwork
	cardiopulmonary	Out-of-hospital	Embase and Cochrane	had a greater probability of survival to
	resuscitation	setting	Library. The quality of the	discharge (with OR 1.68, 95% CI 1.48-1.91)
	performed on		studies was assessed using	and better neurological recovery (with OR
	patients with out-		the PRISMA and GRADE	1.52, 95% CI 1.31-1.77). Regarding ROSC,
	of-hospital		systems. A total of 4 articles	no significant difference was detected (OR
	cardiac arrest		with samples ranging from	1.59, 95% CI 0.76-3.33). The results
			105 to 14,129 patients in	obtained could be related to the
			· 1	

			out-of-hospital cardiac arrest	organization, the professionalism of the
			were reviewed. The patient	team and the NTS (leadership and
			outcomes taken into	communication).
			consideration were:	
			restoration of spontaneous	
			circulation (ROSC), survival	
			until discharge, neurological	
			recovery (defined CPC -	
			Cerebral Performance	
			Category).	
W. D.	*			
Krage R et	Investigate the	Randomized	The study was conducted at	The ANTS scale score, representative of
Al.,2017	relationship	controlled crossover	a University Center in the	NTS, was significantly lower in the
	between NTS	trial.	Netherlands.Thirty	scenario in which external stressors were
	and TS in	Simulated-based.	anesthetist-resuscitation	present (p value < 0.001). A positive
	situations in		doctors participated in two	correlation was observed between non-
	which external		different scenarios that	technical and technical performance in the
	stressors are		required the same treatment	scenario with external stressors ($r = 0.67$,
	present.		(patient with chest pain and	95% CI 0.40-0.83, p<0.001), while this
			shockable rhythm); in one	correlation was not observed in the other
			there were external stressors	scenario (r = 0.15, 95% CI 0.22 – 0.49, p =
			(family member who	0.42). Stress negatively affects cognitive
			interrupts the team leader at	functions such as attention and memory:
			the crucial moment and	this is reflected in the deterioration of the
			continuous radio noise)	non-technical performance of the team
			while in the other there were	leader and consequently of the technical
			no. The performances were	performance of the team.
			video recorded and analyzed	
			by two independent	
			researchers. The Non-	
			Technical Skills were	
			assessed using a validated	
			tool, the ANTS	
			(Anaesthetist' Non-Technical	
			Skills), which includes 15	
			items grouped into 4	
			subcategories: Task	
			Management, Team	

			Working, Situation	
			Awareness, Decision	
			Making.	
Kim Ei et	Exploring the	Prospective	The study involved a total of	The first 5 minutes of were taken into
al2015	correlation	observational study	28 teams of nurses from	consideration every scenario. The nursing
	between NTS	Simulated-based	various departments of	teams were divided into two groups ("high
	and TS in		University Hospital in Secul	scores" and "low scores") based on the
	cardionulmonary		(South Korea). An algorithm	median scores recorded in non-technical
	raquagitation		provided by the American	skills. The CDP technical performance
	nonformed by		Heart Association was used	skins. The CPR technical performance
	performed by		Heart Association was used	scores of the group with higher scores and
	teams of nurses		to evaluate technical skills;	the group with lower scores in non-
	in "in situ"		they were recorded thanks to	technical skills showed a statistically
	simulations of		a skills reporting system	significant difference (U = 43.5, p =
	cardiac arrests.		connected directly to the	0.014). Among the subareas of non-
			simulator (Resusci Anne	technical skills, there was a significant
			Simulator®). Non-technical	difference in CPR performance between
			skills were instead assessed	the higher and lower scoring groups in
			through the 5 sectors	communication (U = 49.5, $p = 0.026$),
			developed by Anderson et al.	supervision of each other's actions (U =
			(a total of 15 items divided	31.5, $p = 0.005$) and compliance with
			into leadership,	standards and guidelines (U = 30.5 , p =
			communication, mutual	0.003). Regarding leadership and work
			supervision, compliance	management, although the group with
			with standards and	higher scores of non-technical skills
			guidelines, management of	showed higher scores in technical skills,
			activities). The conduct and	the difference was not statistically
			performance evaluation	significant ($p > 0.05$). The results of the
			(carried out by industry	study showed that there was a significant
			experts with the help of	difference in CPR technical performance
			video recordings of the	based on the level of non-technical skills of
			simulations) were supervised	nurses: teams with a higher level of NTS
			by a specialist doctor in	achieved higher scores in CPR technical
			Emergency Medicine and a	performance than teams with a lower level.
			nurse from the BLSD	The results highlighted an important
			training center. Differences	correlation between technical performance
			in CPR performance by non-	in CPR and three of the subcategories of
			or reperformance by non-	

			technical skill level were compared using the Mann- Whitney U test.	non-technical skills: communication, mutual supervision and compliance with standards and guidelines. Regarding leadership, no significant differences were found ($p > 0.05$), despite it being widely recognized in the literature as a crucial element in CPR.
Cormack S. et al. 2020	Identify which NTS are relevant to teams managing out-of- hospital cardiac arrest	Scoping review Extra-hospital	The search was performed on Medline, Amed, Cinahl, PsycInfo, PsycArticles. A total of 12 articles were reviewed, of which the majority were simulation- based.	There are 3 most common NTSs associated with teams managing cardiac arrest: leadership, communication and teamwork. Among their positive effects we highlight: reduced work overload, improved situation awareness, minimization of interruptions and greater adherence to guidelines.
Cormack S., 2019	Identify which NTS are relevant to teams managing out-of- hospital cardiac arrest	A mixed methods study Extra-hospital Setting	The search was performed on Medline, Amed, Cinahl, PsycInfo, PsycArticles. A validated questionnaire was administered to 50 students.	Studies have highlighted that the evidence is insufficient to demonstrate an association between NTS and OHCA; however, communication, leadership and situational awareness were essential. Barriers to NTS included lack of understanding of roles, lack of clinical skills, and poor ability to Care planning.
Radhakrishnan et Al., 2022	The importance of NTS in the education of resuscitators	Review	Exploring the importance of NTS in anesthetist education	TS and NTS are interdependent. Recent SRs identify the tools necessary for the evaluation and teaching of NTS; further studies should investigate the psychometric capabilities of the tests.

Bennet R. et al.,	Non-technical	A scoping review	Ovid Medline, EMBASE,	Identify the essential elements of NTS in
2021	skills in		Scopus, CINHAL and	extra-hospital contexts: communication,
	paramedicine		PsychINFO	decision making, leadership, situational
				awareness, Teamwork and task
				management.
Riem N.et	Investigates the	Observational study	50 anesthesia trainees	TS and NTS were significantly correlated
A1,2012	correlation	Simulation based	managed a cardiac arrest	with each other (r= 0.45 , P $<$ 0.05).
	between TS and		scenario secondary to	
	NTS in crisis		malignant arrhythmia	
	resource			
	management			
Inneifor	Investigates the	Multicentric DCT	21	The characteristics and chilities of the two
<u>Jenniter</u>		Municentric KC1	21 emergency nurses and	
Truchot et	effectiveness of a	Simulation based	doctors were randomly	groups were similar. Similar results were
Al.,2023	training session		assigned to two groups: in	obtained in the two groups through
	in advanced		the experimental group there	evaluation with the TEAM score.
	support of vital		were interruptions in	However, further studies are needed to
	functions, aimed		performance, while in the	strengthen the results obtained.
	at reducing		control group they were	
	interruptions in		absent. The NTS were	
	emergency		evaluated with the TEAM	
	contexts		score. The time to	
			interruption of ALS	
			maneuvers and the depth and	
			frequency of chest	
			compressions were also	
			measured.	