Supplemental Table 1 Search strategy Pubmed (n = 3148)

	Searches	Results
1	"Feedback" [MESH] or "feedback device" or [("real-time" or "real time" or	317553
	"visual" or "audio" or "audio-visual" or "audio visual" or "automated")	
	and ("feedback" or "device" or "measur" or "monitor*")] or "feedback" or	
	"quality improvement" [MESH]	
2	"Heart arrest"[MESH] or "out-of-hospital cardiac arrest"[MESH] or "death,	359666
	sudden, cardiac"[MESH] or "cardiopulmonary resuscitation"[MESH] or	
	"heart massage"[MESH] or "resuscitation"[MESH] or "cardiac arrest" or	
	"CPR" or (cardia* or heart or circulat* or cardiopulmonary* or	
	"cardio-pulm*") and (arrest* or death* or standstill* or attack* or resuscit*)	
	or "in-hospital cardiac arrest" or "resuscitation" or "cardiopulmonary	
	resuscitation"	
4	"Manikin" or "simulation"	476890
5	#1 and #2	3786

3148

CPR: Cardiopulmonary resuscitation.

6 #5 not #4

Supplemental Table 2 Risk of bias in randomized controlled trials

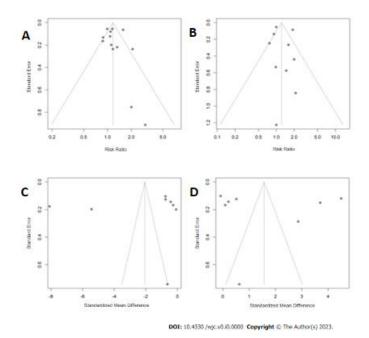
Ref.	Selection bias		Attrition bias	Reporting bias	Performance bias	Detection bias
	D 1 ' ('	Allocation				
	Randomization Low risk-cluster randomized trial	Low	Medium risk-19% of patients were excluded from analysis due to incomplete data or logistical impediment to data collection	Low risk-reported positive and neutral		was not present
Hostler <i>et al</i> ^[46] 2011		randomized from external statistician	High risk-CPR process information was missing from 26% of patients enrolled. Audible feedback was muted in 14% of cases in the exposure cohort	Low risk. Reported, positive and neutral	provider not blinded to intervention. Unclear if participants	assessors were

		High risk-42%	of Low	Medium	Low risk-outcome
Vahedian- Low risk-cluster Azimi <i>et</i> randomized		patients were exclude from analysis due		risk-participants blinded to assignment	assessors blinded to assignment and
<i>al</i> ^[52] 2020 trial	ed externally	1	or neutral	Healthcare provider	r was not present
	to conceal	logistical impediment data collection	outcomes	not blinded due to ethical concerns	o during CPR intervention
	Medium	Medium risk-16%	of Low	Medium	Low risk-outcome
Low Vahedian-	risk-single	patients were ultimate		risk-participants	assessors blinded
	risk-randomize blind,	excluded from analy		blinded to assignment	. to assignment and
	randomized	due to incomplete da	ata neutral		r was not present
trial	to patient and	or logistical impedime		not blinded due to	during CPR
	data analyzer	to data collection	2 4.000 12.00	ethical concerns	intervention

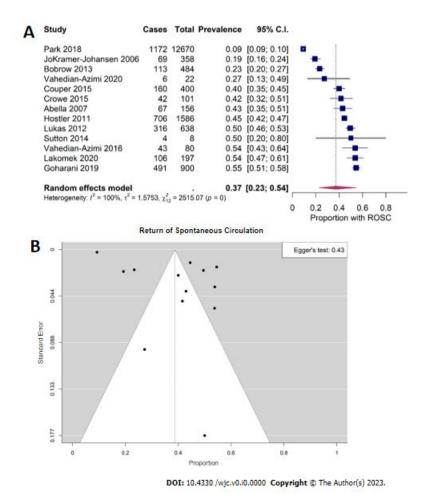
CPR: Cardiopulmonary resuscitation.

Supplemental Table 3 Risk of bias in included studies using the Newcastle-Ottawa scale

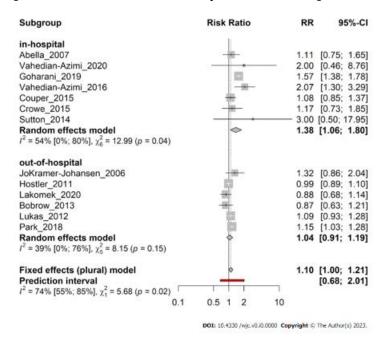
Ref.	Selection o	of Comparability	Assessment	of Overall
	study group	of study group	outcome	
Abella et al ^[26]	1 4	1	2	7-low risk
2007				
Bobrow et al ^[8]	3	2	2	7-low risk
2013				
Couper et al ^{[43}	3	2	1	6-low risk
2015				
Crowe et al ^{[44}	3	2	2	7-low risk
2015				
Kramer-Johans	4	1	1	6-low risk
en <i>et al</i> ^[27] 2006				
Lakomek e	t 4	0	2	6-low risk
$al^{[47]} 2020$				
Lukas et al ^{[48}	3	2	2	7-low risk
2012				
Park et al ^{[49}	1 4	2	2	8-low risk
2018				
Sutton et al ^[50]	3	0	2	5-medium risk
2014				



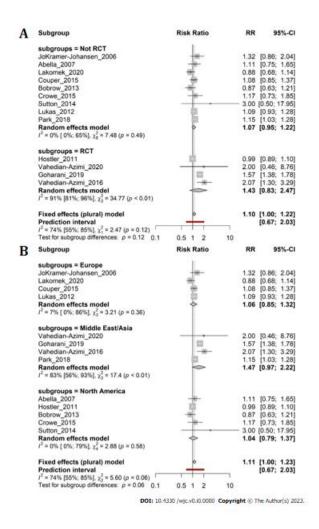
Supplemental Figure 1 Funnel plots. A: Return of spontaneous circulation; B: Survival to hospital discharge; C: Chest compression rate; D: Chest compression depth.



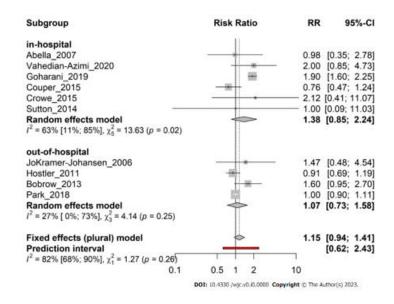
Supplemental Figure 2 Overall survival. A: Results of pooled return of spontaneous circulation analysis; B: Funnel plot with Egger's test.



Supplemental Figure 3 Return of spontaneous circulation subgroup analysis-location of cardiac arrest.

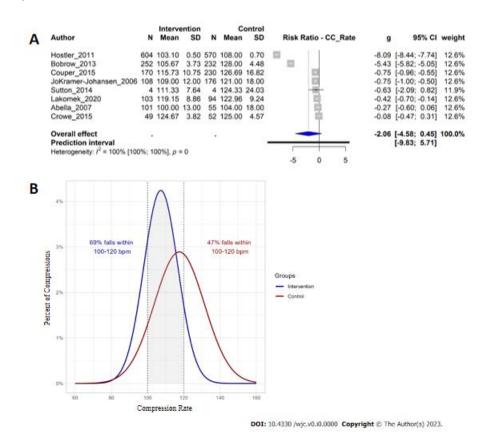


Supplemental Figure 4 Subgroup analysis. A: Study type; B: Region.

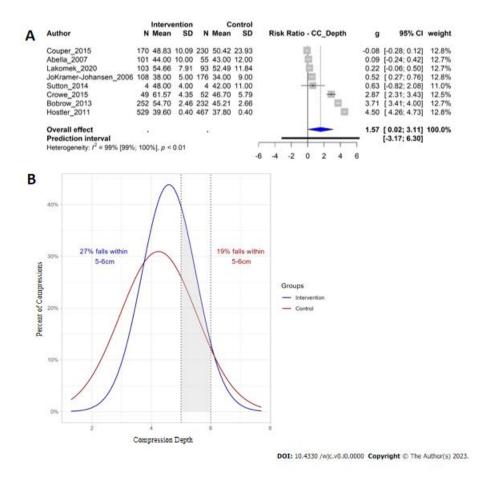


Supplemental Figure 5 Subgroup analysis of survival to hospital discharge

by location of cardiac arrest.



Supplemental Figure 6 Compression rate. A: Forest plot; B: Proportion of compressions that fell within the American Heart Association Guidelines.



Supplemental Figure 7 Compression depth. A: Forest plot; B: Proportion of compressions that fell American Heart Association Guidelines.