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# EXPERIENCE OF PARTICIPANTS ABOUT BLS WORKSHOP AT RURAL MEDICAL COLLEGE.

Anaesthesiology

**Dr. Tushar D. Bhavar** Assistant Professor, Department of Anaesthesia RMC Loni.

**Dr. Rahul Sharma** Resident Department of Anaesthesia RMC Loni.

## ABSTRACT

**Background:** The aim of our study was to know the experience of participantes about the Basic Life support(BLS) Workshop conducted at Rural Medical College, Loni.

**Methods:** Feedback about the BLS workshop conducted at Rural Medical College were collected immediately after completion of one day BLS workshop. 171 feedbacks of 4 workshops conducted were analysed.

**Results:** In our study most of the participants were MBBS interns and PG students. Feedbacks about Literature, questioner design, audiovisual, workstation and practical examination were of good to excellent by almost all participants.

**Conclusions:** In spite of variety of participants AHA BLS workshop had a excellent overall response from all participants.

## KEYWORDS:

BLS; AHA; MBBS interns; PG Students; Workshop; Literature; Questionere design; Audiovisual.

### Introduction:

Despite important advances in prevention, cardiac arrest remains a substantial public health problem and a leading cause of death in many parts of the world.[1] Cardiopulmonary resuscitation (CPR) is a procedure to support and maintain breathing and circulation for an infant, child, or adults who has stopped breathing (respiratory arrest) and/or whose heart has stopped (cardiac arrest)[2].

The theoretical knowledge and practical skills of the Basic Life Support (BLS) are among the most important determining factors of the cardiopulmonary resuscitation (CPR) success rates[3].

The goal of BLS course is to train participants to recognize the cardiac arrest victims and save their lives through high quality CPR. The experience of the participants about workshop was analysed using their feedback forms.

### Materials and Method

BLS workshops are regularly conducted at RMC. 171 total delegates attended this workshop in four batches i.e in August, September, October 2016 and May 2017. This workshops were conducted by department of anaesthesia and critical care in collaboration with International Training Centers (ITC) of American heart association (AHA) and was accredited by Maharashtra Medical Council (MMC). The workshop was conducted as per AHA 2015 guidelines. Preparation for the workshop took one month which included registration for workshop, manuals were handed over to delegates at least one month before. We had a course director who was a senior AHA instructor and 8 instructors under the course director, the student instructor ratio of 5:1 and student manikin ratio of 3:1 was maintained. This workshops were instructor led, video based self learning under direct observation in small groups. The workshop started at 9:00 AM with registration, breakfast, and inauguration function and introduction of delegates and faculties. This was followed by Life is why, 1-rescures adult BLS, AED and bag mask, 2 rescurer adult videos and practice while watching. Child and infant BLS management was taught and practice of the same was also done. Relief of choking in adult and child was also taught and practiced. At the end of the course the cognative domain was assessed using quantitative MCQ pattern exam of 25 marks with passing percentage of 84% i.e 21 and above right answers. Affective and psychomotor domains were assessed using checklist guided scenario based practical examination about adult and child CPR. Candidates not able to clear the exam were remediated by course director. Total course duration was 6 hrs including examination and remediation. Delegates were awarded with AHA BLS provider cards and certificates on successful completion of the course. Feedback forms were collected from all the delegates.

### Results

As in table 1 we had 171 participants varying from MBBS interns to faculty. 57.9% of them where male participants. Among the participants 43.3% were MBBS interns, 40.4 % were PG students, 12.7% were faculties from designation of Registar to Professors and 3.5% were from other specialties like Physiotherapy, Ayurvedic, Homeopathy etc.

Results of the BLS workshop was 100%.

**Table 1. Educational distribution**

| | Male | Female | Total |
|---|---|---|---|
| MBBS interns | 28 (37.8%) | 46 (62.2%) | 74 (43.3%) |
| PG residents | 51 (73.9%) | 18 (26.1%) | 69 (40.4%) |
| Faculty | 16 (72.7%) | 6 (27.3%) | 22 (12.7%) |
| Others | 4 (66.7%) | 2 (33.3%) | 6 (3.5%) |
| Total | 99 (57.9%) | 72 (42.1%) | 171 |

**Table 2. Analysis of feedback**

| Activity | Average(3-5) | Good (6-8) | Excellet (9-10) | Total |
|---|---|---|---|---|
| Literature | 4(2.3) | 52(30.4) | 115(67.2) | 171 |
| Questionnaire designing | 3(1.75) | 51(29.8) | 117(68.4) | 171 |
| Audiovisual quality | 0 | 26(15.2) | 145(84.8) | 171 |
| Group activities/ workstation | 2(1.2) | 38(22.2) | 131(76.6) | 171 |
| Practical evaluation | 2(1.2) | 49(28.6) | 120(70.2) | 171 |

Analyzing the feedbacks as shown in table 2 showed that:

- 67.2% of participants felt literature which was completely provided by AHA to be excellent and 30.4% good. 2.3% said it to be average.
- 68.4% of participants felt questionnaire designing to be excellent and 29.8% good. 1.75% said it to be average.
- Nearly all participants felt audiovisual quality to be excellent to good.
- All participants liked group activity and workstations which gave them hands on practice and chance to interact with other participants and instructors. This group activity helped them develop psychomotor skills, affective domain and also cognitive domain.this activity was based on realistic scenarios
- Practical evaluation which was based on realistic scenario and that was qualitative analysis of psychomotor, affective and cognitive domain was also given the score of good to excellent by nearly all the participants.

Other feedback questions that included: any comments on content of any of the lectures, style of presentation/ Instructors, Additional information that was expected by you; all candidates had excellent remarks for this.

We also asked for any comments which 2(1.2%) participants said time of workshop should be increased, 4(2.3) participants commented more time for hands on practice should be given, 15(8.77%) participants said revision training/repeated training should be conducted.

## Discussion

In spite of many advances in prevention, sudden cardiac arrest remains leading cause of death. Seventy percent of out of hospital cardiac arrest occurs in the home, 50% of them are unwitnessed and outcome is poor. Only 10% of adult patients with nontraumatic cardiac arrest who are treated by emergency medical services (EMS) survive to hospital discharge[4]. Training in BLS is a must for all individuals working in a hospital setup and those involved in patient management.

In our study most of the participants were young recently passed MBBS students who were in a internship period followed by PG students, this was because they were involved in active management of patients and awareness about the training was done during their orientation program.

Feedbacks about Literature, questioner design, audiovisual, workstation and practical examination were of good to excellent by almost all participants as this workshop was conducted by a Dept. of anaesthesia and critical care in collobration with AHA ITC with best possible resources and senior and experienced instructors.

Some special comments that were noted were regarding time which AHA recommends 4 Hrs[5] we had 6 Hrs for workshop, basic requirement is that participants should read the manuals before attending workshop so that less time is given for cognitive domain and more time can be utilized for acquiring psychomotor skills. AHA also recommends that participants should regularly practice the skill to maintain High quality CPR and recommendation is that the card is to be renieved every two years as it has been found skill declines over time.

We conclude that inspite of variety of participants AHA BLS workshop had a excellent overall response from all participants.

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