Section 9: Principles of education in resuscitation


Jasmeet Soar
Consultant in Anaesthesia and Intensive Care Medicine
Southmead Hospital, North Bristol NHS Trust
Bristol, UK
jas.soar@btinternet.com
*Corresponding author

Koenraad G. Monsieurs
Consultant Emergency Medicine
Emergency Department
Ghent University Hospital
Ghent, Belgium

John H.W. Ballance
Orchid Bank, Woolhope,
Herefordshire, UK

Alessandro Barelli
Director Poison Centre
Department of Clinical toxicology--Poison Centre and Emergency Department, Catholic University School of Medicine,
Rome, Italy

Dominique Biarent
Associate Professor of Paediatrics
Paediatric Intensive Care and Emergency Medicine
Université Libre de Bruxelles
Queen Fabiola Children's University Hospital
Brussels, Belgium
Robert Greif
Professor, Dept. Anesthesiology and Pain Therapy
Director Peripheral Anesthesia Division
Director Medical Education Program
University Hospital Bern
Inselspital
Bern, Switzerland

Anthony J. Handley
Honorary Consultant Physician
40 Queens Road
Colchester, UK

Dr Andrew S. Lockey
Consultant in Emergency Medicine
Calderdale and Huddersfield NHS Trust
Salterhebble
Halifax, UK

Sam Richmond
Consultant neonatologist
Sunderland Royal Hospital
Sunderland, UK

Charlotte Ringsted
Professor and Director of Centre for Clinical Education
University of Copenhagen and Capital Region, Denmark
Rigshospitalet
Copenhagen, Denmark

Jonathan P Wyllie
Consultant Neonatologist
James Cook University Hospital
Middlesbrough, UK

Jerry P. Nolan
Consultant in Anaesthesia and Intensive Care Medicine
[h1] Introduction
Survival from cardiac arrest is determined by the quality of the scientific evidence behind the guidelines, the effectiveness of education and the resources for implementation of the guidelines. An additional factor is how readily guidelines can be applied in clinical practice and the effect of human factors on putting the theory into practice. Implementation of Guidelines 2010 is likely to be more successful with a carefully planned, comprehensive implementation strategy that includes education. Delays in providing training materials and freeing staff for training were cited as reasons for delays in the implementation of the 2005 guidelines.

This chapter includes the key educational issues identified by the International Liaison Committee on Resuscitation (ILCOR) evidence evaluation, discusses the scientific basis of basic and advanced level resuscitation training and provides an update on the European Resuscitation Council (ERC) life support courses.

[h1] Key educational recommendations
The key issues identified by the Education, Implementation and Teams (EIT) task force of ILCOR during the Guidelines 2010 evidence evaluation process that are relevant to this chapter are:

- Educational interventions should be evaluated to ensure that they reliably achieve the learning objectives. The aim is to ensure that learners acquire and retain the skills and knowledge that will enable them to act correctly in actual cardiac arrests and improve patient outcomes.

- Short video/computer self-instruction courses, with minimal or no instructor coaching, combined with hands-on practice can be considered as an effective alternative to