

## EDITORIAL

# TRAINING OF CPR AND THE RELEVANT CONCERNS

Skill learning consists of two parts. Gaining adequate theoretical knowledge on which to build up the necessary practical, second part. Both are interdependent and augment each other. This has never been more true than it is in the field of medical profession. The anaesthesiologist, who wants to cross the limit of being called an average or just an acceptable anaesthesia administrator, has to spend time on studying all relevant fields of medicine. The time so spent by him may be much more than most of his colleagues in the sister specialties. The nourishing channels of knowledge have diversified over the past few decades. The books used to be the backbone of a learning programme. They are no more. The era of electronic knowledge has revolutionized the whole process. The many different modalities of this medium are so diverse, and so extensive, that it is perhaps beyond the capability of an average learner to reach and log on each one of these. He or she has to be selective, to avoid just wasting precious time and effort in searching for the right source, and make it a positive and fruitful practice.

The second part is doing it. Doing it all by yourself, to grasp all the intricacies of the procedure, to see it by applying whatever one has learnt previously. Doing it repeatedly, to make it a second habit to go in a systematic way. Needless to say, the correct application of clinical procedures in the minimum acceptable time is the key to success on which may depend the life of your subject. Yet, training has become the most unwanted commodity in our medical circles, as perhaps it is in all other fields. Imagine a poorly trained, weapon-totting mob in confrontation with well-trained group of soldiers. Imagine a nursing assistant, doing an ECG, unaware that the patient is in cardiac standstill. Imagine a young medical officer sitting in a medical reception, frantically calling the anaesthesiologist to pass an endotracheal tube to a patient, who just arrived and collapsed there. Some one has perhaps very rightly said that, in our country every one knows everything, except perhaps the job for which he is employed.

The training is a continuous process, requiring a practice session or two, at fixed intervals. The human mind needs upgrading after a variable period to prevent the process of auto-deletion, or corruption of data files. The training for cardiopulmonary resuscitation is the culmination of a larger effort to acquire the basic and relevant knowledge of human anatomy, physiology and pathology, coupled with complete and abridged capability at techniques involved. The repetitive training of CPR too, is essential for anyone to act wisely and promptly in an hour of need. But it is usually not possible for the trainees or the trainers to have ready access to the actual subjects – the human beings. The wide gap in availability of the required resources is filled by manikins, in which an effort is made to simulate the real human anatomical features. The article on “CPR Training Models Improve Technical Skills of the Resuscitators” , in this issue of ‘APIC’ , is an effort to produce necessary awareness regarding the use of, as well as availability of many different manikins for this purpose. Although the cost of imported goods in our country is a big discouraging factor, the human life is precious, and must not be weighed in terms of money. It is only a matter of

become an every day feature in all of our medical set-ups, and even in most of the non-medical concerns e.g. schools, colleges, factories and organizations etc.

**Brig Noor Hussain**

Advisor in Anaesthesiology,  
Head, Dept of Anaesthesiology, Pain & Intensive Care,  
CMH Rawalpindi.

**Lt Col Tariq Hayat Khan**

Classified Anaesthesiologist  
CMH Hyderabad