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Cardiopulmonary resuscitation performance of subjects over forty is better following half-hour video self-instruction compared to traditional four-hour classroom training.

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Abstract

Cardiopulmonary resuscitation (CPR) training is not well targeted to family members of individuals at highest risk of cardiac arrest. Participants in traditional CPR classes (TRAD) average 31 years of age, while family members of cardiac patients average 55 years. Video self-instruction (VSI) can reach older individuals and others who do not participate in TRAD classes. VSI is a combination of a 34-min videotape and an inexpensive manikin intended for use in the home, where three-quarters of all out-of-hospital cardiac arrests occur. We exposed 202 subjects 40 years of age and older (mean age 59.4 years, S.D. = 10.9) to either TRAD or VSI, and tested them individually immediately following training using validated methods including measurement by means of a Laerdal-Skillmeter manikin. According to American Heart Association (AHA) criteria, VSI subjects performed an average of 20.8% of all compressions and 25.1% of all ventilations correctly, compared with 3.4% of compressions and 1.7% of ventilations by TRAD subjects ($P < 0.0001$). VSI subjects performed an average of 10.1 of the total 14 CPR assessment and sequence skills correctly, compared with an average of 4.7 for TRAD ($P < 0.0001$). On a measure of overall performance, 62.7% of the VSI subjects were rated 'competent' or better (i.e. capable of performing CPR that 'would probably be effective'), compared to 6.1% of TRAD subjects ($P < 0.0001$). Only 17.8% of VSI subjects were rated as 'not competent' (i.e. unable to obtain a combination of any chest rise and any compression of the sternum) compared with 69.1% of TRAD subjects. VSI provides an effective, convenient, and inexpensive means of training persons over 40 years of age that achieves skill performance superior to TRAD.

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