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Does the introduction of Basic Life Support (BLS) training in years 1- 4 of an undergraduate MBBS curriculum improve the knowledge, competence, and confidence of the year 4 student.

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Introduction:

Year one medical students were assessed on their BLS skills post external Registered Training Organisation (RTO) instruction and did not meet the Australian Resuscitation Council criteria. BLS instruction was introduced into each of the first 4 years of the 6 year curriculum to address this.

Aim:

Evaluate the effectiveness of introducing BLS into years 1- 4 on the knowledge, competence and confidence of the year 4 student

Methods:

Pre:post longitudinal study comparing Control group (CG) with the Intervention Group (IG) using OSCE format as the evaluation of competence. Knowledge and confidence were measured by questionnaire. Analysis used 2-sided chi-square tests with SPSS software.

Results:

The IG had statistically significant improvement in responsiveness, airway, breathing and defibrillation of DRsABCD (p value <0.001) The self-reported knowledge and confidence of BLS were not significantly different between groups and did not correlate with evaluation results.

Discussion:

These results are supported by the literature that repetition and experiential learning is important for retention of knowledge and psychomotor skills. Self-reporting of competency did not equate to assessment findings.

Conclusions:

The introduction of Basic Life Support (BLS) into years 1,2,3,4 of the MBBS undergraduate curriculum along with practice sessions and assessment significantly improved the competence of BLS skills in the year 4 student.