

Defibrillator knowledge and attitude

Knowledge and Attitude towards Managing Cases of Cardiac Arrest.

*Required

1. **Email address ***

2. **code ***

3. **gender**

Mark only one oval.

male

female

4. **Are you BLS trained?**

Mark only one oval.

yes

no

5. **If yes, when?**

6. **Are you ACLS trained?**

Mark only one oval.

yes

no

7. **If yes, when?**

8. **Any other training to use defibrillator**

Mark only one oval.

Yes

No

9. **Have you ever participated in resuscitation of a cardiac arrest**

Mark only one oval.

- Yes
 No

10. **If yes, how many occasions in last 1 year?**

Mark only one oval.

- none
 once
 1-5 times
 5-10 times
 >10 times

11. **If yes, when was the last time you were involved?**

12. **Have you ever used a defibrillator in a patient?**

Mark only one oval.

- Yes
 No

13. **If yes how many in last 1 year?**

Mark only one oval.

- none
 once
 1-5 times
 5-10 times
 >10 times

14. **If yes, when was the last time you used it?**

15. **If No, have you ever witnessed anyone using it in a patient?**

Mark only one oval.

- Yes
 No

Awareness and attitude

16. Do you know where the defibrillator is located in emergency department?

Mark only one oval.

- yes
 no

17. What is the type of defibrillator?

Mark only one oval.

- monophasic
 biphasic
 don't know

18. Using the scale of 1-5, 1 being the least and 5 being the most, what is your confidence level in performing resuscitation in a cardiac arrest victim?

Mark only one oval.

	1	2	3	4	5	
least	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	most

19. Using the scale of 1-5, 1 being the least and 5 being the most, what is your confidence level in using defibrillator?

Mark only one oval.

	1	2	3	4	5	
least	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	most

20. If a defibrillator is available, would you use it on your patient

Mark only one oval.

- Yes
 No

21. If no, reason

Tick all that apply.

- insufficient knowledge
 fear of harm to patient
 fear of self-harm
 Other: _____

22. Besides CPR, which intervention do you think is the most important in saving lives?

Mark only one oval.

- intubation
- resuscitation drugs
- defibrillation
- don't know

23. Do you agree that all departments should be equipped with a defibrillator?

Mark only one oval.

- Yes
- No

Knowledge and Practice

24. 1. How long should it take to check for breathing and pulse during the BLS survey?

Mark only one oval.

- 1-5 seconds
- 5-10 seconds
- 10-15 seconds
- 15-20 seconds
- Don't know

Scenario for questions 2-6.

You are part of a rescue team performing chest compressions for an adult victim in ward. Your colleague is performing bag-mask ventilation.

25. 2. Where would you place your hand for chest compression?

Mark only one oval.

- Center of the chest between two nipples.
- Left side of chest just above apex beat
- Left side of chest at the level of nipples.
- Left fifth intercostal space at the level of left nipple
- Don't know

26. 3. What is recommended rate of chest compression for adult victim?

Mark only one oval.

- 100-130 compressions per min
- 100-120 compressions per min
- 60-100 compressions per min
- 100 compressions per min
- don't know

27. 4. What is recommended depth of chest compression in adult victim?

Mark only one oval.

- As hard as you can
- Approximately 5 cm
- 4-5 cm
- 5-6cm
- Don't know

28. 5. What is the recommended ratio of compressions to breathing while commencing CPR in adult victim (two rescuers)?

Mark only one oval.

- 5:1
- 15:2
- 30:1
- 30:2
- Don't know

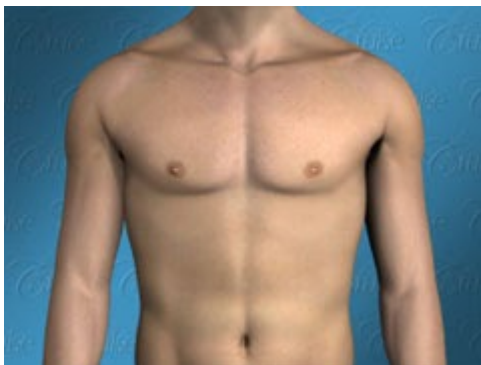
29. 6. To minimize interruption in compression during CPR which of the following should be done

Mark only one oval.

- a. Perform pulse check only after shock
- b. Perform pulse check without stopping chest compression.
- c. Continue chest compression when your friend performs bag and mask ventilation
- d. Continue chest compression while AED is charging
- e. Don't know

7. Your department is equipped with biphasic defibrillator. Mark the location of the paddles in the picture with symbol.

paddles

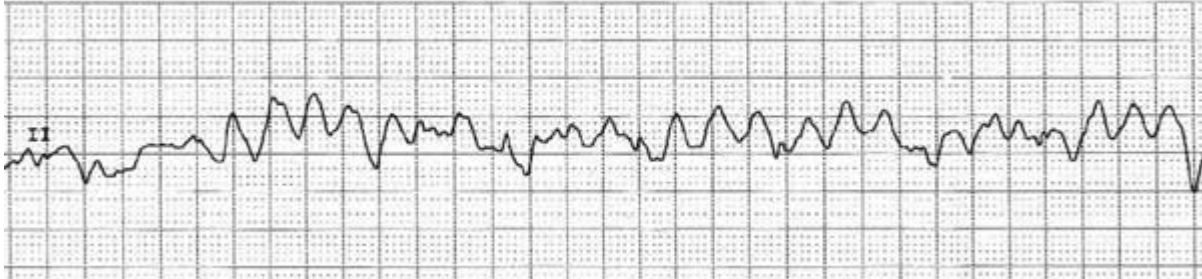


30. paddles

Mark only one oval.

- correct
 incorrect

8. An adult patient is unresponsive, not breathing normally, has no carotid pulse. You start chest compression and positive pressure ventilation and attach the ECG monitor which shows the following.

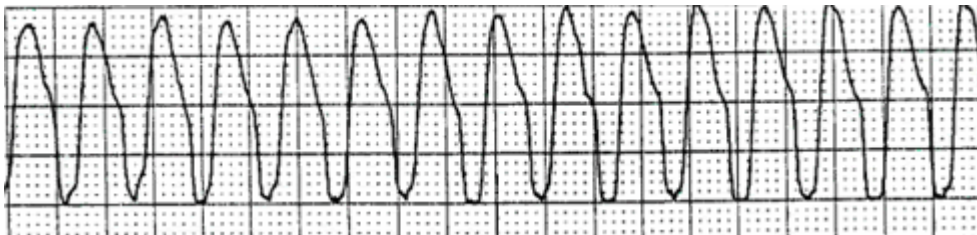


31. What would be the best recommended initial action?

Mark only one oval.

- Defibrillate.
 Cardiovert.
 Shock and Adrenaline not required
 Give Adrenaline 1mg IV bolus.
 Don't know

9. An adult patient is unresponsive, not breathing normally, has no carotid pulse. You start chest compression and positive pressure ventilation and attach the ECG monitor which shows the following.

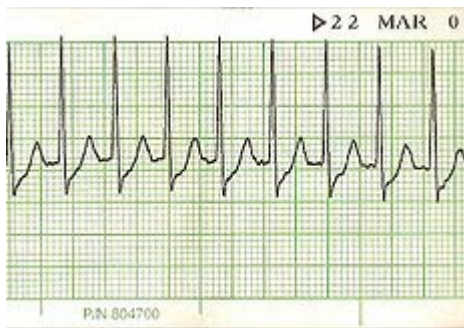


32. What would be the best recommended initial action?

Mark only one oval.

- Defibrillate.
- Cardiovert
- Shock and Adrenaline not required
- Give Adrenaline 1mg IV bolus.
- Don't know

10. An adult patient is unresponsive, not breathing normally, has no carotid pulse. You start chest compression and positive pressure ventilation and attach the ECG monitor which shows the following.



33. What would be the best recommended initial action?

Mark only one oval.

- Defibrillate
- Cardiovert
- Shock and Adrenaline not required.
- d. Give Adrenaline 1mg IV bolus.
- e. Don't know

34. 11. What is the recommended next step after a defibrillation attempt?

Mark only one oval.

- Check the rhythm in the monitor
- Determine whether carotid pulse is present
- Resume CPR, starting with chest compressions
- Give rescue breaths
- Don't know

35. **12. What is a safe and effective practice during defibrillation?**

Mark only one oval.

- Stop chest compression as you charge the defibrillator
- Be sure oxygen is not blowing over the patient's chest during the shock
- Commandingly announce "all clear" before and after you deliver the shock
- Assess for the presence of a pulse immediately after the shock
- don't know

36. **13. How often should Adrenaline repeated during resuscitation?**

Mark only one oval.

- Every 2 minutes
- Every 3-5 minutes
- After each shock
- Before each shock
- Don't know.

37. **14. What is the recommended first intravenous dose of Amiodarone for a patient with refractory ventricular fibrillation?**

Mark only one oval.

- 150mg
- 200mg
- 250 mg
- 300mg
- Don't know

38. **15. To properly ventilate a patient with pulse, how often do you squeeze the bag?**

Mark only one oval.

- Once every 3-5 seconds
- Once every 5-6 seconds
- Once every 10 seconds
- Once every 12 seconds
- Don't know

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10. Asystole/ PEA management

Mark only one oval per row.

	1(Not done)	2(poor)	3(satisfactory)	4(good)	5(best)	NA(not applicable)
Puts the patient in the monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clears patient to analyze	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes Asystole/PEA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immediately resumes CPR after rhythm check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immediate administration of Adrenaline and repeats after 3-5 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbalizes potential reversible causes (5H 5T)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Switches role appropriately after 2 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. ROSC

Mark only one oval per row.

	1(Not done)	2(poor)	3(satisfactory)	4(good)	5(best)	NA(not applicable)
Identifies ROSC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Simulation feedback

This is anonymous feedback, you need not identify yourself. Your information will not be shared with anyone, only summary of the information, data and themes of the summary may be used in various academic forums and publications.

1. Email address *

2. Gender

Mark only one oval.

Female

Male

3. Have you participated in any simulation before other than in ER?

Mark only one oval.

Yes

No

4. This simulation scenario had specific learning objectives relevant to my profession.

Mark only one oval.

1 2 3 4 5

disagree agree

5. This simulation provided a safe learning environment for learning.

Mark only one oval.

1 2 3 4 5

disagree agree

6. This simulation will decrease my anxiety while managing such real cases in future.

Mark only one oval.

1 2 3 4 5

disagree agree

7. **The debriefing sessions after the simulation provided motivation for self-guided learning.**

Mark only one oval.

	1	2	3	4	5	
disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	agree

8. **This simulation had the potential to identify errors within the clinical environment.**

Mark only one oval.

	1	2	3	4	5	
disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	agree

9. **This type of simulation in the working place should be continued.**

Mark only one oval.

	1	2	3	4	5	
disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	agree

Self reflection

Kindly rate your following skills before and after the simulation sessions.

10. **Your team work communication skills**

Mark only one oval per row.

	least (1)	2	3	4	Most (5)
Before the simulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the simulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. **Your technical skills on managing cardiac arrest**

Mark only one oval per row.

	least (1)	2	3	4	Most (5)
Before the simulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the simulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. **Your technical skills on using defibrillator**

Mark only one oval per row.

	least (1)	2	3	4	Most (5)
Before the simulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the simulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. **Your level of confidence for managing cardiac arrest.**

Mark only one oval per row.

	least (1)	2	3	4	Most (5)
Before the simulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the simulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Open suggestions

Please give your suggestions for future improvements and enjoyable learning.

14. What did you like most about the simulations?

15. What suggestions would you recommend for further improvement?

Post simulation semi structured survey (faculty)

ANONYMITY, CONFIDENTIALITY AND DISSEMINATION

This is anonymous feedback, you need not identify yourself. Your information will not be shared with anyone, only summary of the information, data and themes of the summary may be used in various academic forums and publications.

Please indicate how much you agree or disagree with each statement below. And elaborate your perception on the topic.	
	1 Strongly disagree ----Strongly agree 5
1. The in situ simulation is feasible in our setting.	1 2 3 4 5
Please elaborate your opinion in regards to feasibility of ISS in ED:	
2. This simulation provided a safe learning environment for learning for the interns.	1 2 3 4 5
Please elaborate your opinion of safety for patients during ISS:	
3. This simulation enhanced team working skills of the interns	1 2 3 4 5
Please elaborate how the ISS effects the team work skills of the interns:	
4. This simulation enhanced technical skills of the interns on managing cardiac arrest.	1 2 3 4 5
Please elaborate:	
5. This simulation increased level of confidence of the interns for managing cardiac arrest.	1 2 3 4 5
Please elaborate how the ISS has increased the confidence level of interns during resuscitation:	

6. This type of simulation in the working place more realistic than in simulation center.	1 2 3 4 5
Please elaborate your opinion on the fidelity and realism of ISS in ED in comparison to simulation in simulation lab:	
7. This type of simulation in the working place should be continued .	1 2 3 4 5
Please elaborate whether you think ISS curriculum should be continued for interns in future with reasons:	

How has the experience of these simulation sessions affected your capacity of running the simulation and debriefing to the participants?

What suggestions would you recommend for future improvement and dissemination of ISS?
