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LETTER

Medical students' experiences of resuscitation: a medical student's perspective

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Dear editor

I read with great interest the study by Aggarwal and Khan[1] exploring students' experiences of cardiopulmonary resuscitation (CPR) and witnessing discussion on resuscitation status. The duties of a UK doctor, as outlined in "Tomorrows' Doctors", indicate the requirement to provide, manage or direct CPR, yet the article suggests many are unconfident in performing CPR in emergency situations.[2] As a fourth-year medical student and president of Barts and The London Objective Structured Clinical Examination (OSCE) society in 2017, three methods are proposed with the aim to instill confidence in medical students, which involve the following: performing CPR, retaining skills, and improving discussion on Do Not Attempt Cardiopulmonary Resuscitation (DNACPR).

Barts and The London OSCE society conducted a quantitative study assessing the confidence of medical students managing pediatric resuscitation before and after a mock OSCE examination. After the OSCE session, those with low confidence on resuscitation technique were able to seek help from examiners. Of 160 students, 50.6% rated confidence in CPR skills as "high or extremely high" prior to examination in comparison to 70% after examination (p-value of <0.001). Hence in light of these findings, two strategies can be implemented to increase CPR training and retention of skills through reinforcement projects as both practical sessions and e-learning courses.

Following the concept in medical education of "see one, do one, teach one," a national training scheme can be implemented, whereby newly taught medical students could retain CPR skills by teaching basic life support (BLS) to school children. A study found that students had superior practical skills compared to those who had not taught children.[3] Furthermore, upskilling members of the public can improve health access of the population and strengthen public awareness of BLS. Medical schools can introduce such a scheme locally as an outreach project, student-run society or "student-selected component."

Another method to improve student's retention is the introduction of an annual refresher e-learning module to reinforce basic steps of resuscitation. The continued revision can sustain confidence in one's skills and reduce hesitancy in emergencies. The ease in educating students via an online quiz can encourage high adoption rates from medical schools, enabling national standardization of education.

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To improve communication skills, witnessing DNACPR discussion should be a core objective in the Geriatric/Palliative Care rotation logbook. Highlighting the importance of a mandatory skill can avoid students being turned away by doctors during consultations and can better prepare them for future discussions. Medical schools can prepare students by role-playing informed discussion on resuscitation with patient actors, which can then be filmed and critiqued by peers and teachers. Without such communication training, doctors may be inferred to be coercing patients into a decision which can cause distrust in the doctor–patient relationship.

Medical students and junior doctors will encounter emergencies and be expected to perform CPR. Therefore, it is vital to address the issue of low confidence among students. Before implementation, further research is required across several medical schools to ensure increased CPR training and communication as a student is resulting in enhanced clinical effectiveness as a doctor.

Disclosure

The author reports no conflicts of interest in this communication.

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