

Sample size

The sample size was 1000 with 20% sample being drawn each from 1st professional, 2nd professional, 3rd professional part-1, 3rd professional part-2 years respectively and the rest 20% being interns from various Teaching Hospitals of New Delhi.

Study duration

The study was conducted from May to July 2013.

Study tool

The study tool was a pre-designed self-administered objective questionnaire with 15 minutes given to each participant. The questionnaire was multiple-choice based with 20 questions devoted to BLS and 10 questions

devoted to ACLS.

Statistical Analysis

The data gathered was periodically entered into Microsoft Excel 2010 and subsequently analysed using Microsoft Excel 2010 and Stata S.E 9.0. The scores obtained by each participant were tabulated and comparisons made among various aspects and among various subgroups of the study population.

Results & Conclusions

Being compiled

Basic Life Support: Awareness & Impact among Indian Medical Students

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Background

Early intervention, quality of CPR and time to defibrillation improves survival rate after cardiopulmonary arrest. BLS is an important component of the chain of survival. The proper practice of BLS is an important part of a medical student's training, but there is still no standard protocol and routine training incorporated in the medical undergraduate training in developing countries like India. Medical graduates, never having had any formal training in CPR or BLS, often face difficulty in emergency situations.

Aims & Objectives

- 1) To study the knowledge and attitudes among Indian medical students towards Basic Life Support
- 2) To assess the knowledge and attitudes among these students after study of the American Heart Association Cardio Pulmonary Resuscitation Basic Life Support (AHA CPR BLS) for Health Care Providers (HCP) – Student Manual and again

after successful completion of the Workshop.

Methodology

A longitudinal prospective cohort study was planned to be conducted during an International Medical Students' conference held at New Delhi. The study participants were medical students participating in the AHA CPR BLS for HCP Workshop conducted at the conference. The sampling technique was non probability sampling. Inclusion criterion was medical students registered for the workshop at this conference. Those who successfully completed this workshop preceding the conference were excluded from the study. The sample size was 75 students. The study tool was a pre-designed, close ended, timed self-administered questionnaire. The study period was from July to August 2013.

Result & Conclusions

Being compiled