

Resuscitation Techniques Improved

BY HEIDI SPLETE

FROM THE EASTERN REGIONAL MEETING OF THE AMERICAN FEDERATION FOR MEDICAL RESEARCH

WASHINGTON — A 1-day workshop on resuscitation techniques significantly improved the skills and comfort levels of second-year pediatric medical residents, based on a survey of 24 residents who completed the program.

“Many pediatric residents do not have the opportunity to practice the skills required during resuscitation,” said Dr. Margarita Lorch of Children’s National Medical Center in Washington.

The 8-hour program included 4 hours of didactic lectures, six skills stations, and two mock Code Blue drills using high-fidelity simulation. The residents’ comfort levels were assessed before and after the intervention using a 5-point Likert scale, ranging from 1 (very uncomfortable) to 5 (very comfortable). The study findings were presented in a poster.

After the intervention, the residents showed significant improvements on 16 of 18 areas. Significant improvements were seen in calling and leading a Code Blue (with median Likert score increases from 3 to 4 and 2 to 3, respectively). In addition, significant improvements were seen in both performing and teaching peripheral intravenous techniques, central line placement, inserting an intraosseous needle, bag-valve mask ventilation, endotracheal intubation, and chest needle decompression.

The residents’ median comfort level scores for determining whether a child was ill and for telling a senior or attending physician if they were uncomfortable with a resuscitative procedure remained the same before and after the educational program.

The program has been replicated at other institutions, Dr. Lorch said in an interview. Despite this study’s small size, the results suggest that a hands-on review of procedures, along with mock code simulations, can fill a gap in the education of pediatric residents that improves patient care and the residents’ teaching abilities.

“We’re using real-life models, so that they can get a feel for the actual procedure,” she said. “It allows them more confidence, so if they were to come across this [resuscitation] situation in real life, they know that they have managed it before.” ■

VITALS **Major Finding:** After the intervention, the residents showed significant improvements on 16 of 18 areas.

Data Source: A survey of 24 second-year pediatric medical residents after a 1-day workshop on resuscitation techniques.

Disclosures: None was reported.

When Times Are Tough, Parents May Use The ED Instead of the Pediatrician’s Office

BY MICHELE G. SULLIVAN

FROM THE ANNUAL MEETING OF THE EASTERN SOCIETY FOR PEDIATRIC RESEARCH

PHILADELPHIA — The ongoing economic recession is driving demographic change in the pediatric emergency department, with some parents sub-

stituting emergency physicians for pediatricians, a small cross-sectional study has concluded.

“The seed for this study came from anecdotes from our emergency department registrars, who noted that many of our patients were coming to the pediatric ED because they had lost their health insurance, or could not pay their copay at

the pediatrician’s office,” Dr. Mark Cicero said. “We thought that parental job loss might be associated with avoidance of the pediatrician’s office and low-acuity presentation at the ED.”

Dr. Cicero, of Yale University, New Haven, and his colleagues examined the associations between parental job loss, health insurance loss, annual household

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