

## ABSTRACT

### THE CARDIOPULMONARY RESUSCITATION EXPERIENCES, ATTITUDES AND KNOWLEDGE OF DOCTORS AT SIX (6) METROPOLITAN HOSPITALS IN JAMAICA

The knowledge, attitude and experience of medical personnel who worked at the six metropolitan hospitals in Jamaica was examined in order to answer the following questions: 1. What is the experience of the doctors in CPR at these institutions? 2. What is the attitude of the doctors to CPR and CPR training? 3. Are the medical personnel employed to these institutions proficient in their CPR skills?

The study phase included the interviewing of doctors of all grades who worked at six metropolitan hospitals in Jamaica. The chief medical officer of each institution was asked permission to interview their staff. The hospital's staff list was used as a guide to locate the members of staff. A pre-prepared questionnaire was personally administered to each doctor and after issuing some basic guidelines they were requested to answer all the questions. The information was then analysed by electronic means.

Over the 4 year period between 1 April 1991 and 31 March 1995, 601 patients were admitted to the intensive care unit (ICU) at the University Hospital of the West Indies (UHWI.) Only 6 of these admissions were for patients post cardiopulmonary arrest, representing a 1% admission rate.

Two-hundred eighty-five of the 499 doctors who worked in the six metropolitan hospitals were interviewed. The distribution of doctors interviewed was, consultants (22.1%), advanced resident grades (28.1%), junior resident grade (24.9%) and interns

(24.9%.) Most doctors were from the UHWI which is the main medical teaching institution in the island. The clinical specialities involved were medicine, surgery, anaesthetics, obstetrics and gynaecology, accidents and emergency, paediatrics and radiology. The surgery speciality provided 30% of the interviewed doctors. The time since graduation ranged from 1 to 44 years with a median value of 6 years, and a mode of 1 to 3 years.

There was sufficient equipment and drugs available for the performance of both basic and advanced life support. Equipment was reported as being available 73 - 98% of the time, and drugs availability >95%.

Most doctors (60%) reported that they felt competent performing CPR. The doctors had participated in CPR recently, however they restricted their resuscitations primarily to basic life support. As the questionnaire became more specific they recognised their deficiencies in CPR and were willing to undergo re-training exercises voluntarily, but if needed, compulsory enforcement would not be unfavourable.

The ability to identify the emergency drugs to be used during CPR was satisfactory, but the knowledge of resuscitation drug doses and usage was found to be lacking. The practice of safe medicine as regards international precaution needs to be addressed, as well as the present immunisation practice.

Most doctors were unfamiliar with the defibrillator and its use, and there was a misunderstanding of the ventilation : cardiac compression ratio used during basic life support.

The general conclusion is that all the doctors in these institutions should undergo a period of retraining in basic and advanced CPR so as to improve their proficiency at this emergency skill.

The low admission rate of post-arrest patients to the ICU of the UHWI may be related to the experience, knowledge and attitudes of these medical personnel.

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