



# The Important Role of Pedagogy in Modern CPR training

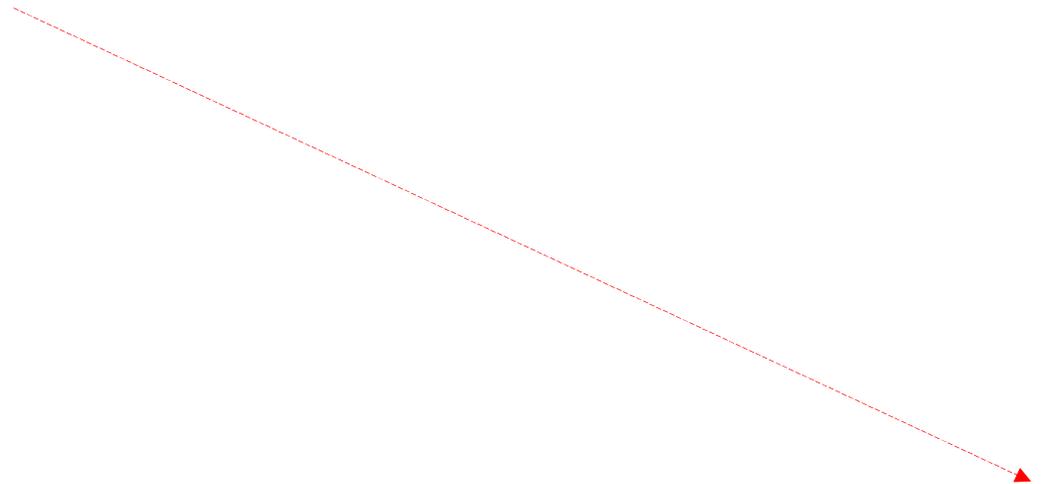
**MICHAEL SAUTTER**

*DIRECTOR OF SERVICES*

# Conflict of Interest

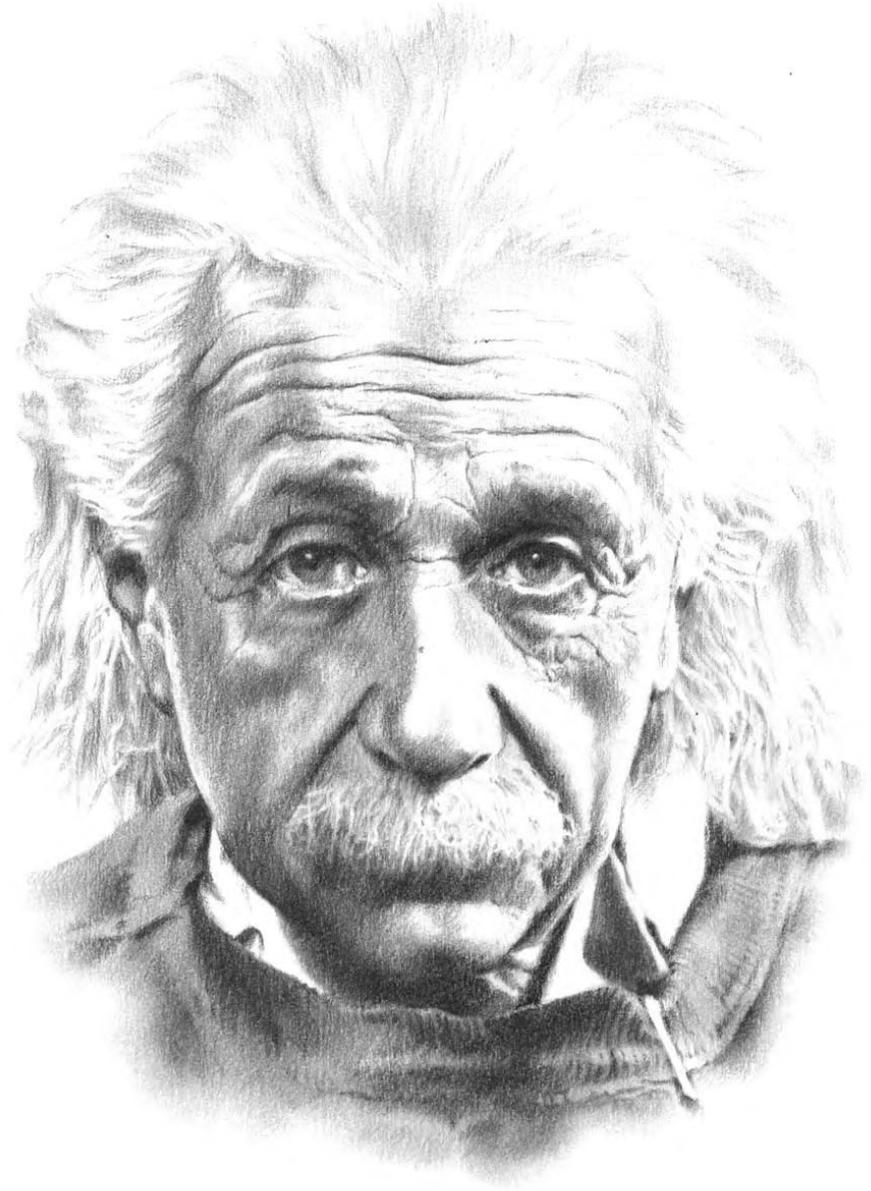


but...



“  
*The definition of insanity is doing  
more of the same – and expecting  
a different result*

*- Albert Einstein*



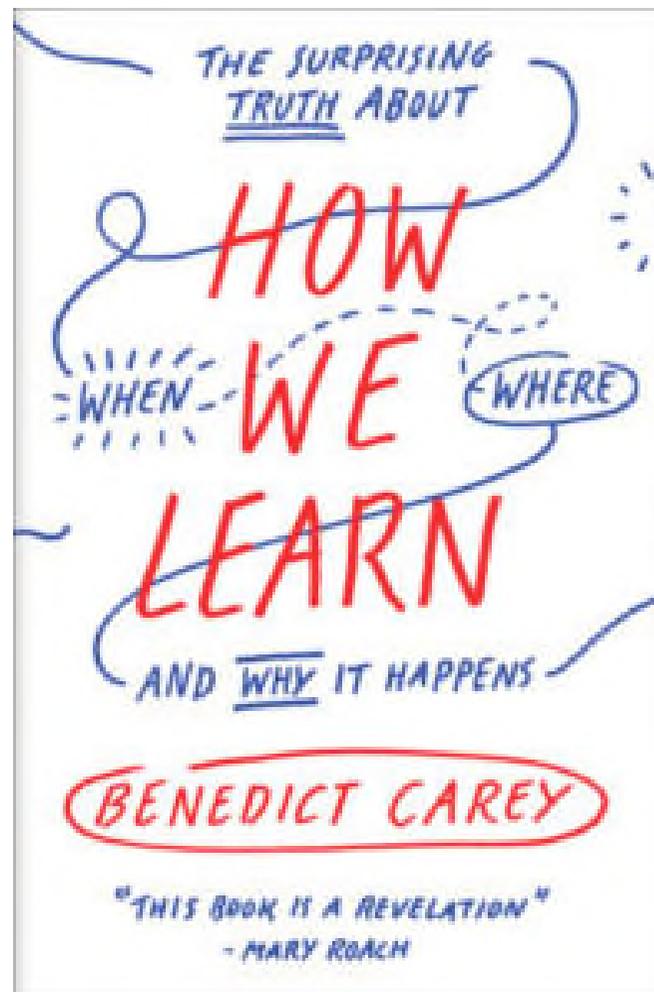
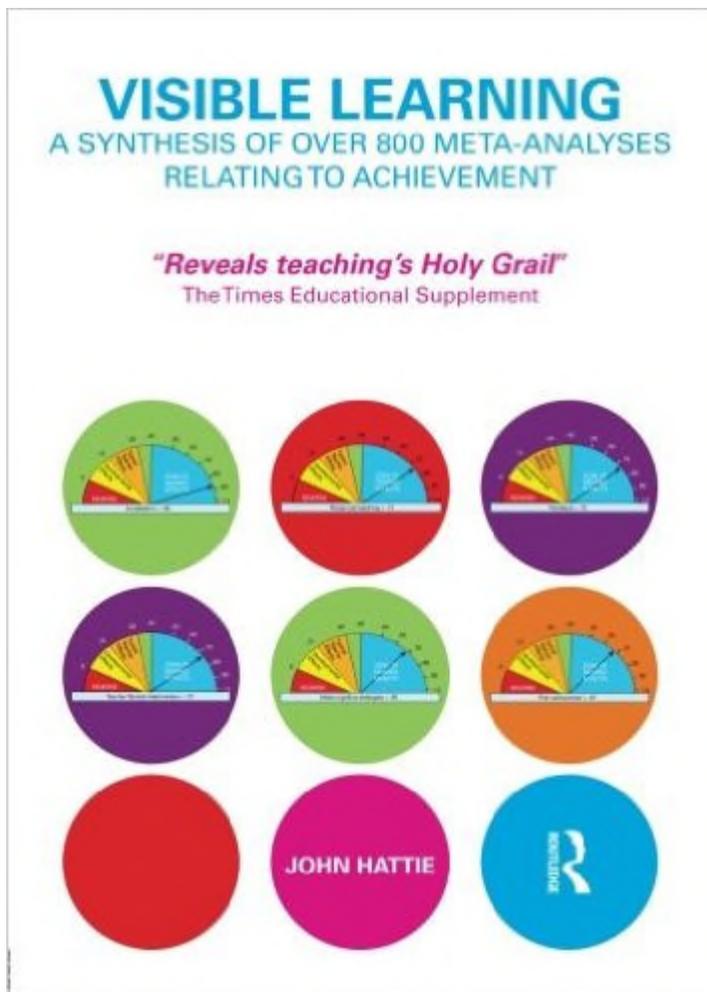
# Three focus points:

- Let's become *output* focused (remember: <<teaching>> in an input factor)
- Let's become as *objective* and *data-driven* in training as in real life
- Let's implement what has *proven to work* (even if it means resolving some logistical challenges)

Pedagogy, for some, has become synonymous with soft, fluffy, relativistic, holding-hands-singing-kumbaya-theories with no real practical implications.

But to me, Pedagogy offers a sharp, stringent focus and perspective on what drives the individual, how learning shapes and is shaped, and unique, action-oriented approaches to implementation of new knowledge.

If still in doubt what pedagogical research has to offer, at least read these....



Come to think about it... as an Educator you should read them anyway

**KNOWLEDGE**

iven?



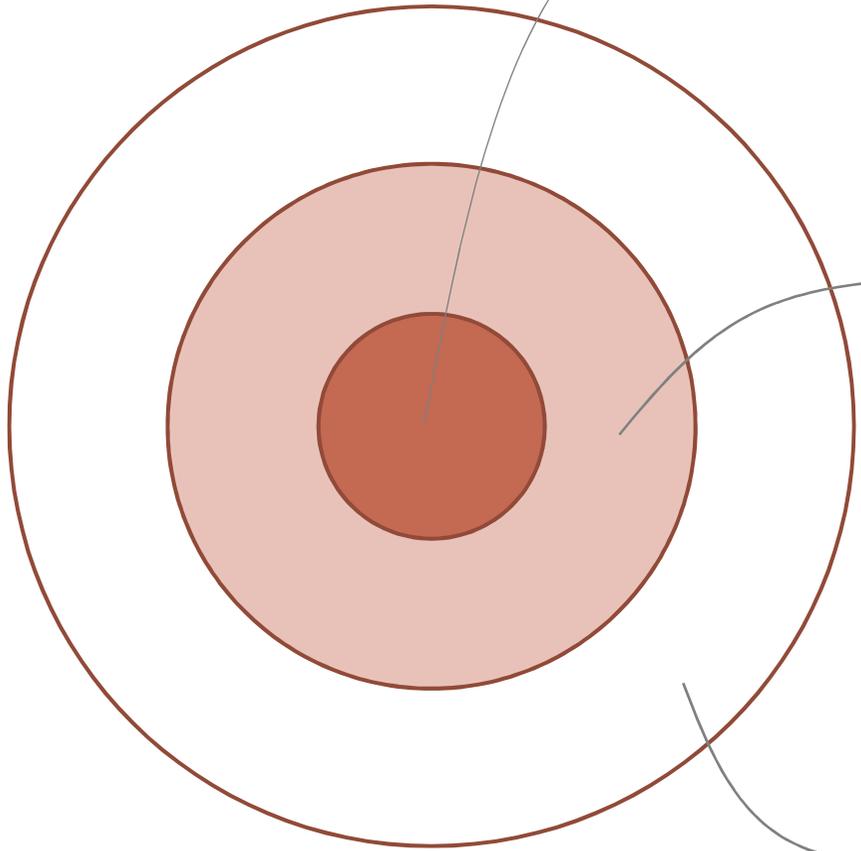
**KNOWLEDGE**  
nstructed?



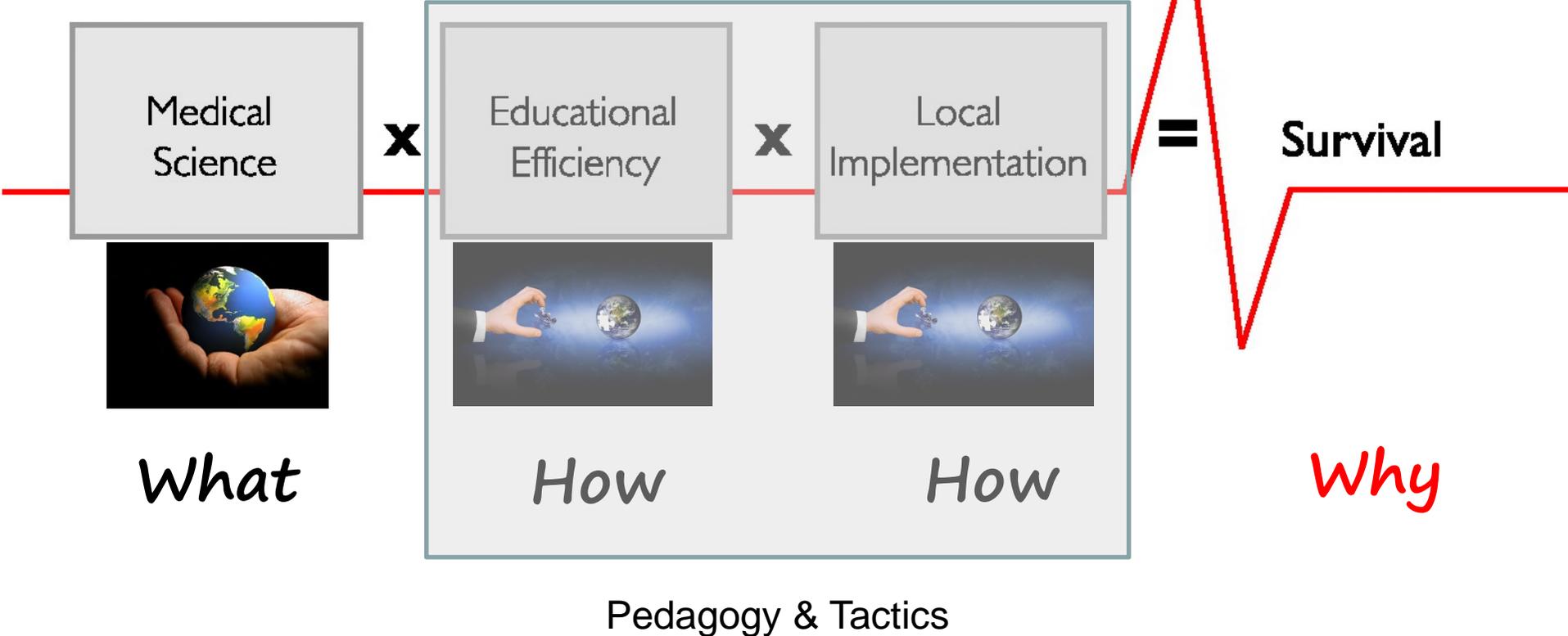
Why

How (hint: This is about Pedagogy)

What



# The Utstein Formula of Survival



# *Input vs. Output*

*We need a better balance between the two!*

In



Out

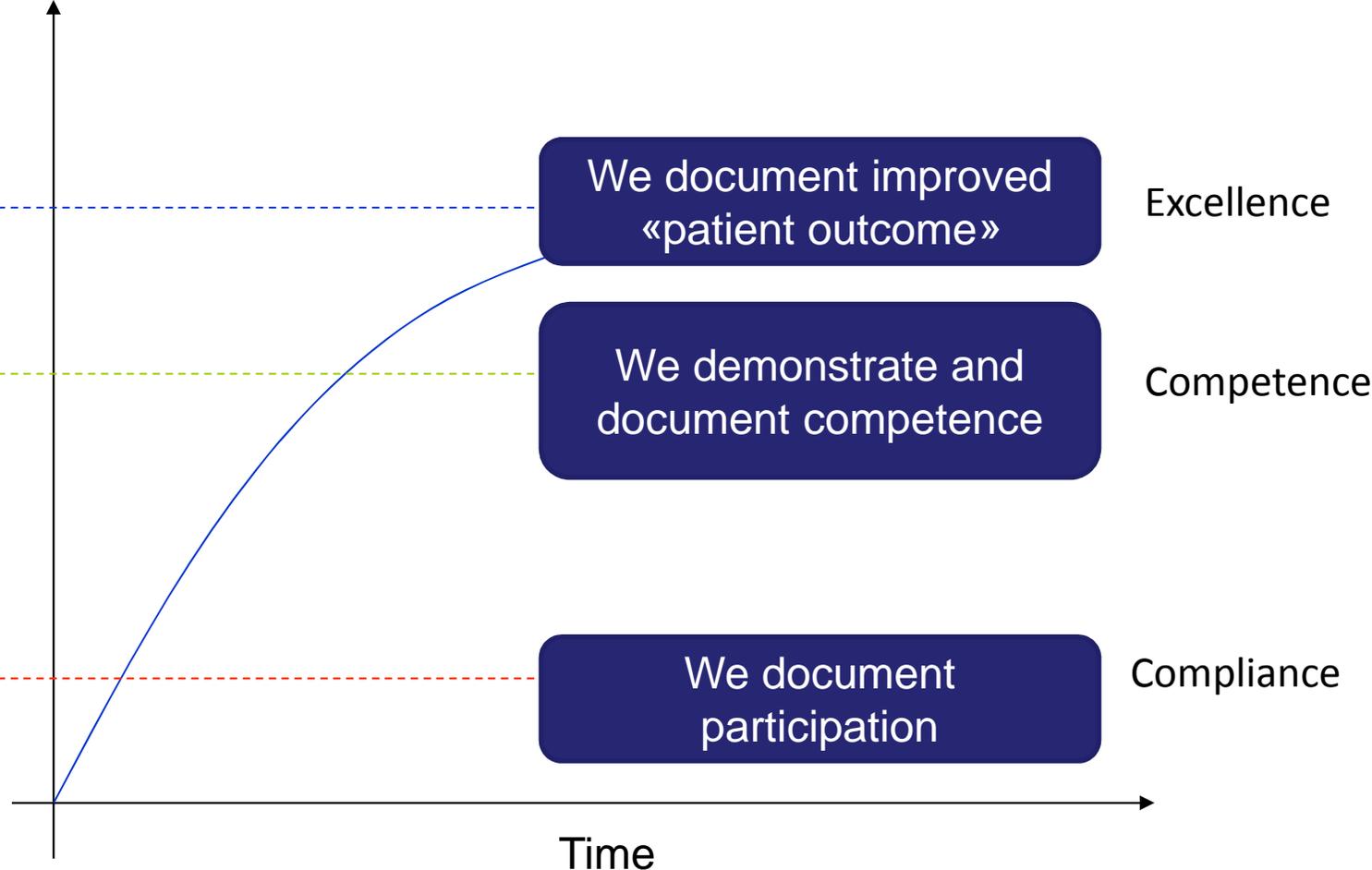


What is it that the colleagues  
can/know when they leave  
that they did not  
know/could do when they  
entered?

How can you document this  
in an easy way?

*We have to be able to  
demonstrate explicitly the  
value and output of training!*

Knowledge, skills  
and attitudes



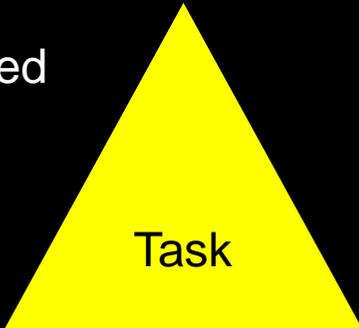
Learning  
is output  
from CPR  
training

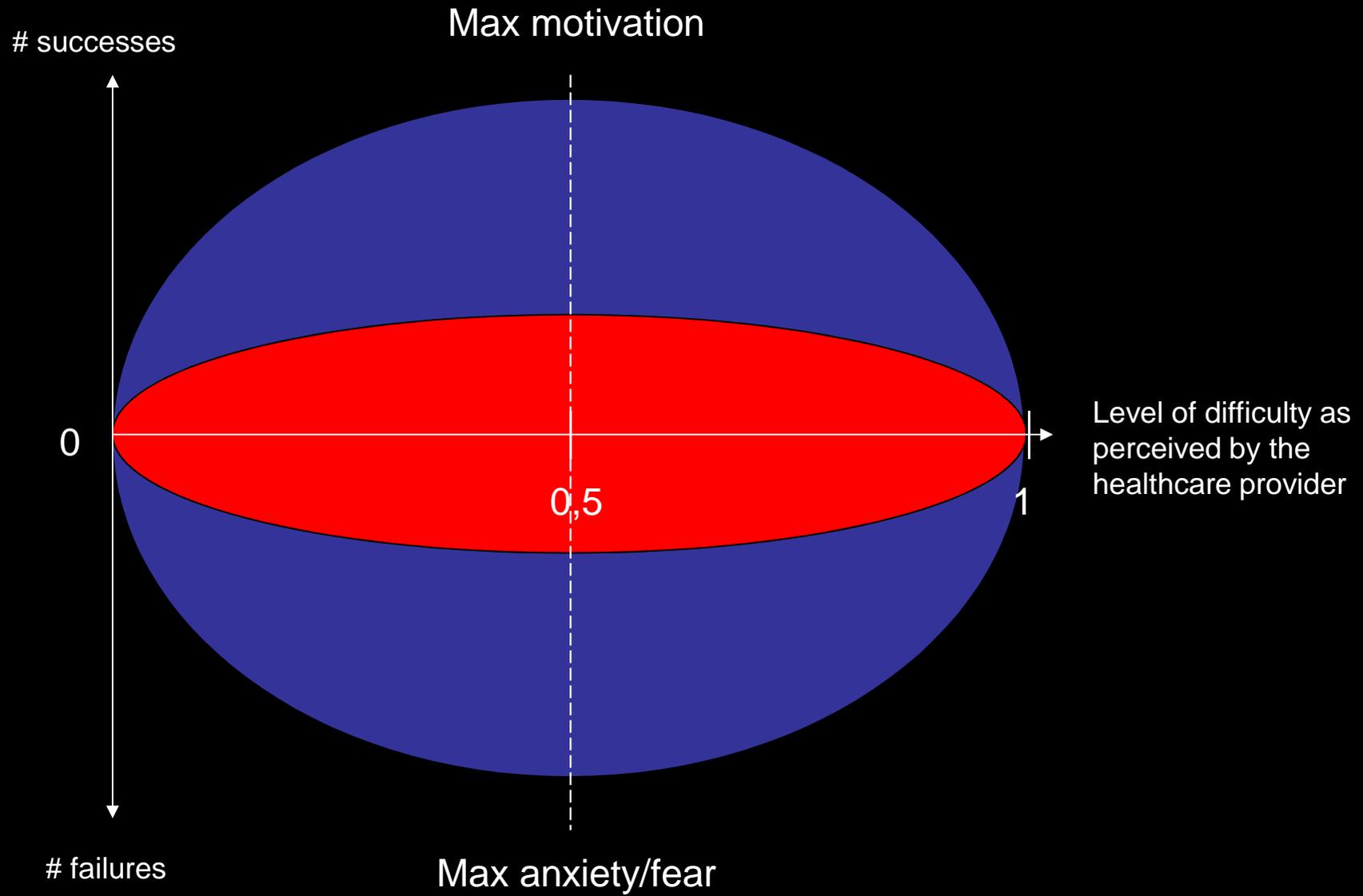
1. Competence – «can perform»
2. Confidence – «will perform»

Afraid to fail



Whish to succeed





# *Objectivity and facts*

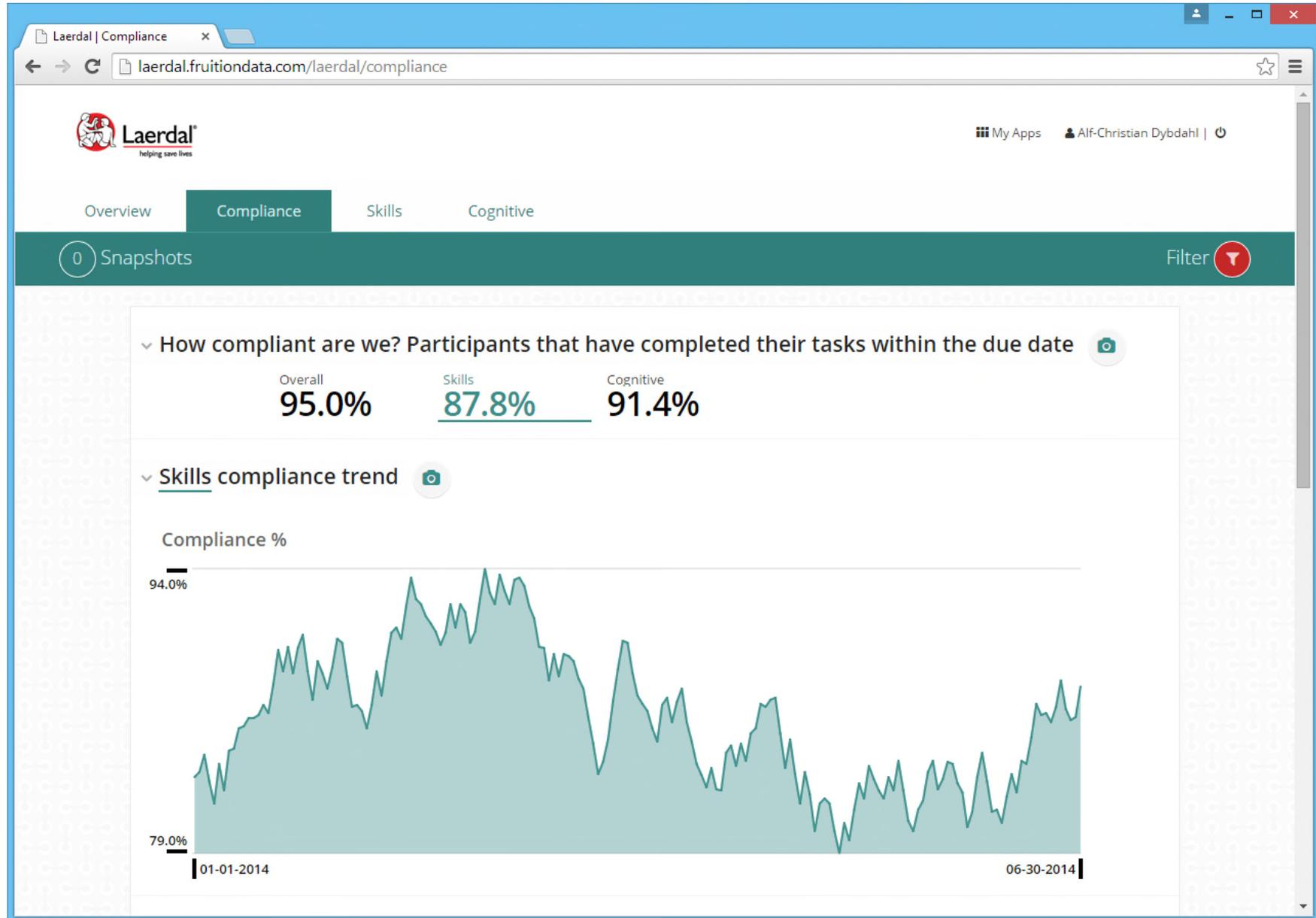
*Modern CPR-training pre-supposes both!*



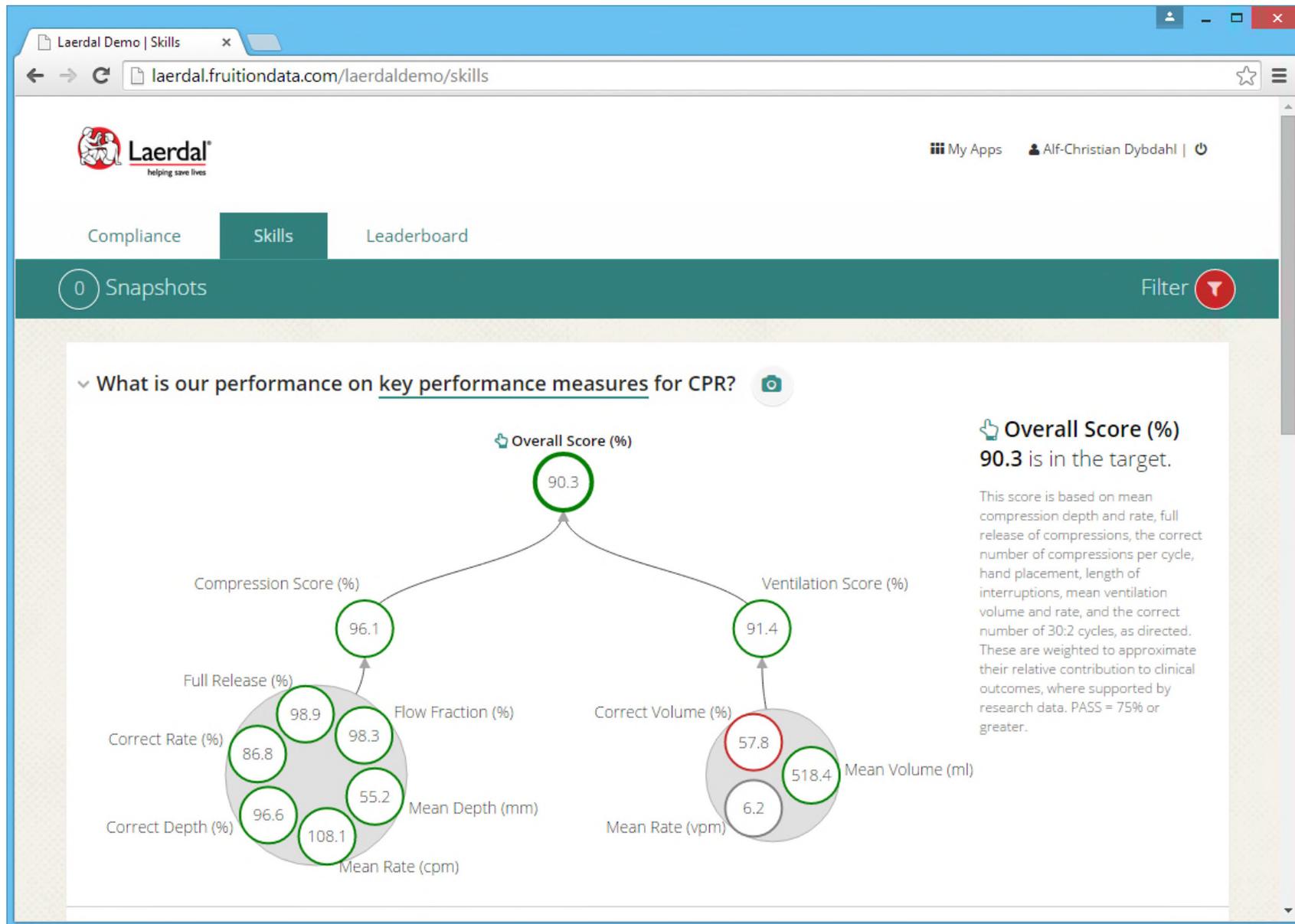
VS.



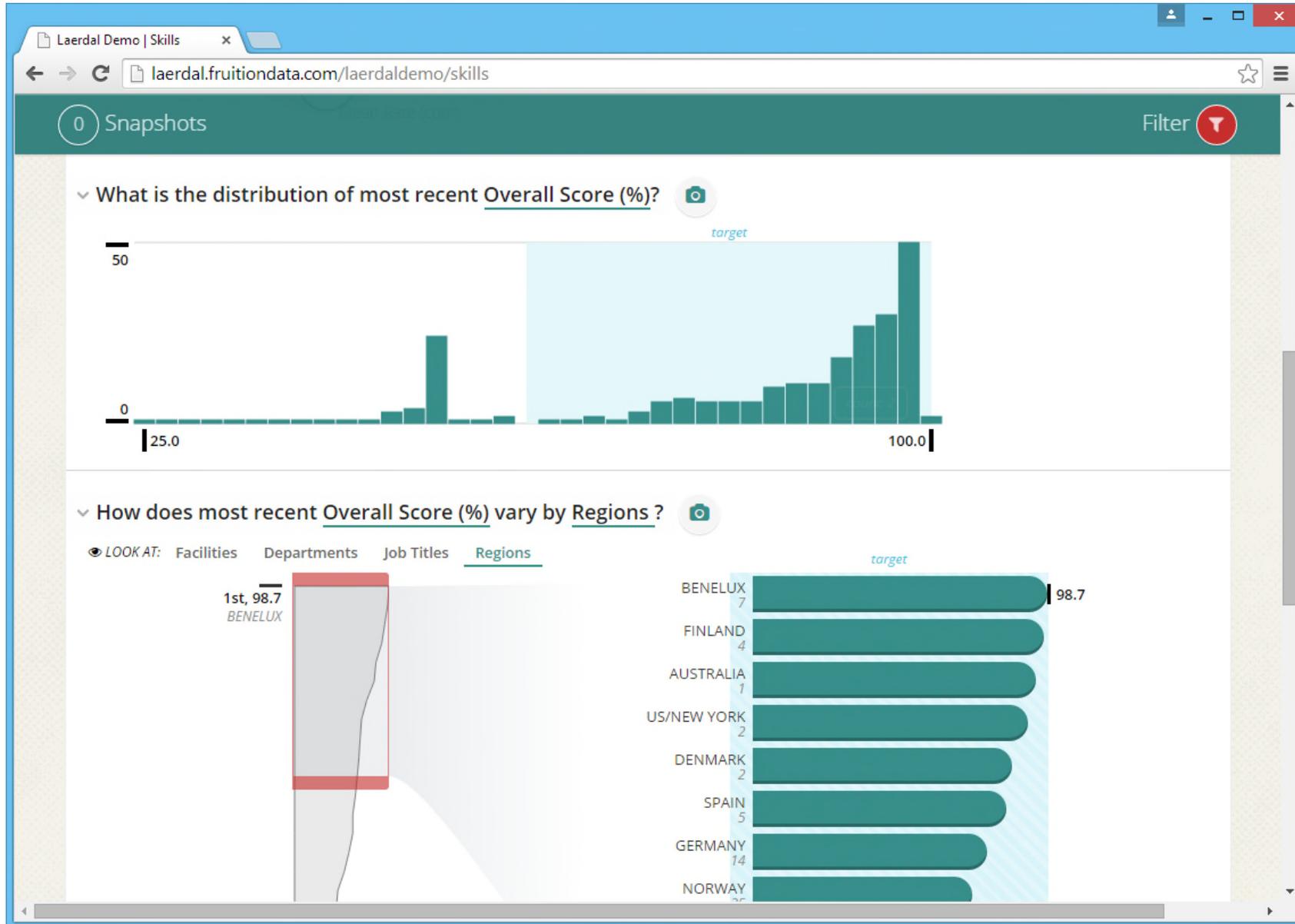
# Are we compliant?



# Details breakdown of skills performance



# Benchmark!



Implement what has  
proven to work

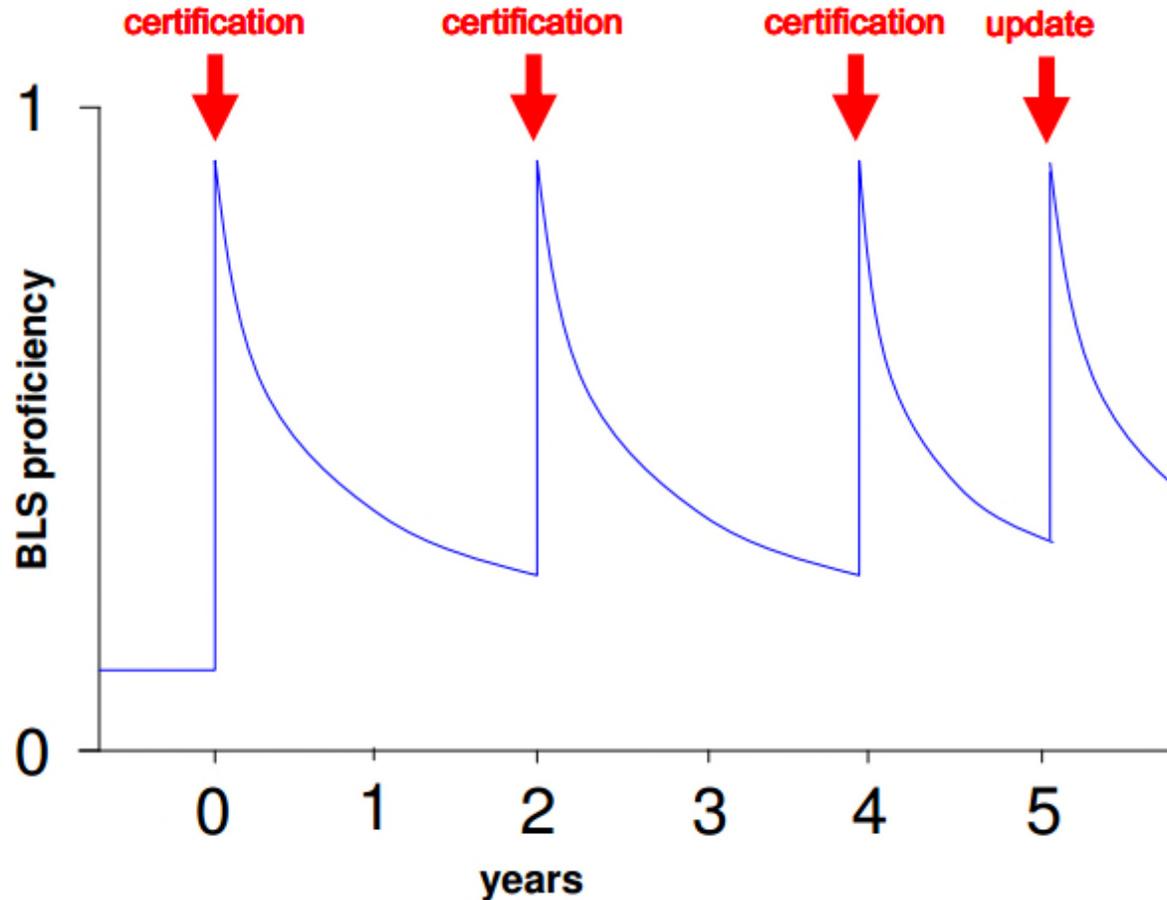
Let's find a way around the challenging logistics to get  
to what we **know** is best practice!

# CPR training as we know it



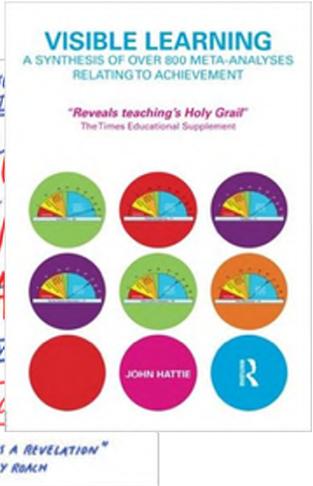
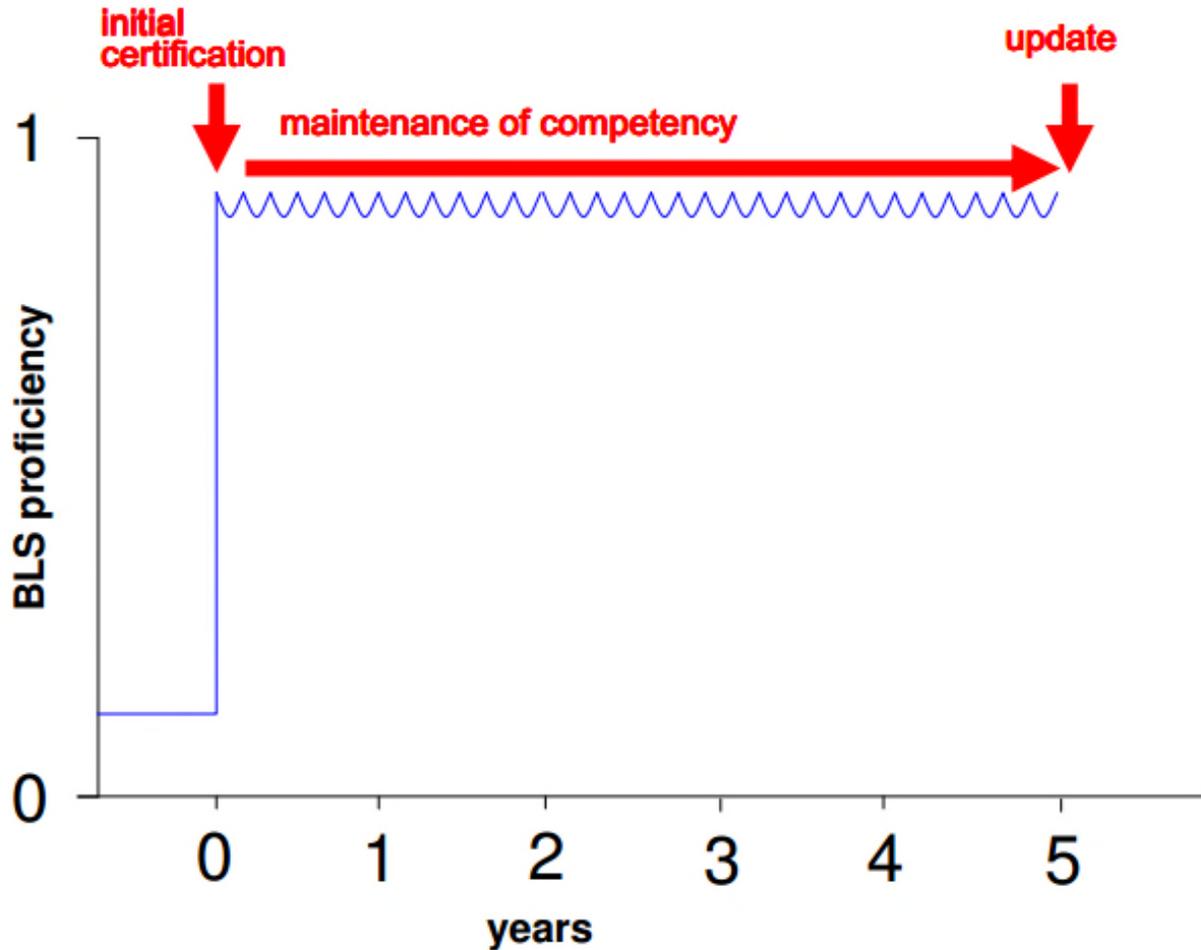
there is no way  
this will work>>

## BLS skills decay cycle, now



# CPR training moving forward

## BLS skills decay cycle, with MOC

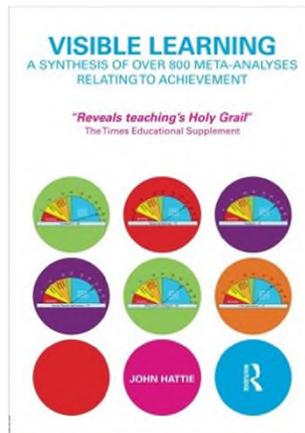
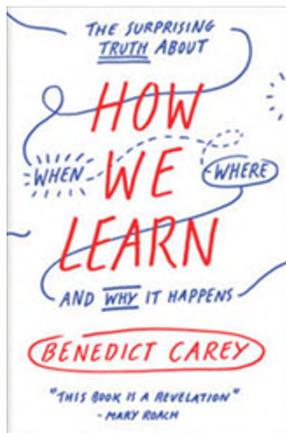


we're talking!>>

# About the new buzz.... (LDHF)

## Low-Dose, High-Frequency CPR Training Improves Skill Retention of In-Hospital Pediatric Providers

Sutton et al. *Pediatrics*. 2011;128:e145-e151



«We could have told you this upfront!»»

So here is the **challenge** for you:

Now that you know about the lifesaving potential of LDHF, the need to focus on outputs, facts, and become data-driven, how will this **affect your CPR training when you return to your institution?**

<<Business as usual>> is not really an option now, is it?



*Thank you for giving me your time!*

*(2600 CPR nerds x 30 min = 78 000 minutes...)  
Wow!! I hope you found it worthwhile 😊*

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