





# Resuscitation Organizations Agree

The International Liaison Committee on Resuscitation (ILCOR) was formed to provide a forum for liaison between principal resuscitation organizations worldwide, who actively collaborate with other organizations in their networks to implement ILCOR findings into local guidelines on resuscitation. Below is a sampling of ILCOR Members, their network organizations, and their guidelines related to spaced learning and feedback devices.



American Heart Association (AHA) Heart and Stroke Foundation of Canada (HSFC)





Resuscitation Council UK (RCUK)

Japanese Resuscitation Council (JRC)

Australian and New Zealand Committee
on Resuscitation (ANZCOR)



# SPACED LEARNING

### **ILCOR CoSTR**

 The EIT (Education, Implementation and Teams) Task Force, established to organize evidence evaluation, suggests in the 2020 Consensus on Science with Treatment Recommendations (CoSTRs) that spaced learning may be used instead of massed learning.

### AHA/HSFC

 It is reasonable to use a spaced-learning approach in place of a massed-learning approach for resuscitation training. The addition of booster training sessions, which are brief, frequent sessions focused on repetition of prior content, to resuscitation courses improves the retention of CPR skills.

### **ERC/RCUK**

 Resuscitation competencies are best maintained if training and retraining is distributed over time, and frequent retraining is suggested between two and twelve months.

# JRC

 Suggest that learners taking lifesaving courses may be offered spaced learning (training or retraining that occurs across time) as an alternative to massed learning (training that is offered at a single point in time).

### **ANZCOR**

 Suggest that more frequent manikin-based refresher training for students of ALS courses may be better to maintain competence compared with standard retraining intervals of 12 to 24 months.

# FEEDBACK DEVICES

### **ILCOR CoSTR**

 We suggest the use of real-time audiovisual feedback and prompt devices during CPR in clinical practice as part of a comprehensive quality improvement program for cardiac arrest designed to ensure high-quality CPR delivery and resuscitation care across resuscitation systems.

### AHA/HSFC

 It may be reasonable to use audiovisual feedback devices during CPR for real-time optimization of CPR performance.
 A recent RCT reported a 25% increase in survival to hospital discharge from IHCA with audio feedback on compression depth and recoil.

### **ERC/RCUK**

 For healthcare professionals, accredited advanced life support training is recommended, as well as the use of cognitive aids and feedback devices during resuscitation training.

# JRC

 Suggest the use of a feedback device that provides direct feedback on the rate of compressions, depth of compressions, Recoil, and hand position during CPR training.

#### **ANZCOR**

• Suggest the use of feedback devices that provide directive feedback on chest compression rate, depth, release, and hand position during training. Performance feedback is vital to maintaining and improving clinical skills.

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