Resuscitation Council UK

Education Guidelines

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Resuscitation education tailored for specific groups of life-saving rescuers

- Educate all members of the community about sudden cardiac arrest awareness and cardiac arrest treatment, and consider the diversity of the target group.
- Introduce early resuscitation training starting in early childhood education (around 4-6 years of age) and incorporate annual resuscitation training into school curricula.

- Provide all healthcare professionals with accredited resuscitation training.
- Tailor the required CPR training to the provider's role, their specific setting, and/or specific patient populations.
- Train ambulance service call handlers in cardiac arrest recognition and telephone-assisted CPR guidance.

Educational methods to teach high-quality resuscitation competencies

- Use blended and self-directed learning to provide flexibility and accessibility for all learners of resuscitation.
- Consider gamified learning as a component of resuscitation training for all types of basic and advanced life support courses.
- Use real-time CPR feedback devices to improve chest compression skill acquisition and accuracy.
- Use Rapid Cycle Deliberate Practice as an effective learning strategy to master skills rapidly.
- Use spaced learning to improve acquisition and retention of competencies.
- Use stepwise approaches for structured skill acquisition. Strict adherence to a four-step approach is not always necessary.
- Healthcare professionals should consider using cognitive aids during resuscitation training to enhance protocol adherence. Bystanders should not use them, as this may delay critical actions.
- Integrate ethical training into healthcare professionals' resuscitation education.
- Regardless of the rescuer's background, basic life support education should include effective chest compressions, safe use of an AED, and ventilation of the lungs.
- Teach two-person ventilation when using a self-inflating bag and mask.
- Address the barriers in BLS training that rescuers might experience in performing CPR and factors increasing rescuers' willingness to perform CPR.
- Include training of team competencies in all life support courses (including non-technical skills and human factors during resuscitation).

Technology-enhanced learning (TEL) for resuscitation

- Use online learning modalities (e.g. podcasts, videos, social media) to provide flexibility in time and location for learners and to promote asynchronous learning.
- Use augmented reality for life support training, as it possibly adds value to the learning process.
- Consider applications and artificial intelligence, which might facilitate assessment and teaching during resuscitation courses.

Simulation-based resuscitation education

- Use high-fidelity manikins when training centres/organisations have the infrastructure, trained personnel, and resources available. Use low-fidelity manikins for standard advanced life support training where high-fidelity manikins are not available.
- Use in-situ simulation (at the workplace) as an option for CPR training where resources are readily available.
- Include the teaching of teamwork competencies in basic and advanced life support simulations.
- Consider the inclusion of a CPR coach as a member of the resuscitation team during CPR simulation.
- Use debriefing scripts to support instructors during debriefing after simulation.

Assessment in resuscitation education

- Use frequent formative assessments in all life support courses to provide instructors with information for targeted feedback and to support learning.
- Use checklists to support assessment decisions.

Feedback and debriefing in life support courses

- Ensure feedback is a two-way discussion between the giver and the recipient, driven by an authentic interest in the learner’s improvement.
- Consider using a concise team debriefing after cardiac arrest training for healthcare professionals to encourage routine clinical debriefings after real-

life resuscitations.

Faculty development

- RCUK recommends faculty development programs for all instructors teaching life support courses.
- Select trainers with medical education expertise to conduct faculty development programmes.
- Implement faculty development programs that enable participants to establish a positive learning climate, practice effective educative leadership, communicate learning goals, implement robust assessment and feedback strategies, and evaluate course programs for continuous improvement.

Effect of resuscitation education on outcome

- Healthcare professionals providing advanced life support to adults should attend accredited adult advanced life support training.
- Healthcare professionals providing advanced life support for newborns and babies should attend accredited neonatal resuscitation training courses such as Newborn Life Support (NLS) and Advanced Resuscitation of the Newborn Infant (ARNI).
- For healthcare professionals providing care for newborns and babies in out-of-hospital settings, we recommend participation in an out-of-hospital specialist course.
- Other accredited life support courses (e.g. paediatric life support) are recommended, even though the effect on patient outcomes is less clear.

Resuscitation education in low-resource settings and remote areas

- Adapt educational approaches and materials, and awareness campaigns to the context and available resources.
- Consider distance learning, technology-enhanced learning, hybrid resuscitation training, and the use of low-cost (self-made) manikins.

Related content

Training for healthcare professionals
GIC (Generic Instructor Course)
ILSi (Immediate Life Support Instructor Course)
BLSi (Basic Life Support Instructor Course)
Restart a Heart