

Anesthesiology
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Anesthesiologists are CPR Experts!

To the Editor:—The answer to Dr. Garman's editorial¹ question, "Are anesthesiologists experts in cardiopulmonary resuscitation?" is YES. Dr. Garman concludes, unjustifiably from the study by Schwartz *et al.*,² that anesthesiologists are not well trained in current CPR practices because, . . . "the majority failed the didactic test." The American Heart Association's CPR course is a "cookbook" attempt to provide the public with a rote method of CPR, since the public has no background to do otherwise. The language of the test and the questions (*e.g.*, where is the heart located) verify the thrust of this program. In fact, it is demeaning to ask professionals whose entire training is based on the maintenance and restoration of cellular oxygenation to take this test.

Further, the study by Schwartz *et al.* may contain several flaws. First, they did not correct for the funning and fooling factor, which is an attitudinal response to a test held in low regard. Second, the answers to some of the questions asked of test participants would be considered incorrect or immaterial by anesthesiologists. Finally, it is naive to attempt to make something cerebral out of the basic CPR course, because, after one remembers the recommended breathing-compression ratio, then all it takes is stamina (and a lot of people do not have it).

Those of us who have been involved in CPR for years know the immense number of variables in each resuscitation (the manikin has its), and that a rigid approach should not be applied to professionals such as anesthesiologists. The intent of the American Heart Association CPR program was for mass public education and, in that regard, it has done exceedingly well. On the other hand, the dedicated CPR instructors should not wrongly indict an entire specialty in order to add credibility to their good work.

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2. Schwartz AJ, Orkin FK, Ellison N: Anesthesiologists' training and knowledge of basic life support. *ANESTHESIOLOGY* 50:191-194, 1979

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In reply:—My rebuttle to Dr. Allen's letter will be brief—my editorial speaks for itself. It is unfortunate that Dr. Allen feels threatened by the facts. First of all—my conclusion that the majority of anesthesiologists are, in fact, not experts in cardiopulmonary resuscitation is derived not only from their "failure of a didactic test" but more importantly, from the fact that they consistently fail skills tests. In other words, many anesthesiologists have allowed their knowledge and psychomotor skills of basic and advanced CPR to become outdated. This applies not only to the physical performance of CPR but also to the adjunctive skills such as interpretation of arrhythmias and drug

therapy. Second, a careful reading of the current 50-question American Heart Association Basic Cardiac Life Support Test fails to find any question which reads "Where is the heart located." To the contrary, it is a well-designed test written by professionals, which certainly is not demeaning to any group. Third, if Dr. Allen would read the paper by McIntyre *et al.*,¹ he would see that much more than "stamina" is required to do good basic CPR (in fact, if you do it right it doesn't take much stamina!). Last, the intent of the American Heart Association CPR program is not only to educate the lay public but also to train medical and allied health personnel. If Dr. Allen really wants to

be "involved in CPR" he should support this effort and work within its framework instead of minimizing its importance.

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In reply:—An expert is one possessing special skill and knowledge of a specific subject.¹ The achievement of this distinction comes from training as well as experience.¹ As the definition of anesthesiology includes "The clinical management and teaching of cardiac and pulmonary resuscitation,"* the disdain for the nationally-accepted standardized American Heart Association (AHA) Cardiopulmonary Resuscitation (CPR) training program expressed by Dr. Allen is regrettable and not in keeping with the spirit of our specialty. Agreeing that one of the major goals of the AHA CPR program is mass public education, what can physicians gain from participation in an AHA Basic CPR course? First, delivery of CPR in and outside of the hospital is most efficient when those participating in the delivery of the care speak a universal language. Only by standardized CPR education can total strangers act in unison, eliminating individual variability in technique. The speed, proficiency and grace with which CPR can be instituted by trained people decreases the period of anoxia and improves chances for survival. Second, if indeed physicians, especially anesthesiologists, must be the teachers of CPR, for the public, paramedical personnel and medical colleagues, they must possess current knowledge of CPR. This relatively young area of clinical care is undergoing constant revision. Comparison of recent national publications in this area demonstrates the state of flux.²⁻⁴ Keeping current is possible only by continuing education. Third, where physicians are concerned, CPR is cerebral. When the AHA Basic CPR course is used as a framework upon which to build, the sound principles of physiology which are the basis of CPR can be taught, pondered and researched. CPR

can and must be presented to physicians not only as a practical skill but as a highly sophisticated, intellectual topic.

If we as anesthesiologists are to honestly be able to call ourselves experts in CPR we must be able to document our skill. Experience, valuable though it may be, is only one way to document skill. Participation in a didactic CPR session, including a knowledge evaluation and objective practical test with a recording Resuscianne®, is an additional, necessary method to document expertise. As Dr. Garman's editorial recommends, "If you are still a skeptic, subject yourself . . . to [the] . . . test The results may surprise you."⁵

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* The American Board of Anesthesiology, Inc.: Booklet of Information, 1977, p 4.