

Title: Does Introducing an Assessment-and-Categorization based Pediatric Advanced Life Support Training Workshop Improve the Quality of Critical Care?
– A Questionnaire Analysis

題目：採用「評估病情然後急症分類」的兒童高級救命術訓練方法可否提升急重症的訓練品質？- 學員回饋問卷的分析。

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Background: In Feb. 2011, Taiwan Pediatric Association and Taiwan Emergency Medicine Association invited American Heart Association to launch a 4-day course of Pediatric Advanced Life Support (PALS) training workshop, including provider and instructor sections. This training enforced an assessment-and-categorization (A-&-C) capability on all trainees when dealing with any kind of children's critical disease. Because both doctors and nurses of different lengths of clinical experience may be involved in taking care children of critical disease, how the trainees of different backgrounds can be benefited from this PALS training workshop would be an interesting issue.

Method: In Dec. 2011 and Apr. 2012, two courses of a PALS training workshop were held in the China Medical University Hospital, Taichung. Totally, fourteen doctors and 109 nurses completed this 2-day course of training. A patient-centered pediatric assessment triangle model (PAT⁺), comparable to but simpler than the general, primary, secondary, and tertiary assessments of the PALS/AHA workshop, was used in this training. Three clinical crises, including shock, arrhythmia and respiratory distress, and 12 sub-categorized core case simulation were used as training scenarios. All trainees were required to fully assess every simulated case with the PAT⁺ before they categorize it into specific critical condition. Afterwards, their continued plans of intervention, consistent with the case' A-&-C result, are allowed to proceed. At the end of the workshop, every trainee was required to submit a feedback questionnaire to express personal satisfaction about this training.

Result: Clinical experiences among the 123 trainees were 30 < 1 year, 29 between 2 to 4 years, 38 between 5-10 years and 20 > 10 years. Asking about self-awareness of

the importance of making *initial PAT⁺ assessment* on patients of critical disease, more than 90% of trainees in all backgrounds considered this workshop as helpful or very helpful. However, about 21% of doctors and 49% of nurses also responded that they experienced some learning difficulty in PAT⁺. Asking about the effectiveness of this training in urging a 'patient-centered' attitude of searching case' specific problem of clinical crisis, all doctors responded very helpful and helpful, so did more than 90% of nurses.

Conclusion: More than 90% of all trainees responded positively to the PAT⁺ assessment and the A-&-C training in this PALS workshop, however, the training station needs to improve the learning efficiency with better pre-workshop communications.