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Letter to the Editor

Training of potential trainers on lay-people CPR in Vietnam



To the Editor

Out-of-hospital cardiac arrest (OHCA) is a growing health burden in low- and middle-income countries¹; their premature emergency care systems cannot appropriately handle the increasing OHCA incidence.² For example, in Vietnam, a lower-middle income country with a population of 90 million, its Ministry of Health has stipulated that an emergency unit or department should be established in all levels of hospitals since 2008; emergency medical service (EMS) systems are functioning at least in urban areas. However, such systems are underutilized due to ineffective organizations and insufficient resources.³

In such situations, bystander first-aid is crucial to improve outcomes of people with OHCA,⁴ however, bystander chest compression is in reality hardly done in Vietnam.³ To improve access to bystander first-aid, we need to increase the number of those who can perform first aid. This requires training of laypeople and also training of trainers.

We decided to start training of trainers to the public; but who can be? We have identified dental clinic staff rather than EMS personnel as candidates of the trainers given the easy access to and potential human resources in dental care. A dental clinic can be easily found throughout the country, even in rural areas; we can find a clinic every 500 m along the streets in urban centres (945 dental clinics exist in Hanoi). In contrast, only 21 ambulance units are working with limited human resources in Hanoi. There is no paramedic system in Vietnam and a few doctors and nurses are engaged in EMS.

Our program started in 2016. The trainees are dentists and dental technician; most of them are working for the private sector. So far, we have held more than 30 training sessions and trained approximately 1500 trainees in various areas including Hanoi, Bac Giang, Hai Duong, Da Nang, and Ho Chi Minh City. The trainers are emergency physicians and nurses dispatched from the emergency department of Hanoi Medical University Hospital.

A training session consists of one-hour theory lecture and two-hour skill training of cardiopulmonary resuscitation (CPR). We provide lectures using the 2015 American Heart Association Guidelines Update for CPR and Emergency Cardiovascular Care⁵ and provide simulation training using a mannequin. In the simulation training, two trainees are instructed to cooperate and provide CPR as a team (one provides chest compressions and the other rescue breathing); perform the CPR at least two cycles until they can do smoothly the procedures; then observe the other teams practice the CPR. After the

classes, the trainees receive a certificate and exchange contact information for further updates.

So far, we have not yet evaluated the effects of this program; however it has a potential to contribute to increasing access to bystander first-aid and improve the outcomes of OHCA in two ways. First, the trained dental staff may encounter cardiac arrests in or near their dental clinics. Second, more importantly, they have a potential to be trainers to the general public in the future although their skills and knowledge are still to be strengthened.

Conflict of interest

This manuscript has not been published or presented elsewhere in part or in entirety and is not under consideration by another journal. There are no conflicts of interest to declare.

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