



ORIGINAL ARTICLE

Basic life support: Knowledge and attitude among dental students and Staff in the College of Dentistry, King Saud University



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Abstract *Objective:* To assess and compare the level of knowledge and attitude toward basic life support among bachelor of dental surgery clinical students (third-, fourth-, and fifth-year dental students), dental interns, postgraduate students and faculty in the Dental College at King Saud University, Riyadh, Saudi Arabia. *Material and methods:* A previously validated self-select questionnaire was randomly distributed to the participants. The structured questionnaires consist of demographic data, knowledge and attitude of the participants related to basic life support. *Results:* 454 participants completed the surveys with response rate of 77.85%. The mean knowledge score for the participants was 5.99 with a median score of six. A highly statistically significant difference was detected among the different academic groups (analysis of variance ANOVA; $F = 9.756$, $P < 0.001$). The mean scores of the third-year students were significantly the highest, while fifth-year students showed the lowest knowledge score. The majority of the participants (93.6%) thought that dentists and dental students should know about basic life support and that it should be included in the undergraduate dental curriculum. *Conclusion:* Our findings demonstrate that dental students and staff had inadequate basic life support knowledge. However, they had positive attitudes toward it.

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1. Introduction

Basic Life Support (BLS) is a simple life-saving protocol following a cardiac arrest. It is an integral part of emergency resuscitative care that aims to retain sufficient ventilation and circulation until the cause of the arrest is detected and eliminated.¹ As health care professionals, dental practitioners encounter life-threatening medical emergencies. A study by Müller et al.² found that medical emergencies are not rare in

dental practice, as about two-thirds of dentists faced at least one emergency during the 12-month study period. In the context of medical emergencies, provision of a competent BLS carries a potential impact on lives. It is recommended that all medical students and staff, who are exposed to patients, must be trained to offer basic life support.³ It has been reported that knowledge and practice of BLS increase the survival of patients after cardiac arrest.⁴

Different reports have described the knowledge of BLS among health care professionals.^{5–7} However, there has been little research regarding the knowledge and attitude of BLS in the dental profession.^{8–10} Chandrasekaran et al.⁹ evaluated the knowledge of BLS among healthcare students and professionals and found that the study subjects were severely lacking in BLS knowledge. Reddy et al.¹⁰ assessed the knowledge of BLS among bachelor of dental surgery clinical students, dental interns, postgraduate students, and dental faculty in a dental school in India. The study concluded that postgraduate students and faculty had significantly poorer knowledge when compared to undergraduate students and dental interns. A study by Gonzaga et al.⁸ found that 86% of the interviewed dentists had received information about CPR; however, most of them had not received practical training for cardiopulmonary resuscitation. The aforementioned literature highlights the lack of BLS knowledge among dental students and teaching staff in dental schools.

In Saudi Arabia, the literature is limited in regard to the BLS knowledge among health care professionals. Recently, Almesned et al.¹¹ reviewed the BLS knowledge among healthcare students, physicians and pharmacists at Qassim University in Saudi Arabia, and found that the knowledge of the participants was poor and mandates improvement. The study participants included 93 medical students, 7 medical interns, 6 dental students, 7 pharmacy students, 11 medical science students, 4 general physicians, and 11 pharmacists. Another study¹² showed poor awareness about the BLS among students of college of applied medical sciences and college of medicine at King Saud Bin Abdulaziz University of Health Sciences in Saudi Arabia. Nevertheless, there is no detailed information regarding BLS knowledge and attitude among dental students and staff in dental schools in Saudi Arabia.

The aim of the present study is to assess and compare the level of knowledge and attitudes toward BLS among bachelor of dental clinical students, dental interns, dental residents, and staff in the College of Dentistry at King Saud University, Riyadh, Saudi Arabia.

2. Material and methods

This cross-sectional, survey-based study enrolled third-, fourth-, and fifth-year dental students, dental interns and general practitioners. It also enrolled postgraduate students and dental faculty members in the College of Dentistry, King Saud University, Riyadh, Saudi Arabia. The questionnaire is previously validated⁶ by piloting in other hospitals and the appropriate changes have been made before it was finalized for the study. It was randomly distributed among the participants along with a covering letter that describes the project. The questionnaire was piloted again and reviewed by an expert. The study protocol was reviewed and approved by

College of Dentistry Research Center, King Saud University, Riyadh, KSA (IR 0113). It was conducted in accordance with the ethical principles for medical research involving human subjects of the Helsinki Declaration. The questionnaires were self-administered, where participants are supposed to fill out them with adequate time. Confidentiality was maintained through the process.

The structured questionnaires consist of three major sections:

1. Demographic data and professional qualification: (gender, academic level, duration of clinical experience and any previous exposure to BLS course).
2. Knowledge of participants related to BLS (15 MCQs with 5 options).
3. Attitude toward BLS (5 close-ended questions).

The knowledge score for each participant was calculated with a maximum possible score of 15 and minimum score of 0, where a higher score indicates a greater knowledge. Statistical Package for Social Sciences software (SPSS version 22.0) was used for data analysis. A critical *P* value of 0.05 was regarded as significant.

3. Results

We distributed 596 questioners to the participants of our interest. Four hundred and sixty four were returned, with a response rate of 77.85%. We excluded 10 incomplete surveys. Out of the 454 participants 220 (48.5%) were males, and 234 (51.5%) were females.

The sample consisted of seven groups according to the different academic levels (Table 1). The duration of clinical experience was divided into; less than 5 years, 5–10 years, and more than 10 years representing the following percentages; (76%), (13.4%), and (10.6%) respectively. Almost all the participants (99.1%) had attended previous BLS workshops, with the majority (89.9%) being within the last 5 years. Most of the participants (86.8%) had not been involved in any patient resuscitation experience.

As shown in (Table 2), most (93.6%) of the participants thought that dentists and dental students should know about BLS and it should be included in the undergraduate dental curriculum. A large number of the respondents (63.2%) were reluctant to perform CPR to a stranger. About one third of them (33.3%) indicated that the reason for reluctance is being afraid of causing harm to the patient. The reluctance to perform CPR significantly differed by gender ($X^2 = 16.606$, $df = 1$, $P < 0.001$). Males were more likely to show reluctance than were the females. Concerning the reasons for lack of BLS knowledge, almost half of the respondents (48%) chose the busy curriculum. Further reasons include no available professional training and the lack of interest. Some participants offered other written reasons, which revolve around the belief that medical emergencies are not commonly encountered, incomprehension of the importance of BLS, and the need for regular update of BLS knowledge of dentists.

The number and percentage of knowledge score of the participants are listed in (Table 1). The mean score for the participants was 5.99 with a median score of six. The knowledge score was significantly higher among females when compared

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