4.3.4.6 Circulation with haemorrhage control C6_1 to C6_15; D6_1 to D6_15

This question will be analysed in six separate parts because the actions are related to each other and to simplify the figures.

Part 1 provides the results and analysis of performance of four skills pertaining to circulation with haemorrhage control: haemodynamic monitoring of the critically ill patient, analyse 12-lead ECG: myocardial infarction, analyse ECG strips: lethal rhythms and analyse ECG strip: non-lethal strips.

Figures 4.47 and 4.48 illustrate the skills visually by indicating the mean score for each variable.

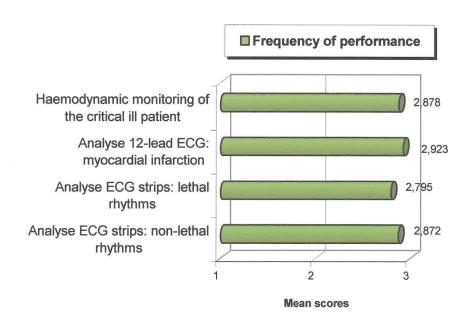


Figure 4.47- Circulation with haemorrhage control (Part 1)

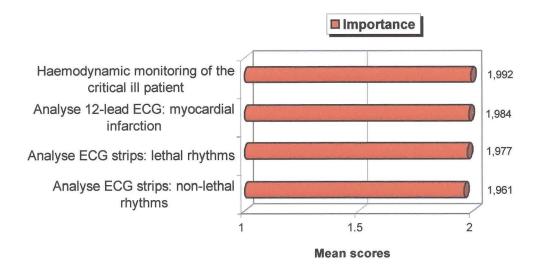


Figure 4.48 - Circulation with haemorrhage control (Part 1)

Table 4.19 reflects the *frequency of performance* of advanced life-support skills pertaining to circulation with haemorrhage control. Note that the majority of the respondents indicated that they frequently perform the skills pertaining to assessment and recording.

Table 4.20 reflects the *importance* of these skills to be included in the curriculum and the majority of the respondents indicated that they agree that these skills are important and should be included in the curriculum.

b) Part 2 C6_5 to C6_8; D6_5 to D6_8

Part 2 provides the results and analysis of performance of four skills pertaining to circulation with haemorrhage control: control external bleeding, suturing of skin lacerations, administration of resuscitation fluids and MAST suit application.

Figures 4.49 and 4.50 illustrate the skills visually by indicating the mean scores for each variable.

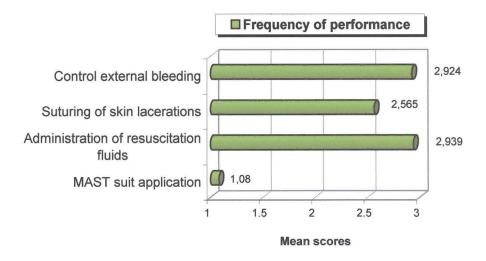


Figure 4.49 - Circulation with haemorrhage control (Part 2)

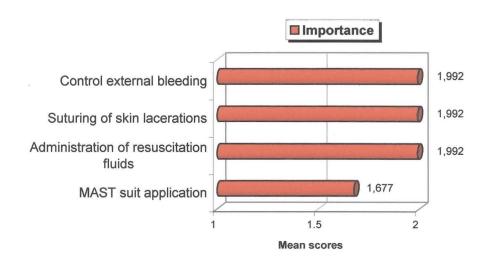


Figure 4.50 - Circulation with haemorrhage control (Part 2)

Table 4.19 reflects the *frequency of performance* of advanced life-support skills pertaining to circulation with heamorrhage control. Note that the majority of the respondents indicated that they frequently perform the skills, except the MAST suit application. This skill was performed seldom/never according to the majority of the respondents (92,6%).



Table 4.20 reflects the *importance* of these skills to be included in the curriculum and the majority of the respondents indicated that they agree that these skills are important and should be included in the curriculum. However, only 67,7% of the respondents agreed and 32,5% of the respondents disagreed that MAST suit application should be included in the curriculum.

c) Part 3 C6_9 to C6_94; D6_5 to D6_94

Part 3 provides the results and analysis of performance of four skills pertaining to circulation with haemorrhage control: peripheral line access, internal jugular venous access, external jugular venous access and femoral venous access.

Figures 4.51 and 4.52 illustrate the skills visually by indicating the mean score for each variable.

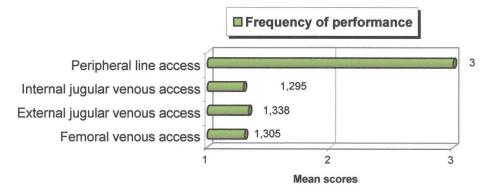


Figure 4.51 - Circulation with haemorrhage control (Part 3)

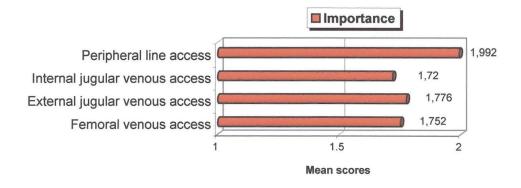


Figure 4.52 - Circulation with haemorrhage control (Part 3)



Table 4.19 reflects the *frequency of performance* of advanced life-support skills pertaining to assessment and recording. Note that the majority of the respondents indicated that they frequently perform peripheral line access. However, respondents indicated that they seldom/never perform internal jugular venous access, external jugular venous access and femoral venous access.

Table 4.20 reflects the *importance* of these skills to be included in the curriculum and the majority of the respondents indicated that they agree that these skills are important and should be included in the curriculum.

Part 4 provides the results and analysis of performance of five skills pertaining to circulation with haemorrhage control: intraosseous access, central line access, peripheral vein cutdown, umbilical venous access and umbilical arterial access.

Figures 4.53 and 4.54 illustrate the skills visually by indicating the mean score for each variable.

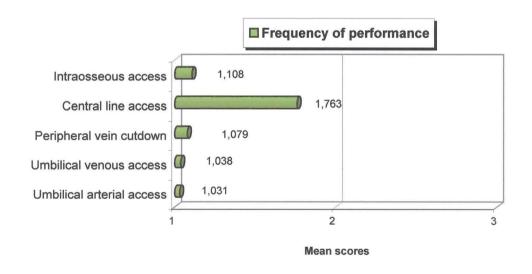


Figure 4.53 - Circulation with haemorrhage control (Part 4)



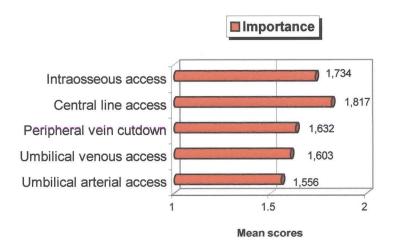


Figure 4.54 - Circulation with haemorrhage control (Part 4)

Table 4.19 reflects the *frequency of performance* of advanced life-support skills pertaining to circulation with haemorrhage control. Note that the majority of the respondents indicated that they perform these skills seldom/never. However, 30,9% respondents indicated that they perform central line access frequently and 15,0% indicated that they perform the skill periodically.

Table 4.20 reflects the *importance* of these skills to be included in the curriculum and the majority of the respondents indicated that they agree that these skills are important and should be included in the curriculum.

e) Part 5 C6_10 to C6_12; D6_10 to D6_12

Part 5 provides the results and analysis of performance of three skills pertaining to circulation with haemorrhage control: emergency pericardiocentesis for treatment of a pericardial tamponade, effective performance of CPR and splinting of limbs.

Figures 4.55 and 4.56 illustrate the skills visually by indicating the mean score for each variable.

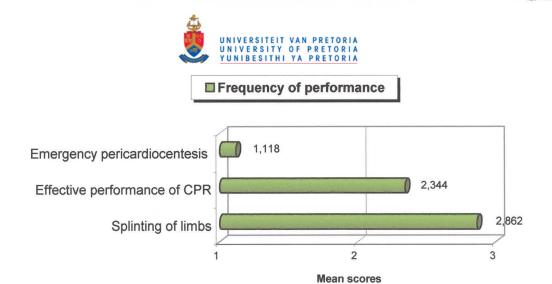


Figure 4.55 - Circulation with haemorrhage control (Part 5)

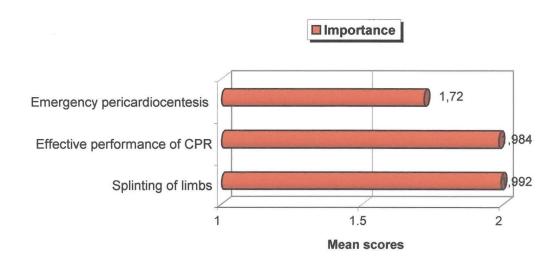


Figure 4.56 - Circulation with haemorrhage control (Part 5)

Table 4.19 reflects the *frequency of performance* of advanced life-support skills pertaining to circulation with haemorrhage control. Note that the majority of the respondents indicated that they perform emergency pericardiocentesis for treatment of a pericardial tamponade seldom/never (92,7%), whereas 45,7% indicated that they perform effective CPR frequently and 44,1% of the respondents indicated that they perform this skill periodically. Splinting of limbs are frequently performed.

Table 4.20 reflects the *importance* of these skills to be included in the curriculum and the majority of the respondents indicated that they agree that these skills are important and should be included in the curriculum.

Part 6 provides the results and analysis of performance of four skills pertaining to circulation with haemorrhage control: splinting of pelvis, limb X-ray interpretation and pelvic X-ray interpretation.

Figures 4.57 and 4.58 illustrate the skills visually by indicating the mean score for each variable.

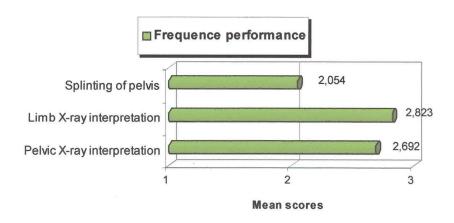


Figure 4.57 - Circulation with haemorrhage control (Part 6)

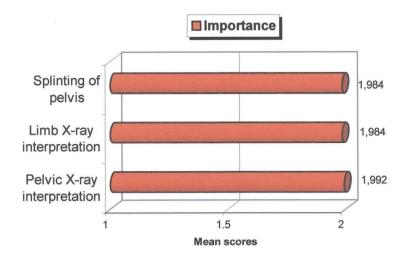


Figure 4.58 - Circulation with haemorrhage control (Part 6)

Table 4.19 reflects the *frequency of performance* of advanced life-support skills pertaining to circulation with haemorrhage control. Note that the skill splinting of pelvis is performed seldom/never (31,2%), periodically (32,0%) and frequently (36,8%). Limb X-ray interpretation (87,3%) and pelvic X-ray interpretation (76,2%) were both performed frequently.

Table 4.20 reflects the *importance* of these skills to be included in the curriculum and the majority of the respondents indicated that they agree that these skills are important and should be included in the curriculum.

The degree of relationship between the frequency of performance and importance of the skills to be included in the curriculum as indicated by the Spearman correlation (see Annexure D – Spearman correlation between the variables in Section C and Section D) illustrated the following:

- MAST suit application indicated a highly significant Spearman correlation coefficient (r_s 0,299)
- Internal jugular venous access indicated a significant Spearman correlation coefficient (r_s 0,183)
- External jugular venous access indicated a highly significant Spearman correlation coefficient (r_s 0,338)



- Femoral venous access indicated a highly significant Spearman correlation coefficient (r_s 0,378)
- Intraosseous access indicated a highly significant Spearman correlation coefficient (r_s 0,319)
- Central line access indicated a highly significant Spearman correlation coefficient (r_s 0,384)
- Peripheral vein cutdown indicated a highly significant Spearman correlation coefficient (r_s 0,343)
- Umbilical venous access indicated a highly significant Spearman correlation coefficient (r_s 0,376)
- Umbilical arterial access indicated a highly significant Spearman correlation coefficient (r_s 0,275)
- Emergency pericardiocentesis for treatment of a pericardial tamponade indicated a highly significant Spearman correlation coefficient (r_s 0,242)
- Splinting of limbs indicated a highly significant Spearman correlation coefficient (r_s 0,250)
- Splinting of pelvis indicated a significant Spearman correlation coefficient (r_s 0,221)
- Limb X-ray interpretation indicated a significant Spearman correlation coefficient (r_s 0,228)



Table 4.19 – Frequency of performance of advanced life-support skills (%) C6_1 to C6_15

***************************************			State I	nospita	s			Р	rivate	hospita	ls				To	otal				
Skills	Seldom / Never Periodically		Frequently		Seldom / Never		Periodically		Frequently		Seldom / Never		Periodically		Frequently		X²	df [†]		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
Circulation with	haem	orrhag	e cont	roi																
Part 1					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		,,,,,,,,								,					
Haemodynamic monitoring of the critically ill patient	4	3,0	4	0,0	25	97,0	2	3,2	6	7,5	85	89,4	4	3,2	7	5,5	116	91,3	2,614	2
Analyse 12-lead ECG: myocardial infarction	1	3,0	1	3,0	31	93,9	0	0,0	6	6,5	87	93,6	1	0,8	7	5,6	118	93,7	3,332	2
Analyse ECG strip: lethal rhythms	2	6,3	3	9,4	27	84,4	5	5,5	7	7,7	79	86,8	7	5,7	10	8,1	106	86,2	0,123	2
Analyse ECG strips: non-lethal rhythms	2	6,5	1	3,2	28	90,3	3	3,3	4	4,4	83	92,2	5	4,1	5	4,1	111	91,7	0,635	2

Degrees of freedom $\rho < 0.05$

p < 0.01



Table 4.19 – (continued)

			State h	ospital	s			Р	rivate l	nospita	İs				To	tal				
Skills	Seldom / Never		Periodically		Frequently		Seldom / Never		Periodically		Frequently		Seldom / Never		Periodically		Frequently		X²	df [†]
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	-	
Part 2														,,,,,,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- · ·	
Control external bleeding	0	0,0	4	12,1	29	87,9	1	1,1	3	3,2	90	95,7	1	0,8	7	5,5	119	93,7	4,046	2
Suturing of skin lacerations	1	3,0	0	0,0	32	97,0	17	18,1	20	21,3	57	60,6	18	14,2	20	15,8	89	70,1	15,528**	2
Administration of resuscitation fluids	0	0,0	0	0,0	33	100,0	0	0,0	8	8,5	86	91,5	0	0,0	8	6,3	119	93,7	2,997	1
MAST suit applications	28	93,3	1	3,3	1	3,3	84	92,3	7	7,7	0	0,0	112	92,6	8	6,6	1	0,8	3,684	2
Part 3												•								
Intravenous acc	ess																			
Peripheral line access	0	0,0	0	0,0	33	100,0	0	0,0	0	0,0	93	100,0	0	0,0	0	0,0	126	100,0	0,000	0
Internal jugular venous access	25	80,7	3	9,7	3	9,7	73	77,7	14	14,9	7	7,5	98	78,4	17	13,6	10	8,0	0,638	2
External jugular venous access	25	75,8	4	12,1	4	12,1	71	75,5	14	14,9	9	9,6	96	75,6	18	14,2	13	10,2	0,287	2
Femoral venous access	23	69,7	2	6,0	8	24,2	79	84,0	10	10,6	5	5,32	102	80,3	12	9,5	13	10,2	9,712	2

Degrees of freedom p < 0.05 p < 0.01



Table 4.19 – (continued)

		State hospitals						Р	rivate	hospita	ils				To	otal	.,			
Skills	Seldom / Never		Periodically		Frequently		Seldom / Never		Periodically		Frequently		Seldom / Never		Periodically		Frequently		X²	df [†]
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
Part 4					***************************************					-		*								
Intraosseous access	27	81,8	5	15,2	1	3,0	86	92,5	7	7,5	0	0,0	113	89,7	12	9,5	1	0,8	4,613	2
Central line access	19	57,6	3	9,1	11	33,3	49	52,1	16	17,0	29	30,9	68	53,5	19	15,0	40	31,5	1,210	2
Peripheral vein cutdown	29	93,6	1	3,2	1	3,2	86	93,5	5	5,4	1	1,1	115	93,5	6	4,9	2	1,6	0,884	2
Umbilical venous access	30	90,1	3	9,1	0	0,0	91	97,9	2	2,2	0	0,0	121	96,0	5	4,0	0	0,0	3,079	1
Umbilical arterial access	31	93,9	2	6,1	0	0,0	91	97,9	2	2,2	0	0,0	122	96,8	4	3,2	0	0,0	1,212	1
Part 5							***************************************	*				· · · · · · · · · · · · · · · · · · ·						·		
Emergency pericardiocente-sis for treatment of a pericardial tamponade	30	93,8	0	0,0	2	6,3	84	92,3	3	3,3	4	4,4	114	92,7	3	2,4	6	4,9	1,227	2
Effective performance of CPR (ventilation and compressions)	3	9,1	10	30,3	20	60,6	10	10,6	46	48,9	38	40,4	13	10,2	56	44,1	58	45,7	4,158	2
Splinting of limbs	1	3,0	1	3,0	31	93,9	1	1,1	10	10,8	82	88,2	2	1,6	11	8,7	113	89,7	2,341	2

Degrees of freedom p < 0.05 p < 0.01



Table 4.19 – (continued)

		State hospitals						Р	rivate	hospita	ls				To	tal	1			
Skills	<u>8</u>		Periodically		Frequently		Seldom / Never		Periodically		Frequently		Seldom / Never		Periodically		Frequently		X²	df [†]
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
Part 6	, ,															•	· · · · · ·			
Splinting of pelvis	15	45,5	6	18,2	12	36,4	24	26,1	34	37,0	34	37,0	39	31,2	40	32,0	46	36,8	5,598	2
Limb X-ray interpretation	2	6,3	2	6,3	28	87,5	3	3,2	9	9,6	82	87,2	5	4,0	11	8,7	110	87,3	0,865	2
Pelvic X-ray interpretation	5	15,2	5	15,2	23	69,7	3	3,2	17	18,3	73	78,5	8	6,4	22	17,5	96	76,2	5,840	2

[†] Degrees of freedom * p < 0,05 ** p < 0,01



Table 4.20 – Importance of advanced life-support skills (%) D6_1 to D6_15

		State I	hospital	8		Private	hospita	ls		To	tal			
Skills		Disagree	Agree			Disagree		A Agree		Disagree		Agree	x ²	df [†]
	N	%	N	N %						%	N	%		
Circulation with haemorrhage	control					A								
Part 1	****	A 100 A 100												
Haemodynamic monitoring of the critically ill patient	1	3,2	30	96,8	0	0,0	94	100,0	1	0,8	124	99,2	3,057	1
Analyse 12-lead ECG: myocardial infarction	2	6,5	29	93,6	0	0,0	94	100,0	2	1,6	123	98,4	6,163	1
Analyse ECG strip: lethal rhythms	3	9,7	28	90,3	0	0,0	94	100,0	3	2,4	122	97,6	9,320	1
Analyse ECG strips: non-lethal rhythms	3	10,0	27	90,0	2	2,1	92	97,9	5	4,0	119	96,0	3,642	1
Part 2		3												
Control external bleeding	1	3,2	30	96,8	0	0,0	94	100,0	1	0,8	124	99,2	3,057	1
Suturing of skin lacerations	1	3,2	30	96,8	0	0,0	94	100,0	1	0,8	124	99,2	3,057	1
Administration of resuscitation fluids	1	3,3	29	96,7	0	0,0	93	100,0	1	0,8	122	99,2	3,125	1
MAST suit applications	10	33,3	20	66,7	30	32,3	63	67,7	40	32,5	83	67,5	0,012	1
Part 3						4.5								
Intravenous access														
Peripheral line access	1	3,3	29	96,7	0	0,0	93	100,0	1	0,8	122	99,2	3,125	1
Internal jugular venous access	9	30,0	21	70,0	24	26,4	67	73,6	33	27,3	88	72,7	0,150	1
External jugular venous access	9	30,0	21	70,0	17	18,7	74	81,3	26	21,5	95	78,5	1,713	1
Femoral venous access	5	16,7	25	83,3	24	26,4	67	73,6	29	24,0	92	76,0	1,167	1

Degrees of freedom p < 0.05

p < 0,01



Table 4.20 – (continued)

		State h	ospitals			Private	hospita	ls		T				
Skills		Disagree		Agree		Disagree		Agree		Disagree	Agree		X ²	df [†]
	N	%	N	%	N	%	N	%	N	%	N	%	7	
Part 4				*						7 742	v 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Intraosseous access	9	30,0	21	70,0	22	24,4	68	75,6	31	25,8	89	74,2	0,363	1
Central line access	6	20,0	24	80,0	16	17,4	76	82,6	22	18,0	100	82,0	0,104	1
Peripheral vein cutdown	9	30,0	21	70,0	34	37,4	57	62,4	43	35,5	78	64,5	0,534	1
Umbilical venous access	13	43,3	17	56,7	34	37,0	58	63,0	47	38,5	75	61,5	0,388	1
Umbilical arterial access	13	43,3	17	56,7	40	43,5	52	56,5	53	43,4	69	56,6	0,000	1
Part 5														200
Emergency pericardiocentesis for treatment of a pericardial tamponade	8	26,7	22	73,3	26	28,6	65	71,4	34	28,1	87	71,9	0,041	1
Effective performance of CPR (ventilation and compressions)	1	3,3	29	96,7	1	1,1	92	98,9	2	1,6	121	98,4	0,723	1
Splinting of limbs	1	3,3	29	96,7	0	0,0	93	100,0	1	0,8	122	99,2	3,125	1
Part 6														
Splinting of pelvis	2	6,7	28	93,3	0	0,0	93	100,0	2	1,6	121	98,4	6,303	1
Limb X-ray interpretation	1	3,3	29	96,7	1	1,1	92	98,9	2	1,6	121	98,4	0,723	1
Pelvic X-ray interpretation	1	3,3	29	96,7	0	0,0	93	100,0	1	0,8	122	99,2	3,125	1

[†] Degrees of freedom * p < 0.05 ** p < 0.01