



Department of Physiology,
Velammal Medical College Hospital & Research Institute, Madurai



**WE CORDIALLY INVITE
YOU TO ATTEND**

Hands on workshop on Basic
Life Support conducted by the
department of Physiology along
with the department of
Emergency medicine

Conducted by:
Dr.K.Sasisree
Professor and HOD,
Department of Emergency
medicine, VMCH&RI



Department of
Physiology
VMCH&RI
conducts
**Workshop
on Basic
Life Support**

DATE AND TIME
08.04.2025 & 09.04.2025
02.00-04.00 PM

VENUE
LECTURE HALL -1,
VELAMMAL MEDICAL
COLLEGE



‘Basic Life Support’ Workshop 2024-2025

Conducted by : Dr.K.Sasisree, Professor and HOD,
Department of Emergency medicine, VMCH&RI.
Dr.S.Saravanan, Final year postgraduate,
Department of Emergency medicine, VMCH&RI.

Date & time : **08.04.2025 and 09.04.2025 02.00 pm to 04.00 pm**

Venue : Lecture Hall – 1 and Experimental Physiology lab,
Velammal Medical College.



In accordance with the current CBME curriculum by NMC and the current schedule by the Tamilnadu Dr.MGR medical university a workshop on 'Basic Life Support' was conducted by the department of Physiology along with Department of Emergency medicine, Velammal medical college.

Each day consisted of two comprehensive sessions, including a pre-test and post-test to assess the baseline knowledge and effectiveness of the training. A total of 75 students attended each day, ensuring individual attention and effective learning in both theory and practical sessions.

Session 1: Interactive Theoretical Session

Venue: Lecture Hall – 1

Time: 02:00 PM – 03:00 PM

The first session on both days was conducted in Lecture Hall – 1 and focused on interactive teaching. Dr. K. Sasisree began the session with a brief introduction to the importance of BLS in the chain of survival. Emphasis was placed on the golden minutes immediately following a cardiac arrest or a life-threatening airway obstruction. Students were introduced to the essential steps of recognizing and responding to a collapsed victim.

The topics covered in this session included:

Assessment of a Collapsed Victim:

Students were taught how to quickly and efficiently assess responsiveness, breathing, and pulse, and identify life-threatening conditions. The sequence of actions using the “DRSABCD” approach (Danger, Response, Send for help, Airway, Breathing, Circulation, Defibrillation) was clearly explained.

Performing Chest Compressions and Rescue Breathing:

The principles of high-quality CPR were covered, including correct hand placement, compression rate (100–120/min), depth (5–6 cm in adults), full chest recoil, and minimal interruptions. The coordination between chest compressions and rescue breaths (30:2 ratio) was also emphasized.

Use of Automated External Defibrillator (AED):

A clear and simple explanation on the purpose of AED, its components, and how to use it safely was provided. Demonstrations included how to switch on the device, attach the pads, follow the voice prompts, and ensure no contact with the patient during shock delivery.



Recovery Position:

Students learned when and how to place an unconscious but breathing victim into the recovery position to maintain airway patency and prevent aspiration.

Heimlich Manoeuvre (Abdominal Thrusts):

The steps for recognizing choking in a conscious person and performing effective abdominal thrusts to relieve airway obstruction were detailed. Special considerations for infants and obese individuals were also discussed.

The session was highly interactive, with students actively participating, asking questions, and responding to clinical scenarios posed by the resource person. Visual aids, demonstration videos, and props were used to enhance understanding.

Session 2: Hands-on Practical Training

Venues: Lecture Hall – 1 and Experimental Physiology Lab

Time: 03:00 PM – 04:00 PM

Following the theoretical session, students were divided into smaller groups for the hands-on training component. The practical session was held in two venues to accommodate the students efficiently: one mannequin was set up in Lecture Hall – 1, and two mannequins were placed in the Experimental Physiology Lab.

Under the close supervision of Dr. Sasisree along with Dr.S.Saravanan and a team of trained instructors, each student received individualized training on performing high-quality CPR and using an AED. The focus was on providing students with the confidence to apply their knowledge in real-life emergencies.

The hands-on training included:

Cardiopulmonary Resuscitation (CPR):

Students practiced correct hand positioning, maintaining proper compression depth and rate, ensuring chest recoil, and synchronizing compressions with ventilations.

Bag-valve-mask Ventilation:

Demonstrations were given on how to achieve an effective seal with the mask and deliver adequate breaths using a bag-valve mask, ensuring visible chest rise.

Recovery Position Practice:



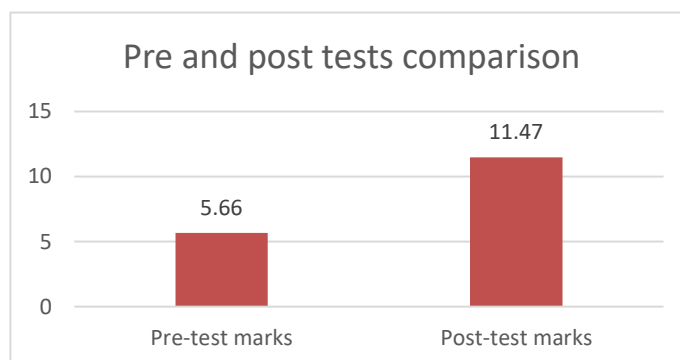
Students demonstrated the steps of turning a patient to the recovery position while maintaining cervical spine alignment and monitoring breathing.

The workshop also emphasized infection control, use of personal protective equipment, and safety protocols during BLS procedures. Students were encouraged to repeat the procedures until they were confident and performed all steps correctly.

Assessment and Feedback

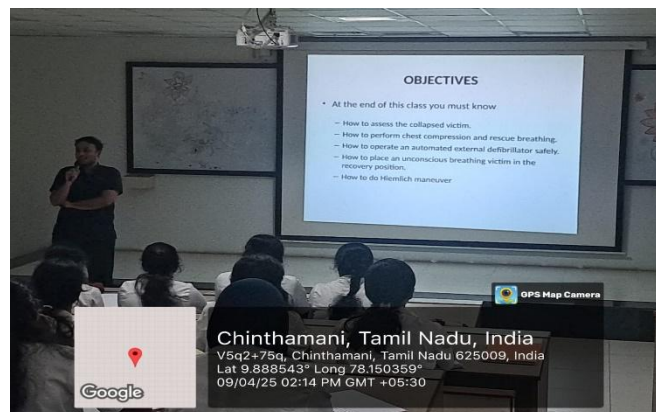
To evaluate the learning outcomes, a pre-test was conducted before the start of the first session and a post-test after the completion of the hands-on session. The test assessed both theoretical knowledge and procedural awareness related to Basic Life Support.

A significant improvement in post-test scores was observed, indicating enhanced understanding and retention of the subject matter. Students expressed that the combination of theory and practical training reinforced their confidence in managing emergencies. Feedback was collected from participants at the end of the session. The majority of students rated the workshop as ‘extremely useful’ and appreciated the opportunity for individualized practice. The clarity of instructions, patient teaching style of the resource person, and the accessibility of the mannequins were received well by the students.





Department of Physiology, Velammal Medical College Hospital & Research Institute, Madurai



Basic Life Support

1. How long should you wait before you perform CPR?
a) 10 seconds
b) 30 seconds
c) 1 minute
d) 2 minutes
2. When should an unconscious patient be placed in the recovery position?
a) If the patient has no pulse and is not breathing
b) If the patient has a pulse and is not breathing
c) If the patient has no pulse and is breathing
d) If the patient has a pulse and is breathing
3. What is the recommended BLS sequence for the 2020 guidelines?
a) Airway, Breathing, Circulation
b) Airway, Breathing, Circulation, Defibrillation
c) Airway, Breathing, Circulation, Defibrillation, Resuscitation
d) Airway, Breathing, Circulation, Defibrillation, Resuscitation, and Recovery
4. The correct ratio for chest compressions to rescue breathing is:
a) 30:2
b) 15:2
c) 30:1
d) 15:1
5. When to stop mouth-to-mouth resuscitation?
a) When the patient starts breathing
b) When the patient has a pulse
c) When the patient has a pulse and is breathing
d) When the patient has a pulse and is breathing
6. Jaw thrust should be done in which of the following?
a) All of the above
b) All of the above
c) All of the above
d) All of the above
7. Which is the abbreviation of AED?
a) Automated External Defibrillator
b) Automated External Defibrillator
c) Automated External Defibrillator
d) Automated External Defibrillator
8. How often should rescuers switch roles during CPR?
a) Every 2 minutes
b) Approximately every 2 minutes
c) Approximately every 2 minutes
d) Approximately every 2 minutes
9. To perform pulse check in infant you should palpate the:
a) Carotid
b) Carotid
c) Carotid
d) Carotid
10. Compression to Ventilation Ratio for Single rescuer adult CPR is:
a) 30:2
b) 30:2
c) 30:2
d) 30:2

Post-Test

1. When performing two-rescuer CPR, how often should you switch roles?
a) Every 2 minutes
b) Every 2 minutes
c) Every 2 minutes
d) Every 2 minutes
2. When operating an AED, what is the correct steps to follow?
a) Power on the AED, attach pads, analyze the rhythm, and deliver shock
b) Power on the AED, attach pads, analyze the rhythm, and deliver shock
c) Power on the AED, attach pads, analyze the rhythm, and deliver shock
d) Power on the AED, attach pads, analyze the rhythm, and deliver shock
3. When checking pulse for a child from one year to puberty, where to check?
a) Carotid
b) Carotid
c) Carotid
d) Carotid
4. What are the size of the pads used for adults?
a) 12x20 cm
b) 12x20 cm
c) 12x20 cm
d) 12x20 cm
5. What are the components of high quality CPR?
a) All of the above
b) All of the above
c) All of the above
d) All of the above
6. Which step is not a part of six steps in adult chain of survival?
a) None of the above
b) None of the above
c) None of the above
d) None of the above
7. What is the recommended BLS sequence for the 2020 guidelines?
a) Chest compressions, Airway, Breathing
b) Chest compressions, Airway, Breathing
c) Chest compressions, Airway, Breathing
d) Chest compressions, Airway, Breathing
8. What are the signs of an obstruction of airway?
a) All of the above
b) All of the above
c) All of the above
d) All of the above

15. BLS considers an infant to be the following age:
a) Under 1 year
b) Under 1 year
c) Under 1 year
d) Under 1 year

16. You are clearing for the day in the parking lot, you find unresponsive patient, 1st step:
a) Ensure that the scene is safe
b) Ensure that the scene is safe
c) Ensure that the scene is safe
d) Ensure that the scene is safe

17. Where do you position your hands to give abdominal thrusts to a pregnant?
a) Above the navel
b) Above the navel
c) Above the navel
d) Above the navel

18. a) False
b) False
c) False
d) False

19. Where should you place the AED when treating an infant for:
a) Chest and back
b) Chest and back
c) Chest and back
d) Chest and back

20. When using the AED, if no shock is advised you should do:
a) Immediately resume CPR
b) Immediately resume CPR
c) Immediately resume CPR
d) Immediately resume CPR

14/15 OK