

# Teaching Pediatric Life Support in Limited-Resource Settings: Importance of a Stable Program of Formation of Instructors

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We have read with interest the article by Ralston and de Caen about teaching pediatric life support in limited-resource settings.<sup>1</sup> This remarkable publication shows that it is possible to provide suitable educational training programs regarding pediatric life support in developing countries.

We would like to complement this review with our experience that might be useful to encourage the development of sustainable and autonomous pediatric life support and transport training centers. We believe that the solution to the lack of expertise in pediatric life support and transport is to establish a progressive, long-term training program managed by a local group able to develop pediatric life support training in its own country, and to contribute to the spread of similar programs to neighboring countries.<sup>2</sup> As the authors remark, it is essential to adapt the curriculum of these programs to the reality and specific problems that health care professionals face in limited-resource settings.<sup>1</sup>

The main objectives of the Iberoamerican Network for the Study of Cardiopulmonary Arrest in Childhood (RIBEPCI) belonging to the Science and Technology Program for Development (CYTED) are to stimulate and support the creation of pediatric cardiopulmonary resuscitation (CPR) training groups in Latin American countries.<sup>3</sup> The experience begun in Honduras in 2008. A pediatric CPR training project was set up with the instructional and scientific support from the Spanish Group for Pediatric and Neonatal CPR. The program was divided into four phases: CPR training and preparation of instructors, training for instructors, supervised teaching, and independent teaching. During the first phase, 24 Honduran doctors attended the pediatric CPR course and 16 of them for the preparation of the course as instructors. In the second

phase, workshops were taught by Honduran instructors. In the third phase, a CPR course was launched in Honduras by the Honduran instructors, supervised by the Spanish team. In the final phase of independent teaching, eight courses were given, providing 177 students with training in CPR.<sup>4</sup> The same scheme was reproduced during the following years in different countries with the participation of a mixture of instructors from the recently created teaching centers from neighboring countries: Guatemala (2009), Dominican Republic (2010), and Mexico (2011). Currently, more than 3,933 students have attended some of the 182 courses taught in one of these four countries, and 94 new instructors have been trained without the direct participation of the Spanish group.

In our opinion, the training of independent life support training groups through scientific collaboration and assessment by countries with experience, with contextualized management guidelines, is the most effective model for developing life support education in low- to middle-income countries.

## Note

We thank Dr. Urbano and colleagues for their endorsement of our paper's thesis that pediatric life support courses taught in limited-resource regions are most effective when contextualized to local disease range and level-specific resources. We commend Red Iberoamericana de Estudio de la Parada Cardiorrespiratoria en la Infancia (RIBEPCI) for its exemplary work in cultivating a framework of pediatric basic life support education within regions of Latin America.

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