

Evaluating the effectiveness of a compulsory resuscitation course in a tertiary psychiatric institution in Singapore – A mixed methods study



This study aimed to evaluate the effectiveness of this resuscitation course.

A mixed methods design was adopted. A quantitative survey was used to gather relevant demographics and feedback about the course from trainees and assess their confidence level in various aspects of resuscitation before and after the course. The qualitative part of the study included in-depth interviews with trainees to understand the relevance and benefits of the course.



In all, 107 trainees participated in the quantitative part of the study while 15 of these trainees participated in the qualitative part. Most trainees had not done a medical rotation for more than a year (71.9%). There was significant improvement in the confidence level of trainees post-course in performing intubation, synchronized cardioversion and administering infusion of drugs. Analyses of the qualitative data revealed useful feedback on two main themes. The interviewees opined that the resuscitation course was relevant and highlighted positive aspects including hands-on training,

effective trainers and real-life scenario-based learning. The trainees mentioned one challenge they faced that was not related to the course but to their work which was the absence of a specialized medical team that could respond to code blue situations.

Conducting a regular localised resuscitation course in a psychiatric hospital requires significant amount of equipment, logistic support and manpower. However, results suggest that the benefits justify the cost.

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Direct observation and data collected during code blue drills in 2014 identified several gaps in the competency of the doctors – poor airway management, lack of familiarity with the defibrillator used in IMH and an inability to lead resuscitation efforts.

There is prevailing evidence that competency in ACLS improve outcomes in a code blue situation. Hence, the code blue committee developed a resuscitation course which started in July 2015 to address these findings. The course was designed according to the local context of the hospital. The committee also took into consideration the current evidence on what constitute an effective ACLS training. Examples of the latter include adding specific team or leadership training, video-based & simulation-based training, deliberate skill training, having hands-on and role-playing, and simulation with added emotional stressors.

Large-scale evaluation of the Positive and Negative Syndrome Scale (PANSS) in Schizophrenia

The Positive and Negative Syndrome Scale (PANSS) is a widely used instrument for comprehensive assessment of schizophrenia psychopathology. It is commonly utilised for investigations with regards to clinical outcomes such as functioning, treatment response and cognition in schizophrenia. Despite this, variability in specific item loading exists, thus hindering reproducibility and generalisability of findings across samples.

We performed exploratory factor analyses (N = 3511) and validated with a meta-analysis of existing PANSS models (N = 16,171). We found a 5-factor model of PANSS (i.e., positive, negative, cognitive/disorganisation, depression/anxiety, and hostility factors) with modest longitudinal reliability and two sub-domains of negative symptoms (i.e., social amotivation and diminished expression) nested within the negative symptoms factor. This dimensional structure is also generalisable to youths at ultra-high risk of psychosis.

Here, we reported one of the largest trans-ethnic factor structure of PANSS symptom domains (N = 19,682). Our findings serve as a crucial consolidation of a common PANSS structure that would aid in furthering our understanding of schizophrenia.

More information about this study can be found at
<https://doi.org/10.1016/j.ajp.2021.102732>

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