

2025 Korean Guidelines for Cardiopulmonary Resuscitation: Part 10. Education and system implementation for enhanced chain of survival.

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2025 Korean Guidelines for Cardiopulmonary Resuscitation: Education and System Implementation Study Guide

This study guide provides a comprehensive overview of the 2025 Korean Guidelines for Cardiopulmonary Resuscitation (CPR), focusing on Part 10: Education and system implementation for an enhanced chain of survival. It synthesizes critical shifts in educational theory, clinical performance expectations, and public health policy.

1. Executive Summary of 2025 Updates

The 2025 guidelines represent a significant shift toward **high-fidelity, field-based training** designed to bridge the gap between classroom theory and clinical execution. The primary goal is fostering **automaticity**—the ability to perform high-quality CPR and team coordination instinctively under pressure.

Key Strategic Shifts

- **Methodology:** Transitioning to *in situ* (field-based) simulation and Rapid Cycle Deliberate Practice (RCDP).
 - **Technology:** Integration of real-time feedback devices and a cautious, evidence-based approach to digital/gamified learning.
 - **In-Hospital Care:** Implementation of dedicated CPR coaches within code teams and the mandatory inclusion of Advanced Life Support (ALS) trained members.
 - **Public Policy:** Removal of prehospital Termination of Resuscitation (TOR) criteria and addressing the "decoupling" between AED awareness and actual bystander use.
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2. Advanced Educational Methodologies

In Situ Simulation

Training conducted in the actual clinical environment (*in situ*) using either high- or low-fidelity manikins. This method is associated with improved survival rates and clinical performance by recreating the exact conditions of a cardiac arrest.

Rapid Cycle Deliberate Practice (RCDP)

A high-repetition simulation method that prioritizes "microdebriefing." Unlike traditional simulations where feedback occurs at the end, RCDP involves:

1. Immediate stopping of the simulation when a mistake occurs.
2. Providing real-time feedback.
3. Repeating the correct technique immediately to prevent the entrenchment of incorrect habits.

Structured Debriefing

The guidelines emphasize two distinct debriefing windows:

- **"Hot" Debriefing:** Immediate discussion following the resuscitation event to capture fresh insights.
- **"Cold" Debriefing:** Delayed discussion (days later) focused on deeper reflective learning and systemic improvements.

3. Targeted Training Strategies for Specific Groups

Group	Starting Age / Focus	Key Strategic Recommendations
Children	10 years (Upper Elementary)	Focus on logic-based procedures (Check, Call 119, Compress). Children under 9 focus on emergency reporting.
Women	Adulthood	Addressing psychological barriers and sexual misunderstandings; emphasizing legal protection under the Good Rescuer Act; training to attach AEDs without removing underwear.
Older Adults	Seniors	Focus on "hands-only" CPR to reduce physical fatigue; use of height-adjustable manikins; simplified "Core Procedure" (Call 119 and compression).
Disabilities	Accessible Training	"Advisor" certifications for those unable to perform physical compressions; flexible positioning (sitting); adaptive tools for the visually impaired.

4. The AED "Decoupling" Phenomenon

A major focus of the 2025 guidelines is the gap between high public awareness and low utilization of Automated External Defibrillators (AEDs).

- **The Data Gap:** While awareness of AED terminology is at 94% and installation awareness is >50%, bystander utilization remains stagnant at approximately 2%.
 - **Barriers identified:**
 - **Physical:** "Invisible" AEDs located inside buildings that are closed at night or on holidays.
 - **Psychological:** Fear of making mistakes or causing electric shock.
 - **Educational:** Lack of hands-on experience and confusion caused by different AED models.
 - **Solution:** Transitioning training from "how to use" the device to "how to act" in a real-world context, including 24/7 accessible outdoor cabinets.
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5. Short-Answer Practice Quiz

Q1: What is the primary purpose of Rapid Cycle Deliberate Practice (RCDP)? *Answer:* To rapidly improve proficiency and foster automaticity through high-repetition practice and immediate "microdebriefing" to correct errors as they occur.

Q2: At what age should mandatory CPR training begin in Korea according to the 2025 guidelines? *Answer:* Age 10 (upper elementary), as children at this age have developed the cognitive ability to understand the procedure and the physical strength to achieve minimum compression depth.

Q3: Why were the prehospital Termination of Resuscitation (TOR) criteria removed in the 2025 update? *Answer:* Due to a lack of social consensus, domestic legal constraints on emergency medical technicians, and the absence of follow-up studies in the Korean healthcare environment.

Q4: What is the "novelty effect" in the context of gamified learning? *Answer:* A phenomenon where learners increase engagement simply because a technology is new, which can potentially hinder intrinsic motivation or the achievement of actual educational goals.

Q5: What are the four steps of the standardized "life-saving action" for laypersons? *Answer:* Check, Call, Compress, and Shock.

6. Essay Prompts for Deeper Exploration

1. **The Evolution of the Chain of Survival:** Analyze how the inclusion of "Rehabilitation and Recovery" as a core pyramid element changes the educational responsibilities of community and hospital systems.

2. **Overcoming Gender-Based Barriers in Bystander CPR:** Discuss the specific psychological and legal strategies recommended by the 2025 guidelines to increase bystander CPR rates for female victims.
 3. **Blended vs. Face-to-Face Learning:** Evaluate the guidelines' cautious stance on blended learning. Under what specific circumstances is blended learning recommended, and why is face-to-face instruction still prioritized for psychomotor proficiency?
 4. **The Role of the CPR Coach:** Explain how the integration of a dedicated CPR coach within a hospital's multidisciplinary code team addresses the non-technical skills required for successful resuscitation.
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7. Glossary of Important Terms

- **Automaticity:** The ability to perform complex resuscitation protocols accurately and instinctively without conscious delay.
 - **Blended Learning:** An educational approach combining digital resources or self-study (flipped learning) with traditional hands-on practice.
 - **CPR Coach:** A dedicated member of an in-hospital resuscitation team focused on monitoring the quality of compressions and team coordination.
 - **Decoupling:** The statistical disparity between high rates of CPR/AED training/awareness and low rates of actual bystander intervention in the field.
 - **Flipped Learning:** A strategy where trainees acquire prior knowledge through videos or assessment tests *before* attending advanced life support courses.
 - **Good Rescuer Act (Good Samaritan Law):** Legal protections (Article 5-2 of the EMS Act) intended to reduce the fear of civil or criminal liability for laypersons providing first aid.
 - **In Situ:** Training or simulation performed in the "actual site" or clinical environment where a cardiac arrest would naturally occur.
 - **KALS (Korean Advanced Life Support):** A specialized program developed in 2009 focusing on in-hospital cardiac arrest simulation and RCDP.
 - **Microdebriefing:** Immediate, brief feedback provided during a simulation (specifically within RCDP) to correct performance in real-time.
 - **TROICA (Training of In-hospital Cardiac Arrest):** A specific session within the KALS course that utilizes RCDP to focus on cardiac arrest scenarios.
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