The Director’s Corner

A major change with the 2015 Guidelines Update is the use of Open Resource Testing. As part of the new educational methodologies, the AHA has implemented open resource testing while completing the exams. Open Resource means that students may use the 2015 Handbook of ECC, Student Workbooks, Posters or notes taken during the course. **Students cannot discuss test questions with other students or the instructor during testing.** The intent is to enhance student knowledge and understanding of course concepts, and ensure students have the skills necessary to save lives.

AHA Instructor Update

AHA has released the 2015 BLS, ACLS, and Heartsaver Instructor-Led Course materials which are available for purchase on one of the three AHA approved vendors. AHA updated the Preliminary Product Schedule on 5 April 2016. According to the Product Schedule, PALS Instructor-Led Course material will be available in September/October 2016. To view the Product Schedule, log on to the AHA Instructor Network and select the tab for News & Archives, Science & Guidelines.

From the MTN Program Managers

Mandatory Pre-Course Assessments

The 2015 ACLS and PALS Instructor-Led Courses have implemented mandatory Pre-Course Assessments with a passing score of 70%. To access the Pre-Course Assessments, log-on to [www.heart.org/ecstudent](http://www.heart.org/ecstudent) and enter the code found on Page ii in the corresponding Student Workbook. Program Directors and Administrators must ensure students complete the Pre-Course Assessment to attend.

Satellites

A satellite is a geographically separated unit which cannot operate as an independent Training Site. Each Training Site provides support and instructor oversight to a satellite. Training Sites are responsible for records maintenance and all training conducted at a satellite. For more information see the MTN Administrative Handbook.

Appointing Training Site Faculty (TSF)

TSF appointments are made by Program Directors. Requirements cannot be waived without MTN Director approval. The minimum number of TSF’s per Training Site is 2, all Training Sites must meet the TSF to instructor ratio of 1:15. Refer to MTN Administrative Handbook on pages 20, 36-40 or contact your Program Manager.

MTN Organizational Inbox

All action items must be submitted to the MTN organizational inbox at mtnreports@usuhs.edu. Please allow extra time to receive an email confirming receipt of your email. It is very important to remember to courtesy copy your respective MTN Program Manager for awareness. If your concern is urgent, please call the MTN directly.

AHA Preliminary Product Release Dates

September/October 2016

- Pediatric Advanced Life Support (PALS) Classroom
- HeartCode®PALS
- Pediatric Emergency Assessment, Recognition and Stabilization (PEARS®)

MTN Upcoming Due Dates

- Post Course Reports – Within 30 days of course date
- Annual Report - 30 September 2016

Contact us

Commercial: 210.808.4484
DSN: 420.4484
Email: mtnreports@usuhs.edu
Visit us at [www.usuhs.edu/mtn](http://www.usuhs.edu/mtn)
**Featured Article**

**Significant Historical Facts of CPR**
Melissa Farino, CDR, NC, USN
Monday April 11, 2016

Cardiopulmonary Resuscitation (CPR) has been used in some form for centuries as a lifesaving measure for thousands of individuals each year. Advancements in technology and research have defined and updated guidelines, but the basic principles—airway, breathing, and circulation—remain the same.

Dr. Friedrich Maass, a German surgeon in 1891, is credited with the first documented use of chest compressions in humans. He was able to successfully demonstrate that chest compressions could be used to create an arterial pulse and observed the most effective rate at which chest compressions should be delivered. After this discovery, he became a proponent of chest compressions to assist with circulation in addition to ventilation. Dr. Maass proved external chest compressions could restart the heart and human resuscitation was possible.

Doctors Peter Safar and James Elam discovered the (airway) head tilt chin lift maneuver and mouth-to-mouth resuscitation (breathing) the first two steps of CPR. They were able to demonstrate CPR techniques and its effectiveness compared to other emergency procedures. Dr. Peter Safar later authored the book “ABC of Resuscitation” which became the bible of CPR. He also worked in conjunction with a Norwegian toy maker Laerdal to create the infamous CPR training mannequin “Rescue Anne”.

Doctors Kouwenhoven and Knickerbocker both electrical engineers contributed to the invention of defibrillation. Kouwenhoven performed research on dogs that showed “an alternating electrical current applied directly to the heart could restore the heartbeat but this method required opening the dog’s chest”. He and his team built the first defibrillator machine a small box with two insulated cables and copper electrodes. Knickerbocker was conducting experiments when he made the “crucial observation that a brief, temporary rise in blood pressure occurred when the heavy defibrillator paddles were applied to the chest wall of a dog whose heart had stopped beating.” Knickerbocker relayed this finding to a cardiac surgeon Dr. James Jude who came to the conclusion “once a heart had stopped, forceful, rhythmic chest compressions could cause blood to move through the body, keeping vital organs alive!”

The American Heart Association developed Cardiopulmonary Resuscitation in 1960. They became the forerunner for teaching CPR by starting a program for physicians to familiarize them with close-chest cardiac resuscitation and then teaching the general public.

Facts from:
The History of CPR: 273 Years in Development [link]
Dr. Friedrich Maass: 100th Anniversary of “New” CPR [link]
History of cardiopulmonary resuscitation [link]
The Virtual EMS Museum [link]

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**MTN Staff Assistance Visits**

MTN is required by AHA to conduct SAVs on 10% of training sites annually.

<table>
<thead>
<tr>
<th>Month</th>
<th>Location</th>
</tr>
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<tbody>
<tr>
<td>June</td>
<td>Alaska</td>
</tr>
<tr>
<td>August</td>
<td>New York</td>
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*Dates are subject to change.*

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