

To Assess The Effectiveness Of The Traditional Teaching Method Versus The Digital Education System In Imparting Knowledge Of Cardio-Pulmonary System Resuscitation Among Students In Schools

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Cardiopulmonary resuscitation training for schools has several advantages, but the ideal age to start training is still debatable. Since out-of-hospital cardiac arrest is a significant public health issue, this is a serious subject. This study compared the effects of traditional and digital techniques for teaching CPR skills to ninth-grade pupils. Numerous studies have examined the efficiency of different training strategies for imparting CPR expertise.¹ Video self-instruction, which was utilized as a self-learning tool in a web-based instruction group and was suggested to help teach CPR, is one of the popular approaches that reach more individuals in society by doing away with the need for a formal instructor. Additionally, the case-based approach has been successfully employed in medicine, especially emergency first aid, where real-life emergencies or events were presented narratively to explain the context. Recent research on video self-instruction has backed up the benefits and efficiency of this approach for enhancing CPR abilities. The current study did, however, indicate that compared to conventional (Conventional), case-based instructional approaches, the video self-instruction method (Digital method) yielded inferior CPR performance. The psychological aspects of CPR instruction are fundamental.² Before teaching people CPR techniques, readiness, participation, and relevance should be taken into account, as these factors are significant predictors of motivation. In CPR instruction, the instructor's role in providing inspiration, excitement, and feedback is crucial. The instructor instructed the students in conventional (conventional) groups, utilizing hands-on practice and verbal reinforcement.³ In contrast, the students in the web-based (digital) teaching group still need this training. In the digital group, there was no interaction between the teacher and the students, which impacted how well they retained the information. Teachers are switching from traditional instruction to digital content supplied to them in ready-to-use formats that they can customize, edit, and adapt.⁴

Student skills can benefit from digital content in a variety of ways. Digital information enriches classes and increases the learning process. Contrary to the study's results above, it was discovered that the conventional style of instruction was superior to the digital method for understanding and remembering CPR techniques. They are addressing inquiries from students about emergencies. Choosing a style appropriate for the particular course is more important than whether lecturers prefer digital or traditional teaching methods.⁵ More crucial than the media used is the ability of the lecturers to start where the students can understand and guide them through the new subject step by step. The style and delivery of a presentation can constantly be improved, and any minor variations found in this study between Digital and Conventional presentations are likely attributable to the lecturers' preparedness, presentational skills, and the course's capacity to inspire students and foster a love of learning.⁶

The research's conclusions give policymakers the evidence they need to make CPR instruction a requirement for the school curriculum. We must also be conscious that efforts to make CPR instruction a required component of school curricula can only be successful by using a thorough, responsible approach and the knowledge of social responsibility. However, it is crucial to incorporate CPR instruction into the curriculum. The youngest age group (12.5 years) made the most significant

advancement in CPR knowledge. Quantitative and qualitative research findings support the benefits of teaching CPR to schoolchildren. We discovered that schoolchildren's desire, attitudes, and intentions toward helping others were strongly connected with their degree of CPR knowledge. These traits are crucial for schoolchildren's social development and the formation of their values, opinions, and beliefs.⁷ This research makes an essential contribution to public health policy. It outlines the requirements for implementing CPR instruction in schools, which is one of the critical elements in improving cardiac arrest survival rates. The results of our study are crucial for decision-makers and curriculum writers who are in charge of mandating CPR instruction in school curricula. From the time students are 12 years old, CPR instruction should be provided constantly for several years as part of the required school curriculum. We think that by doing this, CPR outcomes for those who have had cardiac arrests could dramatically advance in the future. Additionally, CPR training teachers should have access to the required tools, resources, and instructional aids for theoretical and practical training, as they are critical for effective learning. The organizations providing CPR instruction using an AED should supply this equipment.⁸

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