

For Instructors, from the CDC July 2019

The Course Development Committee values the feedback received via the course reports. Data from the course reports is collated and reviewed by the CDC every 3-4 months. This enables the committee to prioritise and plan course program changes.

Sarah Jamison from NZ has joined the CDC this year, facilitating the reciprocal sharing of ideas and knowledge for course and program updates between Australia and New Zealand.

Please find below details about:

1. Safe Emergency Airway Management Resources
2. Basic Life Support Assessment Sheet
3. MCQ update
4. Anaphylaxis algorithm
5. Cervical Spine Management
6. Sepsis Workshop update
7. Radiology workshop updated
8. Role of HHFNO in bronchiolitis
9. Future projects

1. Safe Emergency Airway Management – An instructor training video has been created as an additional resource to support faculty in facilitating this workshop with a team-based scenario. The video has practical tips for setting up and running the workshop, along with demonstrations of a workshop in action. The aim is to allow candidates to participate in a similar role to their clinical setting and use 'pause and discuss' to enable discussion that responds to gaps in candidate's knowledge while focusing on key learning outcomes.

Where possible three instructors will be allocated to teach on this station. Whilst, there was discussion about moving the workshop to Day 2, the benefits of Day 3 are:

- Established group dynamics to support adjustment to team-based scenarios
- Instructor familiarity with candidates to support drawing on candidate prior experience and promote inter-group discussions
- Theoretical basis for greater retention of learning when Day 1 skill stations are reinforced with some 'space' before recall
- 40 minutes allocated to session

This section of the program is now called Emergency Skill Stations.

2. Basic Life Support Assessment Sheet – Criteria for effective CPR has been included so that the key outcomes of effective BLS are clear.

3. MCQ review – The end of course MCQ has been reviewed wording and content have been changed to reduce ambiguity. The CDC continues to consider the value of the MCQ in the APLS program. Currently it primarily offers a support for candidates learning by being a strong motivator to read the manual pre-course. Secondly it demonstrates to external stakeholders that candidates have a minimum level of clinically relevant knowledge.

4. Anaphylaxis algorithm – APLS courses in Australia and New Zealand will now be using the 2019 ANZCOR algorithm for the treatment of anaphylaxis. This can be found via the APLS app site. A laminated version of the ANZCOR algorithm is provided in course kits to support Illness Scenario 2.

- 5. Cervical Spine Immobilisation** – Given the difference in pre-hospital practice around Australia, APLS has adopted a safe approach to teaching cervical spine immobilisation. Teaching on the courses will be focussed on manual in-line stabilisation, log rolls and criteria for clearing a spine. Foam collars and “sandbags” will now be in kits for trauma scenarios on Day 3. Candidates should be expected to identify the need to protect the Cx spine in trauma scenarios and use either in-line stabilisation or sandbags to do this.
- 6. Sepsis Workshop update** – Sepsis workshop has been revised. There are now only 3 cases to support/guide candidate discussion. Please refer to notes under the slides for opportunities to adapt content if information is relevant to specific candidate groups.
- 7. Radiology update** – Thanks to Dr Anna Holdgate for her active role in supporting the revision to the radiology workshop that was updated in course materials in March this year.
- 8. Role of HHFNO (Humidified High Flow Nasal Oxygen) in bronchiolitis** – Notes have been updated to support learning conversation discussions for Illness scenario 5. Please note that HHFNO currently does not have a role in oxygen delivery for resuscitation so it is important to put this in context if it is raised during the SEAM workshop.
- 9. Future projects – projects for 2019/2020**
- **Online learning review** – This is ongoing. Please note that minor changes can be made quite quickly but reshooting substantial amounts of the videos will take some time and planning.
 - **Review of Trauma plenary** – Instructor notes and the structure of the trauma plenary will be reviewed as there have been comments that it can be difficult to run in a coherent order.
 - **Putting trauma management into perspective** – It has been noted that the fluid management in trauma algorithm in the manual can be confusing as to the volume and type of fluid to be given in a shocked trauma patient. In addition, there is concern that a child with trauma may be given a blood transfusion who may not have needed it. Massive haemorrhage in paediatric trauma is unusual and it is important to give candidates some perspective. Most children seen with blunt trauma do not need a large amount of fluid resuscitation and for them saline is a reasonable choice for a fluid bolus. What should be stressed is the importance of **reassessing** once a bolus has been given and knowing that, in the rare case of haemorrhagic shock, blood is the first choice for boluses. TXA is a useful adjunct but should be given within 3 hours of the trauma. The CDC intends to produce a brief video outlining this perspective.
 - Work is continuing on the development of a **neonatal online learning module** so watch this space.
Improved learning aids for the **chest skills** session are also still on the CDC agenda.

Respondents to the 2019 APLS Big Survey indicated that they would like the option of an **APLS refresher course**. The committee is exploring the aims and therefore content and format of a shorter face to face program. Please feel free to contribute to these discussions by sending through your thoughts and ideas to the committee.

Hope you are all going OK given the winter ills came early this year.

Warm regards,
Jacquie Schutz
On behalf of the Course Development Committee