Clinical Skills Development Service

Advanced Life Support Recertification

Facilitator Guide

CSDS

Metro North Health

Queensland Government

Clinical Skills Development Service and Metro North Health acknowledges the Traditional Custodians of the Land upon which we live, work and walk, and pay our respects to Elders both past and present.

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An electronic version of this document is available at https://als.csds.qld.edu.au/

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Course summary

The Advanced Life Support (ALS) Recertification course equips participants with the skills and knowledge to follow the Australian and New Zealand Committee on Resuscitation (ANZCOR) guidelines for adult ALS. Through hands-on skill stations, facilitated discussions, immersive scenarios and debriefs, participants consolidate learning acquired in the pre-requisite online learning modules for the core components of ALS. Assessment ensures competence in key areas.

Learning objective

This course aims to provide competence-based assessment of the knowledge and skills required in providing adult ALS utilising the ANZCOR guidelines.

Learning outcomes

At the conclusion of this course the participant will be able to:

- demonstrate airway management utilising appropriate manoeuvres and airway adjuncts
- demonstrate the ability to follow the ANZCOR basic life support (BLS) mnemonic
- demonstrate the ability to perform manual defibrillation
- demonstrate the ability to follow the ANZCOR ALS algorithm
- demonstrate effective team leadership

Participant prerequisites

Participants must already hold a current adult ALS certification and have completed the online learning theory assessment prior to attending.

Scan to access the course.

Assessment

There are formative and summative assessment components throughout the course. Facilitators are to clearly identify when summative assessment begins and ends and provide safe, effective feedback to participants. Facilitators are to utilise the provided assessment tools for the skill stations and scenarios.

Summative assessments

1. Airway management
2. Basic life support
3. Manual defibrillation
4. Team leader

Facilitators are encouraged to contextualise this course to suit local environments. Suggestions include increased fidelity in skills stations, limiting or substituting resources available for low resource areas.

Section summary

Introduction

This will introduce facilitators, participants, housekeeping, the course objectives and outcomes including assessment components and process for participants who do not meet competency.

Skill station 1 – airway management

This skills station is a summative assessment with use of part task trainers. The assessor will use the assessment tool to assess the participants ability to demonstrate airway management utilising appropriate manoeuvres and airway adjuncts.

Skill station 2 – basic life support

This skills station is a summative assessment to assess the participants ability to demonstrate basic life support (bls) as per ANZCOR. This includes the DRSABCD mnemonic, effective chest compressions and use of an automated external defibrillator (AED) working in teams of two.

Skill station 3 – manual defibrillation

This skills station is a summative assessment with part task trainers. The assessor will use the assessment tool to assess the participants ability to identify and demonstrate manual defibrillation.

ALS and team leader demonstration

A facilitator led demonstration highlighting the expected actions of participants in the ALS and team leader assessments.

Skills station 4 - team leader

This skills station is a summative assessment where participants will be assessed on their ability to perform as a competent team leader during a cardiac arrest utilising the ANZCOR ALS algorithm. Following each scenario, feedback will be given to the team leader.

Introduction to simulated environment, manikin and pre-brief

Facilitator led familiarisation to the simulated environment and manikin. This is followed by a simulation pre-brief. This facilitator led discussion is designed to establish roles and requirements of participants whilst creating a safe container for learning.

Immersive scenarios and debriefs

Participants will practice skills in an immersive environment. Each scenario will be followed with a group debrief. The debrief will include discussion on post resuscitation cares for each scenario.

Facilitator pre-requisites

The success of the ALS Recertification course is dependent on knowledgeable, experienced, and well-prepared facilitators. Trained facilitators play a crucial role in delivering high-quality education, aiding skill development, and ensuring participants meet the required assessment standards.

Facilitator eligibility criteria

Facilitators must meet the following criteria to be eligible to instruct on the ALS Recertification course:

- **Current ALS certification**: facilitators must hold a current and valid ALS provider certification that aligns with the ANZCOR guidelines.
- **Teaching and facilitation experience**: facilitators must have prior experience in teaching resuscitation or have completed a recognised facilitator development program.
- **Clinical background**: facilitators should have a relevant clinical background in a discipline where ALS skills are routinely applied (e.g., nursing, medicine, paramedicine, intensive care, emergency medicine, or anaesthesia).
- **Competency in simulation-based education**: facilitators must demonstrate competency in running simulated scenarios, debriefing techniques, and creating a psychologically safe learning environment.
- **Knowledge of ANZCOR guidelines**: facilitators should have an in-depth understanding of the latest ANZCOR guidelines.

Facilitators responsibilities

Facilitators are expected to:

- **Prepare in advance**: review course materials, session plans, guides and assessment tools before the course.
- **Lead skill stations**: facilitate airway management, BLS, manual defibrillation, and team leader skill stations.
- **Conduct simulated scenarios**: provide immersive, high fidelity ALS scenarios, ensuring a structured and supportive learning experience.
- **Provide effective feedback**: offer formative and summative assessment feedback in a constructive and professional manner always maintaining confidentiality.
- **Uphold assessment standards**: use the provided assessment tools to ensure standardised evaluation of participants' skills and knowledge.
- **Support learner development**: Identify participants who require additional support and provide guidance to help them achieve competency.
- **Engage in course debriefing**: participate in post-course facilitator debriefing to reflect on session effectiveness and identify areas for improvement.

Facilitator development and training

To maintain a high standard of education delivery, facilitators must:

- Maintain their own ALS certification.
- Stay updated with ANZCOR guideline revisions and best practices in ALS.
- Participate in peer feedback and mentoring programs to enhance teaching effectiveness.
- Engage in simulation education development activities, including scenario writing and debriefing workshops.

Pre-course preparation

Facilitators must complete the following prior to the course:

1. **Review course material** – Familiarise themselves with the Facilitator Guide, session plans, and assessment tools.
2. **Attend facilitator briefing** – Participate in a pre-course facilitator briefing to discuss session roles, responsibilities, and course expectations.
3. **Set up skill stations** – Assist in preparing simulation equipment, airway trainers, defibrillators, and other necessary resources.
4. **Ensure familiarity with learners** – Review participant lists to tailor facilitation to their backgrounds and experience levels.

Expectations during the course

Facilitators should maintain professionalism, demonstrate enthusiasm for teaching, and foster a supportive learning environment. Active engagement, clear communication, and adaptability in responding to learners' needs are essential to the success of the ALS Recertification course.

By meeting these pre-requisites and expectations, facilators contribute to delivering a high-quality, standardised ALS education experience that enhances participant competency and patient outcomes.

Highly recommended training for facilitators

To further enhance facilitator competency in simulation-based education and debriefing, it is **highly recommended** to complete the following courses offered by the Clinical Skills Development Service (CSDS).

Technical Simulation Training (TST)

Technical Simulation Training (TST) provides fundamental knowledge and skills required to deliver and support simulation-based learning activities in a healthcare environment.

Topics covered:

- Fundamentals of simulation
- Resources to enhance simulation delivery
- Application of moulage
- Introduction to manikin operation and software
- Introduction to simple audio-visual equipment

Scan to access the course.

Fundamentals of Debriefing (FOD)

The Fundamentals of Debriefing (FOD) course develops an understanding of various simulation debriefing theories and techniques and provides an opportunity to apply these in simulation-based education. Debriefing skills are rehearsed through supervised debriefs of simulated scenarios.

Topics covered:

- Understanding participant actions
- Debriefing objectives
- Structure and theories of debriefing
- Debriefing techniques

Scan to access the course.

Timetables

Large group

The below timetable is a recommendation for a large group of 9-12 participants. A minimum of 3 facilitators is required.

The facilitator-to-participant ratio should be no more than 1:4.

Time	Duration	Session		
8:00	0:15	Introductions, Learning Objectives, Housekeeping		
8:15	0:20	Skill Station 1: Airway Management		
8:35	0:20	Skill Station 2: Basic Life Support		
		Group A	**Group B**	**Group C**
8:55	0:30	Skill Station 3: Manual Defibrillation	Skill Station 3: Manual Defibrillation	Skill Station 3: Manual Defibrillation
9:25	0:10	Demonstration		
		Group A	**Group B**	**Group C**
9:35	0:55	Skills Station 4: ALS Algorithm and Team Leader	Skills Station 4: ALS Algorithm and Team Leader	Skills Station 4: ALS Algorithm and Team Leader
10:30	0:15	**Morning Tea**		
10:45	0:10	Introduction to Simulated Environment, Manikin and Pre-Brief		
10:55	0:30	Immersive Scenario 1 and Debrief		
11:25	0:30	Immersive Scenario 2 and Debrief		
12:00	0:30	Re-assessment *(if required)*		

Medium group

The below timetable is a recommendation for a medium group of **5-8 participants**. A minimum of **2 facilitators** is required.

The facilitator-to-participant ratio should be no more than 1:4.

Time	Duration	Session	
8:00	0:15	Introductions, Learning Objectives, Housekeeping	
8:15	0:20	Skill Station 1: Airway Management	
8:35	0:20	Skill Station 2: Basic Life Support	
		Group A	**Group B**
8:55	0:30	Skill Station 3: Manual Defibrillation	Skill Station 3: Manual Defibrillation
9:25	0:10	Demonstration	
		Group A	**Group B**
9:35	0:55	Skills Station 4: ALS Algorithm and Team Leader	Skills Station 4: ALS Algorithm and Team Leader
10:30	0:15	**Morning Tea**	
10:45	0:10	Introduction to Simulated Environment, Manikin and Pre-Brief	
10:55	0:30	Immersive Scenario 1 and Debrief	
11:25	0:30	Immersive Scenario 2 and Debrief	
11:55	0:05	Conclusion and Evaluation	
12:00	0:30	Re-assessment *(if required)*	

Small group

The below timetable is a recommendation for a small group of **≤ 4 participants** and **1 facilitator**. Additional Immersive Scenarios can be added in place of Team Leader Scenarios if less than 4 participants.

The facilitator-to-participant ratio should be no more than 1:4.

Time	Duration	Session
8:00	0:15	Introductions, Learning Objectives, Housekeeping
8:15	0:20	Skill Station 1: Airway Management
8:35	0:20	Skill Station 2: Basic Life Support
8:55	0:30	Skill Station 3: Manual Defibrillation
9:25	0:10	Demonstration
9:35	0:55	Skills Station 4: ALS Algorithm and Team Leader
10:30	0:15	**Morning Tea**
10:45	0:10	Introduction to Simulated Environment, Manikin and Pre-Brief
10:55	0:30	Immersive Scenario 1 and Debrief
11:25	0:30	Immersive Scenario 2 and Debrief
11:55	0:05	Conclusion and Evaluation
12:00	0:30	Re-assessment *(if required)*

Session plan

Session	Timing	Delivery Method	Learning Outcomes
Introduction			
Introduces facilitators, participants, housekeeping, objectives, outcomes, and assessment process for participants not meeting competency.	15 min	Facilitated discussion	n/a
Skill Station 1 – Airway Management			
Summative assessment on airway management.	20 min	Facilitator led skills station	Demonstrate airway management utilising appropriate manoeuvres and airway adjuncts.
Skill Station 2 – Basic Life Support			
Summative assessment on basic life support.	20 min	Facilitator led skills station	Demonstrate the ability to follow the ANZCOR BLS mnemonic.
Skill Station 3 – Defibrillation			
Summative assessment on defibrillator use.	30 min	Facilitator led skills station	Demonstrate the ability to perform manual defibrillation.
Demonstration			
A facilitator led demonstration highlighting the expected actions of participants in the Team Leader assessments.	15 min	Facilitator demonstration. Facilitated discussion.	Describe expected actions of participants in the Team Leader assessments.
Skills Station 4 - Team Leader			
Summative assessment on team leadership.	55 min	Facilitator led skills station	Demonstrate the ability to follow the ANZCOR ALS algorithm. Demonstrate effective team leadership.

Session	Timing	Delivery Method	Learning Outcomes
Morning / Afternoon Tea	15 min		
Introduction to Simulated Environment, Manikin and Pre-Brief			
Facilitator led familiarisation with simulation and manikin, followed by a pre-brief.	10 min	Facilitated familiarisation of manikin and simulation environment	Demonstrate familiarity within the simulation environment, understand participant expectations, and exhibit psychologically safe behaviours throughout the simulation.
Immersive Scenario and Debrief			
Scenario 1 and Debrief Scenario 2 and Debrief	30 min each	Immersive scenario Facilitated discussion	Demonstrate the ability to follow the ALS algorithm while demonstrating aspects of high performing teams.
Summary and Evaluation			
Conclusion Completion of evaluation forms	5 min	Facilitated discussion	
Re-assessment			
	30 min	Varied	If required, extra time for participants to have further opportunities to meet competency.

Guides for delivery

Airway skills station

Learning outcome

Demonstrate airway management utilising appropriate manoeuvres and airway adjuncts.

Facilitation

The facilitator will provide prompts for participants to:

- Perform airway manoeuvres
- Perform bag valve mask (BVM) ventilation
- Insert airway adjuncts
- Attach and discuss use of capnography

Assessment

Each participant has their own airway part task trainer and airway equipment. They will be assessed on their ability to perform manual airway manoeuvres, correctly size and insert adjuncts, and use BVM ventilation effectively. The assessor will use the assessment tool to evaluate participants and provide feedback on their technique, accuracy, and decision-making. Summative assessment will be carried out through hands-on interaction with the part-task trainers and questioning.

Facilitator resources

- Setup Guide
- Airway Management Assessment Tool

Suggested Structure

Time (Minutes)	Activity	Details
0-4	**Airway Manoeuvres**	Types, indications, contraindications.
4-7	**Bag-Valve Mask (BVM) Ventilation**	Ventilation rate, volume, one-person and two-person technique.
7-17	**Airway Adjuncts**	Types, indications, contraindications, sizing, preparation.
17-20	**Capnography**	Capnography values and interpretation, use in airway management and resuscitation.

Basic life support skills station

Learning outcome

Demonstrate the ability to follow the ANZCOR BLS mnemonic.

Facilitation

The facilitator will introduce the scenario as per below.

Assessment

Each participant is to play the role of the first responder and the second responder. At the end of each assessment, question participants on compression to breath ratio with and without an advanced airway.

Facilitators are responsible for providing a safe learning environment for participants. Participants must be advised of the physical nature of the assessment and advised to stop should any symptoms of injury or illness occur (e.g. joint pain, chest pain). Mouth to mouth rescue breaths on the manikin is not advised.

BLS scenario

State	Script	Details	Expected Actions
1 – First Responder	**Facilitator:** *"You encounter a person on the ground. You are competent but not willing to provide mouth-to-mouth rescue breaths."*	**D** – No danger **R** – No response **S** – Second responder two minutes away **A** – Patent **B** – Not breathing	• DRSABC • Two minutes of chest compressions
2 – Second Responder	**Nil**	Second Responder arrives with AED after two minutes of chest compressions	• Apply pads • Turn on AED and follow prompts

Resources

- Setup guide
- BLS assessment tool
- Inability to meet chest compression assessment criteria

Suggested structure

Time (Minutes)	Activity	Details
0-3	**Introduction**	Explain the BLS assessment process.
3-20	**Assessment**	BLS scenario ensuring all participants play both roles.

Manual defibrillation skills station

Learning outcome

Demonstrate the ability to perform manual defibrillation.

Facilitation

The facilitator will give participants an orientation to the defibrillator (if required). The facilitator will then demonstrate the process of manual defibrillation using the COACHED mnemonic before progressing to the assessment.

Assessment

Arrange the participants around the manikin giving each participant a role: airway, compression, defibrillation and team leader. Each participant will have a turn at all roles and will be assessed whilst using the defibrillator. The assessor will use the assessment tool, to assess the participants and provide feedback where necessary.

Cognitive aids

Ensure cognitive aids are in the room for participants and referencing when providing feedback.

- ANZCOR adult ALS algorithm
- COACHED

Resources

- Setup guide
- Manual defibrillation assessment tool

Suggested structure

Time (mins)	Activity	Details
0-10	**Orientation to defibrillator**	Facilitator led instruction how to use the defibrillator (if participants are unfamiliar with model used for training).
10-30	**Demonstration and assessment of defibrillation**	Facilitator led demonstration on defibrillation. Rotate participants through defibrillator role as assessment. Other participants to play team member roles.

Team leader skills station

Learning outcome

Demonstrate the ability to follow the ANZCOR ALS algorithm and effective team leadership.

Summary

This assessment station evaluates participants' ability to effectively lead an ALS resuscitation, manage the ALS algorithm, and demonstrate team leadership skills. Scenarios are intentionally straightforward, focusing on clear leadership, algorithm adherence, and effective team communication rather than diagnostic complexity.

Experienced or confident participants should be nominated by the facilitator to go first, benefiting those who are inexperienced or nervous.

Facilitator preparation

Materials required:

- Team leader assessment tool
- ANZCOR BLS mnemonic
- ANZCOR adult ALS algorithm
- COACHED mnemonic

Facilitator instructions

- Maintain consistency in all scenarios to ensure fair assessment.
- Track time carefully to give each participant equal assessment and feedback opportunities.
- Keep feedback constructive, specific, and linked directly to the assessment criteria.
- Refer to cognitive aids to reinforce best practices.

Step 1: Participants briefing

- Ensure all participants have reviewed assessment criteria.
- Read the Briefing script below and allow time for questions.

Briefing script:

"You will each take turns as the Team Leader. You will start alone in the room as the first responder. The assessor will provide you with a short handover and ask you to repeat it back.

You have completed initial BLS: no dangers, patient is unresponsive, you have sent for help, airway is clear, patient is not breathing, and you are currently performing chest compressions. Once your team arrive, assume the leadership role, assign roles to the team, and manage the arrest.

*Your team is competent and **must only** act when directed by the team leader. For example, if a team member is asked to operate the defibrillator, that team member must follow the COACHED algorithm.*

*Team members performing **chest compressions can perform light compressions** for the purpose of the assessment. This will be **considered as effective only for the purpose of the assessment** to prevent injury.*

*Team members are **not permitted to assist, prompt or hint** the team leader during the assessment.*

*The assessor will act as a **fifth team member** to perform assessments and simple tasks. For example, the team leader can request the assessor to collect a venous blood gas or review the patient chart. The results will be provided to you instantly.*

The assessment concludes when the team leader has demonstrated ability to:

1. *Navigate the **ALS algorithm** AND*
2. *Assess **every reversible cause** AND*
3. ***Identify** what they deem to be the reversible cause of the cardiac arrest AND*
4. *Demonstrated **team leadership** skills.*

The team leader will be privately questioned on appropriate management of the reversible cause, post resuscitation cares and any areas not covered in the assessment."

Step 2: Initial handover

- Select a confident or experienced participant to go first.
- Privately provide one of the initial handovers listed below to the participant (team leader).
- Ask the participant to repeat the handover for clarification of understanding.

Step 3: Running the assessment

- Team leader begins scenario performing chest compressions.
- Allow team members to enter once compressions have commenced.
- Observe without interruption. Only intervene to provide key clinical information when requested clearly by the team leader (e.g., patient history, pathology results, assessment findings).
- Provide straightforward, clear responses to guide the scenario towards identifying and managing the reversible cause.

Example scenario progression prompts (if asked by team leader)

Team leader (participant): *"What are the electrolytes on the venous blood gas?"*

Facilitator: *"Potassium is 2.1 mmol/L."*

Step 4: Concluding the assessment

The facilator can conclude the assessment once the participant has:

1. Demonstrated navigation of the ALS algorithm **AND**
2. Assessed all reversible causes **AND**
3. Identified what the deem to be the cause of the cardiac arrest **AND**
4. Demonstrated team leadership skills.

- Allow the team leader to manage the reversible cause, then conclude the scenario.
- Or conclude immediately and question the leader how to manage the reversible cause.

Example script for scenario conclusion.

"You identified hypokalaemia as the reversible cause after considering all possible causes. We'll stop here. Please step outside for some follow-up questions and feedback."

Step 5: Further questioning

Privately ask the team leader:

- To outline their management plan for the identified reversible cause.
- To discuss key post-resuscitation care steps.

Example questioning script.

Facilitator: *"You identified hypokalaemia. What would your immediate management be? Should you receive return of spontaneous circulation, what are your post-resuscitation actions? "*

Team leader handovers

Handover 1) – Hypokalaemia VF arrest

Read the handover and ask the participant to repeat it back to you before beginning the assessment.

Simulator: VF rhythm.

A 63-year-old female patient on the surgical ward has become unresponsive. She was recovering post-op from a bowel resection, with ongoing vomiting for the last two days.

Facilitator notes *(only provide if prompted)*:

- **VBG**: K^+ LOW 2.4 mmol/L ↓

Scenario information

Cause: Hypokalaemia from ongoing GI losses → QT prolongation → VF arrest

Treatment: A bolus of potassium chloride 5mmol is given IV. Consider administration of magnesium sulphate 5mmol (1.25g) IV.

Handover 2) – Hypoxic PEA arrest

Read the handover and ask the participant to repeat it back to you before beginning the assessment.

Simulator: PEA rhythm.

A 68-year-old male patient on the respiratory ward has become unresponsive. He was admitted overnight with pneumonia and increasing oxygen requirements.

Facilitator notes *(only provide if prompted)*:

- **Lung auscultation**: bilateral crackles
- **VBG**: PaO_2: LOW 42 mmHg ↓, pCO_2: HIGH 58 mmHg ↑

Scenario information

Cause: Hypoxia from pneumonia → respiratory failure → PEA

Treatment: Optimise ventilation with manoeuvres, adjuncts and definitive airway (ETT) if possible. High concentration oxygen.

Handover 3) – Thrombotic MI VT arrest

Read the handover and ask the participant to repeat it back to you before beginning the assessment.

Simulator: Pulseless VT rhythm.

A 79-year-old male patient in emergency has become unresponsive. He was brought in by his wife for unresolving chest pain after self-administering his GP prescribed GTN.

Facilitator notes *(only provide if prompted)*:

- **ECG** in patient chart: ST elevation in anterior leads
- **VBG**: Unremarkable

Scenario information

Cause: Thrombotic myocardial infarction → VT arrest

Treatment: Percutaneous coronary intervention (PCI) if available alternatively thrombolysis and CPR for 60-90 minutes.

Handover 4) – Hypovolaemic PEA arrest

Read the handover and ask the participant to repeat it back to you before beginning the assessment.

Simulator: PEA rhythm.

A 35-year-old male with ulcerative colitis has become unresponsive on the ward. He was admitted two days ago with severe gastrointestinal bleeding and received 1 unit of PRBC yesterday.

Facilitator notes *(only provide if prompted)*:

- **Recent vitals**: HR 132, BP 78/42, pale and diaphoretic
- **VBG**: Hb LOW 65 g/L ↓, K^+ 4.5 mmol/L
- **Other**: Active PR bleeding on inspection

Scenario information

Cause: Hypovolaemia from GI bleed → inadequate preload → PEA arrest

Treatment: Intravascular volume resuscitation IV/IO, 20mL/kg 0.9% sodium chloride and blood products.

Handover 5) – Toxin PEA arrest

Read the handover and ask the participant to repeat it back to you before beginning the assessment.

Simulator: PEA rhythm.

A 48-year-old female farmer presents to a rural emergency department complaining of pain to her right leg, nausea, vomiting, sweating, and dizziness. On review, you find her unconscious.

Facilitator notes *(only provide if prompted)*:

- **Snake bite evident on right leg** – red, swollen, twin puncture marks
- **VBG**: Lactate 3.5 mmol/L *(elevated)*

Scenario information

Cause: Snake envenomation leading to cardiovascular collapse.

Treatment: Administer antivenom, contact Queensland Poisons Information Centre and consult toxicology.

Handover 6) – Tension pneumothorax asystole arrest

Read the handover and ask the participant to repeat it back to you before beginning the assessment.

Simulator: Asystole rhythm.

A 24-year-old male brought in after high speed MVA. Seat belt signs. Shortness of breath.

Facilitator notes *(only provide if prompted)*:

- Absent breath sounds on the left
- Asymmetrical chest rise (reduced on left)
- Hyperresonance on percussion of the left chest
- **VBG**: PaO_2: LOW 40 mmHg ↓, pCO_2: HIGH 61 mmHg ↑

Scenario information

Cause: Tension pneumothorax causing obstructive shock → cardiac arrest (asystole)

Treatment: Immediate needle decompression (or finger thoracostomy), followed by intercostal catheter insertion.

VEMS or manikin

For this skills station, Visually Enhanced Mental Simulation (VEMS) is an alternate delivery mode. VEMS requires minimal setup, reduces cognitive overload for participants, and provides a scaffolded learning environment. This approach allows participants to focus on decision-making, communication, and leadership skills before progressing to more immersive scenarios.

The use of simulated environments with manikins is also an effective method. Manikins may be particularly useful for reinforcing hands-on technical skills or when visual and tactile realism is required for experienced users.

When deciding between VEMS and manikins, facilitators should consider:

- Resource availability and setup time.
- The number of participants and session time constraints.
- The skill and experience level of participants.

Regardless of the chosen method:

- Facilitator should provide clear instructions and maintain participant engagement.
- Assessment and feedback criteria remain consistent to ensure fairness and alignment with learning outcomes.
- Cognitive aids such as the ANZCOR ALS algorithm and COACHED mnemonic should be available for reference during the session.

This flexible approach ensures the session is adaptable to different learning environments while maintaining high educational standards.

Participant briefing for VEMS

What is VEMS?

- Visually Enhanced Mental Simulation (VEMS) is a low-resource simulation.
- Relies on verbal descriptions, cognitive aids, and participant imagination instead of manikins or full simulation setups.
- Focuses on decision-making, communication, and leadership skills.

How does VEMS work?

- Clinical cues (e.g., vital signs) are described by the facilitator as participants progress.
- Participants use VEMS cards to perform actions.

Benefits of VEMS:

- Reduces cognitive load.
- Allows a focus on non-technical skills such as use of the ALS algorithm, leadership and communication.

Introduction to simulated environment

Learning outcome

Demonstrate familiarity with the simulation environment, understand participant expectations, and exhibit psychologically safe behaviours.

Familiarisation instructions

Facilitator-led familiarisation to the environment and manikin. Allow participants time to explore and interact, followed by a simulation pre-brief to clarify roles and expectations while promoting psychological safety.

Familiarisation allows facilitators to model interactions with manikins, equipment, and environment. It reduces apprehension by providing key information and addressing questions.

Model patient interactions realistically to set expectations and encourage participant engagement.

If outside their usual work area, familiarise participants with:

- Call button locations
- Sending bloods and receiving results
- Equipment/resources (e.g. ultrasound)
- Potential risks (e.g. live defibrillators)
- Simulated medication use and safety
- OH&S hazards (e.g. cables, sharps)

Conclude with time for questions and environment orientation.

Pre-brief instructions

A pre-brief establishes the roles and requirements of facilitators and participants. Participants are more likely to engage when they understand the relevance of the training, and what is expected of them.

Roles: Facilitator may serve as instructors, debriefers, or confederates, while participants should remain in their roles to reduce anxiety and role confusion.

Active participants vs observers: Participants alternate between active roles and observers, with observers providing valuable feedback and being respectful of different perspectives.

Confidentiality: Establish an agreement with participants that they are not to discuss the performance of others outside the simulation environment.

Fiction contract: Establish an agreement to set expectations for realism, with participants committing to suspend disbelief for an immersive simulation experience.

Use the Pre-brief summary as a guide.

Immersive scenarios and debriefs

Summary

Participants will have the opportunity to apply their ALS skills in a realistic, high-pressure environment, focusing on teamwork and communication.

Facilitator instructions

Facilitator will select scenarios from the Scenario Pack, ensuring alignment with the group's learning needs.

- Participants will be divided into equal teams, balancing disciplines, skills, and experience levels.
- Each scenario will last approximately 10 minutes, followed by a 20-minute structured debrief.
- One facilitator will act as a confederate who is BLS trained only.
- The remaining participants will observe the scenario and participate in the debrief.

Assessment

Use the Debrief Guide to facilitate reflective and structured feedback, focusing on:

- Clinical decision-making and identification of reversible causes.
- Communication and teamwork effectiveness.
- Adherence to the ALS algorithm and structured

Cognitive aids

Ensure cognitive aids are in the room for participants and referencing when providing feedback.

- ANZCOR BLS
- ANZCOR Adult ALS Algorithm
- COACHED mnemonic

Suggested structure

Time (mins)	Activity	Details
0-10	**Scenario one**	Four participants and one facilitator as BLS trained confederate.
10-30	**Debrief**	Facilitator led debrief.
30-40	**Scenario two**	Four participants and one facilitator as BLS trained confederate.
40-60	**Debrief**	Facilitator led debrief.

Assessment

Summative assessment guidelines

This course incorporates summative assessment. The course is based on assessment criteria and is administered by experienced clinical facilitators trained in ALS, debriefing a simulation event and simulation-based education. This document provides a breakdown of the assessor guide into the elements of the principles of assessment, validity, reliability, flexibility, fairness and sufficiency.

To receive a certificate of completion for the ALS Recertification course, the participant must be deemed competent in **EVERY** assessment.

Validity	The assessor will use the assessment criteria document for each individual skill station to ensure all performance criteria have been achieved. • Airway skill station • BLS skill station • Manual defibrillation skill station • Team leader skill station
Reliability	Assessors follow this Facilitator Guide and use the assessment tools to ensure differing interpretations do not arise.
Flexibility	Participants in this course benefit from multiple delivery modes, including both eLearning and a face-to-face workshop. Assessors are committed to accommodating individual needs by offering flexible assessment options. For example, if a participant has recently undergone knee replacement surgery, they may perform the chest compression assessment on a bed instead of the floor. This approach ensures that all participants have the opportunity to demonstrate their skills in a manner that aligns with their personal circumstances.
Fairness	Prior to attendance on the course and in the introduction, all participants must be advised that the course has competency-based assessment and if they do not meet the performance criteria, they will fail the course. If a participant wishes to challenge the assessment grading, the assessors can discuss the assessment criteria with them to identify the areas that the participants will need to improve on. The decision of the assessors is final.
Sufficiency	During the course, each summative assessment is structured to allow the participant ample opportunity to meet the assessment criteria through the skill stations and scenarios. If the participant does not meet the requirements, they will be deemed unsuccessful and will have to retake the course. They may continue to progress through the course, but they won't receive a completion certificate.

Failing a participant – safe and supportive practice

Failing a participant can be confronting — for them and for facilitators. Here's how to do it with professionalism, empathy, and clarity.

Before the assessment

- Set clear expectations early — what constitutes a pass/fail
- Normalise the possibility of needing multiple attempts as part of learning
- Emphasise that safety, not perfection, is the key assessment focus

If a fail is required

During the assessment

- Maintain a calm, non-judgemental tone
- Document specific errors using the assessment tools. If any comments are required, use objective language (e.g. “no shock given for VF”).

Delivering the news

5. Debrief privately and promptly – Choose a quiet space
1. Acknowledge their effort – “That was a tough scenario. I know you worked hard today.”
2. Be honest, clear and kind – “You did not pass this time, but this is part of the learning process.”
3. Explain why they didn’t meet the standard – link to assessment criteria
4. Offer next steps – Resit opportunity, support, contacts
5. Supply participant with the ALS Assessment – Support & Next Steps document.

Tips for maintaining psychological safety

- Avoid ambiguous language
- Don’t soften the message too much
- Show care, not pity
- Avoid “don’t worry” — validate their feelings
- Pause and give space if emotional

Documenting a Fail

- File the assessment criteria and provide the participant with a copy
- Use clear, factual language
- Record what support was offered

Inability to meet chest compressions

Guidelines for use

This form is to be completed for any participant unable to meet the chest compression assessment criteria.

If a participant cannot meet the criteria for any reason, initiate the Inability to Meet Chest Compression Assessment Form. Provide guidance to the participant regarding their role in real patient resuscitation scenarios, in alignment with the BLS algorithm, and recommend roles more suitable to their physical abilities.

Record and documentation

Details of skills not completed:

- Specify the skills not achieved (e.g., compression depth, rate, recoil, hand placement).
- Include the number of attempts and areas requiring improvement.

Contributing factors:

- If due to permanent or temporary impairment, document details (e.g., recent surgery).
- Attach supporting documentation, such as a medical certificate, where applicable.
- If the reason is "other," clarify the circumstances.

Provisional pass:

- Provide participants with a certificate of completion with a provisional pass with the following comment.

Certificate notation: “Inability to meet chest compression assessment criteria.”

- A copy of this form must be given to the participant.

Inability to meet chest compressions assessment form

Ensure all fields are fully completed.

Participant details		
First name:	Last name:	
Facilitator details		
First name:	Last name:	Position:
Assessment details		
Date of assessment:		
Comments:		
Contributing factors		
Temporary injury:	Permanent injury:	Other:
Comments		
Supporting documentation attached (e.g. medical certificate)		
Yes	No	
Details:		
Participant signature:	Facilitator signature:	

Airway management assessment tool

Participant		Date	

Assessment Criteria		Achieved
Airway manoeuvres	Perform a head tilt/chin lift	☐
	Perform a jaw thrust	☐
	State indication for jaw thrust	☐
Ventilation	Ventilate with a BVM using a one-person technique	☐
	Utilise correct hand position to obtain a seal	☐
	Depress the bag for a full 1-2 seconds (400-600ml) and then release	☐
	Ventilate at a rate of 6-10 ventilations per minute with adequate chest rise	☐
	Ventilate with a BVM using a two-person technique	☐
Oropharyngeal airway (OPA)	State indications and contraindications for using OPA	☐
	Select correct size OPA	☐
	Perform appropriate insertion technique	☐
	State potential complications of using OPA	☐
Nasopharyngeal airway (NPA)	State indications and contraindications for using NPA	☐
	Select correct size NPA	☐
	Perform appropriate insertion technique	☐
	State potential complications of using NPA	☐
Laryngeal mask airway (LMA)	State indications and contraindications for using LMA	☐
	Select correct size LMA	☐
	Perform appropriate insertion technique	☐
	State potential complications of using LMA	☐

ASSESSMENT OUTCOME			
Competent	☐	**Not yet competent**	☐
Assessor Name		**Signature**	
Comments			

Basic life support assessment tool

Participant		Date	

Assessment Criteria		Achieved
Danger	Identify potential risks to the rescuer and victim	☐
	Confirm the area is safe	☐
	Demonstrate or explain appropriate infection control measures	☐
Response	Assess responsiveness using verbal and painful stimuli	☐
	Identify if the victim is unresponsive or unable to be roused	☐
Send	Describe or demonstrate how to send for help	☐
	Identify essential information to convey	☐
Airway	Check the airway for obstruction	☐
	Demonstrate techniques for clearing the airway	☐
	Perform the head tilt/chin lift or jaw thrust manoeuvre	☐
Breathing	Assess breathing while keeping the airway open	☐
	Use the "look, listen, and feel" method	☐
Compressions	Use correct hand positioning (lower half of the sternum)	☐
	Perform compression at 1/3 depth of chest > 5cm	☐
	Perform compression at 100-120 compression per minute	☐
	Identify the need to rotate compression person every 2 minutes	☐
	Perform chest compression with minimal interruptions	☐
	Achieve ≥ 75% score for two minutes with feedback device	☐
	Identify compression to ventilation ratio with and without advanced airway	☐
Defibrillation	Turn the AED ON and follow voice prompts	☐
	Demonstrate correct pad placement	☐
	Deliver shock safely (if required)	☐

ASSESSMENT OUTCOME			
Competent	☐	**Not yet competent**	☐
Assessor Name		**Signature**	
Comments			

Manual defibrillation assessment tool

Participant		**Date**	

Assessment Criteria		**Achieved**
Pad placement	Position pads correctly	☐
	Identify required actions for moisture, hair, implants and medication patches	☐
Defibrillation	Minimises interruptions to chest compressions	☐
	Selects appropriate energy level	☐
	Use a structured approach (e.g. 'COACHED')	☐
	Identify shockable rhythm and safely delivers energy	☐
	Identify non-shockable rhythm and safely disarms defibrillator	☐
	Identify immediate steps after defibrillation or disarming	☐
Complications	Identify complications	☐
	Identify troubleshooting issues	☐

ASSESSMENT OUTCOME			
Competent	☐	**Not yet competent**	☐
Assessor Name		**Signature**	
Comments			

Team leader assessment tool

Participant		**Date**	
Assessment Scenario			

Assessment Criteria				**Achieved**
Leadership and communication	Allocates roles based on team members' skills and experience			☐
	Leads, communicates with, and coordinates the team in line with the ALS algorithm			☐
	Monitors the patient, team performance, and environment to effectively prioritise tasks			☐
ALS algorithm management	Minimises interruptions to CPR (< 10 seconds)			☐
	Rotates the chest compressor at least every two minutes (from the first rhythm check)			☐
	Prioritises early rhythm identification and defibrillation (if indicated)			☐
	Follows the appropriate side of the ALS algorithm (shocks or disarms)			☐
	Directs the administration of correct drugs and doses at the appropriate times as per the ALS algorithm			☐
Reversible causes	Systematically considers and addresses reversible causes of cardiac arrest using the 4Hs and 4Ts framework, initiating appropriate treatment for identified causes:			☐
	Hypoxia	☐	Tension pneumothorax	☐
	Hypovolaemia	☐	Tamponade	☐
	High or low electrolytes (K, Ca, Mg)	☐	Toxins	☐
	Hypothermia/hyperthermia	☐	Thrombosis	☐
Post resuscitation care	Identifies post resuscitation care required (assessments and post-ROSC targets)			☐
	Outlines ongoing care plan for the patient			☐

ASSESSMENT OUTCOME			
Competent	☐	**Not yet competent**	☐
Assessor Name		**Signature**	
Comments			

Setup guides

Pre-course checklist

Task	Complete
Day prior to course	
• Check room bookings to see which rooms will be used	
• Set up training rooms as per Skills Stations Checklist	
• Set up as per scenario templates	
Day of course	
• PPT presentation: turn on AV, ensure working order	
• Skill Station 1: quick check on equipment – airway heads, including airway adjuncts	
• Skill Station 2: turn on QCPR part task trainers, connect QCPR's to app. Turn on and test training AED's.	
• Skills Station 3: quick check on equipment – manikin, defibrillator	
• Skill Station 4: perform quick check on VEMS or manikin, check emergency trolley and defibrillator	
• Scenarios: as per scenario templates	
End of course	
• Turn off all equipment	
• Restock and return room to usual layout	

Minimum room requirements

Below is a list of the minimum room requirements to effectively run the course. Ensure when booking rooms, time is allocated for setup prior, the duration of the course (4 hours) and pack down after.

Room size is dependent on number of participants.

SESSION	ROOM
Introductions / Debrief / Conclusion	1 - Training Room
Skills Station 1 - Airway	1 - Training Room
Skills Station 2 - BLS	1 - Training Room
Skills Station 3 - Manual defibrillation	2 - Training Rooms
Skills Station 4 - ALS and team leader	2 - Training Rooms or Scenario Rooms
Familiarisation	1 - Scenario Room
Scenarios	1 - Scenario Room

Pre–course equipment checklist

		EQUIPMENT	SMALL (<4)	MEDIUM (5-8)	LARGE (9-12)	CHECKLIST
Intro.		Laptop/PC	1	1	1	
		Projector	1	1	1	
		Chairs	4	8	12	
Skills Station 1		Trolley / table	2	4	6	
		Airway trainer	4	8	12	
		BVM with face mask and HME filter	4	8	12	
		NPA Sizes 6, 7, 8	4 each size	8 each size	12 each size	
		OPA Size 3, 4, 5	4 each size	8 each size	12 each size	
		LMA Size 4 (and syringes if cuffed)	4	8	12	
		Yankauer sucker	4	8	12	
		Magills forceps	4	8	12	
		EtC02	4	8	12	
Skills Station 2		Laerdal QCPR	2	4	6	
		Device for Laerdal QCPR app (e.g. tablet, phone)	1	1	1	
		AED for training (or defibrillator capable of auto mode)	2	4	6	
		BLS cognitive aid	2	4	6	
Skills Station 3		Manikin	1	2	3	
		SimPad	1	2	3	
		Defibrillator	1	2	3	
		COACHED cognitive aid	1	2	3	
		ALS Algorithm cognitive aid	1	2	3	
Skills Station 4	VEMS Option	VEMS kit	1	2	3	
		Optional – patient monitor emulator	1	2	3	
		Optional – defibrillator emulator	1	2	3	
		COACHED cognitive aid	1	2	3	
		ALS Algorithm Cognitive aid	1	2	3	
	Manikin Option	Manikin	1	2	3	
		SimPad	1	2	3	
		Defibrillator	1	2	3	
		Resuscitation trolley (e.g. simulated drugs, O2, airway, circulation)	1	2	3	
		COACHED cognitive aid	1	2	3	
		ALS Algorithm Cognitive aid	1	2	3	
Scenario		Manikin	1	1	1	
		Emergency trolley	1	1	1	
		Manual defibrillator	1	1	1	
		Props	As per chosen scenarios			
		Cognitive aids (BLS, ALS, COACHED)	1 each	1 each	1 each	
Debrief		Laptop/PC	1	1	1	
		Projector	1	1	1	
		Chairs	4	8	12	
Conclusion		Laptop/PC	1	1	1	
		Projector	1	1	1	
		Chairs	4	8	12	

Skill station 1. Airway management

TIME REQUIRED	20 mins
FACILITATOR NO.	2
PARTICIPANT NO.	8
RATIO	1:4
ROOM	Training Room

EQUIPMENT	QUANTITY	CHECKLIST
Trolley / table	4	
Airway trainer	8	
BVM with face mask and HME filter	8	
NPA sizes 6, 7, 8	8 each size	
OPA size 3, 4, 5	8 each size	
LMA size 3, 4, 5 (and syringes if cuffed)	8	
Yankauer sucker	8	
Magill forceps	8	
EtC02	8	

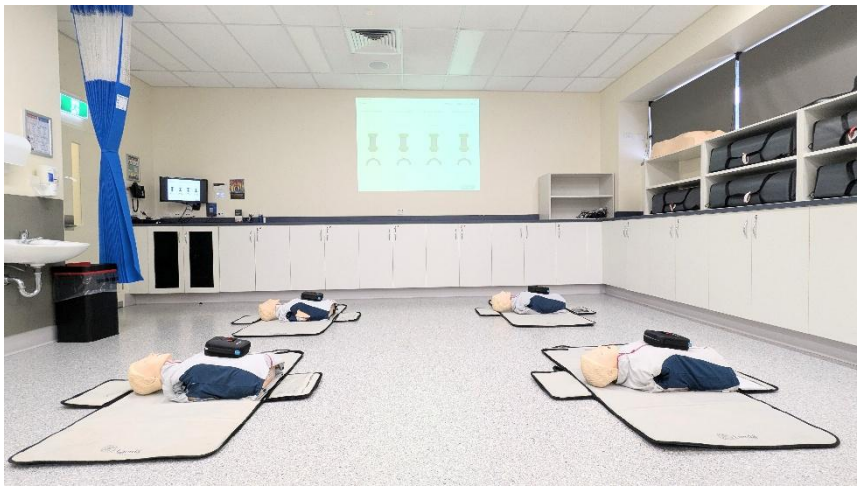
Photos

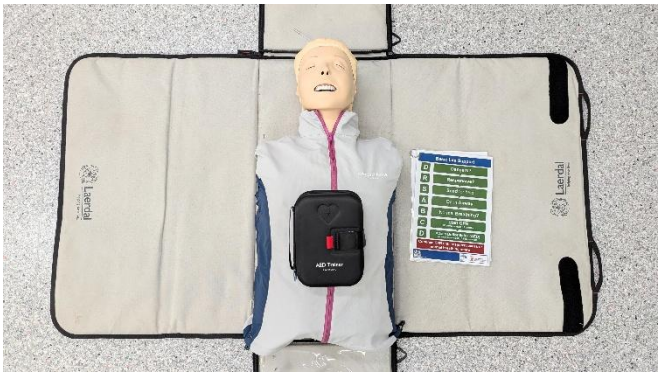
Skill station 2. Basic life support

TIME REQUIRED	20 mins
FACILITATOR NO.	2
PARTICIPANT NO.	8
RATIO	1:4
ROOM	Training Room

EQUIPMENT	QUANTITY	CHECKLIST
Laerdal QCPR	4	
Device for Laerdal QCPR app (e.g. tablet, phone)	1	
AED for training (or defibrillator capable of auto mode)	4	
BLS cognitive aid	4	

Photos



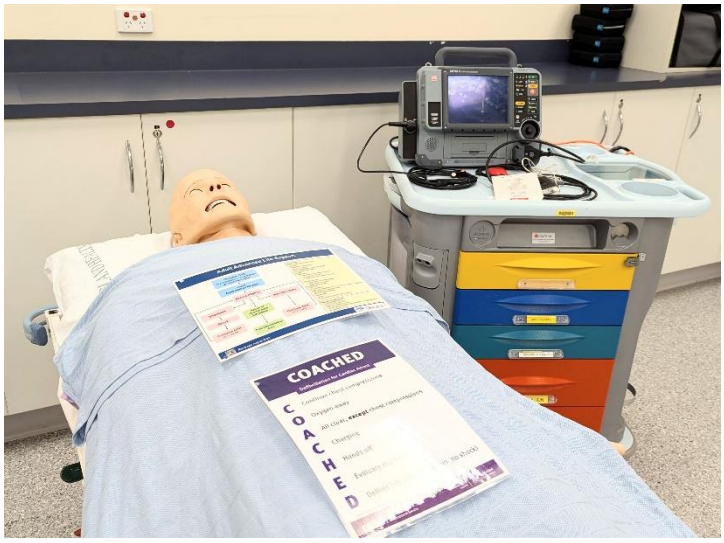


Skill Station 3. Manual defibrillation

TIME REQUIRED	30 mins
FACILITATOR NO.	2
PARTICIPANT NO.	8
RATIO	1:4
ROOM	Training Room x 2

EQUIPMENT	QUANTITY	CHECKLIST
Manikin	2	
SimPad	2	
Defibrillator	2	
COACHED cognitive aid	2	
ALS Algorithm cognitive aid	2	

Photos



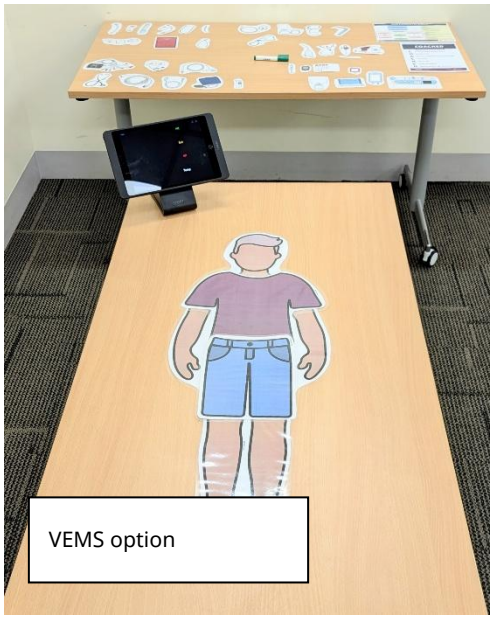
Skill station 4. ALS algorithm and team leader

TIME REQUIRED	55 mins
FACILITATOR NO.	2
PARTICIPANT NO.	8
RATIO	1:4
ROOM	Training Room x 2

EQUIPMENT	QUANTITY	CHECKLIST
VEMS Option		
VEMS kit	2	
Optional – patient monitor emulator	2	
Optional – defibrillator emulator	2	
COACHED cognitive aid	2	
ALS Algorithm Cognitive aid	2	
Manikin Option		
Manikin	2	
SimPad	2	
Defibrillator	2	
Resuscitation trolley (e.g. simulated drugs, O2, airway, circulation)	2	
COACHED cognitive aid	2	
ALS Algorithm Cognitive aid	2	

Photos

Manikin option

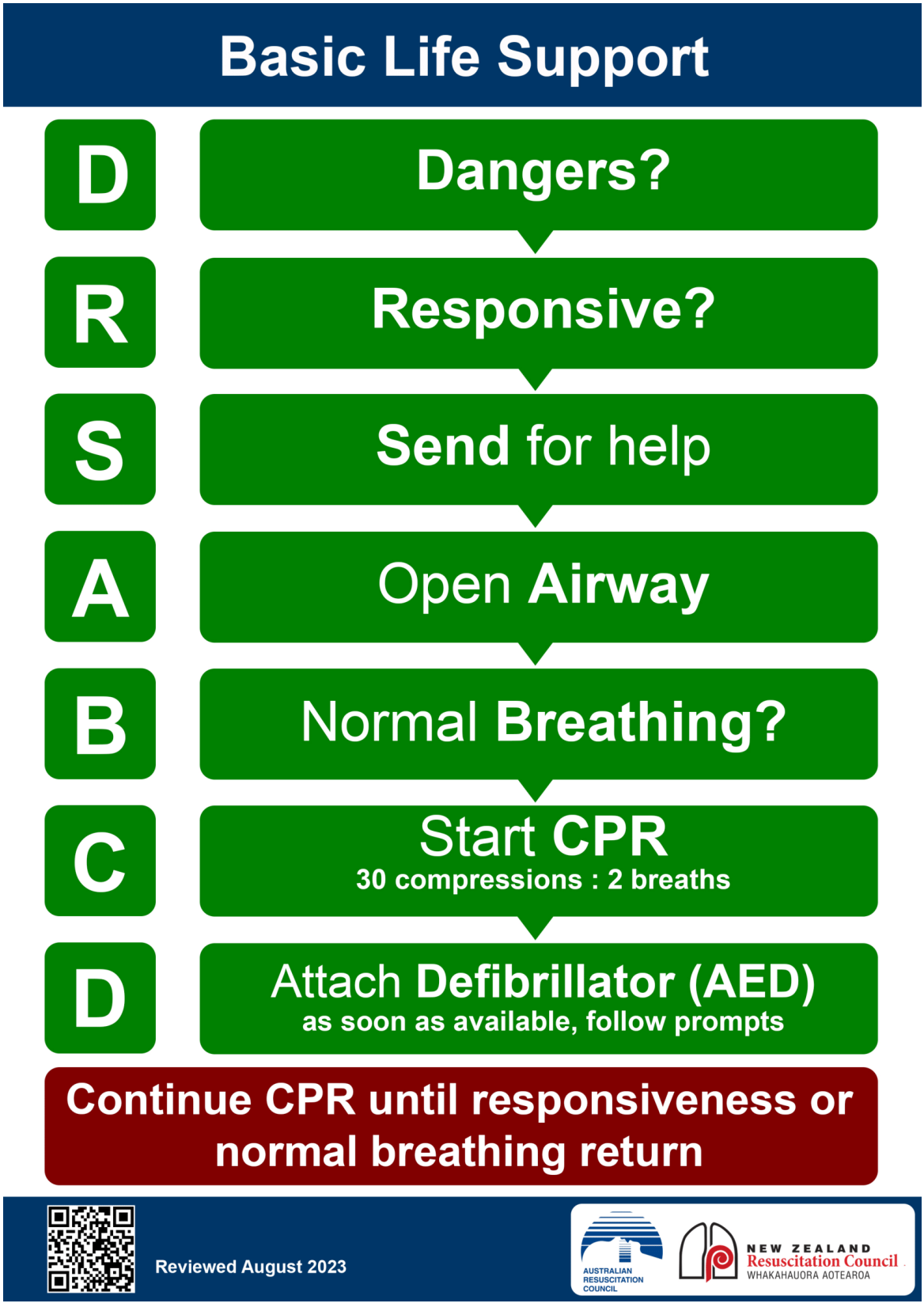


VEMS option

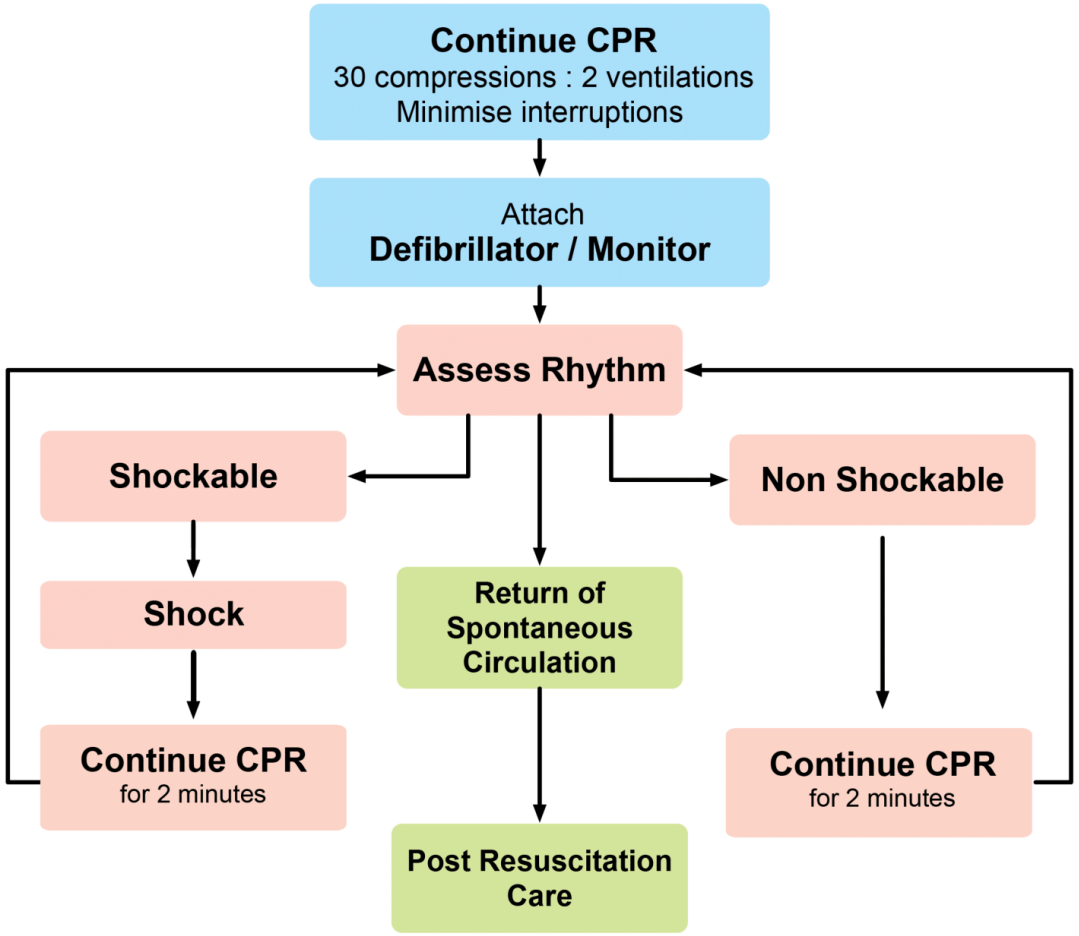
VEMS option

Appendix

ANZCOR BLS



Adult Advanced Life Support



During CPR
- Airway adjuncts (SGA or ETT)
- Oxygen
- Waveform capnography
- IO or IV access
- Plan actions before interrupting CPR (e.g. charge defibrillator)

Drugs

Shockable
- Adrenaline 1 mg after 2nd shock (then every 2nd cycle)
- Amiodarone 300mg after 3 shocks

Non Shockable
- Adrenaline 1mg immediately (then every 2nd cycle)

Consider and correct
- Hypoxia
- Hypovolaemia
- High or low electrolytes (K, Ca, Mg) & metabolic disorders
- Hypothermia or hyperthermia
- Tension pneumothorax
- Tamponade
- Toxins
- Thrombosis (pulmonary or coronary)

Post Resuscitation Care
- Re-evaluate ABCDE
- 12 lead ECG plus CXR
- Treat precipitating cause
- Aim for SpO2 94-98%, normocapnia, normoglycaemia
- Temperature control

Reviewed August 2023

ANZCOR ALS

V1.1 Effective: August 2025 Review: August 2027

COACHED

Defibrillation for Cardiac Arrest

C Continue chest compressions

O Oxygen away

A All clear, **except** chest compressions

C Charging

H Hands off

E Evaluate rhythm

D Deliver (shock) **OR** Disarm (no shock)

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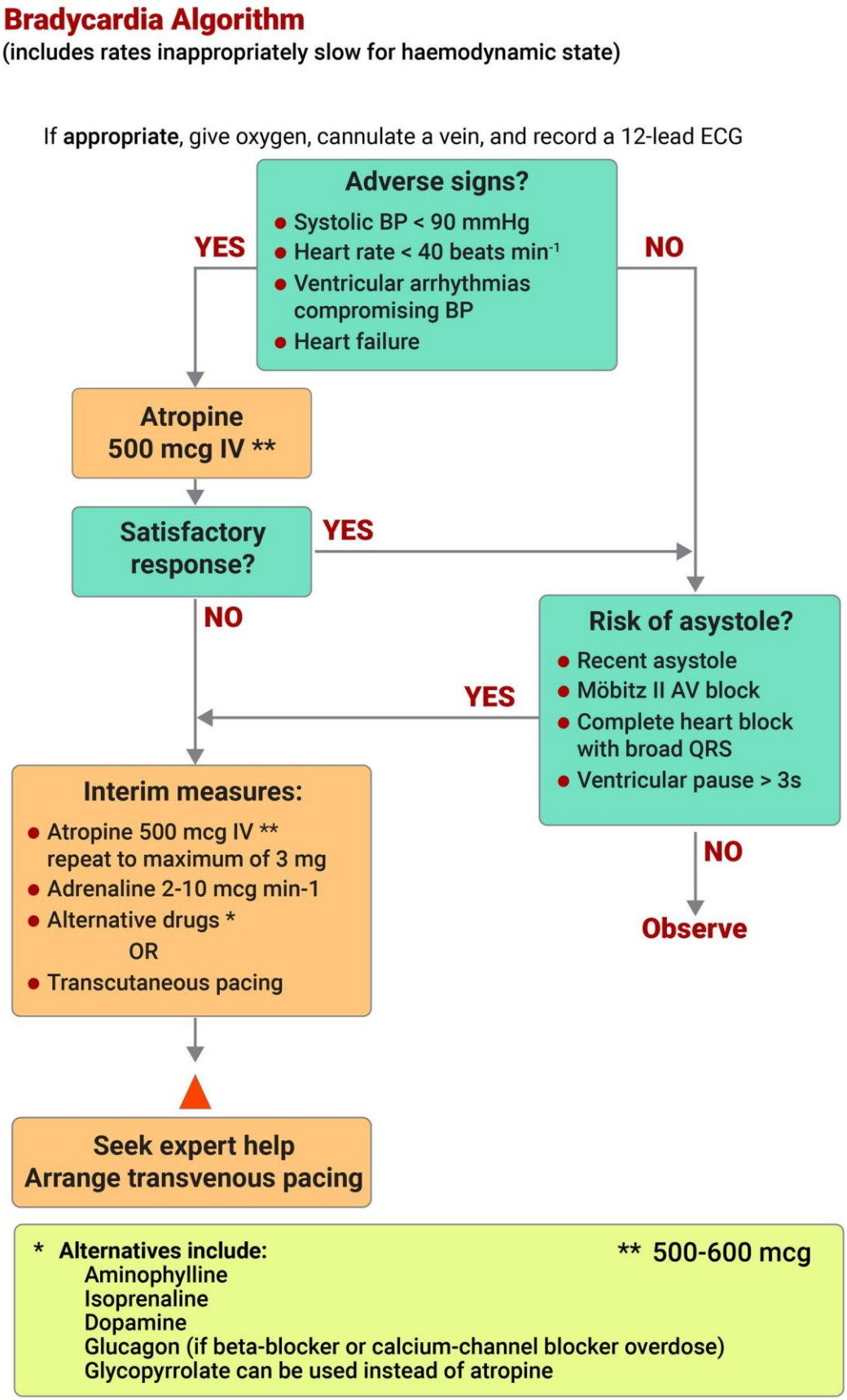
ANZCOR bradycardia algorithm



Tachycardia Algorithm (with pulse)

- Support ABCs: give oxygen; cannulate a vein
- Monitor ECG, BP, SpO_2
- Record 12-lead ECG if possible; if not, record rhythm strip
- Identify and treat reversible causes (e.g. electrolite abnormalities)

Is patient stable?

Signs of instability include:
1. Reduced conscious level
2. Chest pain
3. Systolic BP < 90 mmHg
4. Heart failure

(Rate-related symptoms uncommon at less than 150 beats min^{-1})

Unstable → **Synchronised DC Shock*** Up to 3 attempts

- Amiodarone 300 mg IV over 10-20 min and repeat shock; followed by:
- Amiodarone 900 mg IV over 24 h **

Stable → **Is QRS narrow (< 0.12 sec)?**

Broad

Broad QRS Is QRS regular?

Irregular

Seek expert help

Possibilities include:
- **AF with bundle branch block** treat as for narrow complex
- **Pre-exited AF** consider amiodarone
- **Polymorphic VT (e.g. torsade de pointes** - give magnesium 2 g over 10 min)

Regular

If **Ventricular Tachycardia** (or uncertain rhythm):
- Amiodarone 300 mg IV over 20-60 min; then 900 mg over24 h

If previousl confirmed **SVT with bundle branch block:**
- Give adenosine as for regular narrow complex tachycardia

Narrow

Narrow QRS Is rhythm regular?

Regular

- Use vagal manoeuvres
- **Adenosine 6 mg rapid IV bolus; if unsuccessful give 12 mg; if unsuccessful give further 12 mg.**
- Monitor ECG continuosly

Normal sinus rhythm restored?

Yes

Probable **re-entry PSVT:**
- **Record 12-lead ECG in sinus rhythm**
- If recurs, give adenosine again & consider choice of anti-arrhythmic prophylaxis

No

Seek expert help

Possible **atrial flutter**
- **Control rate (e.g. β-Blocker)**

Irregular

Irregular Narrow Complex Tachycardia

Probable **atrial fibrillation**

Control rate with:
- β-Blocker IV or digoxin IV

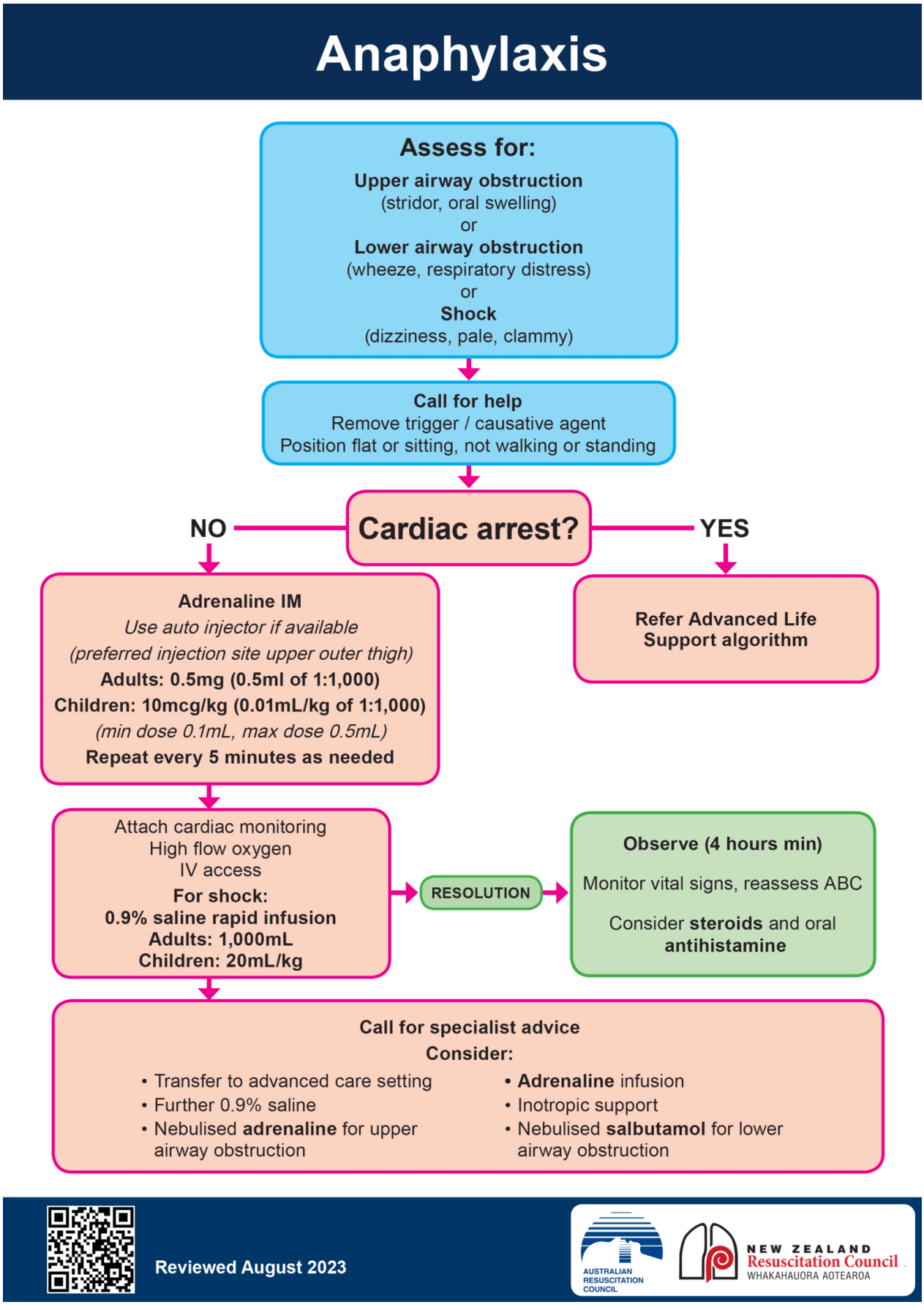
If onset < 48 h consider:
- Amiodarone 300 mg IV 20-60 min; then 900 mg over 24 h

* Attempted electrical cardioversion is always undertaken under sedation or general anaesthesia

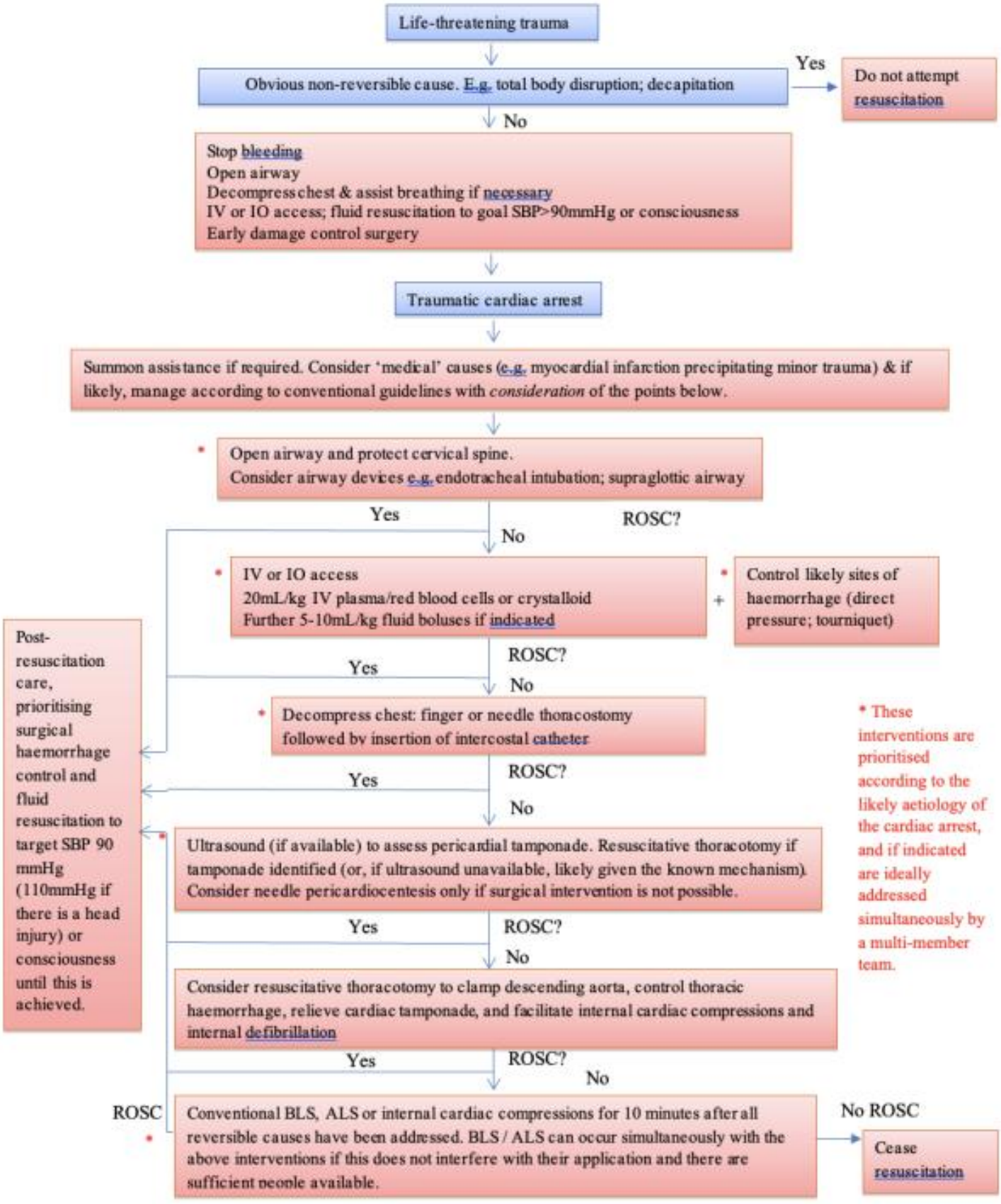
Cardioversion of AF present for > 48 Hours has a risk of stroke

** Magnesium should be given rather than amiodarone if the rhythm is torsades.

ANZCOR anaphylaxis algorithm



ANZCOR management of cardiac arrest due to trauma



Pre-simulation briefing

Pre-simulation briefing

Establishing a safe container for learning in simulation

1 Clarify objectives, roles and expectations
- Introductions.
- Learning objectives.
- Assessment (formative vs summative).
- Facilitators and learners' roles.
- Active participants vs observers.

2 Maintain confidentiality and respects
- Transparency on who will observe.
- Individual performances.
- Maintain curiosity.

3 Establish a fiction contract
- Seek a voluntary commitment between the learner and facilitator.
  - Ask for buy-in.
  - Acknowledge limitations.

4 Conduct a familiarisation
- Manikin/simulated patient.
- Simulated environment.
- Calling for help.

5 Address simulation safety
- Identify risks.
  - Medications and equipment.
  - Electrical or physical hazards.
  - Simulated and real patients.

Adapted from Eppich, W. and Cheng, A., 2015. Promoting Excellence and Reflective Learning in Simulation (PEARLS). Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare, 10(2), pp.106-115.

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Simulation debriefing

Simulation debriefing

Establishing a safe container for learning in simulation

1 Reaction phase - "vent"

- How was that?
- How are you feeling?
- Any other initial reactions?
- Learners may reveal key areas that are important to them.

2 Description phase

- Description phase
- Can be shortened if it appears there is shared understanding of the case.

3 Analysis phase

- Select which strategy is suited.
  - Learner Self-Assessment - learner generates objectives
    - What went well/what would you change?
    - What well/did not go well and why?
  - Focused Facilitation - analyse performance related to objective

4 Summary phase

- Discuss take-home learning points
- Learner guided approach or
- Facilitator guided approach

Note: Adjust the pre-simulation briefing to match the demands of the simulation event, contexts or the changing of participant composition.

Adapted from Rudolph, J., Raemer, D. and Simon, R. (2014). Establishing a Safe Container for Learning in Simulation. Simulation in Healthcare: Journal of the Society for Simulation in Healthcare, 9(6), pp.339-349.

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Simulation debriefing notes

Simulation debriefing notes

Establishing a safe container for learning in simulation

Crisis Resource Management (CRM) Principles:

1: Know the environment
2: Anticipate and plan
3: Call for help early
4: Exercise leadership and followership
5: Distribute the workload
6: Mobilise all available resources
7: Communicate effectively
8: Use all available information

Reaction phase - "vent"

- How was that?
- How are you feeling?
- Any other initial reactions?
- Learners may reveal key areas that are important to them.

Description phase

- Description phase
- Can be shortened if it appears there is shared understanding of the case.

Analysis phase

- Select which strategy is suited.
  - Learner Self-Assessment
    - learner generates objectives
      - What went well/what would you change?
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Summary phase

- Discuss take-home learning points
- Learner guided approach or
- Facilitator guided approach

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ALS Assessment – Support & Next Steps

Putting today in perspective

This assessment simply reflects where your ALS knowledge and skills are today - it does not reflect your competence as a healthcare professional. You may be feeling frustrated, disappointed, or be questioning yourself. These feelings are normal. Many excellent clinicians have been in your shoes.

Important to remember

ALS skills are highly specialised and require intensive training and practice. It's important to remember:

- ALS is a **challenging course** for clinicians of all levels
- One assessment **does not define your capability** as a clinician

You've shown commitment just by being at the course - and that matters. Don't forget that your existing clinical expertise remains valuable and valid.

What Happens Now?

Your facilitator will meet with you for a **debrief** before you leave. This will include **individual feedback** to help you identify specific areas for improvement.

We'll then work with you to **plan the next step** that suits your learning needs. This will include discussing the supports available and your resit options.

Resitting the course

Resit options are available, and you are welcome to register for a new course date. Talk to your facilitators about timing, preparation, and how we can help you succeed.

You're not alone

Your wellbeing matters to us. If you need someone to talk to, we encourage you to contact:

Employee Assistance Programs (EAP) – contact your employer for details

Lifeline – 13 11 14

13YARN – 13 92 76 – Aboriginal and Torres Strait Islander Crisis Support

Beyond Blue – 1300 22 4636

Nurse & Midwife Support – 1800 667 877 - www.nmsupport.org.au

Drs4Drs – 1300 374 377 - www.drs4drs.com.au

Head to Health - www.headtohealth.gov.au

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