Set Up and Resource Requirements

Prior to Session – Course Director address all candidates and faculty about aims of this Repeated Skills Practice session:

- Opportunity to practice skills within a group setting
- Not a scenario/ Not a test.

Type of Simulation

Interprofessional, coaching for safe practice

Target Audience

APLS course participants

Learning objectives

- > Initial management of paediatric cardiac arrest
- Repetitive practice
- > All participants given the opportunity to practice each role

Scenario Overview

Paediatric cardiac arrest - shockable

Session time

40 Minutes

Set - 5 mins

- Introductions
- Expectations faculty & participants: reinforce key criteria for safe practice for the following skills
- Session objectives → deliberate practice of BLS, airway opening, BVM ventilation and safe defibrillation as a group

Dialogue – 30 mins

- Clockwise rotation for each skill

Closure

- Recap
- Takeaway points

Human Resources	
Faculty – allocated by	3 x Facilitators/group
Director prior to course	 1 to assign roles and give stem for clinical context, giving clinical information as
	it runs
	 1 to facilitate safe practice for BLS and BVM
	1 to facilitate safe practice for defib
Participants	5-6 members of colour group
Physical Resources	
Simulator	Set up for each station:
	1 x child mannequin
	iSimulate REALITi 360
Simulator set up	On table, unresponsive
Clinical equipment	APLS simulation equipment/ consumables kit
	 Safe practice criteria x 2
Other	Cardiac arrest flow chart x 1
	■ COACHED laminated card x 1
	Diagram of process

Clinical Context – Cardiac Arrest with Shockable rhythm – Repeated Skills Practice with Coaching

Order written on white board (see below). Explain format to candidates – 5 mins	
Instructor 1	Leads clinical context and progress of management (runs REALITi)
Instructor 2 & 3	Observes candidates' demonstration of safe basic life support, first line airway skills and defibrillation
	→ Points to consider = teaching for demonstration of safe practice
	→ Defib coach and CPR and ventilation coach
1 st responder	D – checks for danger
	R – checks for response
	S – sends for help
	→ checks help coming after 1 min if no help has arrived
	A – checks airway
	→ 1 st line - airway management, clears, opening manoeuvres
	B – checks for breathing
	→ 2 rescue breaths
	C – checks for signs of life → commences compressions
	→ 2 nd responder arrives and takes over compressions
	→ Responder 1 takes over role of airway with BVM and inserts oropharyngeal airway
	→ Continues to ensure effective ventilation via BVM
2 nd & 3 rd responder	C – takes over compressions (swap every 2 mins)
	→ Monitor quality (depth, recoil, rate, positioning & time off chest)
4th responder	D - attaches Defibrillator (demonstration of safe defibrillation)
	→ Shockable pathway = VF, VF, Sinus
	** allow for 2 rounds of defibrillation (shockable pathway) then return to ROS
5th responder	Drugs - IV access and drug preparation
	→ Drug & fluid calculations
	(Alternates CPR with 2nd responder if group <6)
6th responder	Observer: key criteria for safe practice



Once defibrillation sequence is complete the candidates rotate clockwise to take up the next role

** some candidates may require additional 'run throughs'

If incorrect technique used, pause, correct technique then restart to allow candidate to practice skill correctly.

Pauses should be brief and concise to allow for maximum time for candidate hands on practice.

Continue until all 6 candidates have experienced each role & satisfactorily demonstrated DRSABC, airway management & safe defibrillation.

What this session is:

- This session intends to be a further practice of BLS, airway opening, BVM ventilation and defibrillation for all candidates.
- It is an opportunity for all candidates to reinforce the skills they were taught and practiced earlier in the day
- Most candidates will have already demonstrated safe practice in these skills during the sessions earlier in the day so this session will be another chance to practice them with immediate feedback if needed.
- For those candidates who have not demonstrated safe practice earlier it is another opportunity for further deliberate practice with feedback and corrections as needed. They may need several opportunities to practice.
- For a very small number of candidates further intensive practice on day 2 and 3 with mentor guidance may be needed and the candidate deemed to have passed once safe practice has been demonstrated.

What this session is NOT:

- This is not a summative assessment session, replacing individual testing with a group testing session. Although instructors may need to refer to the teaching sheet for the various drills to ensure they have not missed a step, there will not be tick boxes to complete. It is a practice session repeating the skills taught earlier in the day as a group.
- Some candidates may have demonstrated safe practice during the morning sessions but miss something during the practice in the afternoon. The error should be corrected as soon as it is identified, and further practice time given until safe practice has once again been demonstrated.

SET



- o Welcome to the Repeated Skills Practice Session.
- For the next 40 mins you will have an opportunity to practice the skills you learnt this morning DRSABC, Airway management, BVM & Defibrillation.
- o This is not a test.
- o We will use a *pause & perfect model* to coach you to achieve safe practice in each skill. We will also *coach you from the side* as needed to ensure you are providing effective BVM & CPR.
- o You will be responding to a 10 kg "collapsed" infant and will take on different roles.
- The first responder # 1 starts, and as indicated on the board will respond and complete DRSABC
 <u>complete at least 1 round (minimum)</u> before others respond.
- o Responders 2 & 3 will take on compression roles, responder 4 will take on the defib role and responder 5 will take on role of getting IV access and medications. The 6th person can observe and use the Safe Practice Guide to observe for safe practice.
- o <u>After 2-3 rounds of shock (minimum of 2 rounds)</u> we will stop, and everyone will take a clockwise rotation see the diagram on the whiteboard.
- o The process starts again from the beginning.
- There is **no TEAM LEADER** this is a 10 kg collapsed infant & we would like you to all take appropriate action as assigned.

Candidate Role 1: Minimum of two cycles of 15 compressions: 2 breaths before introducing Role 2. Then ask for insertion of oropharyngeal airway to support BVM.

On the white board write up the following before your session starts:

- 1. Name of candidate
- 2. Name of candidate
- 3. Name of candidate
- 4. Name of candidate
- 5. Name of candidate
- 6. Name of candidate

DRSABC

Compressions

Compressions

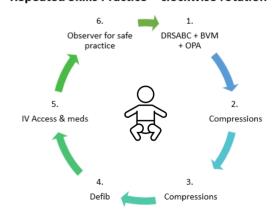
Defib

IV Access/meds

Observer: safety criteria

Collapsed INFANT – 10kgs.

Repeated Skills Practice - clockwise rotation



If a candidate has been identified as needing more support, assign to Observer Role (6) to observe safe practice.

Faculty 1 for running the session (Realiti)/safe defibrillation.

Faculty 2 for coaching BLS, OPA insertion & BVM.

Faculty 3 for CPR and noting time, moving roles in a clockwise rotation.