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INSTRUCTOR DAY 2009

Planning is well underway for the APLS Instructor Day 2009, the principal event on the APLS Calendar. By now, you will have received your invitation and hopefully be making your own plans to be at this must-do event.

Held over two days, from 9am Friday 11 September until 4pm Saturday 12 September, Instructor Day 2009 is designed to enhance practice and understanding of emergency paediatric care by bringing together a range of industry experts, practitioners and instructors.

We are delighted that Her Excellency Ms Quentin Bryce AC, Governor-General of Australia, has accepted our invitation to be a special guest and speaker.

Ms Bryce has enjoyed a rich and distinguished career as an academic, lawyer, community and human rights advocate, senior public officer, university college principal, and vice-regal representative. She is well-known for her contribution to advancing human rights and equality, the rights of women and children, and the welfare of the family. We know her presence will add a great deal to the event.

The APLS team has assembled an exciting roster of presenters who will lead discussions and talks on a range of topics and emerging issues relating to our discipline, including:

- PREDICT
- SIMBABY
- C-Spine Review

- Oxygen and other Neonatal Toxins
- NETS
- Paediatric resuscitation on the edge, Afghanistan and Sudan
- Hi fi versus Low fi simulation
- Running scenarios as teams versus individuals
- Controversies
- Toddler near drowning.

The conference format offers you the opportunity to be updated on clinical information and teaching initiatives, and to network informally with peers.

This year's venue is the Hyatt Canberra, Commonwealth Avenue, Yarralumla ACT. The Hyatt is offering a special room rate for attendees – if you'd like assistance with your booking, please let us know.

More than 90 attendees have already registered for Instructor Day 2009 and we look forward to seeing you there. Our next newsletter will include a full review of the event.

If you would like to register to attend or to discover more about the program, the venue or the speakers, please contact us at: instructorday2009@apls.org.au

PRESIDENT'S REPORT

Dear APLS Members

The upcoming APLS Instructor Day in Canberra promises to be an outstanding event. A varied program covering aspects of the APLS course and paediatric emergency medicine in general has tempted many of you to register – if you are still to make up your mind about attending can I urge you to come along?

One of the major areas of discussion at the instructor day will be next year's course changes. From mid-2010, the APLS course will transition to a 2.5-day course with a component delivered by virtual learning (VLE). This move reduces the face-to-face requirement, enabling some lectures to be delivered online via the APLS website. Feedback from instructors who have taught this format in the UK is very positive with the general feeling that candidates arrive at the course much better prepared than at present.

Our Annual General Meeting for this year will be held in Melbourne on Tuesday, 20 October 2009, from 5-7pm. All the

yearly reports will be presented and will form an important record of APLS the company. Additionally it is likely that we will ask you, the members of APLS, whether we should change our company name from APLS (ANZ) to APLS Australia. You will receive information on this shortly.

Australian APLS instructors have been instrumental in running extremely successful APLS courses in a number of developing countries. Our involvement in overseas activities has been increasing cumulating in the ongoing Fiji project where substantial financial management is necessary. To manage this the APLS Board has recently approved establishing a separate business entity for all our overseas activities: APLS International. The Board anticipates that this will increase our capacity to operate overseas and hopes it will increase the opportunities for APLS members to become involved.

I look forward to seeing you at Instructor Day and/or the AGM.

Simon Young
President APLS (ANZ)

CONTENT DIFFERING BETWEEN AUSTRALIAN AND NEW ZEALAND COURSE MATERIALS

The Course Development Sub-Committee advises that a number of differences between the Australian and NZ cardiac arrest algorithms appeared when the ILCOR 2005 changes were integrated into the APLS course material.

If the manual footnote states "APLS Australia & NZ" the algorithm applies in both countries. If the footnote reads "APLS Australia" this is an Australian algorithm and the NZ algorithm will be different.

Australian instructors should be aware of this when instructing in NZ. Likewise, NZ faculty should be alert to this difference when instructing in Australia.

CLINICAL UPDATE

To use intraosseous access or not to use intraosseous access: determinants of trainees' decision in paediatric emergencies.

Lo TY, Reynolds F.

European Journal of Emergency Medicine. April 15 2009

OBJECTIVES: We aim to determine whether the duration of paediatric training and previous real life intraosseous (IO) insertion experience influence a trainee paediatrician's decision on emergency vascular access choices.

METHODS: A survey was conducted using a predesigned proforma to collect data on paediatric trainees' previous paediatric experience including IO training, and their first choice of vascular access in three hypothetical cases modified from real life scenarios.

RESULTS: Of the 105 trainees contacted, 98 participated in the survey, all of which were Advanced Paediatric Life Support Course trained, and 65 had previous real life IO needle insertion experience. Experienced trainees (i.e. with more than 6 years paediatric experience) were more likely to have previous real life experience in IO insertion (odds ratio: 5.94, 95% confidence interval: 2.25-15.72). Despite resuscitation councils' clear recommendation to use IO access in the arrested infant, only 51 participants (52%) chose IO as their first vascular access choice in this situation. Previous real life IO insertion experience significantly increased trainees' willingness to use IO as their first emergency vascular access choice ($P < 0.0001$, Fisher's exact test; odds ratio: 10.13, 95% confidence interval: 3.62-28.35).

CONCLUSION: Nothing helps more than previous real life IO needle insertion experience to reduce trainee paediatricians' reluctance in using IO access in an emergency, but this experience was only found more frequently among the more experienced trainees. IO access-specific workshops may provide useful supplemental training to traditional resuscitation courses, and may reduce trainees' reluctance in its use.



PUTTING NUMBERS ON THE GROUND IN CAMBODIA AND FIJI

APLS is nearing completion of a 5-year project in Cambodia aimed at establishing a national paediatric resuscitation education program and reducing the mortality rate for children under five.

As at May this year, this program has achieved 115 APLS providers, six instructors and eight instructor candidates. Most are doctors and nurses from Angkor Hospital for Children in Siem Reap. All Australian APLS Instructors involved were self-funded with equipment donated or fundraised here in Australia.

APLS is also making a difference in Fiji where, with completion of the June visit, we have achieved: five visits, one PLS course, two Instructor Courses and six Provider Courses. All since commencement in 2008!

Totally funded by AusAid, these Fijian programs are successfully accomplishing our vision of improving the knowledge and skills of local health professionals. So far, they have produced 72 providers, 18 instructors/instructor candidates and another six recommended candidates. Participants have come from all over Fiji, with a couple from other Pacific Islands.

OPPORTUNITY KNOCKING IN CAMBODIA

If you are an APLS Instructor and up for a Cambodian adventure in December 2009, opportunity is knocking.

Setthy Ung is seeking one or two Australian instructors to join him and Chris Sanderson in teaching the Instructor Course in Siem Reap, Cambodia.

Requirements are simple – you must have taught on the Instructor Course here in Australia, you must be self-funded and you must have an interest in advancing paediatric medicine in the developing world.

If that sounds like you, contact Setthy at: supersetthy@hotmail.com for more details.

IMPORTANT DATES

Instructor Day 2009 - 11-12 September 2009

AGM – 20 October 2009

Release of 2010 Course Calendar – late September 2009

EVALUATING COURSE PERFORMANCE

At the end of each APLS course, we ask candidates to provide feedback. The Course Development Sub-Committee analyses and reviews this data.

From February – July 2009, 29 courses were delivered, equating to 552 participants completing the Provider Course. For these courses, the evaluation scores from all participants averaged:

Lectures – 6.2 out of 7

Skill station and workshops - 6.3 out of 7

Scenarios – 6.6 out of 7

Organisation - 6.4

Reoccurring comments from candidates included:

“mentoring is a great part of the course”

“simple and clear”

“Day 2 too long and parts rushed”

“neonatal resuscitation - too important to be brief, abdo injury - too quick. Pain management - poor structure”

“liked interactive sessions”

“may need to use alcohol wipes to clean mannequin to comply with state infection diseases protocols”

“very practical approach”

“very well run”

“a toxicology workshop could be a worthwhile addition”

“pain management lecture very vague”

“whole course was great”

“neuro assessment - improve role play”

“acid base was too basic”

“scenarios were scary!”

“some MCQ questions quite ambiguous”

“loved the trauma scenarios”

We appreciate the constructive nature of the feedback and assure you it is used to inform improvements and modifications to our future course materials.

FROM THE CEO

Welcome to the first edition of NEXUS, our new look newsletter. I hope that you find it informative and of value, and look forward to hearing your feedback.

Planning for our Instructor Day is well on its way and many of you have responded. Please feel free to contact me directly if you have any questions in relation to the two days, or if you would still like to register.

There have been many changes at APLS over the last year. A major change has been the way we administer courses. All pre-course organisation is managed from the Melbourne office. Sarah Weatherby looks after all pre-course administration. Equipment is also managed centrally by Neil Massey-Chase. Course Coordinators are only employed on a course-by-course basis and I am certain that many of you have met some of our new course coordinators: Amali, Adrian, Karen, Lee, Russell and Sue. Helen remains

overseeing the Course Coordinators and coordinating the Instructor Courses.

We are in the midst of planning for 2010 and anticipate that the calendar will be available by late September, when you will be notified to make course preferences via the website.

In November we will be running two MOET (Managing Obstetric Emergencies and Trauma) Courses and one GIC (Generic Instructor Course). We will provide an update to you after the courses.

I would like to take this opportunity of thanking each and every one of you for your ongoing support to APLS and I do hope to see a large number of you in Canberra.

Should you ever want to contact me please feel free to call or email: vanda.fortunato@apls.org.au

Vanda Fortunato
CEO APLS (ANZ)

SUB COMMITTEE REPORTS

Report from the Course Development Sub-Committee (CDSC)

The CDSC reviews Course Reports completed by Directors after each course. Recent matters raised (and the results) include:

Director Candidacy

A Director Candidate must complete two courses within Australia as a DC, the first as "support" Director with a senior Director assuming the role of Lead Director and the second as "Lead" Director, with a senior Director in a mentoring and support role.

Defibrillation Testing

Reports of candidates failing defibrillation testing (perhaps unfairly) include this example:

After safely completing the first 2J defibrillation, a candidate set 2nd energy level before pausing chest compressions to recheck rhythm. He said "stand clear" and discharged without delay. Should he have restarted chest compressions before calling "stand clear"?

The CDSC confirms that this did not result in an unnecessary pause of compressions or delay to defibrillation. The candidate would have been deemed to have "repeated sequence of safe defibrillation".

Charging and Chest compressions

At what point should chest compressions cease? The pads are placed and chest compressions continue until the order "stand clear" is given. The compressor steps back, the candidate does a visual check and then charges the defibrillator. There is no delay between this and discharge. Chest compressions are not performed during charging.

Fluid Boluses in Trauma

The first two fluid boluses in trauma will be 20mls/kg of normal saline. If required, the third bolus will be blood (10mls/kg). Lecture slides are correct but the manual has not yet been updated. Please clarify this and ask candidates to change this figure in their manuals.

Asystole Recovery

How realistic is an asystole rhythm suddenly reverting to a normal sinus rhythm in a cardiac scenario? The CDSC suggests that a successful response to adrenaline administration in the asystole protocol is to first change the rhythm to bradycardic/idioventricular rhythm before restoring it to normal sinus rhythm.

Rapid Sequence Induction (RSI)

Should intubation be performed in APLS scenarios without using anaesthetic and paralysing drugs? While it would be more realistic to use RSI, the CDSC agrees that there is insufficient time to adequately teach this during our 3-day course. Doing so might give the impression that it could be used by the non-expert. The CDSC suggests adding the statement "the intubation is performed using rapid sequence induction" to more accurately reflect what occurs in the resuscitation room and to remind candidates that anaesthetic drugs are required for the intubation of the non-arrested child.

Testing Scenarios

Instructors should alternate between the two allocated testing scenarios to reduce the likelihood of candidates discussing the test contents. Record the scenario number used so that where a candidate is required to repeat their test, use the alternate scenario.

If you have any queries you would like directed to the CDSC, please contact: toni.medcalf@apls.org.au



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