

Australasian College
for Emergency Medicine

Foundational Emergency Medicine Training Program (FEMTP) – EM Skills Workshop

Adult Advanced Life Support 2 Workshops (ALS 2)

The purpose of completing an Adult Advanced Life Support 2 skills workshop for the FEMTP Training Program is to increase the trainee's knowledge and consolidate essential skills in adult emergency medicine practice. The content covered in the Adult ALS 2 course aligns with and supports specific components of the learning objectives in the FEMTP curriculum.

The completion of a two-day Adult Advanced Life Support Skills Workshop is to complement the teaching and learning strategies of the following units of the [FEMTP Curriculum](#) pertaining to adult emergency medicine practice, in particular:

1.1: Principles of emergency medicine

- 1.1.12: Basic principles of reflecting on own abilities, strengths, limitations in clinical practice.
- 1.1.13: The importance of calling for help when required.
- 1.1.15: Conduct a relevant and targeted physical examination, with appropriate consideration of patient comfort and dignity.
- 1.1.17: Identify and synthesise problems.
- 1.1.18: Apply knowledge of symptomology to determine the likely differential diagnosis.
- 1.1.20: Identify patients who are:
 - a. Unstable with the immediate need of resuscitation
 - b. Potentially unstable requiring emergent recognition and intervention
 - c. Physiologically stable but undiagnosed
- 1.1.21: Recognise critical symptoms and symptom patterns, and red flags (danger signs) for important diagnoses.
- 1.1.22: Choose the optimal investigation(s) and management relevant to the context and environment
- 1.1.30: Prescribe medication, safely and appropriately.
- 1.1.31: Demonstrate professionalism and respect when interacting with patients, carers, colleagues, and other health professionals.
- 1.1.33: Reflect on own abilities, strengths and limitations in clinical practice.
- 1.1.34: Reflect on cases to affect future clinical patient-centred practice.
- 1.1.35: Recognise when help is needed and actively call for help.

1.2: Prioritisation in clinical practice

- 1.2.1: The need for prioritisation in order to perform multiple tasks tailored to the patient.
- 1.2.3: Identify and prioritise the immediate issues and patient assessment and treatment tasks, even when the diagnosis is unclear.
- 1.2.4: Justify the priorities of a list of tasks required in the initial assessment of an undifferentiated patient.
- 1.2.5: Justify the priorities of a list of tasks required in the treatment of an undifferentiated patient.
- 1.2.6: Adjust priorities in patient care based on ongoing changes in a patient's condition.
- 1.2.7: Prioritise assessment and management of a patient using the paucity of available information.
- 1.2.8: Implement an effective management plan.

1.4: Procedures in Emergency Medicine

- 1.4.2: Own ability to safely and effectively perform procedure.
- 1.4.4: Preparation and planning for a procedure.
- 1.4.8: Recognise level of competence needed to perform procedure and seek help as required.
- 1.4.9: Proactively seek assistance prior to performing an unfamiliar procedure
- 1.4.11: Appropriately prepare for procedure, including consideration of patients, self, staff, equipment, room, medications.
- 1.4.12: Demonstrate knowledge, technique, efficiency, and safety while performing procedures.
- 1.4.13: Detect and act on a problem or complication promptly, including aborting procedure safely and seeking help.
- 1.4.14: Confirm placement of equipment during invasive procedures to minimise risk of complications
- 1.4.15: Consider patient comfort and administer analgesia, as appropriate

1.5: Resuscitation medicine 1 (excluding LO's for paediatrics, ultrasound, trauma)

2.4: Chest pain presentations

- 2.4.1: Clinical features and red flags of common chest pain presentations
- 2.4.2: Clinical decision-making rules used in the management of chest pain
- 2.4.3: Elicit a relevant focused history and undertake a targeted examination for a patient presenting with chest pain.
- 2.4.4: Diagnose the likely underlying cause of chest pain based on clinical features of:
 - a. Acute coronary syndrome (including STEMI, non-STEMI and unstable angina)
 - b. Pulmonary embolus
 - d. Pneumonia
 - g. Ischaemic chest pain
- 2.4.5: Choose the most appropriate investigation(s) for the chest pain presentation.
- 2.4.6: Analyse and interpret straightforward ECG patterns or rhythm strips.
- 2.4.8: Provide appropriate treatment including analgesia.

2.5: Respiratory presentations

- 2.5.1: Clinical features and red flags of dyspnoea.
- 2.5.2: Elicit a relevant focused history and undertake a targeted examination of a patient presenting with dyspnoea.
- 2.5.3: Diagnose the likely underlying cause of dyspnoea based on the clinical features of:
 - a. Chronic obstructive pulmonary disease/Asthma
 - b. Pneumonia
 - c. Acute pulmonary oedema
 - d. Pulmonary embolism
 - e. Pneumothorax
 - g. Metabolic causes

- 2.5.4: Choose, request, and interpret the most appropriate investigation(s) for a patient with dyspnoea.
- 2.5.5: Provide appropriate treatment including:
 - a. Oxygen therapy
 - b. Bronchodilators
- 2.6: Collapse/syncope presentations (excluding 2.6.6)
- 2.9: Altered level of consciousness/confusion presentations**
- 3.3: Teamwork in the ED environment**
- 3.6: Communication** (excluding LO's 3.6.17-3.6.32)
- 3.6.1: Principles of good communication.
- 3.6.2: Factors which may impact on effective communication and relationships including:
 - a. Working styles
 - b. Values, attitudes and background
 - c. Personality
 - d. Generational differences
 - e. Issues of power
 - f. Gender
- 3.6.3: Principles of managing communication challenges including delivering bad news.
- 3.6.4: Principles of efficient and accurate record keeping and documentation.
- 3.6.5: Apply the techniques of good communication and active listening to clinical practice.
- 3.6.6: Convey information, including verbally, in a way that is clear, succinct and accurate.
- 3.6.7: Use closed loop communication.
- 3.6.8: Use graded assertive communication when advocating for a patient.
- 3.6.9: Interpret the non-verbal-cues of others.
- 3.6.10: Identify barriers to effective communication within the Emergency Medicine context.
- 3.6.11: Quickly establish rapport, trust and understanding
- 3.6.12: Communicate effectively with colleagues and other health professionals to develop a shared plan of care.
- 3.6.13: Communicate effectively with patients, carers, family/ whānau to produce patient centred and family centred care.
- 3.6.14: Communicate bad news clearly and with sensitivity to a patient and/or carer.
- 3.6.15: Empathise with and support a patient and/or carer when conveying bad news.

Below are examples of courses that meet the standards and requirements for the ACEM FEM training program. If you wish to complete a course that is not on the list, please submit the following documentation about the course to ACEM for assessment by the EMATP committee:

- learning objectives of the course
- the course structure and program (including details of theory and practical sessions)
- assessment components (please note for a course to be accredited for the FEM Training Program it must finish with a summative assessment in form of an MCQ and practical assessment such as a simulation or OSCE)
- a copy of your Certificate of Completion (please note a Certificate of Attendance is insufficient unless it reflects that you have passed a formal summative assessment at the conclusion of the course).

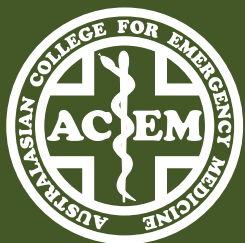
The above supporting documents must reach ACEM at least two months prior to enrolling in the course.

This will be assessed by the EMATP Committee, and you will be advised if the course has been deemed suitable to meet the for the FEMTP Skills Workshop requirements.

If you have attended a course prior to enrolling into the FEMTP and you wish for it to be retrospectively accredited to count towards your FEM training, please send the above listed documentation to ACEM. The EMATP Committee will review these and decide on suitability for RPL, and you will be advised of the outcome by the ACEM Associateship Training team.

Course type	Course name	Course location	Link
ALS2	Advanced Life Support Level 2 – Australian Resuscitation Council (ARC)	Australia wide	https://resus.org.au/als-courses/#als2 https://resus.org.au/courses/accredited-course-centres/
ALS2	Advanced Life Support – European Resuscitation Council (ERC)	Europe	https://www.erc.edu/courses/advanced-life-support
ALS2	Advanced Life Support Course – Resuscitation Council UK	UK	https://www.resus.org.uk/training-courses/adult-life-support/als-2-day-course-advanced-life-support
ALS2	CORE Advanced – New Zealand Resuscitation Council	NZ	https://www.resus.org.nz/healthcare-resources/resuscitation-training/core/core-advanced/
ALS2	Advanced Cardiovascular Life Support (ACLS) – American Heart Association	US	https://cpr.heart.org/en/cpr-courses-and-kits/healthcare-professional/acls
Advanced Trauma Course (covers ALS2 requirements)	Rural Emergency Skills Training (REST) – ACRRM	Australia wide	https://www.acrrm.org.au/courses/face-to-face/rest
ALS2	ALS2 - Resuscitation Australia	Australia wide	https://resuscitationaustralia.com.au/health-professionals/what-we-offer/
ALS2	Advanced Life Support 2: Masterclass	South Australia, Australia	https://moodle.learnem.com.au/course/index.php?categoryid=54

*Any ERC courses taken outside of Europe will need to be individually reviewed. Please send relevant documentation to ACEM.



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