

ERC Course strategy 2008

Final version 29.01.2008 for Board ERC

Edited by: Gavin Perkins and endorsed by the International Course Committees and the Board of the European Resuscitation Council

Introduction

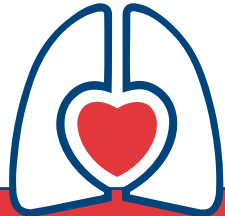
This document provides details about the European Resuscitation Council training courses and the Course Management System. Substantial sections are reproduced from the ERC Guidelines 2005 Resuscitation Training Paper published by Peter Baskett and colleagues (INSERT weblink)

The European Resuscitation Council (ERC) is the Interdisciplinary Council for Resuscitation and Emergency Medicine in Europe. The mission of the ERC is to preserve life by improving standards of resuscitation in Europe and to coordinate the activities of European organisations with a major interest in resuscitation medicine and emergency medical care. These objectives are pursued by two main activities: producing guidelines and recommendations appropriate to Europe for the practice of cardiopulmonary resuscitation, and by designing standardised teaching programmes suitable for all trainees in Europe, ranging from the lay public to the qualified physician. Other important activities of the ERC are audit of resuscitation practice, promoting awareness of the problem of cardiac arrest, promoting research and providing scientific advice.

The Executive Office of the ERC is located in Belgium. However, the main activities of the ERC take place through the European network of the "National Resuscitation Councils". These are multidisciplinary scientific organisations representing scientific, professional and training organisations on a national level. Representatives of the National Resuscitation Councils meet regularly as the Executive Committee of the ERC.

The European Resuscitation Council published updated Guidelines for Resuscitation in November 2005 in its official journal "Resuscitation". These guidelines are now being adopted and implemented all over Europe and beyond.

For many years the ERC has promoted resuscitation training programmes in collaboration with the National Resuscitation Councils. Each type of course is overseen and regulated by an International Course Committee appointed by the ERC Board. The courses are aimed at healthcare professionals but also suitable for lay rescuers. Training programmes



for both providers and instructors are available. All providers and instructors are registered in a unique European database (called the Course Management System - CMS) which records instructor, candidate and course activity, and produces certification online.

Guidelines and course manuals are translated and distributed in collaboration with the National Resuscitation Councils, guaranteeing wide distribution and uniformity. The use of the official ERC manuals are mandatory on its courses. The main advantage of this European approach is that the training guarantees a uniform standard throughout Europe, both regarding content (the medical information provided) and the educational methods used. Because of this standardised approach, certification is valid throughout Europe and instructors can be exchanged between organisations and countries.

The ERC believes that this approach will improve the quality of resuscitation training. It is hoped that the European network of National Resuscitation Councils, CPR providers and instructors will contribute to the prevention of cardiac arrest and the increased survival of victims.

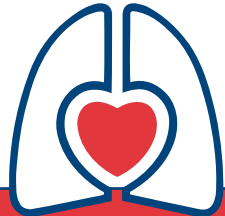
Objectives of Training Courses

The objective of training is to equip the learner with the ability to undertake resuscitation in a real clinical situation at the level at which they would be expected to perform, be they be lay bystander, first responder in the community or hospital, a healthcare professional working in an acute area, or a member of the medical emergency or cardiac arrest response team.

Methods

Training follows the principles of adult education and learning. The majority of the European Resuscitation Council (ERC) courses use a combination of lectures, hands-on small-group practical sessions / simulations and workshops using interactive discussion to develop practical skills, problem-solving and team leadership skills.

Core knowledge should be acquired by candidates before the course by study of the course manual. The courses aim to produce an improvement in competence in the learner, and there is usually a test of core knowledge and an ongoing assessment of practical skills and scenario management. Resources ranging from simple to sophisticated manikins and simulators are incorporated into the scenario-based training.



The courses use a four-stage approach to teach practical skills. Briefly this comprises a silent run through; instructor commentary; candidate commentary and candidate practice. Further details are given below.

Four-stage approach to practical skill teaching

Developing and retaining practical skills is valuable in many areas of professional life. Once a skill has been learnt, application and correct performance become the key issues. This is particularly important in the field of resuscitation where the ability of laypeople and healthcare professionals to learn and retain resuscitation skills may influence the outcomes of patients who suffer cardiopulmonary arrest. The European Resuscitation Council have adopted a 4-stage approach to teaching practical skills in which the skill is gradually transferred from an expert (the instructor) to a novice (the candidate).

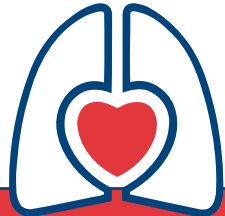
Stage 1: The real-speed demonstration

The instructor demonstrates the skill as they would normally practise it. The demonstration is performed at normal speed giving the learner a 'fly on the wall' insight into the performance of the skill. No commentary or explanation is given. Any speaking that accompanies the skill should be included, for example shouting for help. This provides the candidate with strong visual images, creating an 'advance organiser' upon which new learning can subsequently be structured. This advance organiser model is intended to help the learner apply new information in the context of existing images and knowledge, thereby facilitating the acquisition of the skill.

Stage 2: Repeat demonstration with dialogue informing learners of the rationale for actions

There is now an exchange of facts and ideas between teacher and learner. The mind has two main functions: processing information and storing information. Stage 1 has provided a strong visual image of how the skill should be performed. In stage 2 the instructor is able to slow down the whole performance of the skill, providing the basis for actions and indicating the evidence base for the skill where appropriate.

Involving learners by engaging them in dialogue underpins the theory of adult learning. Involving the candidates and acknowledging what they bring to the learning environment serves to increase their motivation and desire to learn. This potentially allows the instructor to lead them from what they already know to what they need to know. At this stage, the provision of meaningful feedback is important in the acquisition of psychomotor skills. There is further opportunity at this stage to reinforce important



principles and facilitate the integration of new cognitive and psychomotor learning. Most importantly, the learner is actively involved in the performance of the skill.

Stage 3: Repeat demonstration guided by one of the learners

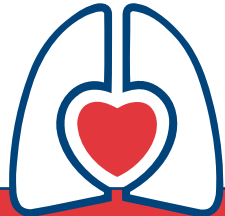
The learner talks the instructor through the skill while the instructor performs it. The purpose is to allow the learner to “gather and organise information from the environment in order to form useful patterns, which can be used to explain and predict events in their own experience”. Strong visual reminders will help the candidate recall the skill under the stressful conditions of actual practice.

The responsibility for the performed skill is moved firmly away from the instructor towards the learner. The emphasis is on allowing the cognitive understanding (knowledge) to guide the psychomotor activity (performance of the skill). There are three domains with which the instructor is primarily concerned: cognitive, affective and psychomotor, and attention to all three is necessary for the transition of theory into practice. This stage of the instructional process facilitates the integration of all three.

The instructor has the responsibility to ensure that in simulated practice the skill is not performed in relative isolation or out of context. The demonstration should be based firmly on the situation in which the skill will be practised. Opportunity for questions and reflection on the skill adds to the importance of this stage. Positive reinforcement of good practice will enhance the future practice of each individual learner.

Stage 4: Repeat demonstration by the learner followed by practise of the skill by all learners

This stage completes the teaching and learning process. It completes the transference of ability from the expert (instructor) to the novice (candidate), and helps establish the abilities of learners in the particular skill. However, this will only be achieved if the environment allows the learner to gain confidence in performing the skill. For virtually all newly learnt skills, a single practice will be insufficient, and all candidates must be encouraged to continue to practise in order to gain further confidence and competence. The strength of using an information processing approach is that it is concerned predominantly with meaningful, purposeful learning as opposed to learning by rote. The learner therefore becomes “an active investigator of the environment rather than a passive recipient of stimuli and rewards”.



Ethos

The courses are taught by trained instructors who have undertaken an ERC course in teaching and assessment. Teaching is conducted by encouragement with constructive feedback on performance rather than humiliation. First names are encouraged among both faculty and candidates to reduce apprehension, and the mentor/mentee system is used to enhance feedback and support for the candidate. Stress is inevitable, particularly during assessment, but the aim of the instructors is to enable the candidates to do their best.

Language

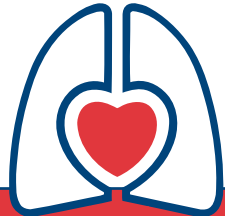
Initially, the ERC courses were taught in English by an international faculty. As instructors have been trained in many European countries, and manuals and course materials have been translated into different languages, the courses, particularly the provider courses, are now taught increasingly in the candidates' native language.

Course management system

The ERC has developed a web-based course management system. This system can be used to register all types of official ERC courses. The system allows course organizers to register a course from any country, assign instructors, record candidate attendance and outcomes, and file the course director's report directly with the ERC. Candidates may sign up online to a course (if the organizer has configured it for open access) or may contract the organizer to register their interest in the course.

The course management system also allows organizers / directors to advertise their courses on the ERC course calendar. Added functionality means that organizers / directors can communicate directly by email with candidates, faculty, and vice versa. course directors can record nominations for instructor potential (see below) and upgrade instructor candidates to full instructors. Recommendations for director status may also be made to the ERC through the CMS.

At the end of the course the system will generate course certificates for the candidates and faculty. These certificates are assigned a unique number and can be accessed at any time by the course organizer / directors. Candidates can have electronic access to their certificates and course attendance logs by completing a simple registration process with the ERC.



The facility exists for course organizers to upload photographs to the CMS. These can either be used for candidate identification or for sharing photographs of the training / associated social events.

National councils have access to the CMS and are increasingly taking responsibility for the courses in their own countries. This involves translation of the CMS, joint certification (the certificates will show the logo's of both the national council and the ERC), endorsing course directors, and ensuring direct supervision over the courses.

Instructors

A tried and tested method has evolved for identifying and training instructors.

Identification of instructor potentials

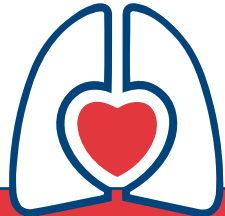
Instructor potentials are individuals who, in the opinion of the faculty, have demonstrated good competence in the subjects at a provider course and, importantly, have shown qualities of leadership and clinical credibility and skills that involve being articulate, supportive and motivated. These individuals are invited to take part in a Generic Instructor Course (GIC) in the case of Advanced Life Support (ALS) and European Paediatric Life Support (EPLS) courses, or in a Basic Life Support (BLS)/Automated External Defibrillation (AED) Instructor Course in the case of BLS and AED courses.

The instructor courses

These courses are conducted for instructor potentials (IPs) by experienced instructors and, in the case of the GIC, include an educator who has undertaken specific training in medical educational practice and the principles of adult learning. Details of these instructor courses are given below. There are no formal tests for candidates during the course, but assessment is done by the faculty on a continuous basis and feedback is given as appropriate.

Instructor candidate stage

Following successful completion of an instructor course, the individual is designated as an instructor candidate (IC). ICs teach on courses under supervision, and are given constructive feedback on performance. After experience of two courses, the IC normally progresses to full instructor status, but occasionally the faculty decides that a further



course is required or, rarely, that the candidate is not suitable to progress to be an instructor. An appeal can be lodged with the relevant International Course Committee, which makes the final decision.

Course director status

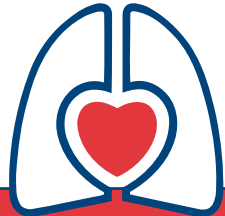
Individuals may progress to the status of course director. They will be selected by their peers and approved by the relevant committee of the National Resuscitation Council or the relevant International Course Committee. Course directors must be relatively senior individuals with considerable clinical credibility, good judgement and impeccable powers of assessment and fairness. They will have embraced the educational principles inherent in the instructor course. Normally, individuals will have had experience of teaching on at least six courses and will have been appointed course co-director on at least two occasions.

Interchange of instructors

Interchange between instructors of different disciplines is possible. For instance, an ALS instructor may proceed directly to be an IC on an EPLS course (provided he or she has passed the EPLS course and has been identified as an IP) and vice versa; there is no need to repeat the GIC. Similarly, current instructors in the Advanced Trauma Life Support (ATLS) course of the American College of Surgeons, having been identified as an IP in the relevant ERC provider course, may proceed directly to being an IC in ALS or EPLS. Current American Heart Association Advanced Cardiac Life Support (ACLS) or Paediatric Advanced Life Support (PALS) instructors may proceed directly to IC status in the relevant course. At the current time, ERC instructor status is not recognized by the AHA or American College of Surgeons.

Code of conduct

All instructors must adhere to the ERC code of conduct for the instructors ([INSERT LINK](#))



The Basic Life Support (BLS) and BLS / Automated External Defibrillator (AED) courses

Chairman ICC : Tony Handley

BLS and AED courses are appropriate for a wide range of providers. These may include clinical and non-clinical healthcare professionals (particularly those who are less likely to be faced with having to manage a cardiac arrest), general practitioners, dentists, medical students, first-aid workers, lifeguards, those with a duty of care for others (such as school teachers and care workers), and community responders as well as members of the general public.

Provider course format

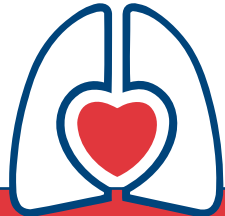
The aim of these provider courses is to enable each candidate to gain competency in BLS or the use of AED. Details of appropriate competencies have been published by the ERC BLS Working Group and may be found on <http://www.erc.edu>. BLS and BLS/AED courses are developed and managed by the ERC International BLS Course Committee (ICC).

Each BLS or BLS/AED provider course consists of skill demonstrations and hands-on practice with lectures. The recommended ratio of instructors to candidates is 1:6, with at least one manikin and one AED for each group of six candidates. The course includes a standardized assessment of performance, either during the course in the form of continuous assessment, or at the end of the course during which the key learning outcomes of the course have to be successfully demonstrated.

BLS provider and AED provider manuals may be obtained from the local national resuscitation council or from the ERC directly. Certificates are produced via the CMS,.

Instructor course format

Many of the candidates attending a BLS/AED provider course are laypeople, and some subsequently want to become instructors themselves. For this reason, the ERC has developed a one-day BLS/AED instructor course. Candidates for this course must be healthcare professionals, or laypeople who hold the ERC BLS/AED provider certificate and are designated as IP. The aim is to be as inclusive as possible, the over-riding criterion being that all candidates should have the potential and knowledge to teach the subject. The BLS/AED instructor course follows the principles of the GIC, with an emphasis on teaching laypeople. Following successful completion of the course, each candidate becomes an IC and normally teaches on two BLS/AED provider courses before becoming



a full instructor.

The Immediate Life Support (ILS) course

Chairman ICC – Jasmeet Soar

The ILS course is aimed at the majority of healthcare professionals who attend cardiac arrests rarely, but have the potential to be called upon in the early stages of cardiac arrest or people that may work as cardiac arrest team members. The course teaches the skills most likely to result in successful resuscitation while awaiting the arrival of the resuscitation team. Importantly, the ILS course also includes a section on preventing cardiac arrest, and complements other short courses that focus on managing sick patients in the first 24 hours of critical illness when critical care expertise is not immediately available. There is a large group of potential candidates including nurses, nursing students, doctors, medical students, dentists, physiotherapists, radiographers and cardiac technicians.

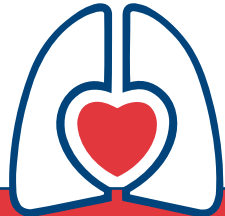
Current ALS instructors and ICs can teach and assess on ILS courses supported by ALS providers if required. There must be at least 1 instructor for every 6 candidates, with a maximum of 30 candidates on a course.

Course format

The ILS course is delivered over one day and comprises lectures, hands-on skills teaching and cardiac arrest scenario teaching (CASTeach) using manikins. The programme includes a number of options that allow instructors to tailor the course to their candidate group.

Course content

The course covers those skills that are most likely to result in successful resuscitation: causes and prevention of cardiac arrest, starting CPR, basic airway skills and defibrillation (AED or manual). There are options to include teaching use of the laryngeal mask airway and drug treatments during cardiac arrest. Once all the skills have been covered, there is a cardiac arrest demonstration by the instructors that outlines the first-responder role to the candidates. This is followed by the CASTeach station where candidates practise. ILS candidates are not normally expected to undertake the role of team leader. Candidates should be able to start a resuscitation attempt and continue until more experienced help arrives. When appropriate, the instructor takes over as a resuscitation team leader. This is not always necessary, as in some scenarios resuscitation may be successful before more



experienced help arrives. Set scenarios are used that are adapted to the workplace and the clinical role of the candidate.

Assessment

Candidates' performances are assessed continuously and they must show their competence throughout the ILS course. There are no formal testing stations, removing the threat associated with spot testing at the end of the course. Candidates are sent the assessment forms with the pre-course materials. The forms indicate clearly how their performance will be measured against predetermined criteria. Assessment on the ILS course enables the candidate to see what is expected and frame learning around achievement of these outcomes. The following practical skills are assessed on the ILS course: airway management, BLS, and defibrillation. With a supportive approach, the majority of candidates achieve the course learning outcomes.

Equipment

The ILS course is designed to be straightforward to run. Most courses are conducted in hospitals with small groups of candidates (average 12 candidates). The course requires lecture facilities and a skills teaching area for each group of six candidates. There needs to be at least one ALS manikin for every six candidates. The course should be suitable for local needs. Course centres should try as far as possible to train candidates to use the equipment that is available locally (e.g. model of defibrillator) .

Course report and results sheet

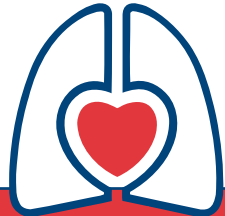
A course report and the results sheet are compiled by the course director and filed with the National Resuscitation Council and the ERC via the Course Management System.

Certificates are issued through the CMS.

The Advanced Life Support (ALS) course

Chairman ICC – John Ballance

The target candidates for this course are doctors and senior nurses working in emergency areas of the hospital, and those who may be members of the medical emergency or cardiac arrest teams. The course is also suitable for senior paramedics and certain hospital technicians. The ILS course is more suitable for first-responder nurses, doctors



who rarely encounter cardiac arrest in their practice, and emergency medical technicians. Up to 32 candidates can be accommodated on the course, with a ratio of at least 1 instructor for every 3 candidates. Up to a maximum of 50% of the instructors may be ICs. Groups for teaching should have 6 participants. Each instructor acts as a mentor for a small group of candidates. The course normally lasts for 2 to 2.5 days.

Course format

The course format has very few formal lectures, and teaching concentrates on hands-on skills, clinically-based scenarios in small groups with emphasis on the team leader approach and interactive group discussions. Mentor/mentee sessions are included to allow candidates to give and receive feedback. Faculty meetings are held at the beginning of the course and at the end of each day of the course. Social occasions, such as course and faculty dinners, add greatly to the course interaction and enjoyment.

Course content

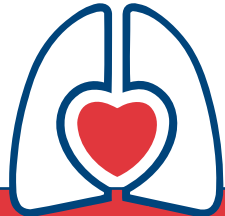
Candidates are expected to have studied the ALS course manual carefully before the course.

The course aims to train candidates to highlight the causes of cardiac arrest, identify sick patients in danger of deterioration and manage cardiac arrest and the immediate peri-arrest problems encountered in and around the first hour or so of the event. It is not a course in advanced intensive care or cardiology. Candidates are expected to be familiar with the principles of basic life support. This is formally assessed during an initial assessment and resuscitation workshop on day 1.

Emphasis is placed on the techniques of safe defibrillation and ECG interpretation, the management of the airway and ventilation, the management of peri-arrest rhythms, simple acid/base balance and special circumstances relating to cardiac arrest. Post-resuscitation care, ethical aspects related to resuscitation and care of the bereaved are included in the course.

Assessment and testing

Each candidate is assessed individually and reviewed at the end of each day by the faculty. Feedback is given as required. There is a test scenario towards the end of the course, and on-going assessment of management of the sick patient, CPR skills and the



ability to defibrillate effectively and safely. There is a multiple-choice question paper taken at the end of the course to test core knowledge. Candidates are required to achieve 75% to pass this test.

Course venue and equipment

The course requires 4 practical rooms, a lecture room, a faculty room and facilities for lunches and refreshments. At least 2 digital projectors and computers and up to 4 flip charts are needed. The practical rooms should each have an adult ALS manikin with ECG simulator and a defibrillator. Four adult airway manikins are required, together with the equipment for simple airway care and ventilation, tracheal intubation and placing a supraglottic airway, such as the laryngeal mask. Intravenous cannulae, syringes, infusion fluids and simulated drugs make up the list.

Course report and results sheet

A course report and the results sheet are compiled by the course director and filed with the national resuscitation council and the ERC via the Course Management System.

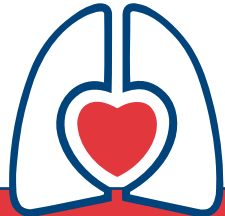
The European Paediatric Life Support (EPLS) course

Chairman ICC – Dominique Biarent

The EPLS course is designed for healthcare professionals who are involved in the resuscitation of a newborn, an infant or a child whether in- or out-of-hospital. The course aims to provide caregivers with the knowledge and skills for the management of the critically ill child during the first hour of illness, and to prevent progression of diseases to cardiac arrest.

Candidates are expected to be familiar with the principles of basic paediatric life support, although a 90-min refresher course on BLS and relief of foreign-body airway obstruction is included. The EPLS course is suitable for doctors, nurses, emergency medical technicians and paramedics who have a duty to respond to sick newborns, infants and children in their practice. The EPLS is not a course in neonatal or paediatric intensive care aimed at the advanced provider.

The course can accommodate 24 candidates with a ratio of at least 1 instructor for every 4 candidates. In exceptional circumstances, 28 candidates may be accepted with extra instructors. Experience in paediatrics is necessary to keep scenarios realistic and



to answer candidates' questions, so a minimum of 50% of the faculty must have regular experience in neonatal or paediatric practice. Up to a maximum of 50% of the instructors may be ICs. Groups for teaching should have six participants with two instructors acting as mentors. The course normally lasts for 2 to 2½ days.

Course format

The course has only 4 formal lectures. Teaching of knowledge and skills is given in small groups using clinically-based scenarios. The emphasis is on assessment and treatment of the sick child, team work and leadership. Formal mentor/mentee sessions are included, to allow candidates to give and receive feedback. Faculty meetings are held at the beginning of the course and at the end of each day of the course. Feedback is also given to ICs after each series of workshops and after their lectures.

Course content

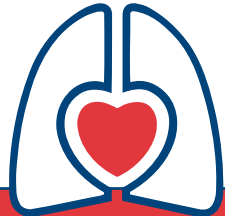
The course content follows the current ERC guidelines for neonatal and paediatric resuscitation. The course candidates are expected to have studied the manual before attending the course.

The EPLS course is aimed at training the candidates to understand the causes and mechanisms of cardiorespiratory arrest in neonates and children, to recognise and treat the critically ill neonate, infant or child and to manage cardiac arrest. Skills taught include airway management, bag-mask ventilation, log roll and cervical collar placement, oxygen delivery, an introduction to intubation and vascular access, safe defibrillation, cardioversion and AED use.

Each candidate is assessed individually and their overall performance is reviewed by the faculty. Feedback is given as required. A BLS assessment follows the BLS refresher course, and a second scenario-based test at the end of the course emphasises the assessment of the sick child and the core skills. There is a multiple-choice question paper taken at the end of the course to test the core knowledge. Candidates are required to achieve 75% to pass this test.

Course venue and equipment

The course requires 4 practical rooms, a lecture room, a faculty room and facilities for lunches and refreshments. At least one digital projector and computer and up to 4



flip charts are needed. Paediatric manikins (infant and child for basic and advanced techniques) and adjuncts must be available in each classroom. A defibrillator, an AED and a rhythm simulator must also be available.

Course report and results sheet

A course report and the results sheet are compiled by the course director and filed with the national resuscitation council and the ERC via the course management system (CMS).

The Newborn Life Support (NLS) course

Chairman ICC: Sam Richmond

This course is designed for healthcare workers likely to be present at the birth of a baby in the course of their job. It aims to give those who may be called upon to start resuscitation at birth the background knowledge and skills to approach the management of the newborn infant during the first 10–20 min in a competent manner. The course is suitable for midwives, nurses and doctors and, like most such courses, works best with candidates from a mixture of specialties.

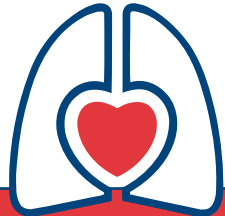
The course is usually conducted over 1 day and runs best with 24 candidates, though up to 32 may be permitted. There should be 1 instructor for every 3 candidates in addition to the course director.

Course format

The NLS manual is sent to each of the candidates 4 weeks before the course. Each candidate receives a multiple-choice questionnaire with the manual and is asked to complete this and bring it to the course. There are two 30-minute and one 20-minute lectures. The candidates are then divided into 4 groups and pass through 3 workstations before lunch. The afternoon is taken up by a demonstration scenario, followed by 2-hours of scenario teaching in small groups and, finally, a theoretical and practical assessment by an MCQ and an individual practical airway test. The course concentrates on airway management but also covers chest compression, umbilical venous access, and drugs.

Course venue and equipment

The venue requires a lecture room, 4 good-sized practical rooms, a faculty room and facilities for lunch and refreshments. A digital projector is required in the lecture room



and a flip chart or a black/white board in each practical room. Ideally, one of the practical rooms should have handwashing facilities. At least 4 infant BLS and 4 infant ALS manikins (ideally 6 of each) should be available, as well as other airway adjuncts. Four neonatal resuscitation cots (e.g. Resuscitaires), ideally complete with gas cylinders, should also be available.

Course report and results sheet

A course report and results sheet are compiled by the course director and lodged with the national resuscitation council and the ERC via the Course Management System

The Generic Instructor Course (GIC)

This course is for candidates who have attended ALS, EPLS or NLS provider courses and been recommended as IP. There should be a maximum of 24 candidates, with a ratio of at least 1 instructor to 3 candidates. Instructors are experienced ERC instructors. A key member of the faculty of any GIC is the educator. This person, appointed by the ERC, will have additional qualifications in medical education / adult learning. The educator is responsible for ensuring that the principles of high quality medical education are imparted to the candidates. He or she also has a role in maintaining quality control. Groups should not exceed 6 candidates. The emphasis of the course is on developing instruction skills. Core knowledge of the original provider course is assumed and is not formally re-tested on the course. The course lasts for 2 to 2.5 days.

What about the ATLS or AHA or APLS or PALS or IRC or PRC or SRS instructors?

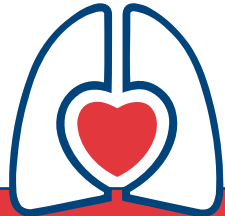
Course format

The course format is largely interactive. The educator plays a key role and leads many of the discussions and feedback. There is one formal lecture, on effective teaching and adult learning, conducted by the educator. This lecture is interspersed with group activities. The remainder of the course is conducted in small group discussions and skill- and scenario-based hands-on sessions.

Mentor/mentee sessions are included, and there is a faculty meeting at the beginning of the course and at the end of each day.

Course content

The course concentrates on teaching techniques and skills. Candidates are expected



to have studied the GIC manual carefully before the course (reference manual). The theoretical background of adult learning and effective teaching is covered by the educator at the beginning of the course. The features of PowerPoint and the flip chart are demonstrated, and candidates have an opportunity to present a 5-minute lecture and are given personal feedback on their performance. The principle of equipment familiarisation, followed by a demonstration by the faculty with subsequent candidate practice, is followed in all aspects of the course.

The teaching of skills is based on the 4-stage approach. Scenario-based sessions use scenarios from the candidates' original provider courses. Emphasis is placed on the role of the instructor throughout this teaching day, and each candidate has the opportunity to adopt the instructor role. Constructive feedback is a key element of the instructor role.

During the second day, the emphasis moves to assessment and, after demonstrations by the faculty, all candidates are offered the opportunity to act in the instructor-assessor role for the assessment of skills and scenario leadership. Further sessions include the conduct of open and closed discussions and the role and qualities of the instructor.

Assessment

Each candidate is continuously assessed by the faculty throughout the course using standardized assessment tools. Candidates' performances and attitudes are discussed at the daily faculty meetings and feedback is given as required. Successful candidates proceed to the status of IC.

Course venue and equipment

This is as for the original provider course. If the candidates come from mixed backgrounds, then a variety of equipment is required.

Course report and results sheet

A course report is compiled by the course director and the educator. This and the results sheet are filed with the national resuscitation council and the ERC.