

Irish Heart Foundation: National ACLS Training Site Report: **2018 - 2020**

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Acknowledgements

I would like to express my thanks on behalf of the Irish Heart Foundation and Advanced Cardiovascular Life Support Council for supporting this National Report. A personal thanks goes to all previous and current ACLS Council members, Resuscitation Training Officers, Training Site Co-ordinators, ACLS Medical Directors and ACLS instructors who have devoted so much of their personal time to our Advanced Cardiovascular Life Support Programmes, in order to prepare our front line healthcare professionals for recognising and treating cardiac emergencies in challenging stressful times to preserve and protect life.

So much hard work and commitment goes behind the scenes on providing the ACLS course programmes, it is more than just an Advanced Cardiovascular Life Support Course. Some complexities running an Advanced Cardiovascular Life Support course include the ongoing competition for space in a busy hospital environment, the early morning physical workout with manikin and technology set up and the safe handling of endless paperwork.

Finally, the valuable emotional support you provide to your candidates and faculty as you form a partnership for the duration of the course. We commend everyone for your endless efforts and devotion to our programme, it certainly does not go unnoticed as I witnessed your commitment above and beyond. Without your commitment and hard work, we would not have an Advanced Cardiovascular Life Support programme.

A personal thanks to each one of you for your welcoming support and kindness during my visit. We discussed at length our Advanced Cardiovascular Life Support programme content, lesson plans and equipment challenges. Thank for your encouragement, words of wisdom and enthusiasm as we strive together to standardise our National Advanced Cardiovascular Life Support Programmes throughout the nation.

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Executive Summary

Site Visits

Total ACLS
Sites:

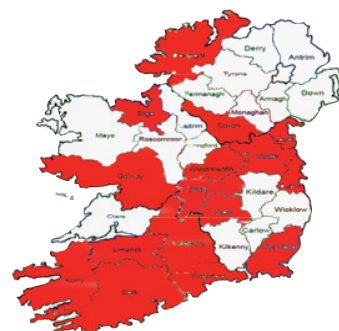
32

Visits to
date:

28

Sites left
to review:

4



100%



Pre-course instructor
validation took place in 28/28 sites.
Instructor to candidate
ratios were 3:1 in all 28 sites

32%



Completed all programme
recommendations as per lesson plans

36%



DVDs not used in Airway,
Tachycardia & Bradycardia station

28%



Missing some paperwork

Teaching Materials:

50%



Lesson plans used by instructors

64%



Equipment met all requirements

Training Facilities:

93%



Adequate Facilities 7% small environment

96%



Equipment hygiene policy in place

78%



Advertised
the courses
on-line

64%

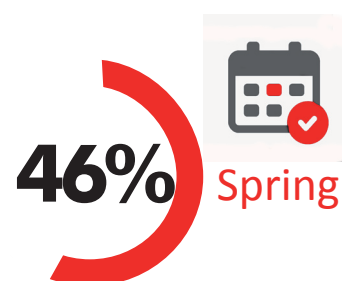
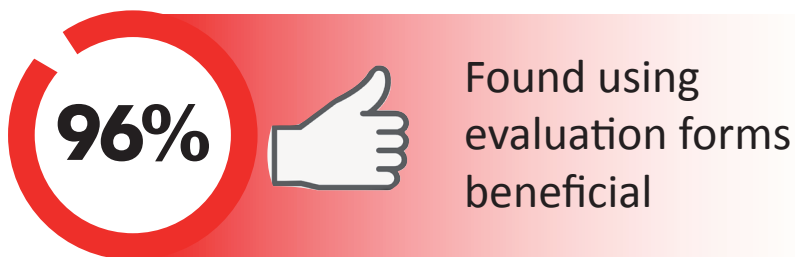


Of sites have
no secretarial
support

85%



Keep records
stored
electronically



Preferred Spring including May to hold workshops

Workshops:



Preferred day to have workshops

Weekdays
Monday - Friday



INSUFFICIENT

68%

SUFFICIENT

18%

Majority felt the amount of ACLS Instructors / Medical Directors per site was insufficient

Common Themes: **ACLS Provider**



Love the course full two day is very beneficial
very good standards maintained **Clear objectives**
Good for team dynamics Like this course
it is a very good course Excellent

Common Themes: **ACLS Heartcode**



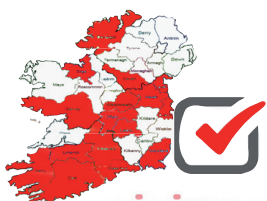
A very good course
Like this Going to run once off course
Great for experienced providers
Excellent course for candidates attending arrests regularly

Common Themes: **ACLS Experienced Provider:**



great course should be mandatory for Emergency/ICU
Very informative course Loved it
Great course Love EP feel it is underutilised
Very enjoyable; very valuable would have run it years ago
would like to get it up and running **love to run 1-2 courses yearly**

Feedback from sites following site visits



very supportive The instructors were delighted
EP should be gold standard **We welcome you back here anytime**
feel supported by IHF very beneficial
value your input **support was invaluable**
Love having an ACLS Coordinator who is clinical
giving us excellent feedback and guidance
Thank you for visiting us and giving us detailed constructive feedback

Introduction

Over the years it was communicated through to ACLS Council that there were inconsistencies in the current Advanced Cardiovascular Life Support programme. There were varying methods of delivery of these Advanced Cardiovascular Life Support courses. Unfortunately, not all sites had adapted the current lesson plans, the reason for this may have been the historical ways of doing things. Unfortunately, there had been no previous ACLS site audit and it had been over a decade since ACLS sites met as a group with the Irish Heart Foundation.

In my previous role I worked as a Resuscitation Officer in a busy large academic hospital responsible for the management of the Resuscitation Service. A major part of my role included initiating the Irish Heart Foundation Resuscitation Programmes for 4,500 healthcare staff from front line professionals to allied healthcare staff. I was an active ACLS Instructor and Co-ordinator for 16 years. Every staff member had the opportunity to learn how to save a life. This experience gave me great insight into my new role and the importance of promoting the standardisation of the current Advanced Cardiovascular Life Support Programme.

My goal as National Co-ordinator is to establish the current practice of Advanced Cardiovascular Life Support throughout the country. To support the National Advanced Cardiovascular Life Support Programme with the support of the ACLS Council in accordance with best evidence-based practice incorporating the American Heart Association International Guidelines to reduce the inconsistencies seen and taught between courses and training sites. My goal is to promote and standardise Advanced Cardiovascular Life Support courses throughout the nation utilising the AHA ACLS Algorithms and AHA Instructor Lesson plans as a framework for quality improvement. To physically support the ACLS Co-ordinators Nationwide with a personal visit to their training site and to open the communication between IHF, ACLS Council and the training sites as unified approach to improving our Advanced Cardiovascular Life Support Programme. To promote the Irish Heart Foundation's mission statement "in helping to save more lives from cardiac arrest through our CPR training programmes".

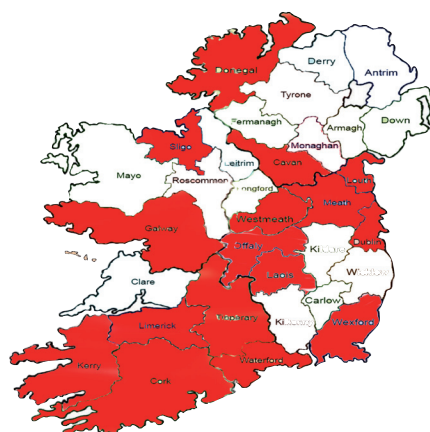
Total ACLS Sites:

**Total Sites
Visits to date:**

28

**Sites left
to review:**

4



Background

The ACLS guidelines were first published in 1974 by the American Heart Association and were updated in 1980, 1986, 1992, 2000, 2005, 2010, and most recently in 2015. The chain of survival was first introduced in 1991 as a model of efficiency and synergy in resuscitation efforts.¹⁶

In 1995 the Irish Heart Foundation (IHF) became the first International Training Centre offering both Basic Life Support, Advanced Cardiovascular Life Support and Paediatric Advanced Life Support programmes. My role as National Advanced Cardiovascular Life Support Co-ordinator commenced with Irish Heart Foundation on January 2nd in 2018.

Pre 1995 there was no standardised approach to Advanced Cardiovascular Life Support training. Over the years it has become clear that to improve outcomes from cardiac arrest, systems must be in place. Advanced Cardiovascular Life Support (ACLS) impacts multiple key links in the chain of survival that include interventions to prevent cardiac arrest, treat cardiac arrest, and improve outcomes of patients who achieve Return Of Spontaneous Circulation (ROSC) after cardiac arrest.^{13, 14.}

The course of resuscitative attempts may be complex and unpredictable. Indeed, a good resuscitation team has been linked to a fine symphony orchestra. The team recognises the team leader for broad skills of organisation and performance. They recognise the individual team member for specific performance skills. Like an orchestra, all are performing the same piece, polished by practice and experience, with attention to both detail and outcome. There is no excuse for a disorganised and frantic code scene.¹⁴

A prospective intervention study measured the change in performance before and after the implementation of a new handover protocol that was developed through detailed discussions with a Formula 1 racing team and aviation training captains. The introduction of the new handover protocol lead to improvements in all aspects of the handover. Expertise from other industries can be extrapolated to improve patient safety. A strong chain of survival ensures better chances of surviving cardiac arrest.¹⁵

Literature Findings

Cardiac arrest occurs in a wide variety of settings, from the unanticipated event in the out-of-hospital setting to anticipated arrests in the Intensive Care Unit. Outcome from cardiac arrest is a function of many factors including the willingness of bystanders to perform cardiopulmonary resuscitation (CPR), the ability of rescuers to integrate knowledge and psychomotor skills, the quality of performance delivered by individual rescuers and teams, and the efficiency and effectiveness of post–cardiac arrest care.¹ Maximizing survival from cardiac arrest requires improvement in resuscitation education and the implementation of systems that support the delivery of high-quality resuscitation and post-arrest care, including mechanisms to systematically evaluate resuscitation performance. Well-designed resuscitation education can encourage the delivery of high-quality CPR. In addition, continuous quality improvement processes should close the feedback loop and narrow the gap between ideal and actual performance.¹

Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), and post–cardiac arrest care are labels of convenience that each describe a set of skills and knowledge that are applied sequentially during the treatment of patients who have a cardiac arrest. There is overlap as each stage of care progresses to the next, but generally ACLS comprises the level of care between BLS and post–cardiac arrest care.² ACLS training is recommended for advanced providers of both pre-hospital and in-hospital medical care.²

For in-hospital cardiac arrest, the important provider-dependent determinants of survival are early defibrillation for shockable rhythms and high-quality CPR, along with recognition and response to deteriorating patients before an arrest.

Defining the optimal means of delivering resuscitation education to address these critical determinants of survival may help to improve outcomes from cardiac arrest.

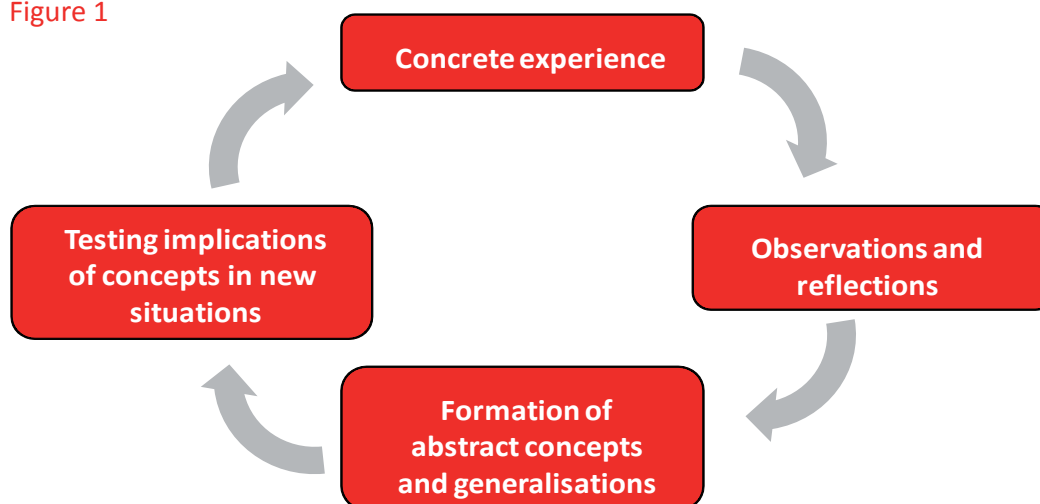
Key recommendations in this 2015 update to the 2010 Guidelines include the following:

- Use of high-fidelity manikins is encouraged at training centres and organisations that have the infrastructure, trained personnel, and resources to maintain the program.
- Use of CPR feedback devices can help to learn the psychomotor skill of CPR.
- Two-year retraining cycles are not optimal. More frequent training in Basic Life Support (BLS) and retraining in Advanced Life Support (ALS) may be helpful for providers who are likely to encounter a cardiac arrest.³

Well-designed resuscitation education informed by adult learning theories and educational science increases the likelihood that this will occur. The appropriate application of learning theories combined with research into program effectiveness has resulted in substantial changes to AHA ECC courses over the past quarter century.⁴ In 2013, the AHA established the ECC Educational Sciences and Program Subcommittees to help inform the creation of courses by using the best available evidence in education science. The development of the AHA courses are guided by core educational principles including deliberate, hands-on practice, where feedback and debriefing should support participants' development toward mastery.^{4,5,6.}

An essential component of resuscitation education is the experiential learning that occurs through simulation and the associated debriefing. Kolb's experiential learning cycle provides a framework of 4 stages that are required to consolidate learning (Figure 1).⁷ For most individuals participating in resuscitation courses, clinical resuscitations are rare events, emphasizing the importance of learning from simulated scenarios so that they are able to act when the real-life events occur.⁸ By engaging learners in scenarios and guiding them through a constructive debriefing, instructors can maximize knowledge transfer to real-life events. Critical to this learning process is the notion that the experience is not enough to promote practice change. Experience needs to be coupled with a constructive debriefing, allowing for guided reflection that can promote change in performance.^{1,8,9.} AHA courses promote the use of structured and supported debriefing by using the GAS (Gather-Analyse-Summarize) model of debriefing paired with evidence-based scripted debriefing tools.^{1,10}

Figure 1



Farnham Bhanji. Circulation. Part 14: Education. Volume: 132. Issue: 18_suppl_. Pages: S561-S573. DOI: (10.1161/CIR.0000000000000268) c 2015 American Heart Association. Inc.

Advanced Cardiovascular Life Support Training

To maximize learning from Advanced Cardiovascular Life Support training programs, an adult learner should be well prepared before attending such a program. Similarly, instructors have the responsibility of providing an optimal learning environment that will facilitate the acquisition and refinement of skills in motivated trainees. In view of the resources (time, equipment, supplies, money, etc) required and the potential impact (life or death) on patients, this duty is paramount.

Pre-course preparation, including review of appropriate content information, online/pre-course testing and practice of pertinent technical skills is reasonable before attending Advanced Life Support training programs (Class IIa, LOE C-EO).³

Effective management of a cardiac arrest patient requires a team-based approach with providers who have the knowledge, clinical skills, interpersonal communication skills and leadership skills to perform effectively in a high-stakes environment. This also requires a team leader who can provide oversight of the team, provide guidance for specific tasks and maintain a heightened level of situational awareness to avoid fixation on certain aspects of care. Given that team-based skills are different from clinical care skills, specific team and leadership training may have a role in the effective performance of resuscitation teams and patient outcomes after cardiac arrest. Given very small risk for harm and the potential benefit of team and leadership training, the inclusion of team and leadership training as part of Advanced Life Support training is reasonable (Class IIa, LOE C-LD).³

The use of high-fidelity manikins for ALS training can be beneficial for improving skills performance at course conclusion (Class IIa, LOE B-R). The usefulness of high-fidelity manikins for improving knowledge at course conclusion and skills performance beyond course conclusion is uncertain. Retraining intervals for American Heart Association Basic and Advanced Life Support programs have traditionally been time-specific, with a maximum 2-year interval recommended, despite evidence that core skills and knowledge decay within 3 to 12 months after initial training.^{11,12}

Knowledge Gaps

Implementing resuscitation science into clinical practice requires educational practice based on high-quality educational research. To date, the resuscitation education literature has been limited by outcomes that focus on short-term learning, rather than patient outcome or transfer of provider performance into the clinical environment (or even long-term retention of critical skills), variable quality of research design, the use of assessment tools that lack validity and reliability evidence. With that in mind, the writing group for the American Heart Association education guidelines suggest the following general concepts to advance educational research and educational practice, along with a series of specific themes of research that warrant further exploration (table 1).³

General Concepts

Research on resuscitation education needs higher-quality studies that are adequately powered and that address important educational questions. Multi-centre collaborative studies may be of benefit to support both quality in study design and enrolling adequate numbers of participants. Ideally, the outcomes from educational studies should focus on patient outcomes (where feasible), transfer of learning into performance in the clinical environment, or at least long-term retention of psychomotor and behavioural skills in the simulated resuscitation environment. Too much of the current focus of educational research is exclusively on the immediate end-of-course performance, which may not be representative of participants' performance when they are faced with a resuscitation event months to years later.³

Table 1. Specific Themes for Future Resuscitation Education Research

Topic	Research Needs/Questions
Basic Life Support Train	
CPR instruction methods	Determine the impact of short, video-based practice on long-term CPR performance as well as patient outcomes. Determine the optimal design of these short courses.
AED training methods	Define the optimal instructional strategies and retraining intervals, including the methods of retraining, to improve performance and self-efficacy.
CPR feedback/prompt devices in training	Determine the impact of CPR feedback devices on future (long-term) performance of CPR. Explore the additional or reduced costs of training with feedback devices.
Retraining intervals for basic life support	Determine the ideal frequency of retraining required to enhance retention of skills and performance in simulated and real resuscitations. Assess if real resuscitation events, coupled with appropriate feedback and/or assessment, can serve as an adjunct or replacement for more frequent retraining.
Compression-only CPR training in communities	Define the optimal community bystander CPR training strategy based on cultural and local variables.
CPR training in resource-limited environments	Determine the optimal method of low-cost instruction while enhancing learning and patient outcomes.
CPR for high-risk populations	Determine which populations are best suited for targeted training, including the cost-effectiveness of this intervention.
Advanced Life Support Training	
Pre-course preparation	Determine the content, timing, and importance of pre-course preparation for various life support courses on learning outcomes.
Team and leadership training	Determine the optimal methodology (i.e. instructional design), frequency, and context of team and leadership training for acquisition and retention of key resuscitation skills. Define how individual leadership and team skills influence and/or relate to specific clinical performance metrics during resuscitation.
Manikin fidelity	Determine the relative impact of different types of manikin fidelity (physical, emotional, conceptual) on learning, performance and real clinical outcomes. Determine which aspects of manikin fidelity are important for achieving improved learning outcomes for specific objectives (e.g. technical versus cognitive versus behavioral).
Training intervals	Determine the ideal methodology (i.e. instructional design) and frequency of retraining required to enhance retention of skills and performance in simulated and real resuscitations. Assess if real resuscitation events, coupled with appropriate feedback and/or assessment, can serve as an adjunct or replacement for more frequent retraining.
Other Topics	
Repetitive practice/mastery learning	Determine how repetitive practice and mastery learning can be applied to enhance the acquisition and retention of the various critical resuscitation competencies
Briefing/debriefing	Determine how the various aspects of briefing (e.g. content, duration) influence learning outcomes from simulation-based resuscitation education Determine how various aspects of debriefing (e.g. duration, method, framework, facilitator, use of video) can be tailored to improve the quality of simulation-based resuscitation education
Data-informed feedback	Determine the value of data-informed feedback (e.g. quantitative CPR data, video review) during advanced life support courses
Blended learning	Determine how different learning methods and models (e.g. screen-based learning, mastery learning, high-fidelity simulation) can be blended to enhance learning and patient outcomes
Instructor training and competencies	Determine the key instructor competencies that influence positive learning outcomes Determine the optimal means of coaching, training and assessing instructors

AED indicates automated external defibrillator and CPR, cardiopulmonary resuscitation.

Objectives

The objectives of the ACLS Site review:

- Review the current delivery of our Advanced Cardiovascular Life Support programme nationwide
- Review the types & preferences of courses that training sites provide
- Review training facilities
- Review use of training materials
- Review the number of Instructors and Medical Directors per site
- Investigate how to improve communication to training sites at a national level
- How to standardise courses throughout the nation
- Explore how better to support ACLS training sites across the nation.
- To use the findings in this report to help improve current practice
- To liaise with council the findings and recommendations
- To support the ACLS sites with workshops
- Afterwards to update the Training Site Reference Guide.

Method

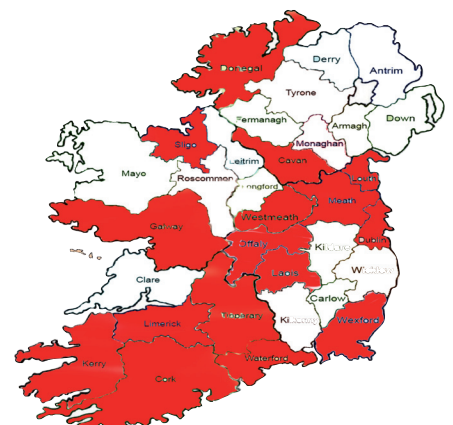
The method consisted of a visit to each of the training sites. Prior to the visit, a pre-visit questionnaire was sent to each training site. The questionnaire was sent to the training site so they would know what type of questions they would be asked at the site visit and this also gave them an opportunity to discuss with their faculty ways in which we can support their training site. During the visit, various meetings took place between Co-ordinators and the Faculty in a supportive manner. The on-site questionnaire was completed by hard copy and the data transferred to excel spreadsheet.

Data was then analysed using both a quantitative and qualitative approach and where possible presented in graphs.

The review commenced on the 21st January 2018 in Site 1 and the last visit took place on the 5th March 2020 in Site 28. 4 more site visits will take place after restrictions are lifted from Covid-19, these sites are:

- Precision Healthcare
- St. Michael's Hospital Dun Laoighaire
- Bons Secours Hospital Cork
- St. Luke's Hospital Kilkenny

Numbers of Advanced Cardiac Life Support Site Evaluations Completed in Ireland in that time

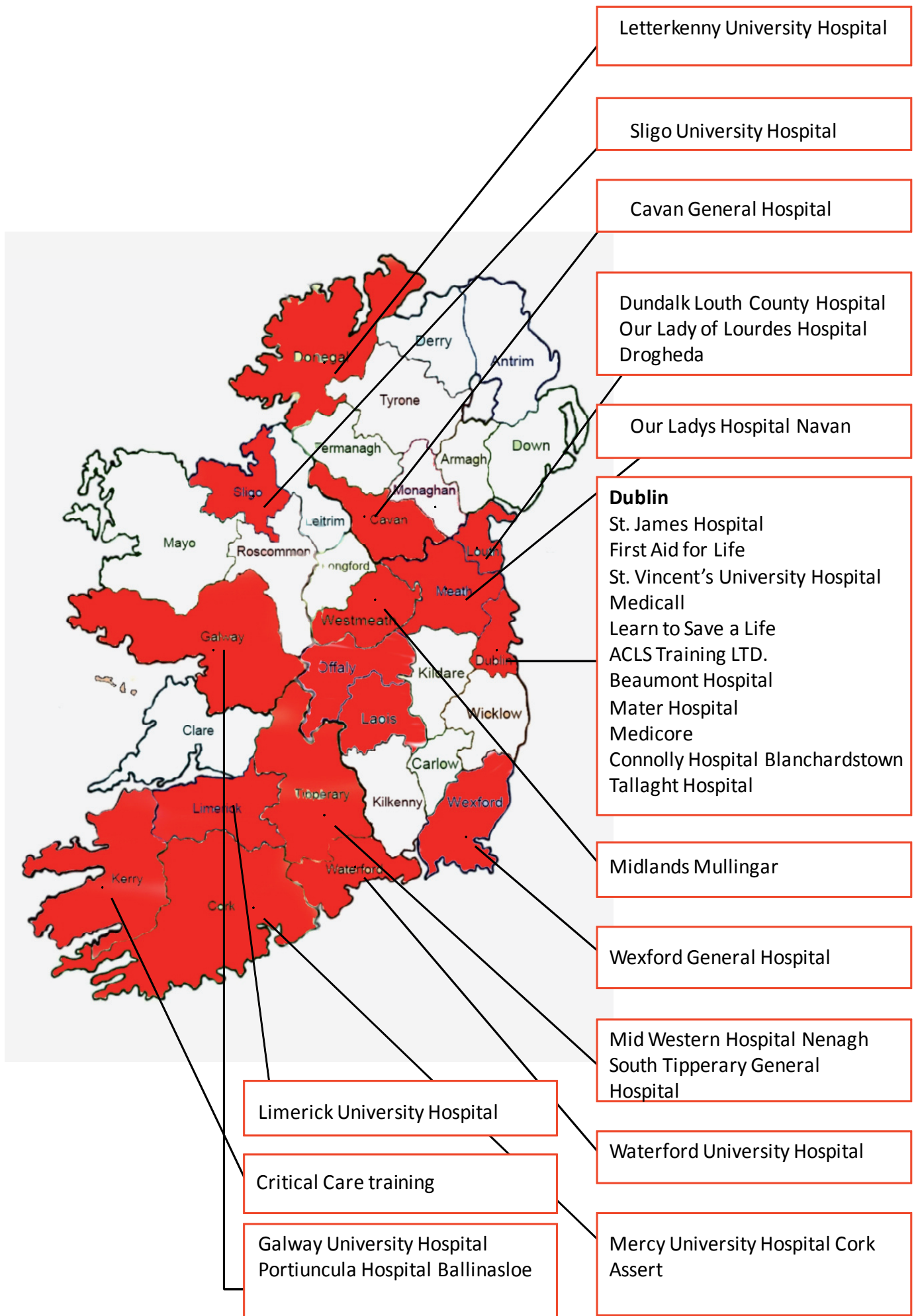


List of Advanced Cardiovascular Life Support Training Courses Nationwide:

Sub Category	Year of Activity	Sum of No. Initiated	Sum of No. Completed	Count of IHF Activities
ACLS Provider	2018	2740	2657	185
Heartcode ACLS	2018	1439	1366	141
ACLS Recertification	2018	373	367	44
ACLS Instructor	2018	24	21	1
Sum Totals		4638	4470	383

Sub Category	Year of Activity	Sum of No. Initiated	Sum of No. Completed	Count of IHF Activities
ACLS EP Instructor	2019	7	7	1
ACLS EP Provider	2019	55	53	9
ACLS Instructor	2019	45	43	2
ACLS Provider	2019	2867	2752	214
ACLS Recertification	2019	412	407	42
Heartcode ACLS	2019	1354	1282	137
Total Sum		4740	4544	405

Map of Ireland including Training Sites



Section 1: Irish Heart Foundation & ACLS Training Courses

Types of Courses that each site runs

Site 1	ACLS Provider, ACLS Heartcode
Site 2	ACLS Provider, ACLS Heartcode
Site 3	ACLS Provider, ACLS Heartcode, ACLS Experienced Provider
Site 4	ACLS Provider, ACLS Heartcode,
Site 5	ACLS Provider, ACLS Heartcode, ACLS Experienced Provider
Site 6	ACLS Provider, ACLS Heartcode
Site 7	ACLS Provider
Site 8	ACLS Provider, ACLS Heartcode
Site 9	ACLS Provider, ACLS Experienced Provider
Site 10	ACLS Provider, ACLS Heartcode
Site 11	ACLS Provider, ACLS Heartcode, ACLS Experienced Provider
Site 12	ACLS Provider, ACLS Experienced Provider
Site 13	ACLS Provider, ACLS Heartcode
Site 14	ACLS Provider, ACLS Heartcode
Site 15	ACLS Provider, ACLS Heartcode
Site 16	ACLS Provider, ACLS Heartcode
Site 17	ACLS Provider, ACLS Recertification
Site 18	ACLS Provider, ACLS Heartcode, ACLS Experienced Provider
Site 19	ACLS Provider, ACLS Heartcode
Site 20	ACLS Provider, ACLS Heartcode, ACLS Experienced Provider
Site 21	ACLS Provider, ACLS Heartcode
Site 22	ACLS Provider, ACLS Heartcode
Site 23	ACLS Provider, ACLS Heartcode
Site 24	ACLS Provider, ACLS Heartcode
Site 25	ACLS Provider, ACLS Heartcode, ACLS Recertification
Site 26	ACLS Provider, ACLS Heartcode
Site 27	ACLS Provider, ACLS Heartcode, ACLS Recertification
Site 28	ACLS Provider, ACLS Heartcode

Analysis: Pre-course instructor validation



Pre-course instructor validation took place in 28/28 sites.
Instructor to candidate ratios were 3:1 in all 28 sites

Section 2: Irish Heart Foundation & ACLS Training Courses

Current use of ACLS Teaching Materials

This table has been anonymized and shows the current use of ACLS Teaching materials as per lesson plans

Site 1	Lecture-based ACS / Stroke no DVD
Site 2	Test sheets minus scenarios
Site 3	Materials complete
Site 4	Airway station no DVD
Site 5	Airway station no DVD
Site 6	Materials Complete
Site 7	Materials complete
Site 8	Lecture-based ACS / Stroke no DVD
Site 9	Materials complete
Site 10	Airway testing not being adhered to in test format on skills Sheets
Site 11	No DVD's being used
Site 12	Materials Complete
Site 13	No DVD's used on Heartcode, Airway station no DVD
Site 14	Materials Complete, supplemental lecture for tachycardias
Site 15	Airway station no DVD
Site 16	No practice given for BLS
Site 17	ACS / Stroke no DVD, normal verbal overviews
Site 18	Materials Complete
Site 19	Megacode case scenarios encouraged to be used
Site 20	Materials Complete
Site 21	Materials Complete
Site 22	Airway testing not being adhered to in test format on skills sheets / Missing lesson plans and missing megacode practice case scenarios
Site 23	Missing megacode practice case scenarios
Site 24	DVD not used in Tachycardia & Bradycardia lesson
Site 25	DVD not used in Tachycardia & Bradycardia lesson
Site 26	DVD encouraged for Tachycardia & Bradycardia
Site 27	Encouraged to use learning station checklists
Site 28	Encouraged to use learning station checklists

Analysis of Current ACLS Teaching Materials

9 /28: all complete as per lesson plan recommendations

9

DVD elements not being shown:

10/28: DVD's not used in Airway station Tachycardia & Bradycardia

10

Initial lectures, ACS/ Stroke

8/28: Missing paperwork, checklist, testing sheets

8

Teaching Equipment

Site 1	No Feedback for BLS
Site 2	Equipment requirements met
Site 3	Equipment requirements met
Site 4	Equipment requirements met
Site 5	Equipment requirements met
Site 6	Equipment requirements met
Site 7	Equipment requirements met
Site 8	Equipment requirements met
Site 9	Equipment requirements met
Site 10	Equipment requirements met
Site 11	Equipment requirements met
Site 12	Equipment requirements met
Site 13	No feedback for BLS, difficulty with pacing
Site 14	No feedback for BLS
Site 15	No feedback for BLS, manikins not working
Site 16	No feedback for BLS
Site 17	Equipment requirements met, seeking upgrade on defibs
Site 18	Equipment requirements met
Site 19	No Feedback for BLS
Site 20	Equipment requirements met
Site 21	Equipment requirements met
Site 22	No Feedback for BLS
Site 23	Equipment requirements met
Site 24	No feedback for BLS
Site 25	Equipment requirements met
Site 26	Equipment requirements met
Site 27	Some inference with rhythms and symbio
Site 28	Some inference with rhythms and interpretation

Analysis of Teaching Materials

Lesson plans used by instructors

■ YES ■ NO

14

14

Adequate availability of quality training equipment

18

Equipment - all requirements met

8

No feedback for BLS manikins

1

Manikins poor working order disruptive to course

5

Difficulty with rhythm generators - batteries, loose connections, interference

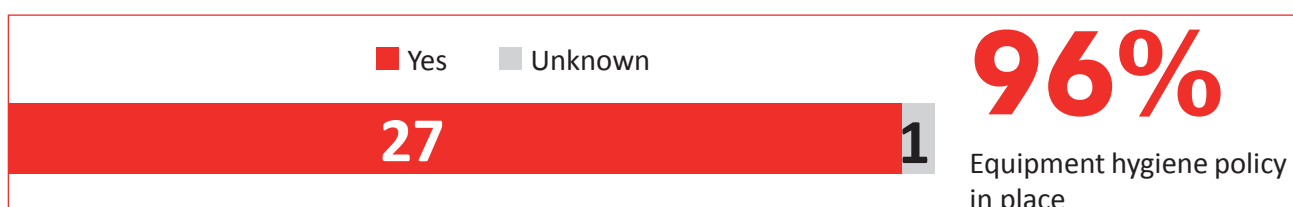
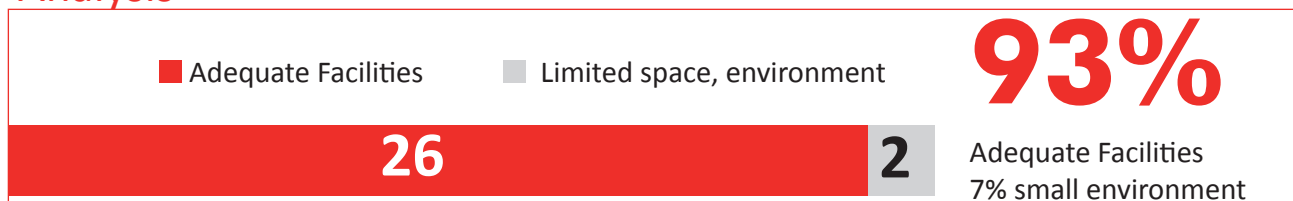
64%

equipment met all requirements

Training Facilities

Site 1	Adequate Facilities	
Site 2	Adequate Facilities	
Site 3	Adequate Facilities	
Site 4	Adequate Facilities	
Site 5	Adequate Facilities	
Site 6	Adequate Facilities	Hotel function room
Site 7	Adequate Facilities	
Site 8	Adequate Facilities	
Site 9	Adequate Facilities	
Site 10	Adequate Facilities	
Site 11	Adequate Facilities	
Site 12	Adequate Facilities	Heating issues
Site 13	Adequate Facilities	Small room / small group
Site 14	Adequate Facilities	Great learning environment
Site 15	Adequate Facilities	
Site 16	Adequate Facilities	
Site 17	Very small environment and noisy	
Site 18	Adequate Facilities	
Site 19	Adequate Facilities	Small room/ small group
Site 20	Adequate Facilities	
Site 21	Adequate Facilities	Large hotel function room
Site 22	Adequate Facilities	State of the art facilities
Site 23	Adequate Facilities	
Site 24	Adequate Facilities	Fantastic Facilities
Site 25	Limited space, one station in a locker room, time restraints on rooms	
Site 26	Adequate Facilities	
Site 27	Adequate Facilities	
Site 28	Adequate Facilities	One room small for a large group

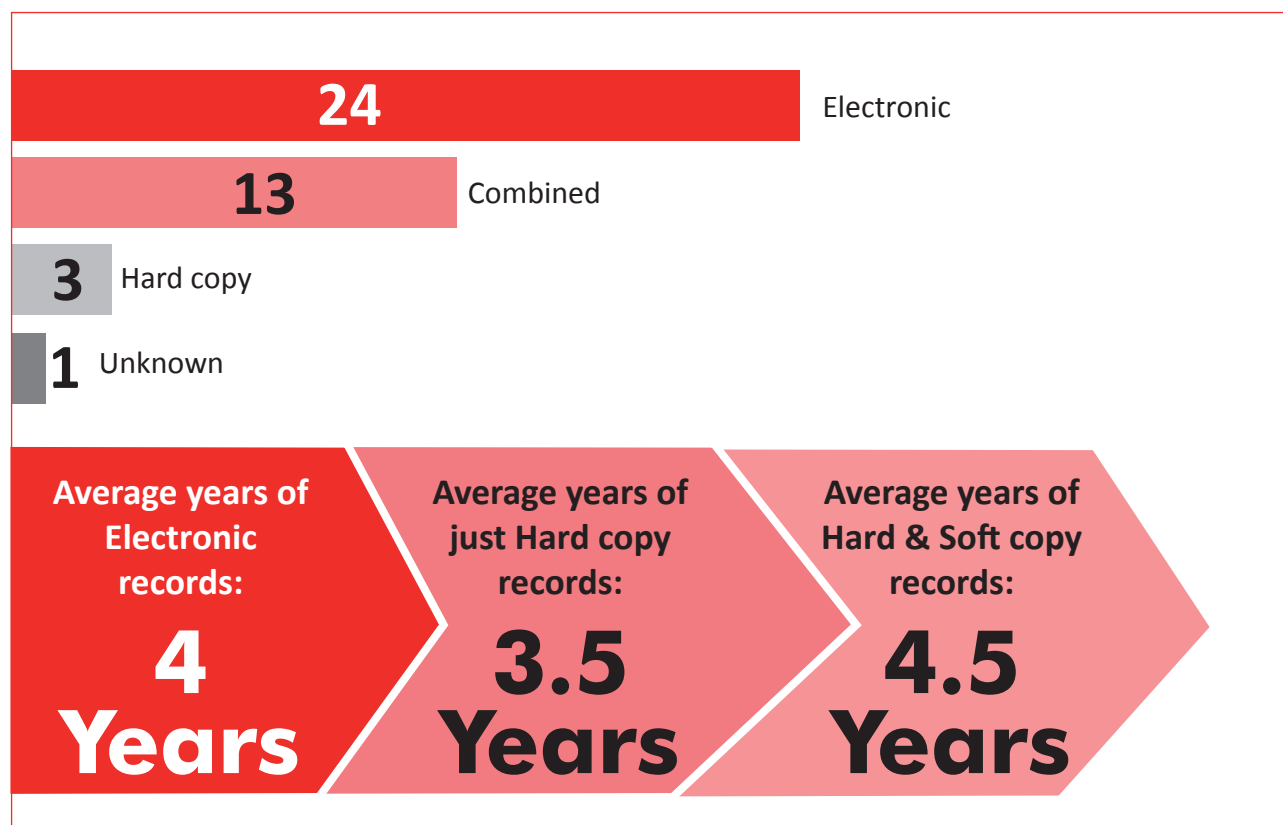
Analysis



Training Records

Site Records	Electronic	Hard Copy	Period
Site 1	YES		>3 years
Site 2	YES		>6 years
Site 3	YES		>2 years previously hardcopies always
Site 4	NO	YES	Hard copies always
Site 5	NO	YES	Hard copies 4 years
Site 6	YES		>3 years
Site 7	YES	YES	Hard & soft copies 7 years
Site 8	YES		>3 years
Site 9	YES		>3 years
Site 10	YES		>3 years
Site 11	YES		>3 years
Site 12	YES	YES	Hard & soft copies >3 years
Site 13	YES		5 years
Site 14	YES		7 years
Site 15	YES	YES	Hard & soft copies >3 years
Site 16	YES	YES	Hard & soft copies >4 years
Site 17	YES	YES	Hard & soft copies 2 years
Site 18	YES	YES	Hard & soft copies 3 years
Site 19	YES		8 years
Site 20	YES	YES	Hard & soft copies 4 years
Site 21	YES	YES	Hard & soft copies 10 years
Site 22			Unknown
Site 23	YES	YES	5 years
Site 24	YES	YES	2 years
Site 25	NO	YES	3 years
Site 26	YES	YES	Hard & soft copies 4 years
Site 27	YES	YES	Hard & soft copies 7 years
Site 28	YES	YES	Hard & soft copies 7 years

Analysis of Training Records



Section 3: Irish Heart Foundation & ACLS Training Courses

Course feedback and Evaluation tools

How is course Feedback collected from Training sites?

Which evaluation tool is preferred? Has any changes or adjustments been made to courses/ comments?

Site	TOOL	BENEFICIAL	COMMENTS/FEEDBACK
Site 1	AHA	YES	Food
Site 2	LOCAL	YES	Accommodated student pack delivery
Site 3	LOCAL	YES	Food breaks before megacode
Site 4	LOCAL	YES	
Site 5	AHA	YES	Heating
Site 6	AHA	YES	
Site 7	AHA	YES	Doing unnecessary practices
Site 8	LOCAL	YES	
Site 9	LOCAL	YES	Timing of courses
Site 10	LOCAL	YES	Looking at time it takes to complete Heartcode part 1
Site 11	LOCAL	YES	
Site 12	AHA	YES	
Site 13	LOCAL	YES	
Site 14	LOCAL	YES	
Site 15	LOCAL	YES	Food
Site 16	LOCAL	YES	Building reviewed
Site 17	LOCAL	YES	Only given on a two day
Site 18	LOCAL	YES	DVD Book
Site 19	AHA	YES	
Site 20	AHA	YES	
Site 21	LOCAL	YES	
Site 22			Unknown
Site 23	AHA	YES	Quality improvements made
Site 24	AHA	YES	Quality improvements made
Site 25	AHA	YES	Quality improvements made
Site 26	LOCAL	YES	
Site 27	AHA	YES	
Site 28	AHA	YES	

Analysis



Feedback:

Quality improvements included: Food, student packs, student information, Training site facilities, heating, allocation of course delivery,

Section 4: Irish Heart Foundation & ACLS Training Courses

How is your course advertised?

Site	ADVERTISED	Site	ADVERTISED
Site 1	Locally	Site 15	Locally
Site 2	Locally / web	Site 16	Locally / web
Site 3	Locally	Site 17	Locally / web
Site 4	Locally	Site 18	Locally / web
Site 5	Locally	Site 19	Web
Site 6	Locally	Site 20	Locally
Site 7	Locally	Site 21	Web
Site 8	Locally	Site 22	Web
Site 9	Web	Site 23	Locally
Site 10	Locally	Site 24	Locally
Site 11	Web	Site 25	Locally
Site 12	Locally	Site 26	Locally / web
Site 13	Web	Site 27	Locally
Site 14	Web	Site 28	Locally

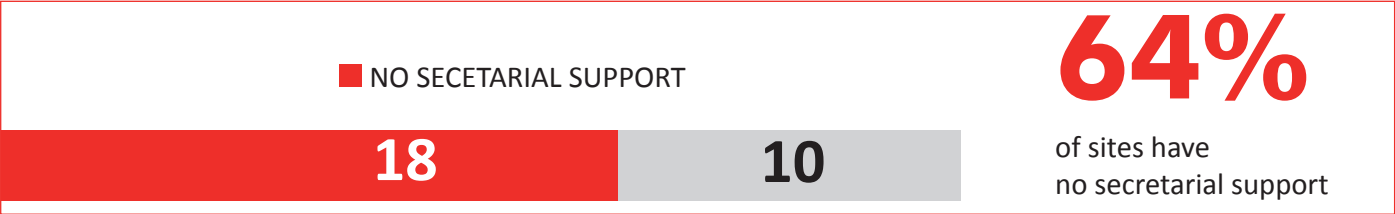
Analysis of results:



Do you have secretarial support?

Site	Secretarial Support	Site	Secretarial Support
Site 1	Yes	Site 15	Yes
Site 2	Yes	Site 16	No
Site 3	Yes	Site 17	No
Site 4	No	Site 18	No
Site 5	Yes	Site 19	Yes
Site 6	Yes	Site 20	No
Site 7	No	Site 21	No
Site 8	No	Site 22	Yes
Site 9	Yes	Site 23	No
Site 10	No	Site 24	No
Site 11	No	Site 25	No
Site 12	No	Site 26	No
Site 13	No	Site 27	No
Site 14	Yes	Site 28	No

Analysis



From an ACLS perspective what would you like support with from the Irish Heart Foundation-

Site 1	Certification / Who can certify Medical Directors or Co-ordinators / Does it have to be regional faculty / Algorithms.
Site 2	Workshops for Medical Director's / Statement of critical actions / What are we stopping codes for? / Clear the grey areas e.g. shocking with oxygen on / Giving atropine to Complete Heart Block.
Site 3	Instructor renewal email to instructors and Training Site coordinators / Directory for ACLS.
Site 4	Regular updates / Workshops that all sites are singing off the same sheet / Workshops for Medical Director's and faculty, Medical Director workshops to build on own knowledge / More communication with Irish Heart Foundation / Latest updates.
Site 5	More instructor days / Instructor workshops.
Site 6	ACLS scenarios / Training facilitated by Irish Heart Foundation Biannually / Irish Heart Foundation to support instructors regarding candidates who fail to reach ACLS objectives / To ensure all sites using standardised practise / Irish Heart Foundation clarification on essential text e.g. the spiral books compulsory or will the manual suffice / Continuous access to Heartcode how long / Students had difficult accessing after 1 month.
Site 7	Remediation the process / Workshop for all instructors and Medical Director's / A range of approved scenarios / Practise scenarios / Instructor appraisals / Clinicians as instructors / Director's on site for quality control / Clarity on peri arrest drugs i.e. Procainamide and Amiodarone / Merit awards / High performing sites public worker publicity drive / Advocacy cardiac arrest teams in each registered hospital mandatory.
Site 8	We can only take local instructors therefore we require more instructor courses / Reasons to remediate a candidate on testing code / To standardise instructor guidelines on remediations / List of critical actions / What are the critical actions? / What would we stop a code for nationally?
Site 9	Skills sheet workbook for candidates / ACLS networking / Experienced Provider Instructor course
Site 10	ACLS to liaise with other courses / Regional workshops / Regular updates
Site 11	Communication / Can contact IHF without fears or threats of being shut down / Would like IHF to be approachable / We would like to invite IHF to any of our courses / We would welcome any updates / Testing scenarios / Standardisation / Irish context / Database for Medical Director's
Site 12	Updates / Network feedback / Learning the latest from ACLS Council / Communication / Standardisation / Equipment needs to be of a certain standard / Workshops
Site 13	To have ILCOR algorithms that could then be adopted by local protocol
Site 14	Discrepancies with DVD on how to measure OPA / Instructor Course often Described by participants as Advanced ACLS course / Participants are not prepared or taught to teach and trouble shoot. When they have completed the day they are cast out to training sites with varying levels of expertise/ to complete 4 additional days of training / No consistency / No follow up from the original training sites / Listens and acts upon advice from people who are ongoing and teaching on these courses
Site 15	Administration / Experienced Provider topics / Equipment updates / Evidence update review of relevant research regards audit outcome/ improving service delivery / Stroke relevant to our hospital / Toxicology relevant to our hospital
Site 16	H's & T's / Particular Calcium chloride versus calcium gluconate
Site 17	Presentations & speakers / Lovely to see what other RTO's are doing at their sites

Site 18	Remediation of candidates / That all instructors should approach remediation in the same fashion / Challenging candidates on courses / Dealing with autism / Special/physical needs / How far do we accommodate / How to debrief
Site 19	Access to keycodes to see are people completing the work?
Site 20	Internal issue getting staff released/ More Medical Director workshops
Site 21	Communication and to include Medical Director's / More instructor Courses / Demands exceeds supply / Workshops
Site 22	Follow lesson plans so principles can be the same across sites / Workshops
Site 23	Feel supported by Irish Heart Foundation, feel the reference guide is great and has all the information
Site 24	Experienced Provider instructor course / Regional / 1-2 places will not cover saolite group
Site 25	Workshops / Guidelines updates
Site 26	Workshops very beneficial / Key codes url can be difficult to open
Site 27	Workshops very beneficial
Site 28	Personally, I do not find the workshops beneficial I can get all the information through the IARTO group. Other staff feel workshops are beneficial

Analysis - Common Themes

Clarification Requests

- Certification who can sign off Medical Directors or Training Site Coordinators
- Clarification on critical actions and what are we stopping codes for (grey areas)?
- Dealing with special learning situations, i.e. physical / mental
- Debriefing
- ACLS Instructor course supports for candidates to deal with challenging situations

Suggestions

- Workshops for Medical Directors / Faculty; to build on own knowledge base
- Remediation to standardise instructor guidelines on remediations
- Experienced Provider topics stroke / Toxicology
- Equipment updates
- Directory for ACLS faculty
- Advocacy cardiac arrest teams in each registered hospital mandatory
- Administration

Going Forward

- Instructor appraisals, high performing sites public worker publicity drive
- ACLS Skills workbook for Training Sites
- Communication from Council meetings
- All sites using standardisation of practice
- Algorithms
- Guideline updates & communication from Irish Heart Foundation
- Review of relevant research audit of Cardiac arrest outcomes
- Experienced Provider instructor course

If an ACLS workshop was offered to you and your training site which topics would you find beneficial?

Site 1	Equipment / Experienced Provider topics
Site 2	Administration Clarification / Training equipment / Feedback devices / Role of Medical Directors / Experienced Provider topics / Sharing of knowledge
Site 3	Heartcode guidance / DVD
Site 4	Experienced Provider topics to improve personal knowledge / Educational updates for RTO's / networking workshops for Medical Directors / Clarification on grey areas
Site 5	Definition of roles within ACLS context / Scenario building setting real scenarios
Site 6	Experienced Provider topics for personal knowledge base / Megacode testing / understanding of the candidate with nerves / IO training / Workshop on latest developments on Stroke / ACS
Site 7	Remediating clarity of Tachycardia and use of Adenosine / Experienced Provider topics for personal knowledge / Instructor refresher / Pregnancy resus issues / Quality insurance reintegrate parallel to the Experienced Provider content to Basic ACLS
Site 8	IHF guidelines in ACLS / IHF structure / Experienced Provider Topics
Site 9	Standardisation / Teaching / Testing / Remediation / How to be an instructor
Site 10	New topics / Feedback devices / New material form AHA / New courses / Experienced Provider Topics / Remediation / Technology / Manikins
Site 11	Cover grey areas such as remediation / Process e.g. oxygen query / Medical Directors challenging remediation / Tachycardia station
Site 12	Standardisation on how things are being taught / Pooling resources / Equipment / Technology / Experienced Provider Topics
Site 13	Standardisation report on what was seen around the country / Feedback devices / Circulation updates from AHA / Remediation / Dealing with difficult candidates / Special situations / What amount of defibrillator energy to use during practice scenarios
Site 14	Selected Training Sites should be allowed to run a two-day instructor programme to address the needs of additional instructors / Heartcode totally inappropriate programme for medical students or interns
Site 15	Instructor updates formally or informally / Annual workshops / Updated emails with changes / Equipment collaboration tendering / RTO support / RTO's in each hospital are a great resource and the IHF should offer support
Site 16	ACLS Coordinator to be able to recert candidates / Avoids disruption during the course by moving Medical Director around / Changes to the Guidelines / Research to ensure we are teaching most up to date changes / Minutes of Council meetings to all sites
Site 17	Annual workshops, feedback from council / Communication synopsis of ACLS meeting / Email in support of ACLS manikins / I feel as a training site we are already supported, meeting Celine face to face really makes a difference / I feel I can contact Celine with any issues that arises / Suggest that new instructors are required to teach on every station for two years
Site 18	Selection of faculty on ACLS course should be criteria based / Number of courses taught / Experienced instructors / Introduced to difficult candidate scenario for prospective instructors / It is not always perfect / Often instructors feel out of their depth once they start teaching
Site 19	Administration
Site 20	No comment made
Site 21	Debrief / Human factors can always get in the way during a course / Faculty must be mindful of this / Debrief conducted differently by different instructors
Site 22	Administration / Paperwork, frequently asked questions
Site 23	Targeted Temperature Management / Debrief / Action review

Site 24	Debrief / Toxicology / Experienced Provider Topics
Site 25	Debrief / The value of Return Of Spontaneous Circulation (ROSC)
Site 26	Debrief / Experienced Provider Topics
Site 27	Toxicology / Enjoyed human factors at last workshop
Site 28	Toxicology / In hospital cardiac arrest audit / Hypothermia at national level / Feedback to challenging students

Analysis - Common Themes Standardisation, Annual Workshops, Equipment, Toxicology, Scenarios, Special situations in resuscitation

Clarification Requests

- Clarification on grey areas / Remediation
- Certification of candidates / Instructors
- Human Factors / Debrief
- Medical Directors role / Networking
- Understanding of candidates with anxiety / Physical and special situations
- Feedback to challenging candidates

Requirements

- Experienced Provider Topics / To improve personal knowledge / Toxicology / Targeted Temperature Management
- Administration / Paperwork, frequently asked questions
- Algorithms
- Heartcode DVD guidance
- Equipment / Feedback devices / Technology / Manikins
- Scenarios / Scenario building / Realistic scenarios

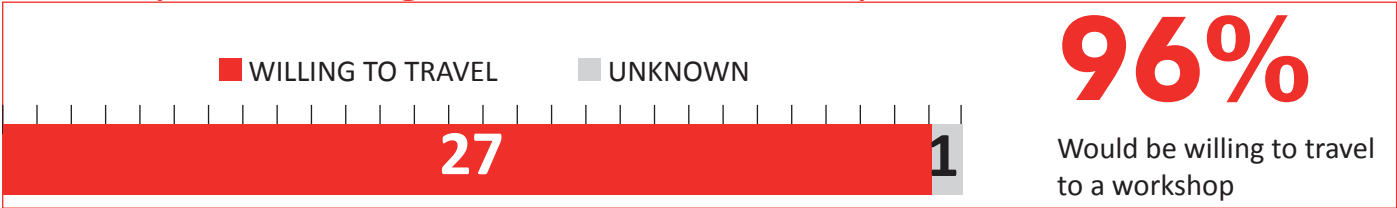
Going Forward

- Standardisation throughout the country on how things are being taught
- Latest evidence ACS / Stroke / Changes to guidelines / Ensure we are teaching the most up to date
- Instructor courses / Refresher updates for instructors
- Latest evidence and findings from AHA
- Instructor updates
- Faculty on ACLS courses / Support for new instructors
- Return Of Spontaneous Circulation (ROSC)
- Synopsis of what is being discussed at Council meetings

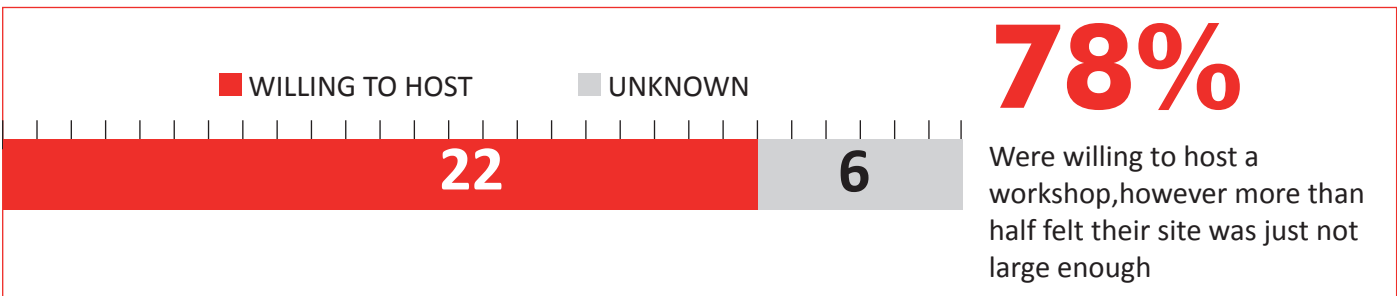
Section 4: ACLS Training Site Evaluation

Irish Heart Foundation Workshops

Would you be willing to travel to a workshop?



Would you be happy to host a workshop?



Which day of the week would be most suitable?

Vast majority would prefer Monday to Friday. Some sites would require a minimum 6 months notice

Weekdays
Monday - Friday

Section 4: Irish Heart Foundation & ACLS Training Courses

Irish Heart Foundation website

How do you find the Navigation through our website?

Please make suggestions that would help your journey through our site.

*website was updated from March 2019 and this impacted results

Site 1	Terrible / Time consuming / Cannot find the information: Suggestions: Lesson plans for each course / Simple step using course content / Go back to old system for listing courses course date, type, place / Adding journals like Circulation / AHA updates / Out of Hospital Cardiac Arrest Report (OCHAR)
Site 2	Not useful / Not user friendly Suggestions: Faculty box / Added journals / New updates from AHA / IHF for all instructors to see
Site 3	Not sure
Site 4	Not sure Suggestions: List of courses / Educational box with journals may be useful
Site 5	Difficult to navigate through Suggestions: You should have two clicks for any information
Site 6	Difficult to navigate through Suggestions: Any changes to ACLS / Change of Practice / Notice of workshops / Names of companies who supply materials e.g. books
Site 7	Yes, Looked at web site, quicker to ring Avril/Brigid than trail through the web site not being able to find the material Suggestion: IHF App. / Would be great for latest guidelines / Algorithms
Site 8	Better
Site 9	Impossible to find courses Suggestions: Instructor updates / Instructor section / Access codes / Test forms / Remediation lessons / Learner book
Site 10	Difficult to find courses Suggestions: A simple drop down
Site 11	Difficult to find courses at times
Site 12	Difficult to find courses Suggestions: Instructor page with instructor topics / Possibility of adding available instructors
Site 13	Difficult to find courses Suggestions: Feel so much could be added
Site 14	Too many clicks / Previous calendars more user friendly
Site 15	Reasonable / Difficult to navigate through / There does not seem to be much educational support Suggestions: Information to ACLS web sites / Relevant papers / More support for us
Site 16	Hard to navigate / Jumpy site / Thought the old one much clearer / Very much towards the general public Suggestions: List hospitals and all courses for the year / Hospital versus private ensure all courses have the same agenda / Specific section for council minutes / New books / New guidelines
Site 17	Suggestions: Instructor updates

Site 18	Much improved since recent update * Suggestions: ACLS forum / members log in area / Section for instructors / details of Medical Directors, instructors who are interested in additional courses that would be available / minutes of council meetings / AHA /IHF updates course paperwork.
Site 19	Suggestions: Section for instructors
Site 20	Improved * Suggestions: Information about Roscrea and future workshops
Site 21	Blindspot on searching for courses Suggestions: Would it be possible to have a list of instructors and Medical Directors / Coordinators / Medical Director's page with links to updates / Flashing or some indicators
Site 22	Old system difficult to navigate / need to review system again
Site 23	Yes improved *
Site 24	Not familiar with updated system
Site 25	No comments need to look at web site again / Felt it easier to access courses on the old site *
Site 26	Can be difficult to direct ACLS courses at times Suggestions: Link on web to guideline changes
Site 27	No comment on web Suggestions: Have link to have updated changes
Site 28	Easy to navigate through Suggestions: Would like a resus research page

Analysis - Common Themes

Common Themes

- Difficult to navigate up until March 2019
- Seeking courses to be listed per date / course type / list county

Suggestions

- Simple drop down menu
- Faculty information updates
- Educational box - journals
- Resuscitation research page
- Link on web to American Heart Association (AHA)
- Irish Heart Foundation guidelines latest updates
- Instructor member log in area for access to course materials
- Lesson plans / Remediation / Learner books
- Instructor section - Instructor updates - List of instructors
- Medical Director list available to teach on courses
- Information about future workshops

Section 4: ACLS Training Site Evaluation

What improvements would you like to see from IHF in relation to the ACLS Programme?

Site 1	No comments
Site 2	Flexibility with the course programme to meet the individual training needs of the training site / ACLS DVD no proper guidelines on how to read ECG's
Site 3	Heart code more clarity on DVD
Site 4	More flexibility to meet needs of the TS / Adapt programme
Site 5	Two-page newsletter
Site 6	Putting it altogether scenarios are unrealistic and unnecessary complicated and convoluted / Would like Irish Heart Foundation to compile more suitable scenarios that would still allow the candidate to achieve ACLS objectives
Site 7	Tachycardia / Adenosine / Coping with bad news
Site 8	No comments
Site 9	No comments
Site 10	Workshops and linkage with sites
Site 11	No comments
Site 12	Communication keeps us up to speed with updates
Site 13	No comments
Site 14	Irish Heart Foundation Roster - just contact details
Site 15	More Experienced Provider courses / Some issues with DVD running smoothly / Standardisation sticking with the guidelines
Site 16	No comments
Site 17	Very good, keep up the good work
Site 18	We would like ACLS to include standards for healthcare institutions offering guidelines and guidance in similar way to the UK.
Site 19	No comments
Site 20	No comments
Site 21	No comments
Site 22	No comments
Site 23	No comments
Site 24	No comments
Site 25	No comments
Site 26	Confirmation of payments would help us link with Finance Department
Site 27	Feel well supported
Site 28	Like the structure of the programme

Analysis

Common Themes

- Flexibility with course programme adapting to the Training Site needs
- Clarity on DVD's for HC / DVD operational
- Scenarios more realistic
- Workshops
- Communication with sites
- More Experienced Provider courses
- Standardisation / Keeps us up to speed with updates
- Guidelines & guidance like the UK system
- Two-page newsletter

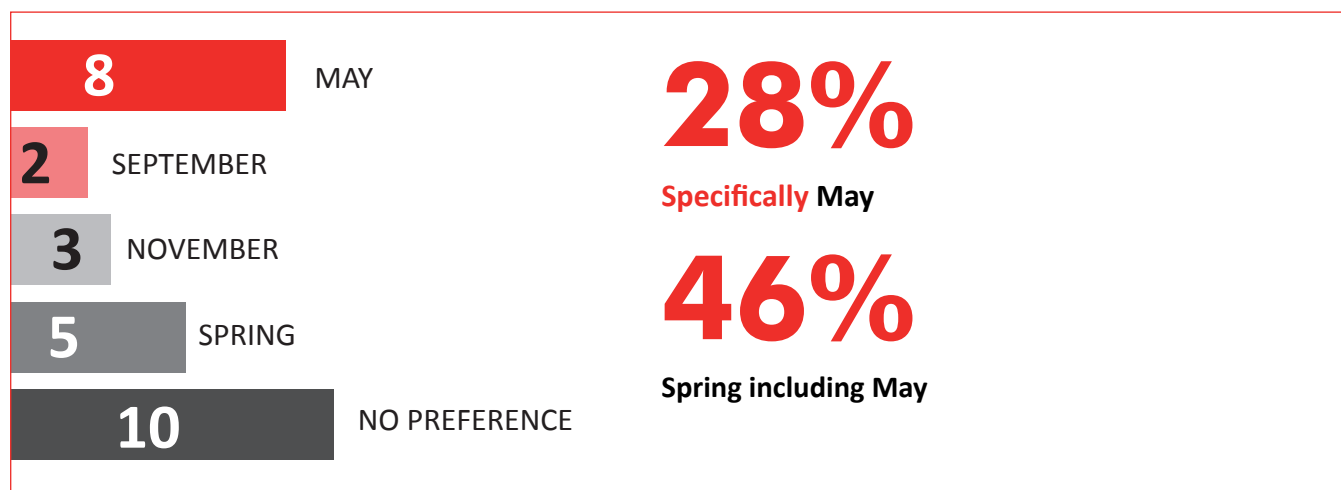
Section 4: ACLS Training Site Evaluation

ACLS instructor course

Which Month of the year would you like to see ACLS instructor Course?

Site	Season / Month	Site	Season / Month
Site 1	September	Site 15	Spring or November
Site 2	No Preference	Site 16	Jan / Feb / Sept / Oct
Site 3	No Preference	Site 17	No Preference
Site 4	Autumn	Site 18	March / April
Site 5	Autumn	Site 19	May
Site 6	No Preference	Site 20	May
Site 7	Spring	Site 21	March
Site 8	No Preference	Site 22	No Preference
Site 9	Not Summer	Site 23	May
Site 10	No Preference	Site 24	May
Site 11	No Preference	Site 25	May
Site 12	November	Site 26	May
Site 13	November	Site 27	May
Site 14	No Preference	Site 28	May

Analysis :



Section 4 : ACLS Training Site Evaluation

ACLS Instructors & Medical Directors

How many ACLS Instructors / Medical Directors per site?

SITE	ACLS INSTRUCTORS/ MD PER SITE	TOTAL	SUFFICIENT	DESIRED NUMBER
Site 1	8 ACLS Instructors + 2 Medical Directors	10	NO	15+
Site 2	36 instructors + 4 Medical Directors	40	YES	Another MD
Site 3	13 Instructors + 3 Medical Directors	16	YES	
Site 4	3 ACLS Instructors + 2 Medical Directors	5	NO	8+
Site 5	10 ACLS Instructors + 2 Medical Directors	12	NO	2 per month
Site 6	2 ACLS Instructors	2	NO	2 MD's from other sites
Site 7	17 ACLS Instructors + 3 Medical Directors	20	YES	
Site 8	1 ACLS Instructors + 1 Medical Directors	2	NO	3
Site 9	8 ACLS Instructors + 2 Medical Directors	10	NO	15
Site 10	13 ACLS Instructors + 5 Medical Directors	18	NO	
Site 11	8 ACLS Instructors + 4 Medical Directors	12	NO	15-20
Site 12	17 ACLS Instructors + 3 Medical Directors	20	NO	30
Site 13	8 ACLS Instructors + 2 Medical Directors	10	NO	12
Site 14	20 ACLS Instructors + 1 Medical Director	21	NO	?
Site 15	10 ACLS Instructors + 3 Medical Directors	13	NO	14
Site 16	8 ACLS Instructors + 1 Medical Director	9	NO	13
Site 17	ACLS 16 Instructors +4 Medical Directors	20	YES	21
Site 18	8 ACLS Instructors + 3 Medical Directors	11	YES	ALWAYS
Site 19	4 ACLS instructors + 1 Medical Director	5	NO	10
Site 20	11 ACLS Instructors + 3 Medical Directors	14		
Site 21	8 ACLS Instructors + 2 Medical Directors	10	NO	20
Site 22	10 ACLS Instructors + 5 Medical Directors	15		
Site 23	7 ACLS Instructors + 2 Medical Directors	9		
Site 24	8 ACLS Instructors + 4 Medical Directors	12	NO	20

Site 25	9 ACLS Instructors + 2 Medical Directors	11	NO	15
Site 26	10 ACLS Instructors + 5 Medical Directors	15	NO	24
Site 27	5 ACLS Instructors	7	NO	10
Site 28	4 ACLS Instructors + 2 Medical Directors	6		

Analysis:

Have you sufficient Instructors and Medical Directors

19

INSUFFICIENT

68% Insufficient

5

SUFFICIENT

18% Sufficient

7

NO COMMENT

Section 4 : Irish Heart Foundation & ACLS Training Courses

ACLS Courses

Which Type of Course do you provide at your Training Site?

Please comment on your experiences both positive and negative running this course.

Site	ACLS Provider:	ACLS Heartcode:	ACLS Experienced;
Site 1	Very good.	Feel candidates need to have attended at least one provider course previously before completing.	Provider: would love to run 1-2 courses yearly.
Site 2	No comments	Difficulties with first timers participating on course.	Enjoy the challenges and variety, great course should be mandatory for Emergency/ ICU especially valuable to staff working in these areas. Difficulties for instructors on course, different backgrounds and may be lacking in knowledge in certain topics, would like workshops to address this so knowledge can be broadened.
Site 3	Positives and negatives from students.	No comments	No comments
Site 4	Broad overview of relevant topics and emergency. Negative: Time restraints.	Great for experienced providers who have completed previous provider course and need to recertify. Negative: Expensive. Doctors have high expectations. Difficulty when testing arrives, handling skills, defib etc.	No course yet but would like to have one. Very informative course. Negative: Difficulty in getting experienced instructors. Selection of candidates is important.
Site 5	Good for junior staff who have been exposed to cardiac arrests. Negative: Time restraints with staff release.	No comments.	Planning for May.

Site	ACLS Provider:	ACLS Heartcode:	ACLS Experienced;
Site 6	<p>Clear objectives for this two-day course, this assists the instructors in their aim to ensure that candidates must meet the objectives. Good hands on practice. DVD component is educational and appropriate.</p> <p>Negative: Some scenarios in putting it altogether, very long and detailed not always appropriate e.g. gunshot scenario- they can be cumbersome for instructors and cause confusion, also too much information Recommendation, review appropriateness of scenarios.</p>	<p>A very good course for candidates who have previously done the two-day course, can be used as a Recertification ACLS if outside the deadline for specific ACLS Recertification course.</p> <p>Negative: Not ideal for model two hospitals (i.e. no Coronary care Unit. Course has not sufficient detail. Practice for candidates working in this model of hospital. Recommend all candidates should have completed the two-day course at some stage prior Heartcode Not suitable for staff who do not work in CCU, HDU, or Emergency, the two day course is preferred for these hospitals.</p>	
Site 7	<p>ACLS Provider: yes, more communication and feedback required / Useful for personal and professional development / Excellent resus officer and highly motivated and dedicated instructors.</p>	<p>Not recently, unless candidate is highly prepped ACLS provider provides a better learning experience.</p>	
Site 8	<p>Since becoming a band two level hospital our staff are exposed to less cardiac arrest situations so full two day is very beneficial. Lots of opportunity to get more hands on.</p> <p>Negative: Challenge of funding. Recommendation, freedom to offer local policy arrest management of situations.</p>		
Site 9	<p>Good course</p>	<p>Do not think it is a good course for first timers. Do not like it.</p>	<p>Love Experienced Provider feel, it is under-utilised. Feel it is not for everyone.</p>
Site 10		<p>Do not recommend it to first timers and if they choose to complete, they need additional teaching stations.</p>	<p>Do not normally run Experienced Provider Course.</p>
Site 11	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>

Site	ACLS Provider:	ACLS Heartcode:	ACLS Experienced:
Site 12	It's good to keep staff for whom ACLS is obligatory. Recert course	A survey from Resus committee decided there was no uptake for Heartcode that the demand was for two-day provider. They also felt it was the wrong course for first timers. They felt they needed a couple of courses for inexperienced staff.	
Site 13	It works good as a team-good mix within team, like this course better for people who have not worked before, helps their group gel together as a team, relaxes team. Negative: Difficult to get released. A lot of study in the background. No evidence of pre-course done.	Does not suit all learning styles. Less for staff with minimal clinical experience. On a positive, you know they have completed their pre-course as they present their certificate on arrival. Good for people who like online, good for experienced staff.	Fab course. Difficulty getting candidates. Feel the name of the course puts people off, feel it needs a relaunch. Not many available courses. Need experienced faculty, selective candidate group.
Site 14	Yes	Need consistency with course. No intern should complete the Heartcode, makes no sense when they have limited patient contact, this sets very poor standards for medical professionals and the precedent reflects poorly with other healthcare staff.	
Site 15	Like the teaching aspect of this course. Feel it's more educational. Negative: Time restraints, difficulty with staff being released from clinical area.	Like to run more.	Very enjoyable, very valuable, largely dependent on delegate experience and engagement.
Site 16	Well-constructed course. Very good standards maintained.	I also run recert course which is excellent for experienced staff.	For experienced providers only.
Site 17	Love the course, good feedback. Negative: No hospital facility in Mullingar.	No comment	I would be interested in the future.

Site	ACLS Provider:	ACLS Heartcode:	ACLS Experienced:
Site 18	Excellent for candidates undertaking ACLS for the first time and those who do not attend cardiac arrest events. Time consuming to adequately prepare and be released from work. There is a theory practice gap for some students. Expectations on course versus reading a manual. Perhaps online video visual explanation to assist in this.	Excellent course for candidates attending arrests regularly, working in the critical care areas. Does not take candidates too long away from workplace. Negative: Difficulty with access link, especially since recent changes.	Great course for candidates involved in the day to day resuscitation events. Perception of candidates why do Experienced Provider course when you can receive the same certificate with a lot more preparation. As candidates normally come from emergency background it is difficult to tie down sufficient numbers to construct a diverse course. Nurses often state that Experienced Provider course is for doctor level only.
Site 19	At hospital request.	Get enough people to run this course.	
Site 20	Good for new staff.	Great if you have the right clientele. Feel it needs filtering.	Loved it, for the experienced staff.
Site 21	The programme has much improved in recent years particularly with the introduction of DVD led training. Ensures standardisation. Equal access to information.	Vital that candidates have attended a 2 day course previously and that the candidates have exposure to events -otherwise the Half Day Programme is extremely stressful for faculty and candidates alike.	
Site 22	Find the course good.	Found this course very difficult with medical interns. Difficult experience. Not a suitable course. Experience does not match the needs of the course.	
Site 23	Find them good. Negative: Funding issues for candidates.	Like them to have a provider course first. Can be tough on instructors.	We will have a think about it.
Site 24	Staff like the repetition of 2-day course. Like group interactions.	Not for the inexperienced staff. Local policy requires completion of a two-day course first.	Never took off but would like to get it up and running. Training needs have been analysed and staff needs have changed especially in the critical care areas.
Site 25	Good practical hands on. Good for team leading. Felt it can be boring after 2-3 times.	Going to run once off course for experienced providers.	Would consider once every two years and happy to share course with other sites.

Site	ACLS Provider:	ACLS Heartcode:	ACLS Experienced:
Site 26	<p>Good for new staff. Building knowledge over the two days. Candidates like the interaction, they like the face to face. Lots of practice.</p> <p>Negative: Staff getting released. Candidates have to pay in advance sometimes this puts staff off, they can claim back later.</p>	<p>Used for senior medics. Recert ran on Saturdays where more medics are released. Difficulty at times with the URL downloading. Can take a long time to complete the pre-course materials, not as much hands on.</p>	<p>Could see this working within the hospital groups. Could see ourselves sharing slots, places with different sites. We would be interested in becoming an Experienced Provider Instructor.</p>
Site 27	<p>Like this course. ACLS Recertification course. I have a lot of staff completing.</p> <p>Negative: Difficulty getting released</p>	<p>They like this especially for the staff being released.</p>	<p>Would like to give this some consideration for the future. We would have run it years ago but lost the supports.</p>
Site 28	<p>Likes this course particularly the hands-on skills. Especially for new junior staff.</p> <p>Negative: Can be difficult to get staff released. Future of courses and DVDs?</p>	<p>Local policy two courses before Heartcode. It can be beneficial to staff who have difficulty being released from the clinical. Staff can have difficulty in the hospital with access to keys with local firewall security. They can access it at home or in the library.</p>	<p>We would be interested in this course in the future. Hoping to do Experienced Provider Instructor course.</p>

Analysis: ACLS Courses

Common Themes: **ACLS Provider**



Love the course full two day is very beneficial
very good standards maintained **Clear objectives**
Good for team dynamics Like this course
it is a very good course Excellent

Positives:

- Overall, most sites feel it is a very good course
- Love the course
- Good for new staff
- Well-constructed very good standards maintained
- Good for junior staff who have been exposed to cardiac arrests
- Clear objectives for this two-day course
- Good hands on practice / DVD component is educational and appropriate.
- Useful for personal and professional development
- Since becoming a band two level hospital our staff are exposed to less cardiac arrest situations so full two day is very beneficial / Lots of opportunity to get more hands on
- It is good for staff whom ACLS is obligatory
- Good for team dynamics helps gel groups together
- Like this course better for people who have not worked before
- Excellent for candidates undertaking ACLS for the first time and those who do not attend cardiac arrest events
- Like the teaching aspect of this course feel it is more educational
- Staff like the repetition of 2-day course
- Staff like group interactions
- Good practical hands on
- Good for team leading
- Building knowledge over the two days
- Candidates like the interaction, they like the face to face
- Get lots of opportunity to practice
- Likes this course particularly the hands-on skills, especially for new junior staff
- The programme has much improved in recent years particularly with the introduction of DVD led training; ensures standardisation; equal access to information

Negatives:

- Time restraints with staff release
- Some scenarios in putting it all together very long and detailed not always appropriate e.g. gunshot scenario, they can be cumbersome for instructors and cause confusion

- Challenge of funding
- A lot of study in the background
- No evidence of pre-course done
- Time consuming to adequately prepare and be released from work
- There is a theory practice gap for some students
- Expectations on course versus reading a manual
- Felt it can be boring after 2-3 times
- Candidates must pay in advance sometimes this puts staff off, they can claim back later

Analysis: ACLS Provider

Vast majority of sites feel it is a very good course

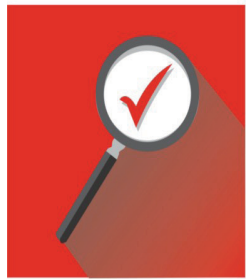
8/28 felt it was especially good for new or less experienced

7/28: had difficulty with staff being released

6/28 had no comments to make about course

Analysis of The ACLS Courses

Common Themes: ACLS Heartcode



A very good course

Like this Going to run once off course
Great for experienced providers
Excellent course for candidates attending arrests regularly

Positives

- A very good course for candidates who have previously done the two-day course, can be used as a recertification ACLS
- Like to run more
- You know they have completed their pre-course as they present their certificate on arrival
- Good for people who like online education
- Great for experienced providers who have completed previous provider course and need to recertify.
- Excellent course for candidates attending arrests regularly / Working in the critical care areas. Does not take candidates too long away from workplace
- Great if you have the right clientele
- Local policy two courses before Heartcode / It can be beneficial to staff who have difficulty being released from the clinical
- Like this especially for the staff being released
- Going to run once off course for experienced providers

Negatives

- Feel candidates need to have attended at least one provider course previously before completing
- Difficulties with first timers participating on course
- Expensive
- Doctors have high expectations difficulty when testing arrives, handling skills defib etc.
- Not ideal for model two hospitals (i.e. No Coronary care Unit / Course has not sufficient detail / Practice for candidates working in this model of hospital / Recommend all candidates should have completed the two-day course at some stage prior to Heartcode
- Unless candidate is highly prepped ACLS provider provides a better learning experience
- Do not think it is a good course for first timers. Do not like it
- Do not recommend it to first timers and if they choose to complete, they need additional teaching stations.
- A survey from Resus committee decided there was no uptake for Heartcode that the demand was for two-day provider. They also felt it was the wrong course for first timers. They felt they needed a couple of courses for inexperienced staff.
- Does not suit all learning styles, less for staff with minimal clinical experience
- Need consistency with course / No intern should complete the Heartcode makes no sense when they have limited patient contact / This sets very poor standards for medical professionals and the precedent reflects poorly with other healthcare staff

- For experienced providers only
- Difficulty with access link especially since recent changes.
- Vital that candidates have attended a 2 day previously and that the candidates have exposure to events / Otherwise the Half Day Programme is extremely stressful for faculty and candidates alike
- Not for the inexperienced staff / Local policy two-day course first
- Found this course very difficult with medical interns / Difficult experience / Not a suitable course / Experience does not match the needs of the course
- Difficulty at times with the URL downloading
- Can take a long time to complete the pre-course materials / Not as much hands on
- Staff can have difficulty in the hospital with access to keys with local firewall security / They can access it at home or in the library

Analysis: ACLS Heartcode

7/28 felt it was a great course especially if you have clinical experience

14/28 felt it was not really suited to non clinical inexperienced or first timers

6/28 had no comments to make about course

Common Themes: **ACLS Experienced Provider:**



great course should be mandatory for Emergency/ICU
Very informative course **Loved it**
Great course **Love EP feel it is underutilised**
Very enjoyable; very valuable would have run it years ago

would like to get it up and running **love to run 1-2 courses yearly**

Positives

- Would love to run 1-2 courses yearly
- Enjoy the challenges and variety, great course should be mandatory for Emergency / ICU especially valuable to staff working in these areas
- Difficulties for instructors on course, different backgrounds and may be lacking in knowledge in certain topics would like workshops to address this so knowledge can be broadened
- No course yet but would like to have one. Very informative course
- Planning for May
- Love Experienced Provider Course, feel it is under-utilised
- Fab course
- Loved it for the experienced staff
- We will have a think about it
- Never took off but would like to get it up and running, training needs have been analysed and staff needs have changed especially in the critical care areas
- We would be interested in this course in the future, hoping to do Experienced Provider Instructor course
- Would like to give this some consideration for the future / We would have run it years ago but lost the supports
- Could see this working within the hospital groups / Could see ourselves sharing slots/places with different sites, we would be interested in becoming an Experienced Provider Instructor
- Great course for candidates involved in the day to day resuscitation events
- I would be interested in the future
- Would consider once every two years and happy to share course with other sites
- Very enjoyable, very valuable

Negatives

- Negative difficulty in getting experienced instructors / Selection of candidates is important
- Feel it is not for everyone.
- Difficulty getting candidates, feel the name of the course puts people off, feel it needs a relaunch, not many available courses, need experienced faculty, selective candidate group
- Perception of candidates why complete EP when you can receive the same certificate with a lot more preparation. AS candidates normally come from emergency background it is difficult to tie down sufficient numbers to construct a diverse course. Nurses often state that EP is for doctor level only
- Largely dependent on delegate experience and engagement

Analysis

Majority felt this was a valuable course, of the sites who are not participating in this course at present, the majority expressed an interest in doing it at some time in the future

Section 4: Feedback from sites following site visits



very supportive The instructors were delighted
EP should be gold standard We welcome you back here anytime
feel supported by IHF **very beneficial**
value your input **support was invaluable**
Love having an ACLS Coordinator who is clinical
giving us excellent feedback and guidance
Thank you for visiting us and giving us detailed constructive feedback

Site 1	Experienced Provider courses for Resuscitation Training Officers / Medical Directors Instructor / Medical Director directory / Email reminder to let instructors know when they are out of date. Can one Medical Director do one day and another Medical Director do another?
Site 2	No comments
Site 3	Grey areas to be clarified-SYNC button on/off-Checklists for remediation / Oxygen on whilst performing defibrillation / Rhythm recognition / Inappropriate drugs /Remediation how to do this effectively
Site 4	An email to let you know when your certificate is expiring
Site 5	Thanks so much for your input yesterday
Site 6	The Irish Heart Foundation have always been very supportive and easy to contact for any queries, it is often our own fault not seeking clarity / Asystole protocol to be confirmed / Feedback I know I can contact you with any queries, I found the questionnaire you emailed very beneficial
Site 7	Thank you for coming and supporting us in our course your support was invaluable to me who is new to the role of Resuscitation Training Officer.
Site 8	I would like to understand the Irish Heart Foundation structure / Council how is it formed / Faculty what it is and how is it chosen? / National and regional instructors Thank you for coming to LCH it was good to have such a knowledgeable, experienced, and relaxed faculty. The feedback was not surprisingly excellent / Thank you for your support and loyalty / I very much appreciate it. And of course, for your very hard work great company and humour
Site 9	Love having an ACLS Coordinator who is clinical / Love the idea of student record book,where instructors document at each station and give back to student and hand up at faculty meeting as a record of continuous assessment / A national Irish Heart Foundation version downloadable from the instructor sect
Site 10	No comments
Site 11	When asked how you would rate your support from the Irish Heart Foundation - response from Training Coordinator stated it was a difficult organisation to work with from an ACLS perspective / Unfortunately I do not have anything good to say. I just want to do things right. There was a historical problem here with our site. There was a bad relationship there from the past nothing changed when came on board and life was made difficult
Site 12	Please make scenarios standard to suit Irish Hospitals
Site 13	Networks and workshops would be a good idea for ACLS instructors. General feedback from sites from a quality insurance point. Uniform shocking point 2 joules / Technology / It was lovely to have you with us for the past two days / Thanks for all your help

Site 14	Lovely to meet you! Hospitals are slow having to release staff to teach on courses and courses affected as a result / Instructor course needs more hands-on approach / Practical course ?/ Online module remediation how to standardise remediation with guidance on same
Site 15	Thank you Celine for your ongoing support
Site 16	Felt poor support previously with Irish Heart Foundation now feel more correspondence with Irish Heart Foundation / Lovely to have you here the weekend / I will endeavour to correct the bits we need to and can ensure you that we run a great ACLS here.
Site 17	Chatted to Training Site Coordinator in relation to testing and giving feedback / DVD elements and Medical Directors / Lovely to see you last week / I have taken all comments on board and will send out to all my ACLS instructors
Site 18	No comments
Site 19	Feel supported by Irish Heart Foundation
Site 20	Lovely to touch base with you
Site 21	It was a pleasure to meet you and hope the views of our ACLS faculty will be considered at ACLS Council level. Our biggest issue has been recently the unavailability of instructor candidate places on the instructor programme
Site 22	Discussed with findings with Training Site Coordinator / Thank you for visiting us and giving us detailed constructive feedback / We will implement the points you outlined and have already begun the process and should any queries arise we will be sure to contact you
Site 23	Thanks for visiting. It is nice to have your support
Site 24	Experienced Provider should be gold standard, found stumbling block by The College of Anaesthetist and Physician if we had the college behind us medics would be seeking it / Many thanks for your feedback and coming to see us / The instructors were delighted to see you / I had a meeting with them earlier this week and we have taken on board your feedback and include it on our next ACLS
Site 25	Many thanks for the feedback and we will incorporate as identified in future courses. We enjoyed having you and value your input.
Site 26	No comments.
Site 27	Thanks so much for coming to our ACLS course and giving us excellent feedback and guidance. It was lovely to pick your brains and sort out the challenges like our Medical Director.
Site 28	Thank you for the positive feedback. I will make changes to the timetable as suggested. Other points will be noted and addressed in future courses / It was great to have you here and thanks for your feedback. We welcome you back here anytime.

Analysis

Most sites found the site visit very supportive and beneficial

Majority of sites found the input/feedback very constructive

Training Sites felt a renewed sense of support from the Irish Heart Foundation as a result of the visits

Conclusion

All training site visits are not completed, missing from the report are 4 ACLS Training Sites that will be visited after Covid-19 Restrictions are lifted. This training site review was a valuable exercise and all feedback has been documented. Training sites enjoyed the physical interaction and it also gave me as co-ordinator an insight into the challenges that each of the training sites have in co-ordinating the Advanced Cardiovascular Life Support programmes while working on the front line.

Reported difficulties included, staff not being released from the clinical areas to receive or teach the programme. Some sites felt they were unsupported, isolated, working in stressful conditions with little secretarial support and some having financial burdens.

However, all sites saw the value in the Advanced Cardiovascular Life Support programme and the benefits to their staff. 9,378 Healthcare Professionals were trained in ACLS during the time period of this report (2018-2020). I think it can be seen from our report that all ACLS courses play a vital role in our Advanced Cardiovascular Life Support Programme. Feedback shows that certain courses are more suited for certain candidates, clinical experience plays a role here. Our current ACLS Reference Guide will be updated to reflect the findings in this report.

Communication between ACLS Council and ACLS Training sites is vital in improving the standardisation of our current Advanced Cardiovascular Life Support programme. Since commencing this review two workshops have taken place and positive feedback was received from the attendees. Prior to the workshops each training site was given the opportunity to anonymously place their questions to Council and then were discussed in an open floor discussion at the workshop. It was evident from site visits that there were still some “grey areas” of practice that needed to be discussed and current evidence-based practice promoted. The finding from this report is that the ACLS Training sites find these workshops extremely beneficial to their current practice and would like this to continue. As most training sites work independently, the workshops have become a valuable ACLS network to link both clinical practice and latest evidence-based ILCOR / Irish Heart Foundation Guidance.

This report was compiled over a two-year period, as site visits progressed and workshops were conducted, the replies to the questionnaire certainly became more positive. It is intended that a follow up short survey will be conducted in 2021 and the changes made over the last two years will be reviewed. Thank you all so much for your feedback, time and hospitality during these visits, we will endeavour to address all your feedback. We are here to support you and your training sites as we continue our work together to save more lives from cardiac arrest.

*“Practice does not make perfect,
only perfect practice makes perfect”.*

Vince Lombardi

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Appendix 1:

Section Four: Irish Heart Foundation & ACLS Training Courses:

(To be emailed to site prior Visit)

This form is aimed for us to improve our services to your training site, we are aiming to improve our network with training sites & our common goal is for us both to improve & enhance ACLS Training & services. I thank you in advance for reading this, please feel free to make comments and express your honest & professional opinion. I look forward to visiting your site & thank you in advance for your patience.

Q1: From an ACLS perspective what areas would you like to be supported by the Irish Heart Foundation?

Please list & give in order of preference starting with the area that you would feel would benefit your training site?

Area	Rationale
1.	
2.	
3.	
4.	
5.	

Q2: If an ACLS Training workshop was offered to you & your ACLS Faculty what training Topics would you feel is most beneficial to your training site?

Topic	Rationale
1.	
2.	
3.	
4.	
5.	

Q3. Would you be willing to travel to our nearest regional workshop?

Yes ☐ No ☐

Q4. Would you be willing to host a workshop on your site?

Yes ☐ No ☐

Q5. Which day of week or time do you think this would suit your training site?

Please Comment:

Q6. How do you find the IHF website in relation to ACLS do you find it beneficial?

Yes ☐ No ☐

Q7. Describe how did you find the navigation through our website?

Please Comment:

Q8. Please make any suggestions that you feel would help your ACLS journey through the site?

Q9. Please give comments or suggestions what you would like to see included on our website in relation to ACLS please put in order of preference what you feel would be most valuable to your training site.

Q10. What improvements would your site like to see from IHF in relation to the ACLS Programme?

Please comment

Q11. Which month would you like to see ACLS our Annual Instructor Course to be held?

Q12. How many ACLS Instructors/ Medical Directors do you currently assigned to your training site ?

ACLS Instructors

ACLS Medical Directors

Q13. Do you feel this number is sufficient ?

Yes ☐ No ☐

Q14. How many Instructors would you like to have on your training site?

ACLS Instructors

Medical Directors

Q15. Please tick the type of ACLS Courses do you provide on your training site?

ACLS Provider ☐

Please comment your experiences running this course both positive & negative & recommendations you would like to see from this course, how valuable do you find this course?

ACLS Heartcode ☐

Please comment your experiences running this course both positive & negative & recommendations you would like to see from this course, how valuable do you find this course?

ACLS EP ☐

Please comment your experiences running this course both positive & negative & recommendations you would like to see from this course, how valuable do you find this course?

Q16.What is your average number of participants on your ACLS Courses roughly?

Q17.Please let me know what would the ratios internal versus external candidates for your training site.

Any additional comments please feel free to comment:

Many thanks for taking the time to complete this our goal is support your training site & we aim for quality improvements in ACLS Training & improving outcomes for Cardiac Arrest .

Appendix 2:

ACLS Training Site Evaluation

Training Site Name:
Date of Visit:

Section 1:

Faculty:

Question 1: Is there always a Medical director on site?

Yes ☐ No ☐

Question 2:

Is the medical director assigned to a dedicated teaching station or are they available to float freely between stations?

Yes ☐ No ☐

Question 3:

Are the instructor Ratio recommendations adhere to (1:3)?

Yes ☐ No ☐

Section Two:

Instructor / Course Materials / Training Site Facilities

Question 4: Where the relevant correct most current materials utilized during course?

DVDS

Written exam

Testing / skill sheets

Yes ☐ No ☐

Comments:

Question 5: Was there an appropriate supply of relevant course materials for instructors & candidates in case of reference or referral to text books?

Yes ☐ No ☐

Question 6: Did you find the use of lesson maps by instructors?

Yes ☐ No ☐

Training Equipment:

Question 7: Was there adequate availability of training equipment & was it in good quality working order?

Yes ☐ No ☐

Comments:

Did the training facilities i.e. rooms / venue meet the training needs of the candidates where their adequate facilities for instructors?

Yes ☐ No ☐

Question 8: Is there an equipment hygiene policy in place?

Yes ☐ No ☐

Comments:

Training Records:

Question 9: How does the Training Site store or manage their training Records?

Comments:

Is there easy access to these records?

Yes ☐ No ☐

How long are these records stored (3yrs)?

Yes ☐ No ☐

Question 10: Is there appropriate insurance coverage for their organization?

Does it cover both professional Indemnity & public liability?

Yes ☐ No ☐ **Date of Renewal**

Does the site have the original copy of contract affiliated to the IHF?

Yes ☐ No ☐

Section Three

Evaluations / Feedback:

Question 11: How was course feedback collected from the course?

Which tool was preferred

AHA /ACLS form from textbook / CD ☐

Local Site Evaluation form ☐

Do you find the information from these tools beneficial?

Yes ☐ No ☐

Has there been any quality improvements from the information gathered on these forms if so please can you give an example?

Comments:

If you were to suggest what may be a useful addition or comment to these evaluation forms.

Section Four

Irish Heart Foundation

Question 12: From an ACLS perspective what areas would you like to be supported by the Irish Heart Foundation?

Please list & give in order of preference starting with the area that you would feel would benefit your training site?

Area	Rationale
1.	
2.	
3.	
4.	
5.	

If an ACLS Training workshop was offered to you & your ACLS Faculty what training Topics would you feel is most beneficial to your training site?

Topic	Rationale
1.	
2.	
3.	
4.	
5.	

Where would you like to see this workshop take place?

Venue:

If the training workshop was not held in your training site would you be willing to travel to nearest regional workshop?

Yes ☐ No ☐

Which day of week or time do you think this would suit your training site?

Please Comment:

Question 13: How do you find the IHF website in relation to ACLS do you find it beneficial?

Yes ☐ No ☐

How did you find the navigation through our website?
Please Comment:

Any suggestions that would help your ACLS journey through the site?
Please Comment

Please give comments or suggestions what you would like to see included on our website in relation to ACLS
please put in order of preference what you feel would be most valuable to your training site.

How would you rate your ACLS support from the IHF?
Please comment:

What improvements would your site like to see from IHF ?
Please comment

Many thanks for taking the time to complete this our goal is support your training site & we aim for quality
improvements in ACLS Training & improving outcomes for Cardiac Arrest .



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