DISTRIBUTED SIMULATION PROJECT
Life Support Training

Merylin Cross | Joy Hills | Judy Spencer | April 2014
Introduction

This learning resource package provides:
- Learning materials aimed at the individual clinician/student seeking to update his/her skills in Life Support.
- A lesson plan and accompanying resources for facilitators to conduct workshops on Life Support.
- Opportunities for clinicians, students and facilitators to introduce, include and practice interprofessional learning in the practice setting.

The package consists of:
- *Life Support Training (LS) booklet* (this one).
- *Directions to LS skills DVD*.
- *Life Support Training Recommended readings*.
- *A Guide to Developing Simulated Interprofessional Learning Activities*.

The package is written for:
- Clinicians and students seeking to individually update their skills and knowledge in Life Support.
- Workshop facilitators (accredited with ALS1) presenting workshops in LS that include an interprofessional learning (IPL) perspective.

The material presented incorporates current best-practice. The learning resources and workshop plan were piloted in 2013 and modified where appropriate.

What do you want to do?

**Update my skills and knowledge about LS:**
- Read and watch the material presented in the LS Skills DVD.
- Practice BLS on the Laerdal Resusci Anne manikin with skill reporter and get a short print-out of your effectiveness (compression rate, rhythm and depth and airway management).
- Read the recommended readings, identified in this booklet.
- Periodically check the Australian Resuscitation Council Guidelines on the web.

**Facilitate a workshop on LS:**
- Read *this LS booklet*; adapt the workshop materials provided at the back of the booklet.
- Consider using a LS *PowerPoint presentation* as the basis for your workshop.
- Read the *LS: Recommended readings*.
- Familiarise yourself with the Resusci Anne manikin and skill reporter functions.

**Learn more about developing simulated interprofessional learning activities:**
- Read *A Guide to Developing Simulated Interprofessional Learning Activities*.

**Suggest that my workplace hosts a staff development session for staff who want to update their skills in LS:**
- The *Learning resource package: Life Support Training* and the accompanying LS skills DVD have been produced by an interprofessional team comprising Life Support Coordinator, an Anaesthetist, regional Simulation Co-ordinator and Registered Nurses and are specifically aimed at clinicians and students wishing to update their LS skills.
- The LS skills DVD includes files so viewers can click on individual video clips to access the specific information they want; for example, Rural/Primary Health Care or Airway management.
Workshop Plan

1. Description of the Activity

The Life Support Skills learning package comprises a one day hands-on skills workshop and direction to additional on-line learning resources, activities and quizzes. The content is framed on the criteria specified by the Australian Resuscitation Council and endorsed by the Tasmanian Department of Health and Human Services (DHSS). Simulation is provides a safe environment for a student/health professional to learn a new skill, or refresh and update an existing skill, and provides practice sessions in a safe environment.

2. Participants

This activity will be open to clinical staff employed at the participating health facility. Students who are studying in a health related stream will also be invited to participate while on placement. It is open to medical, nursing and allied health professionals.

3. Simulation/scenarios

The main part of this workshop is for skills based practice. Cardiac arrest scenarios will also be discussed.

4. Learning objectives/outcomes

On completion of this activity, participants should be able to:

1. Recognise the causes and clinical manifestations of the deteriorating patient/person at risk of suffering a life threatening cardiopulmonary event.
2. Respond appropriately to your institution’s parameters to communicate emergency situations.
3. Locate and assemble resuscitation equipment.
4. Demonstrate proficiency in ALS 1 resuscitation techniques by applying the criteria set out by the Australian Resuscitation Council and endorsed by the Department of Health and Human Services.

Interprofessional learning objectives/outcomes

On completion of this activity participants should be able to:

1. Develop a broad evidence-based knowledge of Life Support and respect the contribution of other disciplines.
2. To work effectively with others.
3. To use the form of communication appropriate for a given situation.
4. To listen to and evaluate the views of others.

5. Teaching and Learning Methods

- face-to-face lecture/tutorial and demonstrations
- simulated learning experiences
- powerpoint presentations
- skill stations, problem-based scenarios
- skills assessment and printout
- group discussions
- videos
- feedback and debrief
- online lecture/demonstrations
- evaluation
6. Activity and Required Equipment

**Activity:** Simulation-based skills training with Laerdal Resusci Anne manikin with skill reporter function.

**Equipment:**

- Laerdal Resusci Anne manikin (with/without CPRD with airway head) and skill reporter function.
- I-Simulate kit
- Bed/stretcher or table with firm flat surface
- An IV cannulation arm - if wanting to include peripheral IV cannulation
- I-Simulate kit if available to prepare a simulated learning scenario with evolving physiological parameters and cardiac rhythms.

7. Program (teaching/learning plan)

The Life Support workshop (teaching/learning plan) has been developed as a full day session. The introduction includes instructions to participants and an outline of the sequence of events. The learning activities in this workshop are based on principles of adult learning and therefore participants will be required to take an active role in their preparation for the event.

The teaching and learning plan is discussed further in 3.8, 3.9, and 3.10 of the *Guide to Developing Simulated Interprofessional Learning Activities* (part of this learning package).

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<thead>
<tr>
<th>Time</th>
<th>Duration</th>
<th>Topic</th>
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<tbody>
<tr>
<td>0900</td>
<td>15 minutes</td>
<td>Registration</td>
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<td>0915</td>
<td>15 minutes</td>
<td>Introduction</td>
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<td>0930</td>
<td>40 minutes</td>
<td>Causes and Prevention of Cardiac Arrest</td>
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<td>1010</td>
<td>40 minutes</td>
<td>Airway Management (LMA, adjuncts)</td>
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<td>1050</td>
<td>30 minutes</td>
<td>Break</td>
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<td>1120</td>
<td>40 minutes</td>
<td>Advanced Life Support Algorithm</td>
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<td>1200</td>
<td>60 minutes</td>
<td>CPR/Defibrillation (AED/Manual) Drug preparation and IVC insertion</td>
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<td>1300</td>
<td>30 minutes</td>
<td>Lunch</td>
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<td>1330</td>
<td>40 minutes</td>
<td>12 Lead ECG interpretation (TGT Training)</td>
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<td>1410</td>
<td>40 minutes</td>
<td>Cardiac Arrest Scenario (CAS) DEMO</td>
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<tr>
<td>1450</td>
<td>120 minutes</td>
<td>CAS TEACH</td>
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<tr>
<td>1650</td>
<td>20 minutes</td>
<td>Summary and Debrief</td>
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<td>1710</td>
<td>15 minutes</td>
<td>Evaluation</td>
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</table>
This learning activity is based on principles of adult learning and therefore participants are expected to take an active role in their preparation for learning. That is, participants are expected to have undertaken pre-reading from the selected articles provided.

Participants will be asked to complete an attendance record so that the organisation can meet formal reporting requirements and also asked to complete an evaluation form to ascertain the relevance and usefulness of the workshop.

8. Debrief

The plus-delta technique (Jolly, Nestel, Sprick, 2012 NHET-Sim program: www.nhet-sim.edu.au) is a simple two-step approach suitable for brief, in-house time-limited situations. This approach to debrief focuses on a) what worked well and b) what needs to be strengthened. It involves brainstorming and recording on a whiteboard/butcher's paper various behaviours listed in two columns. The plus column is used to identify behaviours and actions that were successful during the simulation and the delta (Greek word for change) column is used to identify and discuss what can be improved and how the actions can be changed in the future (see Fanning & Gaba, 2007, in the Guide to Developing Interprofessional Simulated Learning Activities). A guide to debrief is described in 3.11 of the Guide to Developing Simulated Interprofessional Learning Activities.

9. Assessment of learning

For the purpose of this workshop there will be no formalised assessment. A certificate of attendance will be given to each participant as evidence of Continuing Professional Development (CPD) points. This is discussed further in 3.12 of the Guide to Developing Simulated Interprofessional Learning Activities.

10. Evaluation of learning activity

All learning activities should be evaluated to provide evidence of their effectiveness and to justify the contribution they make to professional development, clinical learning and practice. Each participant will be asked to complete an evaluation form in relation to this workshop. This is discussed further in 3.13 of the Guide to Developing Simulated Interprofessional Learning Activities.

11. Relevant readings

- Australian Resuscitation Council  
  www.resus.org.au

Workshop Resources

1. Sample template of LS workshop program
2. Sample certificate of attendance
3. Sample participant assessment and workshop evaluation form
4. Sample attendance sheet
Resource 1: Sample life support training workshop program

FACULTY OF HEALTH
CENTRE FOR RURAL HEALTH

DISTRIBUTED SIMULATION PROJECT
Life Support Training
Workshop Program

Facilitator name ..................... Date ....... Organisation ............................

0900 – 0930 Introduction
0930 – 1010 Causes and prevention of cardiac arrest
1010 – 1050 Airway Management (LMA, adjuncts)
1050 – 1120 Morning tea
1120 – 1200 Advanced Life Support Algorithm
1200 – 1300 CPR/defibrillation (AED/Manual) drug preparation and IVC insertion
1300 – 1330 Lunch
1330 – 1410 12 Lead ECG interpretation (TGT Training)
1410 – 1450 Cardiac arrest scenario (CAS) DEMO
1450 – 1650 CAS TEACH
1650 – 1725 Debrief and workshop evaluation

Health Workforce Australia
Australasian Government Initiative

This project was possible due to funding made available by Health Workforce Australia.

www.utas.edu.au/rural-health
Resource 2: Sample Life Support training certificate of attendance
Resource 3: Sample Life Support training participant assessment and workshop evaluation form

Life Support (LS) Training: Evaluation

This questionnaire explores the knowledge, skills and confidence of health care staff and students in delivering Life Support such as Cardio-Pulmonary Resuscitation (CPR)

Instructions: For each item, please tick the most appropriate response, fill in the blank or mark the point on the scale that best describes your level of agreement with each statement. Note that some items allow for more than one response. Skip any item not applicable to you and please be honest in your responses.

1. Today's date: ____________________

2. Name and training session _______________ duration (hours) _______________

Background Information: we would like to know more about you and your professional experience.

3. Gender:
   ☐ Female
   ☐ Male

4. Current employment status in health care:
   ☐ Part time
   ☐ Full time
   ☐ Casual
   ☐ Not working
   ☐ Student
   ☐ Volunteer

5. Current, principal area of work: (Please tick all areas that apply to you)
   ☐ Aged care
   ☐ Community Health
   ☐ Critical Care Area (e.g. ICU, ED and HDU)
   ☐ Family, maternal and child health
   ☐ Major Hospital
   ☐ Medical
   ☐ Mental Health
   ☐ Midwifery/ Obstetrics
   ☐ Paediatrics
   ☐ Paramedicine
   ☐ Private Practice
   ☐ Rural Hospital
   ☐ Surgical
   ☐ Other (please specify): ________________
6. How long have you worked in this area?

__________________ Years ______________ Months

7. If you work as a health practitioner what is the Post code of your current (principal) workplace:

__________________

8. How long have you worked as a health practitioner?

__________________ Years ______________ Months

9. Your profession

☐ Aboriginal Health
☐ Allied Health Assistant
☐ Anesthesiology
☐ Audiology
☐ Cardiology
☐ Chiropractic
☐ Dentistry
☐ Dietetics
☐ Exercise Physiology
☐ Health Assistant
☐ Medical Laboratory Science
☐ Medicine
☐ Midwifery
☐ Nursing
☐ Optometry
☐ Occupational Therapy
☐ Oral Health
☐ Orthotics and Prosthetics
☐ Osteopathy
☐ Podiatry
☐ Paramedicine
☐ Pharmacy
☐ Physiotherapy
☐ Psychology
☐ Radiation Science
☐ Social Work/Welfare
☐ Speech Pathology
☐ Other (please specify): ______________

The next items are about your knowledge of Life Support.

10. The first step in the approach to any emergency situation is to:

☐ Check the pulse of the casualty
☐ Check for dangers to self and others
☐ Check the level of consciousness of the casualty
☐ Check if the person is breathing adequately

11. How do you know when to begin CPR on an adult?

☐ The person has a pulse but is having trouble breathing
☐ The person is responsive but is complaining of chest pain and/or indigestion
☐ The person is unresponsive, is not breathing and does not have a pulse
☐ The person is unresponsive but is breathing adequately
12. To optimise the effectiveness of compressions, victims requiring CPR should be
   - Positioned supine on a firm surface
   - Rolled onto their side to assess airway and breathing
   - Stabilised to minimise risk of spinal injury
   - Relocated to a designated emergency place

13. When you do not suspect cervical spine injury, what is the best way to open an unresponsive victim’s airway?
   - Give abdominal thrusts and then sweep out the mouth
   - Use the head tilt-chin thrust lift
   - Use the tongue lift-finger sweep
   - Use a mask while giving breaths to the victim

14. To check for adequate breathing before giving breaths to an unresponsive adult victim you:
   - Look for chest rise and feel for airflow through the victim’s nose or mouth
   - Count the victim’s breaths for at least 15 seconds
   - Look carefully for gasps because they are signs of adequate breathing
   - Listen for airflow from the victim’s nose or mouth

15. Which of the following describes how to ensure the chest can recoil completely after each chest compression?
   - Keep the chest depressed approximately 1-2.5 cms between compressions
   - Maintain some weight distribution on the victim’s chest throughout CPR so the chest is slightly compressed at all times
   - Compress the chest shallowly with each compression so you don’t have to release too far
   - Take your weight off your hands between compressions to allow the chest to return to its normal position

16. One operator CPR performed on an adult requires;
   - 30 chest compressions and two rescue breaths; 5 cycles in 2 minutes
   - 15 chest compressions and one rescue breath; 5 cycles in 2 minutes
   - 30 chest compressions and one rescue breath; 5 cycles in 3 minutes
   - 15 chest compressions and two rescue breaths; 2 cycles in 5 minutes

17. The recommended rate for performing chest compressions for victims of all ages is
   - At least 40 compressions per minute
   - At least 60 compressions per minute
   - At least 80 compressions per minute
   - At least 100 compressions per minute
18. The depth of chest compressions for an adult cardiac arrest victim should be at least:
   - 2.5 cm
   - 5 cm
   - 7.5 cm
   - 10 cm

19. You should minimise interruptions when giving chest compressions to any cardiac arrest victim because:
   - This will reduce the need for defibrillation
   - You will not become as tired giving CPR
   - This will prevent emboii from forming
   - This will increase the victim’s chances of survival

20. Where should your hands be placed to perform chest compressions on an adult?
   - On the xiphisternum
   - In the centre of the chest
   - On the upper portion of the abdomen
   - On the upper third of the sternum

21. Which of the following best describes the correct sequence of steps when operating an Automated Electronic Defibrillator (AED)?
   - Power on the AED, attach pads, clear the victim, allow the AED to analyse the rhythm, clear the victim and deliver shock, if advised
   - Power on the AED, shave the victim’s chest, attach pads, clear the victim and press SHOCK button
   - Power on the AED, attach pads, check rhythm, press SHOCK button, clear the victim
   - Power on the AED, attach pads, clear the victim and press SHOCK button immediately

22. You are using an AED on an adult victim and the AED gives a “no shock indicated” (or “no shock advised”) message. Until advanced care personnel arrive, you should:
   - Remove the pads from the victim’s chest and wait for advanced care personnel to arrive
   - Remove the pads from the victim’s chest and continue CPR
   - Leave the pads on the victim’s chest and continue CPR beginning with compressions
   - Give the victim five rapid breaths without compressions

23. Shockable rhythms are:
   - Asystole and pulseless VT
   - VF and pulseless VT
   - Pulseless Electrical Activity (PEA) and Asystole
   - SVT and VF
24. In the event a cardiac arrest victim is found to be in asystole the immediate priority for treatment is:
   - Defibrillation
   - Continuation with CPR
   - Amiodarone 300mg
   - Adrenaline 1 mg

In this next section, we ask about your training preferences and your confidence in providing Life Support.

25. To maintain your confidence, knowledge, and skills how often would you prefer to participate in hands-on simulated Life Support training? Every:
   ____________ Months

26. What type of follow-up activity would you prefer to maintain your confidence, knowledge and skills between hands-on simulated Life Support (LS) training sessions?
   - Online session
   - Online quiz
   - Brief verbal update
   - Video refresher
   - Group discussion
   - Case presentation
   - Opportunity to practice on a manikin with a skill reporter function
   - Other (please specify): ____________

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<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tr>
<td>27. I am confident in my ability to respond to an emergency situation at work</td>
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<td>28. I am confident in my ability to perform CPR</td>
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<td>29. I am confident in my ability to manage the airway of an unconscious/unresponsive patient</td>
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<td>30. I am confident in my ability to use an Automated Electronic Defibrillator (AED) to terminate life threatening arrhythmias</td>
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<td>31. I am confident in my ability to insert a Laryngeal Mask Airway (LMA)</td>
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</table>
The following items seek your views on Interprofessional Learning: Complete items 35 to 57 only if two or more health professions attended today’s training session.

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<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tr>
<td>32. I am confident in undertaking the role of a Team Member during a cardiac arrest</td>
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<td>33. I am confident being a participant in a two person resuscitation attempt</td>
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<td>34. I am confident in undertaking the role of Team Leader during a cardiac arrest</td>
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<td>35. Shared learning will help me to think positively about other healthcare professionals.</td>
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<td>36. Shared learning helps to clarify the nature of patient problems.</td>
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<td>37. Shared learning with other health care professionals will help me to communicate better with patients and other professionals.</td>
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<td>38. Shared learning before qualification would help health care professionals become better team workers.</td>
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<td>39. Shared learning with other health care professionals will increase my ability to understand clinical problems.</td>
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<td>40. Shared learning will help me understand my own limitations.</td>
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<td>41. Learning with other health care professionals will help me be a more effective member of a health care team.</td>
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<td>42. Learning with health care students from other disciplines before qualification would improve relationships after qualification.</td>
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<td>43. Communication skills should be learned with other health care professionals.</td>
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<td>44. I would welcome the opportunity to work on small-group projects with other health care professionals.</td>
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<td>45. Team-working skills are essential for all health care professionals to learn.</td>
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<td>46. For small group learning to work, health care professionals need to trust and respect each other.</td>
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<td>47. Patients ultimately benefit if health care professionals work together to solve patient problems.</td>
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<td>Item</td>
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<td>48. Establishing trust with my patients is important to me.</td>
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<td>49. In my profession one needs skills in interacting and co-</td>
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<td>operating with patients.</td>
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<td>50. Thinking about the patient as a person is important in getting</td>
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<td>treatment right.</td>
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<td>51. I like to understand the patient's side of the problem.</td>
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<td>52. I try to communicate compassion to my patients.</td>
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<td>53. The function of nurses and therapists is mainly to provide</td>
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<td>support for doctors.</td>
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<td>54. Clinical problem-solving skills should only be learned with</td>
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<td>professionals from my own discipline.</td>
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<td>55. I have to acquire much more knowledge and skills than other</td>
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<td>health care professionals.</td>
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<td>56. I would feel uncomfortable if another health care professional</td>
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<td>knew more about a topic than I did.</td>
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<td>57. There is little overlap between my role and that of other health</td>
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<td>care professionals.</td>
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Now, we ask for your feedback on the simulated learning session you have just participated in:

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>58. The teaching methods used in this simulation were helpful</td>
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<td>59. I clearly understood the purpose and objectives of this</td>
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<td>simulation activity.</td>
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<td>60. I was given sufficient feedback on my performance</td>
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<td>61. Feedback provided was constructive.</td>
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<td>62. I felt supported in my learning</td>
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<tr>
<td>63. Independent problem-solving was facilitated during the</td>
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<tr>
<td>session</td>
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<tr>
<td>64. This simulation activity allowed me to analyze my own behavior</td>
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</tbody>
</table>
65. I enjoyed participating in the simulation session
66. The interprofessional component of this simulation session added value to my understanding of others’ roles
67. The facilitators of this simulated learning activity created an environment where I felt safe to ask questions
68. The Life Support (LS) Training was highly relevant to my workplace

The Following Components of Today’s Life Support (LS) training session were valuable:
69. Airway Management (including LMA)
70. Drug management
71. Defibrillation
72. CPR
73. The mnemonics (memory aids) e.g. DRSABCD

74. Would you recommend this training to a colleague?
   ○ Yes
   ○ No

Part 10: Comments (optional)
75. How could the Life Support (LS) training you received be improved?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Thank you so much for taking the time to complete this survey. Please now place it in the envelope provided and hand it to your trainer for return to the research team.
**Resource 4: Sample Life Support training workshop attendance sheet**

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**FACULTY OF HEALTH**
**CENTRE FOR RURAL HEALTH**

**LIFE SUPPORT TRAINING WORKSHOP**

Attendance Sheet

Venue: **Insert place**
Date: **Insert date**    Time: **Insert time**

<table>
<thead>
<tr>
<th>Name</th>
<th>Staff/Student</th>
<th>Discipline</th>
<th>Year Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Dee Fibbon</td>
<td>Staff</td>
<td>Nursing</td>
<td>(Student only)</td>
</tr>
</tbody>
</table>

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