

# ACLS PROVIDER COURSE

## HINTS FOR COMPLETING TEST AND SKILLS STATIONS

**HAVE FUN!** You will meet clinicians from around the Bay Area, if not the world. You will experience different points of view from experts in the field and ACLS courses are designed to rotate you through the different roles of resuscitation. Sometimes you're the boss and sometimes you're the employee.

**BE PREPARED.** The self-assessment quiz on the student CD does not count for your final grade but without exception, will greatly increase your knowledge of core concepts and rhythm recognition.

**BE COMFORTABLE.** The skills testing stations include an emphasis on adequate CPR. This includes a 2-minute drill of continuous compressions and may fatigue you after a while. Dress comfortably, because a 6-hour rotation of megacode testing with CPR is physically demanding.

**DON'T BE SHY.** We will assist you in core concepts, but you will be evaluated in your understanding of the algorithms. In fact, AHA expects you to perform as a team leader in any one of your megacodes. Your actions will be assessed as team leader of a Pulseless Arrest scenario, Symptomatic Bradycardia, or Symptomatic Tachycardia. Let us know how we can help you to manage your test.

**CHEAT, CHEAT, CHEAT!** Well...not really. The ACLS course provides you with lots of resources and handouts to help you complete the program. Don't guess on your algorithms. Use the issued cheat sheets provided with your book to complete your skill station.

**USE YOUR TEAM.** Your team may contain an expert in ECG interpretation, a Respiratory Therapist, an Emergency Department, a Paramedic, and/or a Cath Lab RN. They may hold the answer to your question during your megacode test. Ask.

**TREAT YOUR PATIENT, NOT THE MONITOR.** We try to introduce good habitual trends for the resuscitation team and a sure way to miss out on your test is to recite the algorithm to your instructor without context of patient presentation. Take some time to gather all pertinent information before making an algorithm choice. For example, is the chest pain your patient having a TRUE ischemic chest pain for the ACS algorithm or, is the chest pain caused by Ventricular Tachycardia? Different algorithms require different treatment modalities.

**DON'T GO FOR THE GROUP ANSWER.** What this means is that sometimes you may feel compelled to go with the group answer in consensus. However, if you disagree or are not quite sure about the answer, please speak up. We strive to enhance your understanding of core content, including ECG and drug interactions, electrical therapies, and CPR guidelines. We have to follow current clinical guidelines to teach the course; we understand that not every clinician is involved directly with resuscitative treatments and may not be a primary team leader. If you are not able to process all the algorithms for any reason, please let us help.

And, finally

**REST AND FEED.** We provide several breaks during the day along with some refreshments. We are in the financial district of San Francisco, which means food places are prevalent everywhere. Web search yourself into a nice restaurant downtown. Having a nice lunch for an hour beats sitting in a classroom all day.

*Prepared by Jorge Paredes, EMT-P/Instructor*