



GIC and ALS Courses in Ramallah in May 2013

Evaluation report

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Organisation / preparation

The GIC and ALS Provider courses in Ramallah were prepared and organised by the Centre of EMS education in Iceland as part of an agreement between the Palestinian Red Crescent Society (PRCS) and the Icelandic Red Cross. The timing of the course was decided in the spring months 2013 to take place in May 2013. Then the faculty was set up and consisted of the following persons:

Name	Profession	Country	Role in the courses
Dr. Freddy Lippert	Medical Director for the EMS service	Denmark	Medical director
Dr. Anna Lippert	Anaesthesiologist, Director of simulation centre	Denmark	Educator
Hildigunnur Svavarsd.	Nurse, Director at Akureyri Hospital	Iceland	Course Director
Hrafnhildur Lilja Jonsd.	Nurse, Director of EMS Education	Iceland	Course Director
Sveinbjörn Dúason	Paramedic	Iceland	instructor

The candidates were all registered through the ERC Course Management System (CMS) and provided with all the necessary information in time, including the manual, draft programme, pre-tests etc.

GIC course

Nine Instructor potentials (IPs) from previous ALS Provider courses (2009 and 2011) participated in the GIC course where the aim was to train them to become instructors. The course took 2 days and the GIC candidates did all very well, showed interest and enthusiasm and completed the GIC course so they now have the status of being Instructor candidates (ICs). The GIC faculty cooperated in a very good way and were satisfied with the outcome of the GIC course. The ICs from this GIC course then participated in the two following ALS Provider courses as ICs or observers as there are limited places for ICs on each course.

Candidates & Venue

Originally 12 candidates were allowed to participate in each course but due to permission difficulties from Gaza more candidates were allocated seats in both courses in order to fill the courses in case somebody would not turn up. The final number for the courses were fourteen candidates for the first course and thirteen for the second course. The candidates (27) for both courses consisted of four Emergency Medical Technicians (EMTs), thirteen nurses, two midwives and eight physicians. The courses were held in the EMS institution in the PRCS premises in Ramallah. The facilities were satisfying with one lecture room and two rooms for skills stations and workshops. The faculty also had access to a special room for faculty meeting.



Equipment

The equipments were provided by the PCRS and fulfilled our requirements, with some exception. The airway station was satisfactorily equipped with two airway heads and all necessary airway adjuncts.

Two skill stations were fully equipped with ALS manikins, manual defibrillators and necessary airway adjuncts. One skill station was equipped with BLS manikin and an AED with pads. It had been pointed out in the last courses that it would be beneficial for the candidates to have an AED as majority of the candidates were EMTs and there are only AEDs in the ambulances. The defibrillators according to the new guidelines defibrillators should now have hands free cables (adhesive pads) instead of paddles as it is safer and leads to less “hands off” time during CPR. We were provided with a computer and projector in every teaching room. The lecture room was bright and spacious.



Transportation/Catering

The faculty stayed at the PRCS building in Ramallah so no transport was needed between the hotel and the course venue which made things very easy in terms of running the course. The catering was satisfactory, we went to the canteen for lunch and were provided with coffee, tea, water and snack as well. We could also have some light dinner in the canteen.

Candidates assessment

Subjective assessment can only be provided as the formal candidates’ assessment will be done through the Course Management System (CMS) system on the ERC web after the course. On the overall the candidates thought that the course was very intensive but they learned a lot and were pleased about the course itself. They found it hard to express themselves in English and the faculty made their best in understanding this problem and asked the ICs to translate when needed. Due to cultural habits praying time was included in the programme as needed – 10 minutes around 12:30 and 16:30 (timing should be confirmed before each course and adapted into the programme).

Results

Every candidate had to go through some assessments throughout the course. Twenty four out of twenty seven candidates from both courses passed the CasTest (practical test); some of them needed a second trial but they all passed. Eleven candidates failed the MCQ (written test), four from the first course and seven from the second course. One candidate from the first course had a retest with the second group and passed. Ten candidates will need to take another MCQ when next course is scheduled in Ramallah (proposal is September 2013). Two instructor potentials (IPs) were appointed from both courses (one from the first course and one from the second one).



Lessons learned

The faculty worked well together and there were no problems concerning cooperation. In general the faculty was pleased with the courses and how they processed throughout. There were some language difficulties, which were solved with help from the local staff or candidates.

There are a few lessons learned for the future courses:

- It would benefit the candidates if they would all prepare themselves better and all read the ALS manual before the course and spend extra time in preparation. This could be enforced more as part of preparation and perhaps a mentoring system from the local ICs (Full instructors) could be set up.
- It is necessary that all the candidates have the ALS manual at least two to four weeks before the course, and that they understand that they have to stay in **all sessions** of the course.
- The ALS courses should be multidisciplinary (nurses, doctors, EMT's) as each profession can benefit from each other and the ALS course is made for proposed team leaders in resuscitation. There are shorter courses Immediate Life support (ILS) which suit the EMTs and many nurses better.
- Concerning the future the ILS courses are probably the right courses for a big group of health care staff in this area – they are not as intensive, shorter and no formal tests. However, ALS courses need to be taught and the instructors need to be ALS instructors in order to teach ILS course.

Conclusion

The faculty and the “steering group” in Ramallah all agreed that these courses are essential for this group of health professionals and there is a great interest in keeping this going. Currently there are two appointed instructor potentials (IPs) who need to attend a GIC course when available and nine ICs who still need to teach on at least one more ALS Provider course before they reach the status of being full instructors. **The proposal for the next ALS Provider courses are scheduled 22. – 25. September 2013 and the time has been discussed with the international faculty as well as Ibrahim Ghouleh (see activity plan).** We will keep on the work in getting advice / assistance from the ERC in order to enhance the process of self-sufficiency and help the PRCS preparing memorandum of understanding (MoU) with the European Resuscitation Council (ERC).

13. June 2013

On behalf of the faculty,
Hildigunnur Svavarsdottir