

APLS Recertification 7e candidate assessment

Expected levels of performance

Candidates are expected to demonstrate the knowledge and skills required to manage critically unwell, injured and arrested children.

Pre-course

Candidates must complete all the compulsory e-modules and confirm they have passed a paediatric BLS assessment within a year of the course date. Watching the skills videos is optional for candidates but recommended.

Candidates who do not achieve the pre-course requirements will not be able to progress to the face-to-face course as a provider. They may attend as an observer.

In-course

Grade	Skills and simulations in the role of team leader and follower
Meets course expectations (safe)	Candidate's performance is at the expected level for a provider and is safe.
Below course expectations (not quite there yet)	Candidate has not yet demonstrated the expected level for a provider, and they require further support to reach the expected standard.
Concerns (unsafe)	Red flag score indicating serious concerns about a candidate's performance. This should be referred to the course director (CD) immediately after the station. The CD should then observe that candidate's performance on their subsequent simulation if possible and assess whether concerns remain or if they have observed an improvement in performance such that the candidate is deemed safe. If the CD is unable to observe the candidate in a simulation, then they should agree appropriate action/remediation with the faculty prior to discussion with the candidate.
Did not attend	Candidate missed this session

Assessment grades: team leaders

As team leader the candidates are expected to achieve all of the specific key treatment points for the simulation that they are leading. In addition, global factors include the following pass/fail criteria are:

- ensures a structured ABCDE approach
- effective team leadership
- putting a plan into place
- escalation where appropriate
- a good SBAR

KTPs are marked in **bold** on the simulations. Additional non-bold key treatment points are for additional teaching and learning but not for assessment.

Grade	Focus on the patient
Meets course expectations (safe)	The patient was safely cared for
Below course expectations (not quite there yet)	Minor issues in the patient's care meant that they wouldn't have improved e.g. ABCDE a bit muddled, delayed treatments such as oxygen, antibiotics etc
Concerns (unsafe)	Global concerns in a number of aspects of the patient's care, team functioning, candidate's knowledge base
Did not attend	Candidate missed this session

Assessment grades: team members

As team members candidates are expected to

- Support the team leader, demonstrate followership.
- Carry out skills within their role.
- Engage in effective closed loop communication.
- Prioritise the care of the child.

Remedial teaching during the course

Skills

If a candidate scores either 'not quite there yet' or 'concerns' on defibrillation, then they should be offered the opportunity for further practice and assessment in an appropriate simulation. There are limited opportunities on a one-day course, so it is essential that this has been identified and discussed with the course director after the defibrillation skills station.

Simulation: Team member

If a candidate scores either 'not quite there yet' or 'concerns' as a Team member this must be fed back to them immediately after the simulation. This does not contribute towards their overall pass/fail grade but is described as 'assessment for learning'.

Simulation: Team leader

As this is a recertification course there is no route for candidates to remediate simulations other than to redo a full 2-day APLS course. However, the course is continuously assessed and so if a candidate scores 'not quite there yet' or 'concerns' as a Team leader on their morning simulation they have the opportunity to improve and for remediation on a second 'different' type of simulation in the afternoon. Even if the issue is type specific, e.g. to illness/trauma or cardiac, the candidate should still receive a second type of simulation in the afternoon. The ABCDE assessment and other generic treatment points such as fluid resuscitation or skills can be remediated in any type of simulation and it is more useful educationally for them to complete two types of scenarios as the APLS R course is about renewing and updating knowledge and skills. It's also more useful for the faculty to observe candidates over 2 types of simulation to aid decision making and should assist if a clinician is weak in one area as they are then observed in a different area in the afternoon.

It is essential that these candidates are identified and discussed at the lunchtime faculty meeting. The afternoon simulations can be used to give a candidate the opportunity to prove they are a safe APLS provider and to reassure the faculty and course director if their morning simulation was 'not quite there yet' or 'concerns'. Where possible course directors should observe these candidates to

ensure consistency. There is no opportunity for a candidate to do a third simulation on the day or after the course. Anyone who doesn't 'meet' after 2 simulations needs to redo a full course.

NB: APLS R is an advanced course with senior candidates who have come to update and revalidate their knowledge, and the focus is on a broader 'can they manage emergencies' rather than about the particular type of simulation.

End of course outcomes

The outcome is based on:

- Assessed skills
- Demonstrating team leadership in 2 simulation types
- The pass/fail criteria are:
 - ensures a structured ABCDE approach
 - effective team leadership
 - putting a plan into place
 - escalation where appropriate
 - a good SBAR.

As well as the key treatment points that are identified in bold within each simulation.

All scores = 'meets' **by the end of the course** = global assessment of 'meets' course expectations and passes the course.

'Did Not Attend' on any stations = must attend another APLS recertification or 2-day APLS course.

One or more scores remaining of 'not quite there yet' after remedial teaching and/or review by two instructors = global assessment of below course expectations and repeat full 2-day course. This can be either team leading a simulation or defibrillation.

Any remaining scores of 'concerns' after remedial teaching and review by the director = global assessment of concern. In this situation the course director and faculty must consider whether the candidate's performance raises concerns about patient safety. These must be submitted immediately using the form contained in the ['Guidance for managing a candidate whose performance raises serious concerns for patient safety'](#). This situation is likely to be extremely rare and should be distinguished from a candidate's mere failure either to pass or re-certify. It is possible to have some remaining scores of 'concerns' and receive an outcome of 'redo whole course' without invoking the 'managing a candidate whose performance raises serious concerns for patient safety' process.

Re-sits following the course

There is no opportunity to re-sit any element of the APLS recertification course. Where candidates have one score remaining of 'not quite there yet' at the end of the course then they need to attend a full 2-day APLS course.

Instructor potential

At the faculty meeting, the course director should ask whether there are any candidates who have passed the course that the faculty would **not** support as having instructor potential. The course director should then mark on the candidate progress logs whether the faculty support their self-nomination, and if not document why. This discussion and decision should not be shared with the candidates.

As a reminder, below are the criteria for instructor potential. It is not necessary to discuss every candidate but to flag those that would be unsuitable based on the criteria below.

Criteria	Description of what is required to fulfil these criteria	Hints on where to look for these (course specific)
Communication skills	During the course has demonstrated an ability to communicate with fellow candidates and instructors alike.	Questions asked and answered during lectures, participation during workshops, tabletops, skill stations and scenarios. Manner of participation during debriefs.
Enthusiasm for course	During the course has demonstrated support for the course approach.	Particularly during lectures, workshops, tabletops, skill stations and scenarios but also in interactions with mentors or faculty.
Credible	Demonstrates a depth of understanding of course knowledge and has the opportunity to apply the course skills frequently .	Credibility should be informed by the candidate's current level of training/position. In addition, consideration should be given to how often the candidate is or will be exposed to the provider course content in a clinical situation and in a relevant role. They might have also demonstrated their credibility through questions asked and answered and participation during the course.
APLS IP credibility rules: CT2/ST2 doctors can be recommended for instructor training and undertake the Generic Instructor Course (GIC) but they cannot teach on an APLS course until they achieve CT3/ST3 grade. They may however assist on PLS courses in the meantime. Please note that they must undertake their GIC course and both ICs before their APLS provider course expires. To instruct on a course a doctor must be working at CT3/ST3 level on a tier two rota or above. For doctors who have 3 years post full registration in a relevant specialty which exposes them to paediatric emergencies (such as paediatrics/EM/anaesthetics/critical care) but may not be working at CT3/ST3 level, applications can be submitted directly to the APLS working group. Foundation doctors and CT1/ST1 cannot be recommended for IP but can be encouraged to consider this when they recertify. Clinical Practitioners (ECP/ACP/ANP/CCP), nurse consultants, resuscitation trainers and nurses (band 6 and above) may be recommended for instructor training. Band 5 nurses and AHPs are not eligible to be IPd for APLS. Physician's Associates, Operating Department Practitioners and Paramedics with significant experience of the assessment and treatment of acutely unwell and/or injured paediatric patients' can be recommended for IP status, however, they will need to submit their CV to the Working Group, via ALSG, for ratification; before their IP status can be confirmed.		
Engagement in feedback	During the learning conversations has shown a desire to learn and reflect on their actions.	During learning conversations and in subsequent simulations where new approaches are practised. NB: responsiveness to feedback is dependent on instructors avoiding repetition and listing, being descriptive not judgemental and encouraging the candidates to find their own solutions.
Supportive towards colleagues	During the course has been supportive to fellow candidates and to the faculty.	Questions asked and answered by the candidate relative to other candidates. Awareness of their role and the potential impact they have in the group. Participation during debriefs. During skills practice and scenarios has facilitated the learning of other team members and worked to help the sessions run effectively.