Minimum standards for resuscitation competency in basic physician trainees

This document lists and outlines the minimal resuscitation competencies basic physician trainees should achieve prior to being employed at general medical registrar level and/or being seconded to rural hospitals.

Resuscitation teaching provided within training hospitals should include teaching and assessment of these skills and knowledge. It is feasible for this content to be taught in a relatively short time and a mix of didactic and simulation based training and assessment is recommended.

- **Recognition of arrested or peri-arrest patient**
  - Basic epidemiology of patient deterioration
  - Vital signs interpretation
- **Contra-indications to advanced resuscitation/CPR**
  - e.g. advanced dementia, advanced metastatic cancer, advanced chronic organ failure, existing advanced care directive precluding CPR
- **Indications to stop resuscitation**
- **Activation of Rapid Response System (e.g. MET, Code Blue)**
- **Fundamental non-technical skills relating to team-based crisis management**
  - Leadership
  - Defining roles
  - Communication
- **Current recommended Australian Resuscitation Council BLS and ACLS algorithm, including timing**

### Airway/Breathing Management
- Recognise airway obstruction
- Optimise patient positioning to open airway
- Remove foreign body or other airway obstructions (safe use of suction)
- Safe insertion (and risks of) of oropharyngeal/nasopharyngeal airways
- Effective bag/mask ventilation (one and two person)
  - Confirm effective oxygenation/ventilation
- Insertion of Laryngeal Mask Airway (LMA) and provide manual ventilation
- Provide assistance to skilled intubator
Circulation Management

- Provide Cardiopulmonary Resuscitation
  - Effective compression at recommended ratios with minimal interruptions
- Vascular access procedures
  - Venous cannulation
  - (Intra-osseous needle placement)
- Provision of recommended drug therapies in correct dose at correct time via correct route
  - Adrenaline
  - (Atropine)
  - Amiodarone
  - (Calcium)
  - (Potassium)
- Provision of defibrillation/cardioversion
  - Correct placement of pads
  - Safe Use of AED, SAED and manual defibrillator
  - Provision of external pacing
- Knowledge of important/treatable causes of EMD/PEA
  - Hypovolaemia
  - Hypoxia
  - Hydrogen ions
  - Hyper/Hypokalaemia
  - Hypothermia
  - Hypo/hyperglycaemia
  - Toxins
  - Tamponade
  - Tension Pneumothorax
  - Thrombosis of coronary artery
  - Thromboemboism

Out of scope for basic physician trainees

The following are not recommend for basic physician trainees as they are considered out of scope for this stage of training:

- advanced airway skills (e.g. intubation)
- invasive procedures (e.g. pericardiocentesis, chest drain insertion)
- use of drugs no longer recommended by Australian Resuscitation Council (e.g. lignocaine)