

WORKSHOP REVIEW

Advanced Life Support in Obstetrics (ALSO®) Workshop Review

Gayle McLelland, RN, RM, CCCert, GradCertHealthInformatics, MHPed (IC&T)
Lecturer, Department of Community Emergency Health and Paramedic Practice
Monash University, Melbourne, Australia

Article 990302

The Advanced Life Support in Obstetrics (ALSO®) workshop was developed in 1991 by a group of Wisconsin family physicians to enhance clinical skills by health professionals during obstetric emergencies. Using evidence-based content, training was initially developed to assist obstetricians, general practitioners and midwives. However some aspects of the course are beneficial to other health professionals, such as prehospital and disaster medicine clinicians who deliver some degree of maternity care.¹ Since the introduction of ALSO workshops in Australia in 2001, over 50 courses have been conducted throughout Australia and New Zealand, benefiting over 2000 health professionals.^{1,2}

The course is a combination of prior learning, lectures and workshops. To ensure that all participants have the required information prior to the two days of intensive learning, each participant receives a course syllabus which includes all presentations and relevant evidence-based literature required for the workshop. The delivery of course material in advance of the workshop allows participants some time to become familiar with the literature in their own time and at their own pace. Considering the volume and pace of content during the workshop this is a great advantage to participants. However, bearing in mind that most participants are usually working and have families to consider, prioritization of the content, to highlight what is essential reading and what is optional, would be convenient.

The course syllabus sent out to participants for the workshop that I attended, contained eighteen sections - seventeen of which included a power point presentation and literature supported by numerous references relating to the topics. At the end of each section there was a table of recommendations categorizing the available evidence. The only section without content was that dedicated to obstetric cases which, was provided for discussion at the workshop. Excluding the prior readings, the content was delivered by lectures and workstations. In total there were nine lectures and six workstations over the two days. I suspect that due to their specialist nature there were two sections in the course syllabus not included in the two day workshop - perineal tears and ultra sound.

Conducted over a Saturday and Sunday the structure and pace of the workshop was fairly intense. After registration finished at 0815 hours there was an introduction to instructors and course layout. All instructors were experts in either obstetrics or midwifery and were very approachable. Although the days were long, finishing at 1730 on Saturday and 1630 on

Sunday, they were well organized with little time for lingering. The lectures were very succinct and were presented to the whole group in 20-25mins sessions:

The lectures included:

1. Safety in Maternity Care
2. Labour dystocia
3. Vaginal bleeding in late pregnancy
4. Preterm labour/PROM
5. First trimester bleeds
6. Medical complications
7. Maternal Resuscitation
8. Birth crisis
9. Post Partum Haemorrhage

To provide relief from the theory, the fifteen minute activities at work stations were regularly interspersed between the lectures. To facilitate the effectiveness of these, the larger group was then divided smaller groups. The topics allocated for the workstations included:

1. Foetal monitoring
2. Obstetric cases
3. Shoulder dystocia
4. Assisted vaginal delivery
5. Malpresentations
6. Neonatal resuscitation

Those attending the workshops included midwives, GP/obstetricians, rural GPs, medical students and one paramedic, and though several workshops are held annually in every Australian state, many of the participants had traveled interstate for the workshop in Hobart. Participants were invited to attend a dinner on Saturday, which provided a unique opportunity for networking with other participants and instructors at the workshop. Lunch and morning and afternoon teas were provided on both days.

For the majority of participants, the lectures and workshops did not introduce particularly new material, but revisions of previously learned information. Using evidence-based literature, a contextual approach was employed to update clinical skills. I found this especially beneficial for the clinical skills encountered less often such as severe shoulder dystocia and breech deliveries.

Different teaching approaches were incorporated during the weekend to appeal to a wide range of learning preferences. Simulation techniques were utilizing to demonstrate delivery maneuvers that had long ago been taught to some, were revised and relearned within an encouraging and safe environment. Throughout the workshop participants were introduced to a number of mnemonics and hints to assist in recalling pertinent information in difficult clinical situations. Mnemonics have proved to be a technique that is particularly useful when teaching others less familiar with the clinical content. For example the Four “T’s” for post partum haemorrhage – “tone, trauma, tissue and thrombin”.²

Unfortunately, there was little opportunity to practice independently during the weekend, which highlighted the importance of maintaining small groups for the workstation activities

and capping the total number of participants for the weekend. (ALSO limits the courses to 60 participants per workshop).

To be ALSO accredited, each participant was required to undertake a written multiple choice question examination and a practical “megadelivery” on Sunday afternoon. There is little doubt that these hurdles would deter people from the course. Although they proved to be nerve wracking at the time, completing these assessments successfully instilled confidence and a sense of professional achievement. Regardless of the assessments, the workshops have proved to be very highly regarded and often require booking well in advance.

Currently, the workshop is aimed specifically to hospital based health professionals, particularly those involved with maternity care. However, evidence suggests that the course elevates confidence in first year residents and is also useful for reviewing the basics in obstetric care.³

Obstetrics is not a major portion of the paramedic’s workload; however cases do occur in the pre-hospital environment. The ALSO® course is hospital-focused but there are still many aspects of the workshop that can be applied to the prehospital environment. Many of the tools and techniques could be adapted to educate paramedics when teaching obstetrics to improve confidence and knowledge. Interestingly, the inaugural course of the Pre-hospital Obstetric Emergencies Training (POETS)⁴ is about to commence in England, which may also be worth investigating as a future course to enable updating of obstetric skills for paramedics.

References:

1. Beasley JW, Dresang LT, Winslow DB, Damos JR. The Advanced Life Support in Obstetrics (ALSO® Program: Fourteen Years of Progress. [Report] Prehospital and Disaster Medicine. 2005;20(4).
2. Advanced Life Support Obstetrics. Homepage on the Internet. [cited June 18th 2008]. Available from: <http://www.also.net.au/index.html>.
3. Dauphin-McKenzie N, Celestin MJ, Brown D, González-Quintero VH. The advanced life support in obstetrics course as an orientation tool for obstetrics and gynecology residents [Residents’ Papers] American Journal of Obstetrics & Gynecology. May 2007.
4. The Advanced Life Support Group. Pre-hospital Obstetric Emergencies Training [cited June 28th 2008]. Available from: <http://www.alsg.org/index.php?id=1217>.

ALSO® Course Calendar:

<http://www.also.net.au/calendar.html>