# 22.Schedule 16 participants

**ATLS® 10th Edition Hybrid Course Schedule ATLS course 16 participants**

**Day 1 Course 1 Course 2**

Faculty meeting 09.00-12.00

Registration 12.00-12.30 13.00-13.30

Welcome/ Course Overview 12.30-13.00 13.30-14.00

Initial assessment + Demo 13.00-14.00 14.00-15.00

Coffee 14.00-14.30 15.00-15.30

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **abcde**  | **abcde**  | **abcde**  | **abcde**  | **Course 1** | **Course 2** |
| Group1 | Group 2 | Group 3 | Group 4 | 14.30-15.30 | 15.30-16.30 |
| **A**bcde | a**B**cde | ab**C**de | abc**D**e |  |  |
| Group 1 | Group 2 | Group 3 | Group 4 | 15.30-17.00 | 16.30-18.00 |

Summery 17.00-17.15 18.00-18.15

Faculty meeting 17.15-17.45 18.15-18.45

**Day 2**

Reflections Day 1 07.45-08.00

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A**bcde  | a**B**cde  | ab**C**de  | abc**D**e  |  |
| Group 4 | Group 1 | Group 2 | Group 3 | 8.00-9.30 |
| Group 3 | Group 4 | Group 1 | Group 2 | 9.30-11.00 |
| **COFFEE** | **COFFEE** | **COFFEE** | **COFFEE** | 11.00-11.15 |
| Group 2 | Group 3 | Group 4 | Group 1 | 11.15-12.45 |
| **LUNCH** | **LUNCH** | **LUNCH** | **LUNCH** | 12.45-13.30 |
| **Sec. Survey**  | **Sec. Survey**  | **Sec. Survey**  | **Sec. Survey**  |  |
| Group 4 | Group 1 | Group 2 | Group 3 | 13.30-15.00 |

COFFEE 15.00-15.15

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Team**  | **Team**  | **Team**  | **Team**  |  |
| Group 3 | Group 4 | Group1 | Group 2 | 15.15-16-15 |

**All groups**

Triage 16.15-17.00

Pre-test discussion 17.00-17.30

Summery + info day 3 17.30-17.45

Faculty meeting 17.45-18.15

**Day 3**

Faculty meeting/preparation/info to moulage 7.00-07.50

**INITIAL ASSESSMENT**/ Practice/Test

Group 1+2 08.00-09.40

**WRITTEN TEST**

Group 3+4 08.00-09.40

Separate schedule

Coffee 09.40-10.00

**INITIAL ASSESSMENT**/ Practice/ Test

 Group 3+4 10.00-11.40

**WRITTEN TEST**

Group 1+2 10.00-11.40

Separate schedule

LUNCH/ Faculty meeting 11.40-12.20

CLOSURE 12.20-13.00

**GROUPS**

**Group 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **RP/IP/S/N** | **Spec** | **Hosp** |
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**Group 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **RP/IP/S/N** | **Spec** | **Hops** |
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|  |  |  |  |

**Group 3**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **RP/IP/S/N** | **Spec** | **Hosp** |
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|  |  |  |  |
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**Group 4**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **RP/IP/S/N** | **Spec** | **Hosp** |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**RP – Resident Physician – ST läkare**

**IP – Intern Physician – AT läkare**

**S – Specialist**

**N -Nurse**

**Examination**

**Group 1+2 Practice and Initial Assessment then Written test**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME****TIME** | **Practice****08.00-08.30** | **08.30-09.00** | **IA** **09.00-09.20** | **09.20-09.40** | **Break****09.40-10.00** | **Written****test****10.00-11.00** |
|  | Patient 1\* | Patient 2\*\* | Patient 3 |  |  |  🖎 |
|  | Patient 1\*\* | Patient 2 \* |  | Patient 3 |  |  🖎 |
|  | Patient 2\* | Patient 3\*\* | Patient 4 |  |  |  🖎 |
|  | Patient 2 \*\* | Patient 3\* |  | Patient 4 |  |  🖎 |
|  | Patient 3 \* | Patient 4\*\* | Patient 1 |  |  |  🖎 |
|  | Patient 3 \*\* | Patient 4\* |  | Patient 1 |  |  🖎 |
|  | Patient 4 \* | Patient 1\*\* | Patient 2 |  |  |  🖎 |
|  | Patient 4 \*\* | Patient 1 \* |   | Patient 2 |  |  🖎 |

\* Doctor

\*\* Reviewer

**Examination**

**Group 3+4 Written test and then Practice and Initial Assessment**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME****TIME** | **Written****test****08.00-09.00** | **Break****09.00-10.00** | **Practice****10.00-10.30** | **10.30-11.00** | **IA** **11.00-11.20** | **11.20-11.40** |
|  |  ✍ |  | Patient 1\* | Patient 2\*\* | Patient 3 |  |
|  |  ✍ |  | Patient 1\*\* | Patient 2 \* |   | Patient 3 |
|  |  ✍ |  | Patient 2\* | Patient 3\*\* | Patient 4 |  |
|  |  ✍ |  | Patient 2 \*\* | Patient 3\* |  | Patient 4 |
|  |  ✍ |  | Patient 3\* | Patient 4\*\* | Patient 1 |  |
|  |  ✍ |  | Patient 3\*\* | Patient 4\* |  | Patient 1 |
|  |  ✍ |  | Patient 4\* | Patient 1\*\* | Patient 2 |  |
|  |  ✍ |  | Patient 4\*\* | Patient 1\* |  | Patient 2 |

\* Doctor

\*\* Reviewer