

## FEEL Course Regulations

### March 2014

<b>1.0</b>	<b>General</b>
1.1	The FEEL training programme is delivered as a one-day course followed by a period of local mentored practice. The FEEL training programme is complete when the candidate completes their mentored training and is deemed competent by the Overall Local Mentor (OLM). The mentored practice must be completed within two years from the date of the FEEL course.
1.2	A course registration fee is payable to the Resuscitation Council (UK) (RC (UK)). No refunds or credits are available on unused registrations.
1.3	Any profit made by course centres from FEEL courses should be used only for purposes directly related to resuscitation and/or echocardiography.
1.4	All Course Directors and Instructors must abide by the RC (UK) Code of Conduct.
1.5	The RC (UK) discourages the payment of honoraria and advises, in the interests of probity, that any such payment should be made through the course centre's finance department. For further guidance please see the 'Payment of Honoraria to RC (UK) Instructors' statement.
1.6	Candidates with disabilities are eligible to undertake the FEEL course. Please refer to the 'Position Statement on Disabled Candidates attending Resuscitation Council (UK) Courses' for further guidance.
<b>2.0</b>	<b>Course Centres</b>
2.1	Applications to become a course centre should be made in writing to the RC (UK) using the FEEL course centre approval form. These will be reviewed by the FEEL Working Group. The first course run by any new centre must be assessed by an external faculty member agreed by the RC (UK).
2.2	Only an approved course centre may run the FEEL course.
2.3	A course centre is regarded as the administrative centre from which the FEEL course is organised, rather than the geographical location where a course is delivered or the person organising it. For example, an NHS Trust that has 3 hospital sites but organises courses centrally from 1 site need only register as 1 centre.
2.4	Where a course centre delivers a course at a new location, the course centre and Course Director are responsible for ensuring that the facilities at the new venue are adequate.
2.5	Each time a centre runs a FEEL course it is attended by an External Member of Faculty. A list of external faculty is available from the RC (UK). The assessment by the External member of Faculty must be sent to the RC (UK) with the course report. Where concerns about individual course centres arise, the centre may be re- assessed and reviewed by an external assessor appointed by the FEEL Working Group. The FEEL Working Group reserves the right to revoke course centre approval.
2.6	If a course centre does not run a course for more than 2 years, its approval will lapse and a new application must be made to the FEEL Working Group.
<b>3.0</b>	<b>FEEL Course applicants</b>
3.1	The FEEL course is designed for healthcare professionals who would be expected to apply the skills taught as part of their clinical duties, or to teach them on a regular basis. Appropriate participants include doctors working in cardiology and/or acute care, sonographers, nurses working in critical care areas (e.g. ED, CCU, ICU) or on resuscitation/medical emergency teams and paramedics.

3.2	All applicants must hold a professional healthcare qualification or be in training for a professional healthcare qualification.
<b>4.</b>	<b>FEEL Course organisation (pre-course)</b>
4.1	Each course must be led by a Course Director who has been approved by the FEEL Working Group. The Course Director must have: <ul style="list-style-type: none"> <li>• attended a FEEL course as a candidate or observer <b>and</b></li> <li>• be accredited in at least transthoracic echocardiography and/or trans oesophageal echo with regular practice (or equivalent)</li> <li>• be familiar with the course materials</li> <li>• be approved by the FEEL Working Group.</li> </ul> <p><b>The Course Director and External Faculty Member must be present throughout the course.</b></p>
4.2	Prospective course directors must apply to the RC (UK) stating where they intend to undertake the role. He/she must shadow an existing Course Director prior to undertaking this role for themselves.
4.3	The FEEL Working Group reserves the right to revoke course director status if concerns arise and are upheld following thorough investigation
4.4	Each course must have a Course Organiser who has attended a FEEL course as a candidate or observer. The Course Organiser must be present throughout the course.
4.5	Each FEEL course must be approved by the RC (UK). Course dates should be submitted to the RC (UK) well in advance, but all course centres must notify the FEEL administrator at the RC (UK) of the FEEL course date at least 8 weeks in advance using the course approval form.
4.6	The Course Director must sign the course approval form thereby confirming and accepting responsibility that the course will run in accordance with the criteria set down in these regulations. The Course Director must ensure that all instructors meet the minimum requirements and are registered with the RC (UK).
4.7	On receipt of the course approval form the course will be registered and a certificate of approval will be issued. Course information and materials will be dispatched once the course has been registered.
4.8	Course materials (to include the student manual and links to e-learning modules when available), must be forwarded to the candidates at least 4 weeks before the course start date. Candidates must be informed that the course itself is not directed at teaching advanced life support (ALS), and they are expected to be competent in basic life support prior to attending the course and have a working knowledge of the ALS algorithm.
4.9	Non-UK trained echo-cardiographers who are appropriately qualified are eligible to instruct on FEEL courses. They must be approved in advance by the FEEL Working Group.
4.10	Each course must meet the minimum faculty requirements outlined in the Faculty Requirements document.
<b>5.0</b>	<b>FEEL Course organisation (In-course)</b>
5.1	There is no formal assessment of candidates on the FEEL course
5.2	The maximum number of candidates is either 30 or 15, depending on the course venue. The ratio of candidates to instructors in the Hands on Training (HOT) stations must not exceed 3:1
5.3	The standard programme must be adhered to and the running order must not be changed. The individual stations in each Hands-on training (HOT) session can be delivered in any order.
5.4	There are ten HOT stations and each group of candidates must rotate through all ten stations.

5.5	Candidates are given a certificate of attendance at the end of the course.
5.6	Evaluation forms must be issued to candidates at the start of the course and be collected at the end.
5.7	All new instructors must be supervised and mentored on their first course. They must not take the lead role in any station but may assist and act as a second instructor.
5.8	The number of new echo instructors on the faculty must not exceed five.
5.9	The resuscitation stations (HOT 2) must be led by an ALS Instructor, ALS Instructor Candidate or ALS Provider with appropriate training (e.g. Train-the-Trainer or equivalent). There must be at least 2 full ALS instructors among the 4 Resuscitation stations.
<b>6.</b>	<b>FEEL Course organisation (Post-course)</b>
6.1	The Course Director's report, final candidate list, final faculty list and external faculty assessment form must be submitted to the RC (UK) <b>within 7 days</b> . This can be done electronically. Evaluation forms should be sent by post unless scanned. The Course Director's report must contain information regarding the performance of any new instructors.
6.2	The course centre must retain copies of all course documents. The duration of long-term storage of course records is a local decision but should comply with national and local policy and guidance.
6.3	Following the course the candidate is given access to a personal logbook to complete within 2 years to achieve FEEL certification. A minimum of 50 scans must be undertaken observed and/or overseen by a local mentor. It may be necessary for candidates to change mentors (for example when they move to a different hospital)
6.4	At least 25 Scans should be undertaken on patients requiring level two or level three care (see appendix for definitions of levels of care).
6.5	A minimum of 15 scans being used in the log book must be performed on level two or level three patients and be directly supervised. All subsequent scans will be either directly supervised, or where not possible, the scan and the report sheet will be reviewed by either the mentor(s) or supervisor(s).
6.6	Competency is determined by the OLM. He/she must ensure that the candidate is able to perform a FEEL scan on a level two or level three patient (supine), and interpret images to the appropriate level.
6.7	Once the required number of scans has been completed the candidate is assessed as competent by their OLM. The logbook is signed by the OLM and a list of anonymised cases is sent to the Course Director of the candidate's original FEEL course. The Course Director must sign to confirm the OLM is appropriately qualified, and forward the confirmation documentation to the RC (UK).
6.8	The RC (UK) will issue a FEEL certificate which is valid for 4 years from the time of log-book completion.
<b>7.</b>	<b>Candidate Recertification and Instructor Potential</b>
7.1	The recertification process is currently under review but is likely to include the need for evidence of on-going ability to scan and review findings, together with a practical assessment of scanning skills.

## **Appendix 1 - Definitions:**

### **Overall Local Mentor (OLM)**

This individual will be BSE or ASE accredited or equivalent, or a cardiology consultant who regularly undertakes echocardiography as part of his/her work.

### **External Faculty Member**

This individual will be an approved Resuscitation Council (UK) FEEL Instructor, Course Director or Course Organiser.

### **Level two or level three settings**

Examples include emergency departments, high dependency units, acute medical units, coronary care units, theatre recovery units and resuscitation scenarios.