

ALSG's medical education & training programmes improve outcomes for people in life-threatening situations, anywhere along the health care pathway, anywhere in the world.

## mMOET

### Managing Medical and Obstetric Emergencies and Trauma

The mMOET course provides a high-level structured approach to recognition, resuscitation and treatment of medical emergencies and trauma in those with the altered physiology and anatomy of pregnancy. The physiological adjustments of pregnancy affect the responses of the mother to illness and injury, requiring resuscitation to be tailored to the pregnant patient.

The aims of the course include:

- To provide the knowledge, practical skills and procedures necessary to save the mother and fetus in life-threatening circumstances.
- To present a senior systematic approach of Primary Survey, Resuscitation, Secondary Survey and Definitive Care, enabling the clinician to give the best patient care in complex situation.
- To review trauma and medical emergencies in the pregnant patient, including triage and transfer.

The online learning elements of the course deliver the knowledge components, preparing participants for the practical application of this knowledge during the face-to-face course.



*"All clinical staff must undertake regular, written, documented and audited training for the identification and initial management of serious obstetric conditions or emerging potential emergencies..."<sup>1</sup>*

### Information for candidates

mMOET is aimed at senior clinicians from multi-disciplinary specialties managing the care of pregnant women with medical emergencies and/or trauma. The course is for obstetricians, anaesthetists, specialist high risk/HDU midwives, physicians and emergency doctors and trauma specialists. Midwives can attend the course as an observer. In obstetrics and gynaecology Professors, Consultants, Staff Grades, Associate Specialists and Trust Doctors are automatically eligible. In a training grade candidates should have Part 2 MRCOG. Anaesthetic candidates should have FRCA or equivalent. Staff and Associate Specialist doctors working regularly in obstetric anaesthesia are also eligible irrespective of FRCA status. Emergency Medicine candidates should be Consultant, SpR or staff grade with a special interest in obstetric emergencies and trauma.

### Information for educators and managers

As a charity, ALSG invests all profits in educational resources and partners with the most effective and respected organisations worldwide to develop exceptionally high quality programmes.

ALSG education quality is verified, accredited and recognised internationally as 'best in class', contributing to better outcomes for patients in life-threatening situations.

*"What we want to see is increased consistency and quality in education and training and consequently in people's outcomes and experiences...Service delivery and education and training are fundamentally interlinked..."<sup>2</sup>*



### mMOET curriculum and key information

#### Overview

The programme comprises online e-modules plus a two day face-to-face course. The course is run throughout the UK and overseas, and the cost varies across course centres.

[Online modular education through our VLE plus a two day course with lectures, simulations & demonstrations](#)

#### Lectures

- Structured approach to mMOET

#### Demonstrations

- CPR
- Trauma

#### Simulations

- Collapses due to various causes
- Shock due to various causes
- Trauma
- Various medical emergencies
- Cardiac arrest with PE
- Severe pre-eclampsia
- Uterine inversion
- Failed intubation
- Obstetric complications

#### Skills

- Airway and breathing management
- Surgical airway
- Vascular access
- BLS & AED
- Advanced obstetric techniques
- Failed instrumental delivery
- Shoulder dystocia
- Rusch balloon and B-lynnch suture
- Cervical collar and log roll
- Newborn resuscitation

#### Assessment and certification

Assessment takes place by simulation-based OSCEs on day two of the course. If you are successful, mMOET certification is valid for four years and includes access to our VLE.

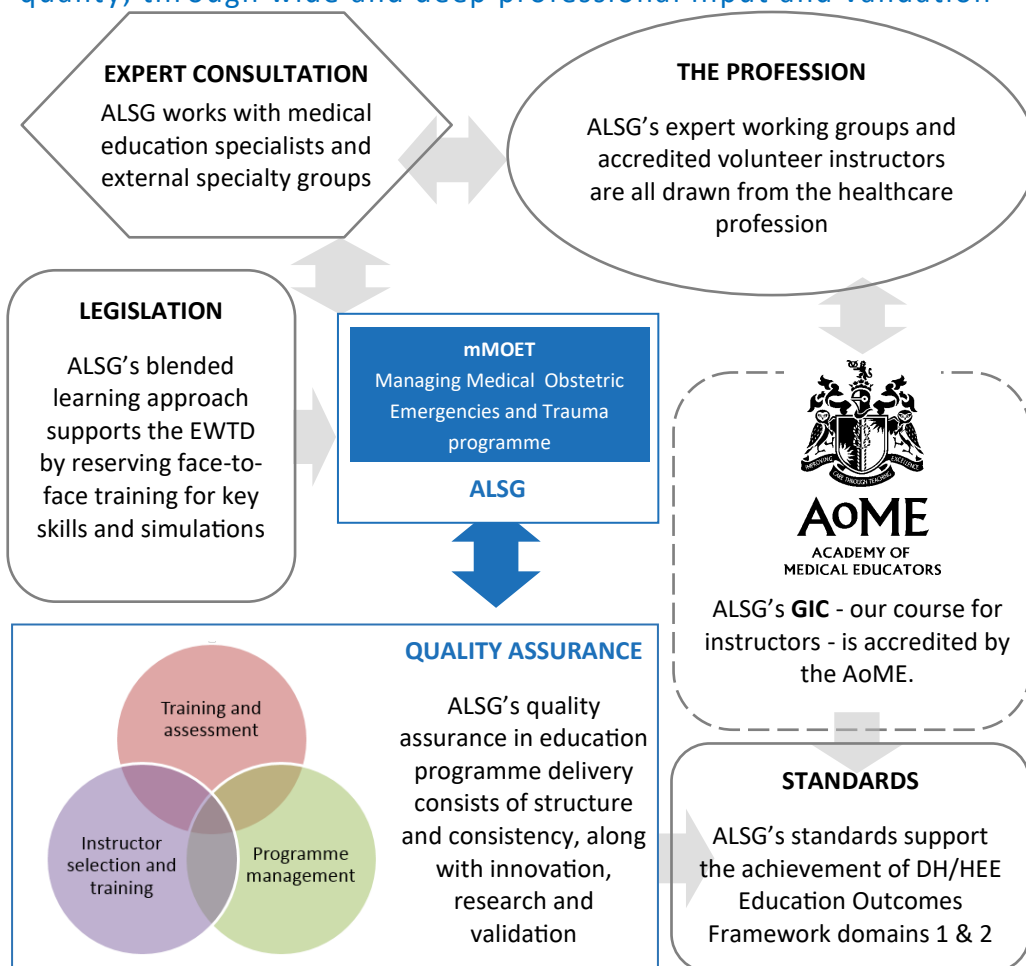
#### Recertification options

It is recommended that all candidates undertake the course again after four years to recertify.

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## ALSG

Education programmes created and maintained to the highest quality, through wide and deep professional input and validation



### The quality case for ALSG education programmes

This education programme operates in a profession where quality is a key metric in improving patient care.

*"Excellent Education: education and training is commissioned and provided to the highest standards, ensuring learners have an excellent experience..."<sup>3</sup>*



#### Booking a course

To book your next course, simply scan this code using your smart phone or visit us online at [www.alsg.org/uk/Book\\_now](http://www.alsg.org/uk/Book_now)



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### The patient outcome case for ALSG education programmes

Our education programmes are designed to save lives. That is why ALSG was set up in 1990 and it drives everything that we do. Where we have been able to measure outcomes, we have found that **lives have been saved**. Following our education programme in Gambia there was a 50% reduction in maternal mortality, a 32% reduction in infant mortality and a 94% survival rate in resuscitation. Anecdotal evidence from candidates who pass our education programmes suggests that confidence increases in individuals and their teams, and that skills are practised **immediately** with **improved patient care** and survival rates.

### The economic case for ALSG education programmes

We commissioned The University of Liverpool's Health Economics group to independently verify our belief that appropriate education programmes save money as well as lives.

Results indicate that even small improvements to outcomes result in considerable direct cost savings. *"...primary prevention by means of ... training may lead to significant improvements in health..."* and *"...may help to minimise the considerable QALY losses..."*<sup>4</sup>

If you are considering developing your own training locally, please read our paper considering the pros and cons ['What do ALSG courses offer compared to locally developed training'](#) in which we consider duplication of spending and training, variation of standards, appeals, teaching quality, multi-disciplinary oversight, blended learning and international standards.

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<sup>1</sup> Saving Mothers' Lives Reviewing maternal deaths to make motherhood safer: 2006–2008 March 2011 The Eighth Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom *Recommendation 5: Clinical skills and training 5.1. Back to basics.*

<sup>2</sup> Moore et al, 2013, NHS Future Forum *Education and Training – next stage*, London.

<sup>3</sup> Department of Health, 2013, *Education Outcomes Framework, Domain 1*

<sup>4</sup> Leigh, Granby, Turner, Wieteska, Haycox & Collins, June 2014 *The incidence and implications of cerebral palsy following potentially avoidable obstetric complications: a preliminary burden of disease study*