

**COURSE**

# Simulator Airway Ventilation Emergency (SAVE) Course

**WHERE/WHEN**  
David Dunn Suite/Simulation Centre, Addenbrooke's Hospital  
• 20<sup>th</sup> March 2012 • 24<sup>th</sup> September 2012  
08:45 – 16:45

For Emergency Medicine consultants and EM/ Anaesthetic/ ITU & Acute Medicine trainees at ST3, ST4 and ST5

**SIMULATION CENTRE**

This is an intensive one-day course aimed at Emergency Medicine consultants and EM/ Anaesthetic/ITU & Acute Medicine trainees in their 3rd, 4th or 5th year of training. The SAVE course uses a high-fidelity patient simulator to allow candidates to review their skills in emergency airway management in the context of managing acutely ill or injured patients in the resuscitation room. Video debriefing is facilitated by experienced emergency medicine and anaesthetic faculty.

**Aims:**

- Effective management of airways
- Adapting RSI to different clinical scenarios
- Emergency airway drills

The SAVE course does not address the basic competencies of airway management and will be more beneficial to participants if they have already attended the UK Emergency Airway Course. Accreditation from the College of Emergency Medicine has been sought.

The cost of the course is **£170** to include a light lunch and refreshments. Places are limited to **6** delegates.

Please fill in the form below and return with your cheque, made payable to "Addenbrooke's NHS Trust".

**REGISTRATION**

Please fill in the form, use the back of the slip if more space is needed.

Please return to:

Sue East  
Postgraduate Medical Centre  
Box 111  
Clinical School  
Addenbrooke's Hospital  
Hills Road  
Cambridge CB2 0SP  
Tel. 01223 586945  
[sme32@medschl.cam.ac.uk](mailto:sme32@medschl.cam.ac.uk)

**Contact Information**

I would like to attend the **SAVE** course on ..... and have enclosed a cheque for £170.00 made payable to "Addenbrooke's NHS Trust"

**Name (please print):** .....

**Job Title + Hospital:** .....

**Address:** .....

.....**Post code**.....

**Telephone:** .....

**Email:** .....

**Key Learning Needs**

Please indicate the main areas you would like to see covered at this meeting. The information will be passed on to the course organisers. .

**1** .....

**2** .....

**3** .....

**No refunds permitted within 28 days of course commencement**