National Instructor Course Agenda & Objectives

Program description
The 2-day National Instructor Course will provide a comprehensive overview of The S.T.A.B.L.E Program Learner / Provider course materials and will prepare expert neonatal nurses, physicians and respiratory therapists for the Lead or Support Instructor role. The S.T.A.B.L.E. Program course materials (Instructor manual, Student manual, and Learner Course slides*) will be reviewed in detail to familiarize instructor candidates with all aspects of the Program.

This program has been approved by the California Board of Registered Nurses Provider Number 15417, for 13.8 contact hours of continuing nursing education.

Monday, November 13, 2017
07:30    Continental breakfast and sign-in
09:30    BREAK (15 minutes)
09:45    Instructor Manual overview and Testing / Quiz administration and continuation of course presentation.
11:45    LUNCH (provided) – the 2nd Ed. Physical Exam/Gestational Age Assessment slide program and representative slides from the Cardiac Module will be played during the lunch break for those interested in viewing them
12:45    Continuation course presentation
14:15    BREAK (15 minutes)
14:30    Continuation course presentation
16:30    Adjourn for the day
18:00 – 20:00 Dinner Lecture (please arrive at 17:45) – Sign up required!
Please join us for a dinner hosted by Clinical Innovations, Inc. to learn about: Reducing the Risks of Vacuum-Assisted Deliveries—A Practical Approach (full lecture outline is found on the last pages of this PDF). Guest Speaker: Ross W. McQuivey, M.D., Adjunct Clinical Faculty, Stanford University; Dept. of OB/GYN, Medical Director - Clinical Innovations, Inc. (this is a non-CEU/CME event)

Tuesday, November 14, 2017
07:30    Continental breakfast and sign-in
08:00    Course resumes: Continuation course presentation
09:30    BREAK (15 minutes)
09:45    Continuation course presentation
11:45    LUNCH (provided) - the 2nd Ed. Physical Exam/Gestational Age Assessment slide program and representative slides from the Cardiac Module will be played during the lunch break for those interested in viewing them
12:45    Continuation course presentation
14:15    BREAK (15 minutes)
14:30    Continuation course presentation. Complete mixed module post-test / grade test.
16:30    Complete Instructor Registration form and Course Evaluation / Adjourn

Please note, an ‘optional attendance’ S.T.A.B.L.E. – Cardiac Module course will be offered on Wednesday, November 15, 2017. Registration information found at www.stableprogram.org

*The Learner Course program slides are not provided as part of the course registration. They may be purchased for $350 from S.T.A.B.L.E. (see Store at www.stableprogram.org)
The following information will be covered in this two-day course. Please note the order of presentation will vary but all of the information will be presented.

- All of the S.T.A.B.L.E. Program modules and quizzes.
- Course logistics: setting up a course, AV requirements, using Adobe Flash slides, how to order course materials.
- Web site overview: Instructor Updates and Resources, Instructor News & Forum, Downloading tests, Posting a learner course, Finding an Instructor, Completing and submitting a student roster.
- Student renewal options.
- Attributes of The Adult Learner.
- Instructor attributes that contribute to an optimal teaching and learning experience.
- How to prepare a Support instructor using the S.T.A.B.L.E. training guidelines and Instructor qualifications.

Course Objectives
Upon completion of this 2-Day National S.T.A.B.L.E. Instructor course, participants will be able to:

1) Discuss the contribution of preterm birth and at least 3 other leading causes of neonatal mortality on neonatal and infant mortality rates in the United States.

2) Following review of the S.T.A.B.L.E. modules: Sugar, Temperature, Airway, Blood pressure, Lab work, the participant will document understanding of the content by successfully passing each Module Quiz (achieve a score of 80% or higher) and will pass the mixed module test by scoring 3 or fewer wrong on the 8 question test.

3) Understand the logistics behind running a S.T.A.B.L.E. Learner Provider course, including how to set up a course, necessary course materials, how to process a student roster, attributes of effective instructors, renewal course options and how to maintain active instructor status.

The following content will be reviewed in each module:

Sugar and Safe Care
1. Infants at increased risk for developing hypoglycemia, including preterm and small for gestational age infants, infants of diabetic mothers, and sick, stressed infants.
2. The impact of late-preterm birth on increased morbidity and mortality.
3. Screening recommendations for gestational diabetes from ACOG.
4. The physiologic basis of aerobic and anaerobic metabolism.
5. The initial intravenous fluid therapy to provide to sick infants.
6. Recommendations for monitoring the blood glucose.
7. Signs of hypoglycemia, IV glucose treatment of hypoglycemia and post-treatment reassessment.
8. Indications for placement of umbilical catheters.
10. Surgical and medical abdominal conditions that present as bowel obstruction.

Temperature
1. Infants at increased risk for hypothermia (pre-term infants, infants undergoing resuscitation, infants with abdominal wall defects, sedated or anesthetized infants).
2. The normal physiologic response to cold stress for term infants.
4. The physiologic, potentially detrimental response to hypothermia for term and preterm infants.
5. Candidates for therapeutic neuroprotective hypothermia.
6. Methods to rewarm hypothermic infants and how to monitor hypothermic infants during rewarming.

Airway
1. Labs and tests to obtain during the post-resuscitation / pre-transport period.
2. Signs of neonatal respiratory distress and how to distinguish between mild, moderate, and severe distress.
4. Signs of respiratory failure.
5. Principles of assisted ventilation, including candidates for continuous positive airway pressure (CPAP), bag and mask or T-piece resuscitator positive pressure ventilation (PPV), assisting with endotracheal (ET) intubation, securing the ET tube, chest x-ray evaluation for ET tube position, and initial ventilatory support.
6. Respiratory illnesses and airway challenges that present in the neonatal period.
7. Identification and treatment of pneumothorax.
8. How to safely use analgesics to treat pain.
Blood Pressure
1. The difference between compensated and uncompensated shock.
2. The principles of cardiac output and heart rate as they relate to shock and factors that can impair cardiac output.
3. The physical examination to evaluate for shock.
4. The causes and initial treatment of the three major types of shock seen in infants: hypovolemic, cardiogenic, and septic shock.

Lab Work
1. Perinatal and postnatal risk factors that predispose infants to infection.
2. The clinical signs of neonatal sepsis.
3. Bacterial and viral organisms that may cause infection.
4. Laboratory tests to obtain in the pre-transport / post-resuscitation period.
5. White blood cell (WBC) development, how to calculate and interpret the absolute neutrophil count and immature to total ratio.
6. The initial antibiotic treatment of an infant with suspected sepsis.

For more information, contact Mason Meinhold, National Instructor Course coordinator at Mason@stableprogram.org or visit www.stableprogram.org

Course Location
University Guest House and Conference Center
110 S. Fort Douglas Blvd
Salt Lake City, UT 84113

Includes continental breakfast, lunch, afternoon snacks, an Instructor Manual, and other course materials.

Course Faculty
Kris Karlsen, PhD, NNP-BC
Author: S.T.A.B.L.E. Program Learner & Instructor Course Materials, S.T.A.B.L.E. – Cardiac Module, and the Neonatal Stabilization Scenarios simulation package

Cancellation policy for all S.T.A.B.L.E. Courses
Refund will be made by check. For those registrations paid for by credit card, a $20 processing fee will be assessed, per registration, for the original bankcard fee assessed at the time of registration.

Cancellation 31 or more days before the course: 100% refund (*less $20 credit card fee if applicable)
Cancellation 15 to 30 days before the course: 50% refund (*less $20 credit card fee if applicable)
Cancellation 7 to 14 days before the course: 25% refund (*less $20 credit card fee if applicable)
Cancellation 0 (no show) to 6 days before the course: No refund

Course Transfer Policy
Transfers to another course date 0 to 4 days prior to the event currently registered for:

$60 fee (if transferring a one-day course)
$120 fee (if transferring a two-day course)
$180 fee (if transferring a three-day course)
$240 fee (if transferring a five-day course)

If you do not attend the course you transferred to, then all fees will be forfeited. You may re-transfer to another course, but additional fees may apply if the transfer occurs within the 0 to 4 days prior to the course time frame.
Monday, November 13, 2017

Join us for a Lecture / Dinner on the first day of the Instructor Course!

As S.T.A.B.L.E. Program Instructors, you will have many Labor/Delivery/Postpartum staff in your classes. There is so much to learn about the topic of safe Vacuum Assist Delivery and this dinner will be an excellent opportunity to learn and ask questions and speak with Dr. McQuivey. This is a non-CEU/CME offering.

If you did not sign up during online registration, please contact Mason Meinhold, Instructor Course Coordinator, to confirm attendance. Dinner is complimentary and starts at 6 pm. The lecture is approximately 1 hour to 90 minutes in length and there will be time for questions and discussion afterwards.

“Reducing the Risks of Vacuum-Assisted Deliveries— A Practical Approach”

Ross W. McQuivey, M.D.
Adjunct Clinical Faculty
Stanford University; Dept. of OB/GYN

Medical Director
Clinical Innovations, Inc.

Speaker: Dr. Ross W. McQuivey is the Medical Director and consulting physician for Clinical Innovations, Inc. He is also an Adjunct Clinical Faculty Member of Stanford University Hospital’s Department of Obstetrics & Gynecology. He has served as a visiting professor in the Port Moresby General Hospital (Papua New Guinea) as an outreach obstetrician and working directly with Dr. Aldo Vacca. He is dedicated to improving women and children’s healthcare. He leads Clinical Innovation’s educational efforts and assists in the research, design and clinical testing of new products. Dr. McQuivey completed his undergraduate degree from Stanford University and did his medical school and residency training in Obstetrics and Gynecology at the University of Utah. During his residency, he was twice recognized for excellence in teaching. Dr. McQuivey has been published several times on vacuum delivery. He has provided educational seminars on vacuum-assisted delivery to physicians around the world.

I. Objectives:
   a. Cite indications and contraindications for vacuum delivery;
   b. Identify obstetrical factors that influence the outcome of vacuum delivery;
   c. Discuss anatomical principles, clinical reasoning, and technical skills required for the use of vacuum delivery;
   d. Compare and contrast the efficacy of the vacuum products available;
   e. Identify when to abandon the procedure

II. History of Vacuum Use
   a. Introduction of VAVD
      a. 1998 FDA Public Health Advisory
      b. Changing face of operative delivery trends

III. Indications and Contraindications to Operative Vaginal Deliveries
   a. Prerequisites—proper patient selection
   b. Indications
      i. Prolonged second stages of labor
      ii. NRFHT
      iii. Maternal benefit
   c. Contraindications
      i. Prematurity
      ii. Known bone demineralization or bleeding disorder
      iii. Non-vertex presentation
      iv. Unknown position
      v. Fetal head not engaged
IV. Complications of the Vacuum Device
   a. Neonatal
      i. Effects: chignon, abrasion, bruising, laceration, cephalohematoma
      ii. Complications: subgaleal hemorrhage, intracranial hemorrhage, skull fractures
   b. Can these be avoided?
      i. The Flexion Point
      ii. Different cups
         1. rigid vs. soft
         2. benefits and disadvantages

V. Proper Technique
   i. Flexion Point
      1. 3cm anterior of posterior fontanelle along sagittal suture
      2. promotes flexion
      3. limits asynclitism
      4. optimal diameters = least amount of force
   ii. Axis traction
      1. Two-handed technique
      2. How hard is too hard?
   iii. Decreasing vacuum between contractions
   iv. Decreasing numbers of pop-offs (detachments)
   v. Auto-rotation

VI. Perineal Preservation? Vacuum vs Forceps
   i. Less perineal trauma associated with VAVD
   ii. Less anaesthetic requirements
   iii. Does that lead to better outcomes?
      1. short-term—literature
      2. long-term—recent literature

VII. Knowing when to say “when”
   a. Knowing when to say “when”
      i. No more than 2 pop-offs(?)
      ii. Progress made with EACH pull
      iii. No longer than 20 minutes
      iv. No more than 3 pulls(?)
      v. What to do after a failed VAVD?

VIII. Discussion

IX. Products mentioned
   a. “Kiwi Omni-Cup and Pro-Cup” Clinical Innovations, Inc.
   b. “Mystic, Mityvac M-Style, MitySoft Bell-Style” Cooper Surgical, Inc.
   c. “Soft-Touch, Velvet-Touch, Secure Cup” Utah Medical Products, Inc.
   d. “Silc Cup”; Multiple Manufacturers
ACOG Practice Bulletin—Operative Vaginal Delivery; Number 17, June 2000.


