RCPCH Progress

Paediatric curriculum for excellence

Induction to newborn resuscitation
Standards of Practice

Resuscitation Council UK

RCPCH

Royal College of Paediatrics and Child Health

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Overview

Newborn Resuscitation training at induction should be locally determined but must include the essential, and should include the desirable, requirements within these standards.

Essential and desirable requirements are provided for system processes, induction content and supporting early practice. There is a focus on practical skill teaching and use of simulation to teach the Resuscitation Council UK (RCUK) Newborn Life Support (NLS) resuscitation algorithm.

These Standards of Practice have been created by the Trainees' Committee of the Royal College of Paediatrics and Child Health (RCPCH). They apply to Junior Doctors commencing a neonatal job role. Departments may decide locally to also apply them to other staff groups commencing a role as a Neonatal Practitioner.

Endorsements

The Standards or Practice within this document have been endorsed by the Royal College of Paediatrics and Child Health. They are consistent with Resuscitation Council UK guidance on resuscitation at birth.

Definitions

Experienced Neonatal Practitioner: Any Neonatal Practitioner who must have at least 4 months of experience attending deliveries to potentially provide Neonatal Resuscitation within the last 3 years. They should also be qualified NLS Providers.

Junior Doctor: Any non-consultant grade doctor.

Skill Station: A practical exercise teaching a specific skill in a focussed way. We advocate using Peyton's Four-step Approach to deliver this. [Walker M, Peyton JWR. In: Teaching and learning in medical practice. Peyton JWR, editor. Rickmansworth: Manticore Publishers Europe Ltd; 1998. Teaching in the theatre; pp. 171–180.]

Simulation Scenario: A practical exercise teaching management of a clinical scenario by recreating it (e.g. using actual equipment and mannequins). Low-fidelity techniques are acceptable.

Neonatal Department: Any department within the UK providing Neonatal Care at Level 1, 2 or 3.

Neonatal Practitioner: Any healthcare practitioner attending deliveries to potentially provide Neonatal Resuscitation. Many will be working as a Neonatal Junior Doctor, but this may also include other staff locally (e.g. Advanced Neonatal Nurse Practitioners, Neonatal Advanced Care Practitioners).

Newborn Resuscitation: The care delivered by a Neonatal Practitioner(s) to a newborn baby in the first minutes of life. This encompasses minimal-intervention supportive care through to advanced cardiopulmonary resuscitation.

New Neonatal Practitioner: Any Neonatal Practitioner who has no or minimal experience in attending deliveries to potentially provide Neonatal Resuscitation.

System Processes

Essential Requirements	Desirable Requirements
• Every Neonatal Department must have an induction component covering Newborn Resuscitation for all Junior Doctors commencing a role as a Neonatal Practitioner.	• Newborn Resuscitation training should be delivered by staff with active experience of Newborn Resuscitation and of teaching Newborn Resuscitation. Ideally this would be an RCUK NLS instructor. • Staff working in neonatal posts should be encouraged to attend an RCUK NLS course (or equivalent). Ideally attendance at the course should be prior to commencing the post. It is recognised that attendance at such a course would achieve the majority of the 'Induction Contents' with the exception of locally specific aspects (e.g. environment, local policies).

Induction Contents

Principles
• Emphasis must be on practical/experiential learning (over theoretical) with a focus on basic aspects (as detailed below). • Practical learning must incorporate meaningful education exercises (that is, not rushed; encouraging repeat practice, questions and discussion). • Content must be consistent with contemporary RCUK NLS guidance.

Essential Requirements	Desirable Requirements

• Orientation to environment (obstetric theatre, labour ward, etc).
 	
• Practical familiarisation with resuscitaire and auxiliary equipment (taught as a Skill Station).
 	
• Theory-based introduction to the NLS algorithm. This must include the steps and their sequence.
 	
• Practical teaching of the NLS algorithm (we suggest teaching this as Skill Station(s) then Simulation Scenario(s)) including:
  o Initial assessment
  o Basic airway management
  o Inflation and ventilation breaths via face-mask with appropriate assessment and reassessment
 	
• Discussion of when and how to call for help – before attending a particular delivery as well as during resuscitation. This must include specific local details.
 	
• Discussion of which babies do, and do not, require neonatal intervention.
	• Further theory-based teaching on the NLS algorithm including the science underlying foetal-to-neonatal transition, delayed cord clamping and the rationale behind the sequence of the algorithm.
	
	• Practical teaching of the NLS algorithm including advanced airway management (airway adjuncts +/- intubation) and cardiopulmonary resuscitation (taught as a Simulation Scenario).
	
	• Theory-based teaching on assessing a baby receiving immediate skin-to-skin (that is, not brought to the resuscitaire).

Supporting Early Practice

Principles
• Ongoing supervision of a New Neonatal Practitioner by an Experienced Neonatal Practitioner whilst attending deliveries should be tailored to the local department and to the individual. • A 'sign-off process' may be desired and, if so, should be locally determined and supported by a robust and fair assessment of competency supported by retrievable documentation.

Essential Requirements	Desirable Requirements
• The supervision must not be terminated until both the New Neonatal Practitioner and a supervising Experienced Neonatal Practitioner have reached mutual agreement that the New Neonatal Practitioner is competent to practice independently.	• Supervised attendance of at least the first 3 deliveries.

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