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7th Edition NRP® Brings Big Changes for NRP Instructors

Regional Trainers have been a vital link between the NRP Steering Committee and local NRP efforts that have reached over 3.4 million trainees in the last 28 years. Together, Regional Trainers and Hospital-based Instructors have conducted over 741,000 courses in the United States since 1987.

The NRP Steering Committee began planning in 2012 for the upcoming NRP 7th Edition by developing a strategic plan focusing on instructor quality and improving instructor education. Since then, the NRP Steering Committee has conducted a series of instructor surveys and focus groups. It also formed an NRP Instructor Development Task Force, consisting of Regional Trainers and Hospital-based Instructors and NRP Steering Committee members.

NRP Instructor Requests

Based on survey and focus group results, these are the top items requested by NRP Instructors :

- A standard approach to Hospital-based Instructor training
- Tools and resources to assist in NRP provider course planning
- Continuous and ongoing education experiences for instructors and providers
- Opportunities to network with other NRP instructors

Instructors across the country also noted wide variations in the role of the Regional Trainer. This is largely because the original concept of perinatal regional care has changed dramatically since its inception in the late 1980s. NRP Regional Trainers were originally based in university medical centers to act as resources and advocates for Hospital-based Instructors within their perinatal region. Wide variation in what is now considered a “region” makes it nearly impossible to define the role and responsibilities of the Regional Trainer. In addition, instructors note that while there is a strong Regional Trainer presence in some regions, many areas have few, if any, Regional Trainers, making it a challenge to access instructor training and networking.



Changes in the Regional Trainer Role

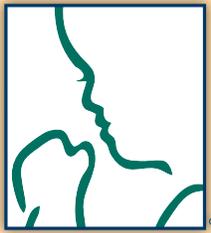
As a result of these findings, the NRP will implement the following recommendations of the Instructor Development Task Force:

1. Retire the Regional Trainer role. All active Regional Trainers will become Hospital-based Instructors effective on January 1, 2017. This NRP title change should not change the leadership and resource role of those instructors who currently oversee the needs of the NRP in their hospital, hospital network, or region.
2. Develop a standardized training program for new NRP instructor candidates beginning January 1, 2017, including an application process through the American Academy of Pediatrics and an online instructor course. The NRP instructor training process will incorporate mentorship with experienced instructors.
3. Provide new and better resources to support ongoing development of all NRP instructors. With such variability within the states and institutions, enhanced training and mentorship is more important than ever.

The NRP Steering Committee understands that these are major changes in NRP instructor processes. Please be assured that these decisions were not made lightly. The goals are to improve instructor quality and educational resources.

THE NRP STEERING COMMITTEE BEGAN PLANNING IN 2012 FOR THE UPCOMING NRP 7TH EDITION BY DEVELOPING A STRATEGIC PLAN FOCUSING ON INSTRUCTOR QUALITY AND IMPROVING INSTRUCTOR EDUCATION.

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Statements and opinions expressed in this publication are those of the authors and are not necessarily those of the American Academy of Pediatrics or American Heart Association.

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The Neonatal Resuscitation Program® (NRP®) Steering Committee offers the *NRP Instructor Update* to all AAP/AHA NRP Instructors.

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Enhanced Learning Management System and New Database Launching in 2016

We are excited to announce that the American Academy of Pediatrics has partnered with HealthStream® to redesign the NRP® Database and enhance the existing NRP Learning Management System. Our existing instructor database was launched in 2000, and has served as the go-to source for Instructor profile and record keeping for the last 15 years. The enhanced system will make NRP processes easier for both instructors and learners.



Over the past few years, we have received many suggestions for enhancing the database, including the ability to offer electronic course completion cards and records maintenance, simplification of roster submission, and post-course evaluations. We have taken these suggestions into consideration while developing the framework of the new database.

Hospitals do not need to use HealthStream® as their Learning Management System to access all of the new and improved features of the database. Highlights of the new database include:

Electronic Card and Record Maintenance

Instructors and learners will be able to access their NRP course completion card online by logging into their user profile. No more waiting for NRP cards to arrive in the mail! Electronic card viewing will be optimized for web browsers, tablets, and smart phone devices. Users will also be able to e-mail their cards to any third party, for example, a manager, medical staff office, or any future employer.

One Location for all NRP Completions

The system will manage all NRP-related activities, including participation in NRP Provider courses, online examination completion, and components of the Instructor Toolkit. It will be a "one-stop-shop" for everything NRP!

New Roster Processing System

Courses will be created in the system prior to the course, and providers can pre-register for your course. Because providers will have their own accounts, it will be unnecessary to manually enter their information. You will also be able to track student online examination completion to ensure your learners have completed the pre-course requirements before entering the classroom.

Post-Course Evaluations

Providers will need to submit a post-course evaluation in order to receive their NRP cards. The post-course evaluation is designed to provide constructive feedback to instructors and help identify ways to continually improve your NRP course.

The new NRP Database and Learning Management System is anticipated to launch in Spring 2016, in conjunction with the 7th Edition materials. Stay tuned for updates, sneak peeks and tutorials as we approach this date.



Influential Articles in Neonatal Resuscitation

Part 2 of 2

The following is part two of a two-part series on recent influential articles in neonatal resuscitation.

Part one is archived on the NRP website at http://www2.aap.org/NRP/docs/IU/2014_FallWinter_iu.pdf.

At the NRP Current Issues Seminar on October 10, 2014, Henry Lee, MD and Steven Ringer, MD of the NRP Steering Committee reviewed influential or groundbreaking papers in four areas of neonatal resuscitation. None of these articles imply any specific changes in practice. The Neonatal Delegation of the International Liaison Committee on Resuscitation (ILCOR) is examining critical questions related to these areas of neonatal resuscitation and any evidence that will lead to treatment recommendations. Changes in practice related to neonatal resuscitation will be released by the American Heart Association in October 2015. Those practice changes will be reflected in NRP 7th Edition materials due out in spring 2016.

CHANGES IN PRACTICE RELATED TO NEONATAL RESUSCITATION WILL BE RELEASED BY THE AMERICAN HEART ASSOCIATION IN OCTOBER 2015. THOSE PRACTICE CHANGES WILL BE REFLECTED IN NRP 7TH EDITION MATERIALS DUE OUT IN SPRING 2016.



Oxygen Concentration

Kapadia VS, Chalak LF, Sparks JE, Allen JR, Savani RC, Wyckoff MH. *Resuscitation of preterm neonates with limited versus high oxygen strategy*. Pediatrics, 2013;132(6):e1488-1496. PMID: 24218465

This study was done prior to the release of 2010 NRP education materials and used 2005 guidelines for neonatal resuscitation. Researchers conducted a randomized trial of 24-34 week gestation infants in two groups: those who initially received 100% oxygen for resuscitation at birth and weaned 10% every 30 seconds to reach preductal oxygen saturation targets, and another group who initially received room air (21%) oxygen for resuscitation at birth and increased by 10% every 30 seconds to reach preductal oxygen saturation targets. The research objective was to study whether low oxygen vs high oxygen during delivery room resuscitation reduced oxidative stress. The study population of 44 infants was stratified into 24-28 weeks and 29-34 weeks' gestation. Researchers concluded that the low oxygen strategy resulted in lower oxidative stress and decreased respiratory morbidities. This study is significant in that it was the first trial to use the preductal oxygen saturation target ranges, which were reached by consensus expert opinion, and are included in the 2010 guidelines for neonatal resuscitation. Researchers reported that "unlike previous trials examining resuscitation of preterm neonates with LOX (limited oxygen strategy), our study included all eligible preterm neonates due to a waiver of antenatal consent, thereby reducing selection bias and increasing the generalizability of the results."

Rook D, Schierbeek H, Vento M, et al. *Resuscitation of preterm infants with different inspired oxygen fractions*. J Pediatr, 2014 Jun; 164(6):1322-1326.e3. PMID: 24655537

This was a double blind, randomized controlled trial in a Level III NICU in The Netherlands. A population of 193 infants less than 32 weeks' gestation was randomized to start resuscitation with 30% oxygen or 65% oxygen, and oxygen was adjusted to achieve a target SpO₂ of 88-94% at 10 minutes of age. The researchers hypothesized that 30% oxygen would result in less oxidative stress and improved clinical outcomes than 65% oxygen. However, testing showed no significant difference in the incidence of bronchopulmonary dysplasia or markers of oxidative stress between the two groups. This led researchers to conclude that initial supplementation with 30% oxygen was just as safe as 65% oxygen during delivery room resuscitation of preterm infants less than 32 weeks' gestation, but offered no difference in risk of bronchopulmonary dysplasia or oxidative stress.

Cord Clamping

Term

Andersson O, Domellöf M, Andersson D, Hellström-Westas L. *Effect of Delayed vs Early Umbilical Cord Clamping on Iron Status and Neurodevelopment at Age 12 Months: A Randomized Clinical Trial*. JAMA Pediatrics, 2014 Jun; 168(6):547-554. PMID: 24756128

This was a secondary analysis of a randomized clinical trial of 382 singleton full term infants, born vaginally to non-smoking, healthy, low risk mothers in Sweden. The study examined the effect of delayed cord clamping (180 seconds or more) vs early cord clamping (at or before 10 seconds after birth). Infants were scheduled at age 4 and 12 months for blood sampling and neurodevelopment assessment using the ASQ (Ages and Stages Questionnaire), which is a parent-reported questionnaire about infant development. At 4 months of age, the primary study showed that infants who had delayed cord clamping had a higher neonatal hemoglobin level and a lower rate of neonatal anemia as well as a higher ferritin level. Neurodevelopment was similar in the two groups.

This paper analyzed the study population at 12 months of age. At 12 months, 347 (90.8%) of the infants returned for blood sampling and/or the parent questionnaire. Results concluded that delayed cord clamping had no effect on iron status or neurological development at 12 months of age. Of interest, boys who had delayed cord clamping had higher ASQ scores than girls. Infants who breastfed in the first hour of life also had higher ASQ scores.

McDonald SJ, Middleton P, Dowswell T, Morris PS. *Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes*. Cochrane Database Syst Rev, 2013 Jul 11;7: CD004074 PMID: 23843134

This Cochrane Review analyzed randomized controlled trials comparing early and late cord clamping for healthy term infants. The analysis, which looked at both maternal and neonatal outcomes, reviewed 15 papers involving 3,911 women and infant pairs. There were no significant differences between early or late cord clamping for neonatal mortality or morbidity outcomes. More infants in the late cord clamping group required phototherapy for jaundice than in the early cord clamping group. Infants in the early cord clamping group were over more than twice as likely to be anemic at 3 and 6 months vs the late cord clamping group. Reviewers concluded that delayed cord clamping was beneficial for healthy term infants with access to phototherapy if needed.

Preterm

Tarnow-Mordi et al. *Timing of cord clamping in very preterm infants: more evidence is needed*. AJOG, 2014 Aug;211(2):118-23. PMID: 24686151

In December 2012, the American College of Obstetricians and Gynecologists (ACOG) published a Committee Opinion supporting a 1-minute delay for cord clamping in preterm infants

after evidence that the practice could reduce intraventricular hemorrhage by nearly 50%. However, it was noted that the ideal timing of cord clamping was unknown and recommended large clinical trials. This article is a 2014 Clinical Opinion from ACOG calling for more evidence and longitudinal studies before declaring that delayed cord clamping is beneficial for very preterm infants. The authors reviewed multiple studies on the topic and pointed out numerous gaps in the evidence. Several examples were shared of previous recommendations for practice interventions that showed short term benefit and subsequently, no long term benefit, such as high-dose postnatal steroids for infants at risk for chronic lung disease. The authors made recommendations for closing this knowledge gap regarding delayed cord clamping for preterm infants, including promoting international collaboration for accelerated research to answer many remaining questions on this topic.

Ghavam S, Batra D, Mercer J, et al. *Effects of placental transfusion in extremely low birthweight infants: Meta-analysis of long- and short-term outcomes*. Transfusion, April 2014; 54(4):1192-1198. PMID: 24843886

These authors performed a meta-analysis of randomized controlled trials of infants less than 30 weeks' gestation and less than 1000 grams that compared delayed umbilical cord clamping or cord milking with immediate cord clamping. Ten studies were included. Short term benefits of delayed cord clamping or milking included better blood pressure and hemoglobin on NICU admission, reduced blood transfusions, and a trend to reduced intraventricular hemorrhage. They found a paucity of data on developmental outcome. Authors concluded that more well-designed randomized controlled trials are needed to learn more about short and long term benefits of delayed cord clamping in very low birthweight infants.

Bhatt S, Alison BJ, Wallace EM, et al. *Delaying cord clamping until ventilation onset improves cardiovascular function at birth in preterm lambs*. J Physiol, 2013 Apr 15; 591(Pt 8):2113-2126. PMID: 23401615

Investigators performed a sophisticated study with 12 lambs (functionally comparable to 26-28 week gestation newborns) to ascertain the effect of beginning ventilation before and after cord clamping. They hypothesized that beginning ventilation before cord clamping would improve cardiovascular stability. In one group of 6 lambs, the cord was clamped and ventilation was delayed for about 2 minutes. In group 2, ventilation was established and cord clamping was delayed 3-4 minutes. By monitoring an array of physiologic parameters, researchers demonstrated that delaying cord clamping until after establishing ventilation increased pulmonary blood flow and cardiac output remained stable. Researchers stated that this study provides evidence that the preterm newborn could benefit from this intervention by experiencing a smoother cardiovascular transition than when cord clamping occurs prior to establishing ventilation.

Giving Effective Feedback during an NRP® Course: Ask-Tell-Ask

Contributed by: Taylor Sawyer, DO, MEd, FAAP



Have you ever taught an NRP course and had a student who wasn't doing well? Did you struggle to find a way to provide feedback to the student in an effective manner? You likely responded "yes" to both questions. Giving feedback is difficult, and methods of providing feedback to students are not easy to find. In this article we will discuss ways to make feedback more effective and introduce a format for providing effective feedback to students.

Feedback in medical education has been defined as "an informed, non-evaluative, and objective appraisal of performance intended to improve clinical skills." (Ende, 1983) Feedback is critical to performance improvement and developing methods of giving quality feedback is a key skill for an effective educator. Important aspects of feedback include eliciting the learner's thoughts and feelings, relating the feedback to specific behaviors, and offering assistance and suggestions for improvement. Although several formats have been proposed with which to provide feedback, one effective method is called "Ask-Tell-Ask."

The "Ask-Tell-Ask" feedback method is effective because it asks the learners what they already know about their performance and builds on that knowledge. It also works as a way to build a strong student-instructor relationship, because it shows that the instructor is willing to listen to and assist with the learners' individual needs. The "Ask-Tell-Ask" feedback method also provides a way of ensuring bidirectional communication flow as student input and insight into his/her performance is required. The steps of the "Ask-Tell-Ask" feedback method are as follows.

THE "ASK-TELL-ASK" FEEDBACK METHOD IS EFFECTIVE BECAUSE IT ASKS THE LEARNERS WHAT THEY ALREADY KNOW ABOUT THEIR PERFORMANCE AND BUILDS ON THAT KNOWLEDGE. IT ALSO WORKS AS A WAY TO BUILD A STRONG STUDENT-INSTRUCTOR RELATIONSHIP, BECAUSE IT SHOWS THAT THE INSTRUCTOR IS WILLING TO LISTEN TO AND ASSIST WITH THE LEARNERS' INDIVIDUAL NEEDS.

Ask:

Ask the students how they think they are doing, and encourage the students to reflect on their performance. This requires the students to critically review their performance and determine for themselves any performance gaps. The student's reply is critical because it provides a great sense of the student's insight into his/her performance and helps the instructor to determine how to proceed with feedback. For students with good insight, the instructor may simply agree with them and then work to address any performance gaps. For students who lack insight, or who have a different view of their performance from that of the instructor, direct feedback and telling the students about any concerns is required.

Tell:

Acknowledge the insight of the student and then provide non-judgmental observations on performance. The focus should be on specific items where the student is having trouble. Being straight forward in this phase is important. Phrasing the feedback in the form of a personal observation, such as "I noticed...", makes the comments seem less personal and may be better received than comments directed at the student, such as "you didn't do...", or "you should work on...". Telling the student why the instructor is concerned is also important. This lets the student appreciate the seriousness of the observed performance gap.

Ask:

Ask the student: "How can I help you?" The instructor and student can then together reflect, analyze, and plan on a method to address the identified performance gaps.

After the "Ask-Tell-Ask" feedback, the instructor acts on the information to assist the student. An example of an "Ask-Tell-Ask" feedback conversation is provided in the table on page 7. In this case the instructor should allow the student some additional time to review the NRP flow diagram before continuing with the course. By acting on the information obtained during the "Ask-Tell-Ask" feedback conversation, the instructor can meet the needs of the student in an informed manner. This individualized approach may take additional time and effort on the part of the instructor, but the payback for the effort in regards to the performance of students is substantial.

EXAMPLE OF 'ASK-TELL-ASK' FEEDBACK

ASK

Instructor:

"Nancy, how do you think you are doing in this class?"

Student:

"I think I'm doing okay..."

TELL

Instructor:

"It appeared that you were having a hard time remembering the NRP flow diagram. Knowing the flow diagram is a critical piece of NRP, I can't let you pass the course today unless you can show me that you know the steps in the correct sequence."

Student:

"Yes, I do have trouble remembering the steps sometimes."

ASK

Instructor:

"How can I help you? Should we go over the flow diagram together? Would you like some time to review the flow diagram on your own?"

Student:

"I think I would like to review it on my own. I'm sure I can get it if I just spend some time reviewing!"

Instructor:

"Okay, I can give you about 10 minutes to review during the break. If it seems that you need more time, you'll need to repeat the course. Let me know if you have any questions, okay?"

References: 1. Ende J. Feedback in clinical medical education. *JAMA*.1983;250:777-781.



2015 NRP® Current Issues Seminar

Registration Opens the First Week of June



AAP experience

National Conference & Exhibition

October 24 – 27, 2015 | Washington, DC

MONUMENTAL



Save the date for Friday, October 23, 2015 and don't miss your chance to participate in the (C0009) **NRP® Current Issues Seminar** to be held in conjunction with the 2015 American Academy of Pediatrics (AAP) National Conference and Exhibition (NCE) in Washington, DC.

This seminar is intended and best suited for current NRP instructors and clinical healthcare professionals involved with neonatal resuscitation. Topics at this year's seminar will include a review of the new Guidelines for Neonatal Resuscitation and Emergency Cardiovascular Care (to be released on October 14), NRP 7th Edition course and administrative changes, instructor development, and learner engagement.

PLEASE NOTE: THIS IS NOT AN NRP COURSE.

Plenary Lectures

- NRP 7th Edition Materials: Where NRP is Going
- The ILCOR process for evidence-based review and the role of public comment
- The impact of temperature on neonatal resuscitation and temperature maintenance strategies
- Chest Compression to Ventilation Ratio: Still not PALS for Newborns
- eSimulation
- The OB Perspective of NRP
- Taking Simulation & Debriefing to the Next Level

Breakout Sessions

- Your Scenario Begins Now: Case Demonstrations of the New Science
- What Will 7th Edition Courses Look Like?
- Ethics in the Delivery Room
- How to Successfully Debrief the Debriefers
- Essential Care for Every Baby and Essential Care for Small Babies

Seminar Objectives

After participation in this seminar, attendees should be able to:

- Describe NRP 7th Edition materials and vision for program development
- Discuss the ILCOR process for evidence based review and the role of public comment
- Recognize the impact of temperature on neonatal resuscitation and temperature maintenance strategies
- Summarize the NRP ratio of chest compressions to ventilation and the importance of neonatal physiology
- Recognize the role and application of eSimulation within NRP
- Explain how obstetric providers change practice in response to NRP
- Examine how to enhance NRP course simulation and debriefing
- Outline how to demonstrate the new science in NRP courses
- Explain what NRP 7th Edition courses will look like
- Discuss ethical considerations in the Delivery Room
- Summarize how to enhance debriefing skills for peers through debriefing
- Compare Essential Care for Every Baby and Essential Care for Small Babies

The 2015 National Conference and Exhibition will be held at the Walter E. Washington Convention Center **October 24-27, 2015 in Washington, DC**. Registration pricing will be available in mid-May; registration for the 2015 National Conference will open on June 1, 2015 – please check www.aapexperience.org then!

Please note: The NCE exhibit floor will not be open until Saturday, October 24th.

The 2015 NRP Current Issues Seminar utilizes an online syllabus, and participants will not be provided paper handouts. Participants are encouraged to bring a laptop or print handouts in advance. Attendees will receive a web link to view the handouts two weeks prior to the 2015 NRP Current Issues Seminar.

NRP Current Issues Seminar (C0009) Friday, October 23, 2015

7:30-8:30AM	Registration	11:30AM-12:00PM	Taking Simulation & Debriefing to the Next Level <i>Christopher Colby, MD, FAAP</i> <i>Taylor Sawyer, DO, MEd, FAAP</i>
8:30-8:40AM	Welcome <i>Christopher Colby, MD, FAAP, Program Chair</i> <i>Marya Strand, MD, FAAP, Program Chair</i> <i>Samuel Mujica Trenche, MD, FAAP, Program Chair</i>	12:00-1:00PM	Lunch
8:40-9:10AM	NRP 7th Edition Materials: Where NRP is Going <i>Gary Weiner, MD, FAAP</i> <i>Jeanette Zaichkin, RN, MN, NNP-BC</i>	1:00-2:30PM	Concurrent Sessions
9:10-9:30AM	The ILCOR Process for Evidence-Based Review and the Role of Public Comment <i>Myra Wyckoff, MD, FAAP</i>		Breakout 1: Your Scenario Begins Now: Case Demonstrations of the New Science <i>Marya Strand, MD, FAAP</i> <i>Jeanette Zaichkin, RN, MN, NNP-BC</i>
9:30-10:00AM	The Impact of Temperature on Neonatal Resuscitation and Temperature Maintenance Strategies <i>Henry Lee, MD, FAAP</i>		Breakout 2: What Will 7th Edition Courses Look Like? <i>Linda McCarney, MSN, RN, NNP-BC, EMT-P</i>
10:00-10:20AM	Break		Breakout 3: Ethics in the Delivery Room <i>Steven Ringer, MD, PhD, FAAP</i> <i>Henry Lee, MD, FAAP</i>
10:20-10:40AM	Chest Compression to Ventilation Ratio: Still not PALS for Newborns <i>Vishal Kapadia, MD, FAAP</i>	2:30-2:45PM	Breakout 4a: How to Successfully Debrief the Debrief <i>Christopher Colby, MD, FAAP</i> <i>Taylor Sawyer, DO, MEd, FAAP</i>
10:40-11:00AM	eSimulation <i>Anne Ades, MD, FAAP</i> <i>Kimberly Ernst, MD, MSMI, FAAP</i>	2:45-4:15PM	Break
11:00-11:30AM	The OB Perspective of NRP <i>Jessica Illuzzi, MD, MS, FACOG</i>	4:15PM	Repeat Concurrent Sessions 1-3
		4:15-4:45PM	Breakout 4b: Essential Care for Every Baby and Essential Care for Small Babies <i>Carl Bose, MD, FAAP</i> <i>Nalini Singhal, MD, FAAP</i>
			Adjourn
			Debriefing (Optional) Join the faculty for a debriefing session and an opportunity to ask any unanswered questions.

Seminar Credit

The American Academy of Pediatrics is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. This activity was planned will be implemented in accordance with the ACCME Essentials.

All faculty and planning committee have no conflict of interest. Criteria for successful completion includes attendance at the seminar and submission of an evaluation form.

The AAP designates this educational activity for a maximum of 6.0 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity. This activity is acceptable for a maximum of 6.0 AAP credits. These credits can be applied toward the AAP CME/CPD award available to Fellows and Candidate Members of the AAP.

The American Academy of Physician Assistants (AAPA) accepts *AMA PRA Category 1 Credits™* from organizations accredited by the ACCME.

This program is accredited for 6.0 NAPNAP CE contact hours of which 0 contain pharmacology (Rx), 0 related to psychopharmacology, 0 related to controlled substances, content per the National Association of Pediatric Nurse Practitioners (NAPNAP) Continuing Education Guidelines.

This activity has been submitted to the Ohio Nurses Association (OBN-001-91) for approval to award contact hours. The Ohio Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Please contact Kirsten Nadler at knadler@aap.org for more information about nursing contact hours for this activity.

Application has been made to the American Association for Respiratory Care (AARC) for continuing education contact hours for respiratory therapists.

AAP NATIONAL CONFERENCE AND EXHIBITION REGISTRATION CAN BE FOUND AT WWW.AAP.ORG/NCE.

7th Edition NRP® ...



What can former Regional Trainers do for NRP?

The retirement of the title “Regional Trainer” should not change the current leadership role Regional Trainers hold within their hospitals, hospital networks, or regions. Some Regional Trainers act as resources and advocates for the Hospital-based Instructors in the community hospitals of their “region” while other Regional Trainers have no defined responsibilities within any network.

For Regional Trainers who function in a pivotal role as NRP resources and experts, the AAP title change to Hospital-based Instructor should not affect those job responsibilities. If it is necessary to differentiate the expert role from that of other NRP instructors, their institutions may decide on a title that suits that specific job description.

When does this change take effect?

How does it impact a current Regional Trainer's expiration date?

Beginning January 1, 2017, all Regional Trainers will become Hospital-based Instructors. However, each instructor will retain his/her existing expiration date.

For example:

- A Regional Trainer with an expiration date of February 12, 2017 will become a Hospital-based Instructor on January 1, 2017 and must meet all renewal requirements to maintain instructor status by February 12, 2017. The next expiration date is February 12, 2019.
- A Regional Trainer whose status expires December 3, 2016 must meet all requirements necessary to maintain Regional Trainer status by December 3, 2016. The NRP title still changes from Regional Trainer to Hospital-based Instructor on January 1, 2017. The next expiration date is December 3, 2018.

Who will teach NRP instructor courses?

Eligible candidates who wish to become Hospital-based Instructor candidates may attend a Regional Trainers' traditional in-person Hospital-based Instructor course as long as they achieve HBI status by December 31, 2016. Beginning January 1, 2017, any NRP provider who wishes to become an instructor must apply online to the American Academy of Pediatrics to become an instructor candidate, then begin the training process which will require taking the instructor course online, and choosing an NRP instructor mentor.

Who is an NRP Instructor Mentor?

To help give novice instructors their best start, the Instructor Development Task Force strongly recommended a mentoring component within the NRP Instructor training program. Going forward, instructor mentors will play an integral role in the instructor training process and have full support of the NRP.

Mentors will share their experiences and guide their trainees as they navigate the instructor development process. This is an opportunity for former Regional Trainers to take a strong leadership role in the development of new NRP instructors and contribute to our ongoing goal of improving the quality of new NRP instructors.

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INSTRUCTOR MENTORS WILL BE STRONGLY ENCOURAGED TO VIEW A PRE-RECORDED NRP WEBINAR ANYTIME (AT NO COST) THAT PROVIDES INFORMATION, RESOURCES, AND GUIDANCE FOR EFFECTIVE MENTORSHIP.

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An NRP instructor who has taught at least four NRP provider courses can become an instructor mentor. If an instructor allows their instructor status to lapse, they need to complete all of the instructor requirements to once again become an active instructor. They will also need to teach 4 NRP provider courses before becoming an instructor mentor again.

Instructor mentors will be required to affirm an instructor candidate's application, co-teach at least two courses with a candidate, and facilitate at least one “Debrief the Debrief” session with the instructor candidate following a neonatal resuscitation simulation/debriefing event.

Due to significant variability in training within states and institutions, enhanced training and mentorship is more vital than ever and the NRP is fully committed to supporting Instructor Mentors with tools and resources for a standardized approach. Instructor mentors will be strongly encouraged to view a pre-recorded NRP webinar anytime (at no cost) that provides information, resources, and guidance for effective mentorship.

New NRP Instructor Eligibility Requirements and Training Process

NRP providers who want to become NRP instructor candidates must meet the following eligibility requirements for NRP 7th Edition:

- NRP instructor candidates must be physicians, registered nurses/nurse practitioners, respiratory care practitioners, or physician assistants with experience in the hospital care of newborns in the delivery room.
- The NRP instructor candidate must have current maternal-child educational or clinical responsibility within a hospital setting.
- It is recommended that NRP instructors and instructor candidates have ongoing delivery room experience.

With this modification in the NRP Instructor structure, we can now streamline and standardize the education process and provide better resources for ongoing instructor development.

The new steps for becoming an NRP Instructor include:

1. Possess a current provider course completion card for all NRP lessons
2. Designate an eligible NRP instructor mentor
3. Complete the new online NRP Instructor application
4. Upon application approval, the NRP instructor candidate will receive access to an instructor candidate account in the NRP database that includes online resources for completing the instructor training requirements. These requirements must be completed within one year of the application approval.
5. Review the instructor tools and resources and complete the NRP online instructor course.
6. Co-teach two NRP Provider courses with guidance and supervision from the designated instructor mentor.
7. Facilitate scenarios and conduct debriefings during a provider course and participate in at least one “Debrief the Debriefing” session managed by the instructor mentor.
8. Take the NRP Online Instructor Examination.

Maintaining Instructor status after January 1, 2017

If you are already an NRP instructor and continue to meet maintenance requirements, you will remain an NRP instructor in good standing. Current NRP instructors will be required to:

- **Teach or co-teach two courses during the two year renewal period**

This is the same requirement as in previous NRP editions.

- **Complete NRP eSim**

NRP eSim is a computer-based online neonatal resuscitation simulation exercise which will be required to achieve NRP provider status. This cutting-edge technology will allow learners to apply textbook knowledge, hands-on and decision-making skills in a virtual 3-D environment. The NRP eSim will be part of the blended learning environment that will help learners acquire skills before the face-to-face Provider course, which allows more opportunity during the course to refine skills and work on teamwork and communication.

- **Complete the NRP Instructor Examination**

The Instructor Development Task Force and NRP Steering Committee agreed that asking instructors to take both the NRP online exam and a separate instructor exam would create too many hurdles for most instructors. Therefore, the NRP Instructor Examination will combine key elements of both “performing resuscitation” and “facilitating learning” into one online exam of reasonable length.

- **Maintain Instructor Toolkit Access**

The NRP has been functioning with the same online database since 2000. A new database launches in spring 2016 and will streamline and standardize the education process and provide you, your learners, and your institution with better services and resources. The new NRP database will automate many aspects of the administrative portion of NRP, such as roster management and electronic NRP provider card access and distribution. The Instructor Toolkit will be part of the new database.

The benefits of the NRP Instructor access include:

- All instructional resources in one location (keyword searchable). For example, if the keyword is “laryngeal mask,” the Instructor Toolkit database will list links to NRP Instructor Update articles, instructional videos from the online Instructor Course, any simulation videos using the laryngeal mask, podcasts, NRP eSimulation, ILCOR worksheets, etc
- No NRP Instructor Manual to purchase because all relevant content is online
- No NRP Instructor DVD to purchase because it is replaced by the online Instructor course
- Online examination access for instructors, including continuing education credit
- Online Instructor Course access to instructor candidates and current NRP instructors
- A webinar for NRP instructor mentors available anytime for review and guidance
- Downloadable PDFs of most commonly used documents and checklists for use in NRP Provider courses
- Podcasts by neonatal resuscitation experts
- Since there will be no printed Instructor Manual, the AAP will have the ability to update educational materials and provide new resources throughout the life of the 7th Edition

The access fee will be due every two years and includes the previously listed benefits. Additional information about the access fee will be available in mid-late 2015.

The NRP 7th Edition promises many changes that will streamline work and help ensure a high quality program. The American Academy of Pediatrics will continue to respond to your questions and suggestions and provide the resources necessary to support every hospital’s quality Neonatal Resuscitation Program.

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NRP® Research Grants Awarded

Mark Your Calendar With These Important Dates!



Congratulations to the following individuals who received 2014 NRP Grant Awards

Young Investigator Awards:

Munmun Rawat, MBBS
State University of New York at Buffalo

“Optimal Oxygen Saturation Range During Resuscitation Following Severe Asphyxia.”

Payam Vali, MD
State University of New York at Buffalo

“Continuous Chest Compressions During Sustained Inflations in Preterm Lambs with Asphyxial Arrest”

Research Grant Award:

Georg Schmölzer, MD, PhD
Royal Alexandra Hospital

“MRSOPA – Drills to Improve Mask Ventilation in the Delivery Room”

Congratulations to our research grant awardees!

The Fall/Winter issue of the *NRP Instructor Update* will include information about the 2016 NRP Research Grant Program and Young Investigator Award opportunities.

- Publication of the revised American Academy of Pediatrics/American Heart Association Guidelines for Neonatal Resuscitation and Emergency Cardiovascular Care



OCTOBER 14th 2015

2015 OCTOBER 23rd



- NRP Current Issues Seminar in Washington, DC

- Launch of new NRP Database and Learning Management System



- NRP 7th Edition *Textbook of Neonatal Resuscitation*, reference materials, online examination, instructor application, and online instructor course



SPRING 2016

2016 OCTOBER 21st



- NRP Current Issues Seminar in San Francisco, CA

- 7th Edition mandatory implementation date
- NRP Regional Trainer title retirement



JANUARY 1st 2017



NRP® Online Examination Reminder

As a reminder, all Hospital-based Instructors and Regional Trainers are required to complete the NRP online examination every 2 years, beginning in 2013, based on their renewal date. However, instructors do not need to wait for their renewal date to approach to take the online examination. The exam will be provided at no charge to instructors once per calendar year.

HAVE QUESTIONS? CONTACT THE AAP LIFE SUPPORT STAFF AT LIFESUPPORT@AAP.ORG.