



**REGIONAL PERINATAL
SPECIALTY PROGRAM**



PROGRAM SYLLABUS

Adapted from the Regional Perioperative Education Program
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Interior Health would like to recognize & acknowledge the traditional, ancestral, & unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, & Tšilhqot'in Nations where we live, learn, collaborate & work together.

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Program Goal

The goal of the Interior Health (IH) Regional Perinatal Specialty Program (RPSP) is to prepare Registered Nurses to provide safe, competent, professional, and patient centered care in the perinatal setting, at a competent novice level by the end of the program.

Program Description

The RPSP is a Canadian Nurses Association (CNA) accredited program supported by the Professional Practice Office (PPO) and Maternal Newborn Child Youth Network (MNCY). RPSP uses a standardized, evidence informed on-line curriculum offered by the Association of Women's Health, Obstetric and Neonatal Nurse (AWHONN), called *Perinatal Orientation and Education Program (POEP)*, Managing Obstetrical Risk Efficiently (MoreOB) platform, and the Step 2 Breastfeeding Essentials (STEP 2) course.

AWHONN, MoreOB, and STEP 2 Education programs are internationally recognized. MoreOB is used throughout Interior Health as standardized education, teamwork, and a risk management program.

RPSP combines AWOHNN, MoreOB, and Step 2, two education weeks* and preceptorship to help prepare nurses to provide safe and competent novice-level care in both Labour/Birth and Postpartum units. Furthermore, the RPSP requires learners to have completed the Fetal Health Surveillance Fundamentals (FHS) course and Neonatal Resuscitation Program (NRP) within 2 years of starting the program.

Preparation will be accomplished by:

- Introducing the theory, concepts and evidence-based practice guidelines that are fundamental to perinatal nursing.
- Developing the specialized knowledge, skills, critical thinking, clinical judgement, reasoning, and attitudes required to provide safe, competent and individualized care to the perinatal population through a preceptorship.
- Promoting professionalism in perinatal nursing which will be facilitated through regular Regional Knowledge Coordinators (RKC) led debriefs.

The RPSP is open to Registered Nurses interested in perinatal nursing practice and requires manager approval. The course offers education for the full spectrum of perinatal care: including antepartum, intrapartum, postpartum, and newborn care. While some newborn complications are discussed, this program will not provide the detailed education required to practice in a Neonatal Intensive Care Unit (NICU).

The program provides a condensed format consisting of online modules, in-person education weeks that includes skills/simulation activities, and preceptorship in higher birth rate obstetrical sites. Given the condensed time frame, a full-time commitment is required to complete all in-person education weeks, and clinical experience. If a learner should fall behind for any reason, the RKC should be contacted immediately; the RPSP goal is to support the learner's success with a focus on individual learning needs.

Program Objectives

At the completion of the RPSP, the Registered Nurse is expected to achieve the following competencies, **at the novice level:**

1. Demonstrates the ability to practice professionally in the perinatal practice setting;
2. Demonstrates the ability to provide safe and evidence-informed patient care;
3. Demonstrates the ability to identify and access evidence-based resources to support perinatal practice;
4. Demonstrates accountability and responsibility for their own perinatal practice;

5. Demonstrates the ability to assess their own practice and implement a comprehensive [Professional Development Goal Plan \(PDGP\)](#) for personal professional learning to advance the quality of one's nursing practice in perinatal;
6. Demonstrates the knowledge, skills, critical thinking, clinical judgement, reasoning, and attitude in the following areas:
 - Assessment of the perinatal population in the antenatal, intrapartum, postpartum and newborn care
 - Organization, coordination, and provision of care
 - Communication and documentation
 - Urgent and/or emergent maternal/fetal/newborn conditions
7. Demonstrates the ability to promote, protect, support breast/chestfeeding and family infant feeding choices
8. Demonstrates the ability to provide trauma-informed, family centred care to patients and their families;
9. Demonstrates the ability to function as a supportive and collaborative multidisciplinary team member;
10. Demonstrates knowledge, skills, critical thinking, clinical judgement, reasoning, and attitude in the safe and appropriate use of obstetrical and neonatal equipment.

Program Content

The program content is evidence based and applicable to perinatal nursing in any facility. Course content includes knowledge, skills, critical thinking, clinical judgment and reasoning, and attitude required to provide care to patients in antepartum, intrapartum, postpartum, and newborn care. The learner will gain a comprehensive understanding of the common topics, concepts and practices fundamental to perinatal specialty nursing. These concepts/topics include:

- Introduction to perinatal trauma-informed practice
- Professionalism
- Teamwork and collaboration
- Assessment and care of a pregnant person and family in the antepartum, intrapartum, and postpartum
- Assessment and care of a newborn at birth and postpartum
- Organization, Coordination, and Provision of Perinatal Care
- Communication and Documentation
- Role of perinatal nurse in recognizing and responding in an urgent or emergent maternal/fetal/newborn situation
- Promoting, protecting, supporting breast/chestfeeding and family infant feeding choices
- Role of the perinatal nurse within obstetrical team
- Perinatal Loss
- Safe use of obstetrical and neonatal equipment
- Family-centered care

Program Delivery

The RPSP utilizes a blended learning model. The program is divided into 3 parts:

1. Distance Theory Learning – Prerequisites	2. Education Weeks	3. Preceptor-Led Practicum
<ul style="list-style-type: none"> Learner is responsible to complete AWHONN 15 online modules and required readings at their own pace within a 12-week period PRIOR to attending education week one – unpaid study time Learner is responsible to complete the Step 2 Breastfeeding Essentials online modules at their own pace within a 12-week period PRIOR to attending education week one unpaid study time Learner is responsible to complete assigned MoreOB Chapters and Quizzes for Week 1 & 2 Education weeks. Learner is responsible to complete the full NRP requirements PRIOR to attending education week one Learner responsible to complete the full FHS Fundamentals requirements PRIOR to attending education week one 	<ul style="list-style-type: none"> RKC led Education weeks Week 1 (37.5-hr) prior to preceptorship - required. Week 2 (37.5-hr) midway through preceptorship - required. <p>Prerequisite for participation in Education Week:</p> <ul style="list-style-type: none"> Completion of the AWHONN modules theory with 80% or higher. Completion of Step 2 Breastfeeding Essentials. Completion of assigned MoreOB Chapters and Quizzes for each week. FULL NRP and FHS Fundamentals courses within the last 2 years. Send ALL certificates to RPSP@interiorhealth.ca <p>Perinatal nurses working in non-tertiary sites*:</p> <ul style="list-style-type: none"> Neonatal RKC led additional Education Week (37.5-hr), Enhanced Neonatal Stabilization Training (ENST), reviewing neonatal stabilization. <p>Note: while clinical hours in a NICU are not a requirement, it is beneficial for these learners to follow an infant who is unwell or admitted to NICU when possible, during clinical time. *Tertiary sites are defined as Royal Inland Hospital and Kelowna General Hospital.</p>	<ul style="list-style-type: none"> 26 X 11 hour shifts at IH designated site <p>Prerequisite to start Preceptorship:</p> <ul style="list-style-type: none"> Completion of Education Week 1.

Teaching and Learning Strategies

Theory

The theory component of the RPSP includes the completion of 15 modules from AWHONN, 10 modules from Step 2, and a total of 29 Chapters from the MoreOB program. At the end of each module in both AWHONN and Step 2 modules, there is a post-test. The learner must achieve 80% or greater, on each individual post-test to proceed.

The learners are assigned MoreOB Chapters prior to week one and week two education weeks. The learner must complete the assigned readings, log the chapter and complete the quizzes associated with the Chapter. Once completed the program generates a Logbook that must be submitted to the RKC prior to the start of the education weeks.

All learners are required to have FHS and NRP courses within 2 years of starting the program. If these courses are not current, or the learner has never completed, the learner will be required to complete in addition to the AWHONN, Step 2, and MoreOB chapters.

The theory is completed over a 12-week time frame which is completed at a self-directed pace. Learners are not paid for completing AWHONN, Step 2, or MoreOB Chapters in this component of the program. The RKC are available at any point during this time to answer questions or support the learners' journey.

Education Weeks

There are two education weeks designed into the program. The initial week is completed prior to the start of preceptorship. The second week is placed at approximately week five after the learners are able to experience some clinical preceptorship.

A third education week is provided to the learners working at non-tertiary sites. This ENST week focuses on stabilization of the unwell neonate.

The RKC's use a trauma-informed approach to create a psychologically safe and learner centred environment. Using a team-based constructivist learning approach, RPSP focuses on synthesizing knowledge acquired through prior theory with interactive skill stations, case studies, concept maps, group activities, and simulation. IH pre-printed orders and protocols, and Perinatal Services BC (PSBC) documents are used to consolidate learning and increase confidence and competence in the clinical setting.

Preceptorship

The preceptorship experience provides the learner with the opportunity to integrate perinatal knowledge, skills, critical thinking, clinical judgment and reasoning, and attitude. The learner will be assigned a lead preceptor to gain a variety of clinical care opportunities to develop and grow skills in antepartum, triage, intrapartum, postpartum, newborn care, and urgent/emergent situations.

The following documents will be utilized to guide learning, development, and evaluation throughout the preceptorship. The RPSP Clinical Preceptorship Log is used to track daily experiences, document weekly self-reflections, preceptor feedback and set goals. The RPSP Learning Passport is used as a skills checklist and clinical log for key perinatal assessments such as antenatal, postnatal and newborn assessments. The RPSP Nursing Practice Evaluation is completed at midterm and final stages in collaboration with the preceptor, learner, and RKC.

Regular debriefs with the Perinatal RKC, learner, and preceptor occur throughout the preceptorship. Debriefs are a collaborative opportunity for the learner and the preceptor to reflect on practice, ask questions, and set goals for future development.

The RPSP documents and debriefs are used to help support the creation of the [PDGP](#) for the learner for present and future career development.

Success in the program requires completion and participation in the theory, education weeks, and preceptorship. Competency is evaluated based on the RPSP Nursing Practice Evaluation document.

Formative Evaluation/Feedback

The purpose of formative evaluation is to make adjustments to the learning process, as needed, with the goal of improving learner achievement (Bastable, 2003). This process includes:

1. Development of and focus on learning goal(s).
2. Evaluation of learner progress in relation of goal(s).
3. Taking action to move closer to the goal(s).

Along with being provided feedback on their learning, learners will be required to seek out effective feedback from peers, or members of the interdisciplinary team and document in the [Clinical Preceptorship Log](#). It is important to document feedback to facilitate in the formative learning cycle: Feedback received and sought out will assist in creating, evaluating and taking action towards goals.

Progress Assessment and Evaluation

The Learner is evaluated for perinatal competency, at the novice level by various methods of competency assessment that are within the program:

Component	Criteria	Completed
Pre-Requisites	Complete Fetal Health Surveillance Fundamentals (FHS) requirements (8hr in-person course & online exam) – certificates on file	
	Complete Neonatal Resuscitations Program (NRP) requirements (8hr in-person course & online exam) – certificates on file	
Perinatal Theory	AWHONN-POEP modules & quizzes complete with certificates sent to Specialty Education. Minimum 80% score to pass.	
	Assigned Managing Obstetrical Risk Efficiently (MoreOB) chapters & quizzes logged – logbook on file	
Breastfeeding Education	Step 2 Education - ES02 Breastfeeding Essentials Modules complete & quizzes complete with certificates sent to Speciality Education. Minimum 80% score to pass.	
Education Weeks (Perinatal Regional Knowledge Coordinator-led education, skills, and simulations)	Attended week one (37.5-hours)	
	Attended week two (37.5-hours)	
	Attended week three (37.5-hours) *non-tertiary site learners only (Neonatal RKC led)	
Clinical Practice Preceptorship	Total of 286 hours (26 x 11-hour shifts)	
Preceptorship	Preceptorship log: completed log, with weekly reflections, preceptor feedback, and goals	
	Submitted for planned debriefs	
	Learning Passport:	
	Formal review at debriefs, midterm & final evaluations	
	ENST Learning Objectives Document – if applicable	
	Completed, submitted, and reviewed	
	Midterm Case Study	
	Completed & submitted on time. Shows evidence of critical thinking, and application of theory	
	Nursing Practice Evaluation: Competency domain indicators reviewed with Preceptor &/or Instructor	
	Midterm evaluation	
	Final evaluation - deemed successful in RPSP – must “meet competency” as indicated on the Nursing Practice Evaluation form.	
Post-Completion	Complete i-Learn 3645 Regional Perinatal Specialty Program Competency Validation	
	Submitted Professional Development Goal Plan	

Case Study Assignment

Learners will complete a Case Study Assignment after Week 1 Education. This assignment consists of scenarios commonly experienced in the perinatal setting.

The purpose of this assignment is to provide learners the opportunity to analyze common perinatal scenarios and apply perinatal theory to these clinical situations. The learners have the opportunity to identify patient needs, interventions, and treatments and explore different perspectives that may be involved in the care of the perinatal population, using the nursing process. It is expected that the learner can demonstrate knowledge, critical thinking, clinical judgement and reasoning, and attitude in this written assignment.

The learner is expected to use approved evidence based perinatal resources to support their work.

The assignment will be assessed by the RKC's for appropriate use of perinatal terminology, language, and nursing process, evidence of knowledge, critical thinking, clinical judgement and reasoning, and attitude. Formative written feedback will be provided to the learner. This feedback is intended to support and improve the learners' development as a perinatal nurse.

Along with the formative written feedback the assignment will be evaluated as complete or incomplete. A marking rubric will be used by the RKC's and provided to the learners. If the RKC evaluates the assignment as incomplete the learner will be given one additional opportunity to complete the assignment to the above expectations. If the second attempt is evaluated as incomplete, the RKC and learner will collaboratively create a [PDGP](#). This goal plan will be submitted to the Clinical Education Manager.

The assignment is due on the date stated in the assignment email. Requests for extensions on this must be made in writing (via email) no less than three days prior to the due date. Extensions will be considered on an individual basis. The length of extension is to be negotiated between RKC and the learner. The assignment is to be submitted by email to the RKC's - RPSP@interiorhealth.ca.

Academic Integrity

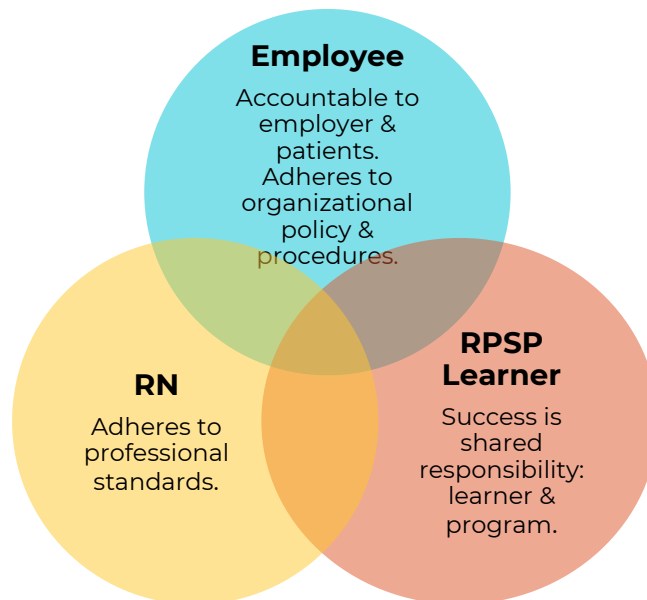
Academic integrity is intellectual honesty and responsibility for academic work that is submitted individually or as a group. It involves the commitment to the values of honesty, trust, and responsibility. It is expected that learners will respect these ethical values in all activities related to learning, teaching, research, and service. Therefore, acts against academic integrity are serious offences that will result in consequences, including but not limited to removal from RPSP and reimbursement of any monetary support provided up to the point of removal.

Roles and Responsibilities – Learner, Preceptor, and Regional Knowledge Coordinator

Learner Role and Responsibility

Learners are expected to engage in and complete preparatory activities outside of preceptorship to successfully complete the program requirements.

A learner is responsible to the employer, the program, and the profession:



- Complete the pre-requisites of FHS course – (refresher course not eligible) and NRP prior to in-person education (required). If unable to attend a course, contact specialty education at RPSP@interiorhealth.ca
- Complete all AWHONN online modules. This must be completed prior to day 1 of the in-person education week, including post-tests to 80% passing grade. Send completion certificates to RPSP@interiorhealth.ca
- Complete Step 2 Breastfeeding Essentials online course prior to day 1 of the in-person skills week, including post-tests to 80% passing grade. Send completion certificates to RPSP@interiorhealth.ca
- Complete assigned MoreOB Chapters (this includes logging chapters and quizzes). Send MoreOB logbook to RPSP@interiorhealth.ca
- Attend all in-person education weeks and preceptorship hours. If unforeseen absence occurs, report absence to Perinatal RKC and manager. Alternative learning activities or learning plan adjustment will be considered when possible.
- Communicate with a Perinatal RKC and Specialty Education if any challenges or concerns are experienced with the content, program, or schedule.
- Complete the ENST Learning Objectives document (as applicable).
- Utilize and complete self-assessment with Nursing Practice Evaluation during preceptorship experience in partnership with preceptor.
- Utilize and complete the Preceptorship Log and Learning Passport.
- Completes the case study assignment on time and is evaluated as complete based on the marking rubric.
- Communicate learning needs with preceptor and Perinatal RKC.
- Review Nursing Practice Evaluation and Preceptorship Log with preceptor and Perinatal RKC at midterm and end of clinical experience/preceptorship.

Learners' Conduct

Learner's conduct will be congruent with the following:

- Code of Ethics for Registered Nurses and Licenced Practical Nurses (Canadian Nurses Association [C.N.A] [Ethics - Canadian Nurses Association \(cna-aiic.ca\)](http://ethics-canadian-nurses-association.cna-aiic.ca))
- British Columbia College of Nursing Professionals (BCCNP), Professional Standards for Registered Nurses and Nurse Practitioners (2018) [Home \(bccnm.ca\)](http://home.bccnm.ca)
- [Interior Health Workplace Environment Policy \(AU1000\)](#)
- [Interior Health Practice Standard and Procedure: Dress code.](#)

Confidentiality

Learners are responsible for preserving privacy and confidentiality in both the actual and virtual worlds, including face to face meetings, phone calls, texts, emails, and all aspects of social media. The right to privacy and confidentiality includes information and/or images of patients, other learners, hospital employees, educators and health authority personnel.

Attendance

Success in the program is dependent upon the learner's understanding of the content, and being able to practice the application of this new knowledge. It is a requirement that learners attend the in-person education weeks, and preceptorship experience. Throughout the program the RKC's will schedule required debriefs with learners, attendance of the learner is a requirement.

Learners will be unable to take vacation or scheduled days off during the education weeks and preceptorship. If absence is unavoidable, the learner will be required to complete assignments to replace missed in-person education days and may need to review these assignments with the RKC.

If more than 2 days in education week(s) are missed this will be discussed on a case-by-case basis with the Specialty Education manager. If the absence occurs during preceptorship the RKC will work with the learner and the site to arrange additional shifts with approval from site manager.

RPSP Learner Sick Call Procedure

If you are sick it is an expectation that you call the [Employee Absence Reporting Line \(EARL\)](#)

How does EARL work?

The process is very simple for staff and managers:

1. Employee calls a toll-free number: **1-855-264-9515**
2. Pick your home site scheduling office.
3. Employee enters their **employee id, verifies their job details, enters the reason for their absence** from a list common to all Health Authority work units, and their absence shift and start time. Operator assistance is available at any time for unique circumstances.
4. The employee will be transferred live to the manager (scheduler, coordinator, or other designate) and an email about the absence will be immediately sent after the absence has been logged by the system.
5. Please contact your Regional Knowledge Coordinator (RKC) by text, or phone to ensure they are aware of your absence.
6. It is required that you inform the unit and preceptor of your absence. Please ensure you have the phone numbers of your Preceptor and Preceptoring unit.

The RKC then will work with the learner and the site to arrange an additional shift(s) in-lieu of the missed shift(s). The Preceptoring Site has final approval of adjusting/adding shifts.

Learning Goals

The [PDGP](#) is an IH tool available to learners and staff to use to **assess knowledge, skills, critical thinking, clinical judgment and reasoning, and attitude to facilitate continuous improvement, and set career goals**. The PDGP identifies strategies for the learner to achieve program goals. The PDGP may be used individually or as a collaborative process to strategize ways to achieve learner goals, signed off by the learner and a designate support person (e.g., educator, mentor, manager). It is recommended for all healthcare professionals to re-evaluate and revise their plan at least once a year.

Learner Resources

- [RPSP Team Site access](#)
- AWOHNN modules
- MoreOB website
- Step2 Education website
- Hospital specific policy/procedures
- Fetal Health Surveillance (FHS) textbook
- Neonatal Resuscitation Program (NRP) textbook
- Canadian Pediatric Society (CPS)
- UBC Continuing Professional Development eLearning
- PHSA – Learning Hub
- Perinatal Services BC
- ACoRN textbook and essential guide.

Preceptor Role and Responsibility

- Attend an IH Preceptor workshop prior to providing support as preceptor (recommended)
- Orient the learner to the clinical area and expectations of nursing care standards.
- Actively teach and guide the learner as they transition into a new, unique practice environment.
- Responsible for supporting the learner throughout their clinical practicum experience and working alongside the learner on the unit.
- Assist the learner in feeling comfortable on the ward as a valued member of the nursing team.
- Assist the learner in integrating theoretical knowledge into nursing practice. Provide ongoing constructive feedback.
- Involve multidisciplinary teams, including colleagues and nursing administrators as resources for problem solving, support and guidance.
- Provide regular feedback regarding learner's progress to the learner and the Perinatal RKC.
- Review and complete the Nursing Practice Evaluation and Preceptorship Log in partnership with learner at midterm and end of preceptorship.
- For additional resources, preceptor education, and teaching/learning tips, check out the [Preceptor Community of Practice](#).

Regional Knowledge Coordinator (RKC) Role and Responsibility

- Send welcome letter including how to access AWHONN & STEP 2 modules.
- Arrange for MoreOB accounts to be set up
- Be available to the learner and preceptor during the clinical practicum
- Meet with the learner as requested (via in-person, virtual, or phone as available)
- Work with the learner to create clear and achievable learning objectives
- Work together with preceptor and learner to determine progress in the course
- At the midterm and end of the preceptorship, discuss the learning objectives, learner growth, and preceptorship experiences
- Review Nursing Practice Evaluation and Preceptorship Log with preceptor and learner at midterm and end of preceptorship

- Support and facilitate communication in the event of challenging situations that may arise during the preceptorship
- Act as a resource for both the preceptor and the learner
- Submit the Learner Final Evaluation Checklist
- Determine completion of course and present final certificate to the learner
- RKC will continue to be available for the learner for 18 months following the successful completion of RPSP.

Overview of Electronic Platforms and Resources Available

Online Resources	RPSP TEAMs Classroom
<p>AWHONN Modules</p> <ul style="list-style-type: none"> • Registration email with link and instructions will be sent to all learners by Perinatal Regional Knowledge Coordinators or Leader • Online access <p>Step 2 Breastfeeding Essentials</p> <ul style="list-style-type: none"> • Registration email with link and instructions will be provided <p>MoreOB website</p> <ul style="list-style-type: none"> • Registration email with link and instructions will be provided 	<p>Access to Program Documents and Resources for duration of RPSP program</p> <ul style="list-style-type: none"> • Program Syllabus • Preceptorship Manual • Evaluation Documents <ul style="list-style-type: none"> ◦ Clinical Preceptorship log ◦ Learning Passport ◦ Nursing Practice Evaluation ◦ ENST Learning Objectives ◦ Preceptorship Learning Style document • Professional Development Goal Plan • Link to AWHONN • Link to MoreOB • Link to Step 2 • IH Site policies/procedures

Detailed Theory Outline

Prerequisites Required Prior to Attending Education Week One:

1. Fetal Health Surveillance (FHS) Fundamentals

- Register on [i-Learn](#) **Course ID #644**.
- includes online modules, online exam and 8 hours in-person workshop prior to education week one

2. Neonatal Resuscitation Program (NRP)

- Register for a NRP course on [i-Learn](#) **Course ID#643**.
- includes online modules, online exam and in-person workshop prior to education week one

3. AWHONN-POEP Online Modules self-directed online study

- **Use unique coupon code and instructions sent to your email for access.** ***All modules must be completed prior to the first day of week 1 in-person skills week***
- **Send all certificates to** RPSP@interiorhealth.ca

Module	Name	Topics Covered	Contact Hours
1	Foundations	<ul style="list-style-type: none"> • Harm in Healthcare • Patient Safety • Risk Management • Sources of Perinatal Liability • Respectful Maternity Care 	2.25
2	Reproductive Overview and Adaptation to Pregnancy	<ul style="list-style-type: none"> • Reproductive Overview and Adaptation to Pregnancy • Issues with Fertility • Embryonic and Fetal Development • Physiologic Changes and Psychosocial Adaption • Prenatal Assessment & Screening 	2.5
3	Process of Labor and Birth	<ul style="list-style-type: none"> • Factors Affecting Labor • Labor Assessment • Fetal Assessment During Labor • Stages of Labor • Labor Support & Pain Management 	3.5
4	Complications of Labor and Birth	<ul style="list-style-type: none"> • Labor Induction and Augmentation • Abnormal Labor Patterns • Prevention of Primary Caesarean/Assisted Birth • Obstetric Complications • Patients with Increased BMI (BMI >30) 	3.25
5	Caesarean Birth and Anesthesia Care	<ul style="list-style-type: none"> • Overview of Caesarean birth • Anesthesia • Preoperative Care, Intraoperative Care and ERAS • Sterile Technique and Infection Prevention • Caesarean Birth • PAC-Routine and Complications 	3.0
6	Perinatal Infections	<ul style="list-style-type: none"> • Sexually Transmitted Infections • Perinatal Infections 	3.75
7	Antepartum Complications	<ul style="list-style-type: none"> • Preterm Labor and Birth • Multiple Gestation • Bleeding in Pregnancy • Hypertensive Disorders of Pregnancy • Trauma in Pregnancy 	5.25
8	System Related Complications of Pregnancy	<ul style="list-style-type: none"> • Cardiac Disease in Pregnancy • Hematologic Disorders • Respiratory Disorders • Endocrine Disorders • Gastrointestinal Disorders • Hepatic Disorders 	3.75
9	Postpartum Assessment and Care	<ul style="list-style-type: none"> • Postpartum Physiology • Postpartum Assessment and Care-Vaginal Birth • Postpartum Assessment and Care-Caesarean Birth • Adaptation of Parenthood • Discharge Process 	2.75
10	Postpartum Complications	<ul style="list-style-type: none"> • Postpartum Hemorrhage • Disseminated Intravascular Coagulopathy • Postpartum Infections • Thromboembolic Disorders • Genital Tract/Pelvic Floor Concerns • Hypertensive Disorders in the Postpartum Period • Postpartum Mood and Anxiety Disorders 	3.0

11	Newborn Transition to Extrauterine Life	<ul style="list-style-type: none"> Preparing for Birth Newborn Transition to Extrauterine Life Thermoregulation Transitional Complications 	2.5
12	Newborn Assessment, Routine Care & Discharge	<ul style="list-style-type: none"> Newborn Assessment Routine Newborn Care Newborn Discharge 	3.25
13	Newborn Nutrition	<ul style="list-style-type: none"> Breastfeeding Overview Milk Expression Breastfeeding Challenges Breastfeeding Assessment Supplementation 	2.25
14	Newborn Clinical Deterioration	<ul style="list-style-type: none"> Respiratory Disorders Congenital Heart Defects Sepsis in the Newborn 	2.25
15	Newborn Conditions Affecting Care and Outcomes	<ul style="list-style-type: none"> Growth and Maturation Issues Newborn Hypoglycemia Hyperbilirubinemia Newborns with Substance Exposure 	2.25
16	Perinatal Loss	<ul style="list-style-type: none"> Perinatal nursing and Loss Bereavement, Grief, and Mourning Cultural and Spiritual Aspects of Loss Parental Grief Care of Bereaved Families Caring for the Caregiver 	3.5
Total Contact Hours			49

4. Step 2 Breastfeeding Essentials self-directed online study

- Each learner will be granted access to STEP 2 and will be given a login username and password – instructions will be sent to them from STEP 2.
- **All modules must be completed prior to the first day of week 1 in-person skills week***

Module Number	Module Name	Contact Hours
1	Why Breastfeed?	2.0
2	Protection of Breastfeeding	1.0
3	Communications	2.5
4	Prenatal Education	1.0
5	Birth	2.5
6	Breastfeeding the Infant	5.0
7	Special needs and Infant Challenges	4.0
8	Maternal Challenges	2.5
9	Transition to Community	1.25
10	Wrap UP	0.25
TOTAL Contact Hours		22 hours

5. Managing Obstetrical Risk Efficiently (MoreOB) self-directed online study

- Each learner will be granted access to MoreOB and will be given a login username and password.
- The MoreOB decision trees and algorithms will be used as reference for IH perinatal practice throughout the in-person days, skills, simulations, and clinical experience. Learners will be required to read and log assigned MoreOB chapters, decision tree or algorithm.
- Learners are required to complete quizzes corresponding with the topic content in preparation for a simulation or in-person skills stations. The remaining MoreOB chapters are required to be read and logged prior to 2nd skills week.

MoreOB Chapters Read, Log and Complete Quiz	
Week 1 Education	Week 2 Education
1. Communication & Documentation	1. Obesity
2. Communication Tools	2. Weight, Diet during Pregnancy
3. Vaginal Birth	3. Physical Activity in Pregnancy
4. Labour	4. Breech Presentation and Delivery
5. Shoulder Dystocia	5. Prelabour Rupture of Membranes
6. Documentation	6. Preterm Labour and Birth
7. Intrapartum Fetal Surveillance Part I	7. Group B Strep
8. Intrapartum Fetal Surveillance Part II	8. Hypertensive Disorders in Pregnancy
9. Support & Pain Management in Labour	9. Assisted Vaginal Birth
10. Optimizing Birth Outcomes	10. Delivery of Twins
11. Induction of Labour	11. Venous Thromboembolism and Amniotic Fluid Embolus
12. Postpartum Hemorrhage	12. Trial of Labour After Caesarean Section
13. Teamwork	13. Maternal Sepsis
14. Antepartum and Intrapartum Hemorrhage	14. Maternal, Fetal, and Newborn Loss
15. Umbilical Cord Prolapse	15. Death and Perinatal Grieving
16. Family Violence	Total Contact Hours: 55 hours

***All other chapters in MoreOB can be completed during Orientation at home site.*

Hours

****NOTE:** Learning is variable for each learner and may require increased or decreased study time dependent on previous experience and learning needs.

Component	Hours
Pre-requisites	
AWHONN: Perinatal Orientation and Education Program (POEP) Online Modules *unpaid study time	<ul style="list-style-type: none"> 49* hours (commonly takes longer) AWHONN determined contact hours; individual learning needs may be +/- time
Step 2 Breastfeeding Essentials *unpaid study time	<ul style="list-style-type: none"> 22* hours STEP 2 determined contact hours; individual learning needs may be +/- time
Managing Obstetrical Risk Efficiently (MoreOB) *unpaid study time	<ul style="list-style-type: none"> 55* hours Identified chapters and quizzes are assigned to be read and logged prior to each day of 1st education week. Remainder of chapters to be read and logged prior to 2nd education week. (MoreOB hours dependant on individual learning needs)
Fetal Health Surveillance Fundamentals (FHS) *paid study time is dependant	<ul style="list-style-type: none"> On-line content and exam hours are dependant on individual learning needs. FHS 8 hours instructor led workshop Study time variable to each learner Workshop Hours = approx. 8 hours
Neonatal Resuscitation Program (NRP) *paid study time is dependant	<ul style="list-style-type: none"> On-line content and exam hours are dependant on individual learning needs. NRP instructor led workshop Study time variable to each learner Workshop Hours = approx. 8 hours
Course Work – completed throughout program	
Managing Obstetrical Risk Efficiently (MoreOB) *unpaid study time	<ul style="list-style-type: none"> Review chapters as needed prior to education days Remainder of chapters to be read and logged prior to 2nd skills week. (MoreOB hours dependant on individual learning needs)
Case Study Assignment	<ul style="list-style-type: none"> Complete and submit on time.
Total Theory Hours (paid and unpaid)	142 hours
Education and Preceptorship Hours	
Education weeks	10-15 days X 7.5 hours = 75 - 112.5 hours
Preceptorship	26 shifts X 11 hours = 286 hours
Total Education Weeks and Preceptorship Hours	361-398.5hours
***Total Hours: 503 - 540.5	

*****Total hours include all above but not reflective of paid time.**

Education Week Schedule

****subject to change based on room and site availability**

Week 1 (37.5 hours)				
Monday	Tuesday	Wednesday	Thursday	Friday
Morning Introductions MoreOB Role of Perinatal Nurse Tour of Labour & Birth Unit	Morning Physiological Birth Documentation Pain Management	Morning Postpartum & Newborn Care Cervical Ripening Induction of Labour	Morning Antepartum Hemorrhage Trauma <u>Case Study</u> APH Fetal Well Being <u>Simulation</u> Cord Prolapse	Morning Breast/chestfeeding <u>Skill Station</u> Breast Pumps <u>Case Study</u> Informed Consent Challenges
Afternoon Vaginal Birth <u>Simulation</u> Imminent Birth	Afternoon <u>Skill Stations</u> Abdominal Palpation Vaginal Exams <u>Case Studies</u> Fetal well-being Management of Labour	Afternoon <u>Case Study</u> Post Partum Hemorrhage (PPH) <u>Simulation</u> PPH <u>Activity</u> PPH medications	Afternoon <u>Skill Stations</u> Fetal Monitor & Doppler Fetal Health Surveillance Practice Emergent c-section prep	Afternoon Preparation for Preceptorship <u>Simulation/Skill Station</u> Shoulder Dystocia
Followed by preceptorship with Perinatal Regional Knowledge Coordinator support over 3 weeks – total hours dependant on preceptor schedule.				
Week 2 (37.5hours)				
Monday	Tuesday	Wednesday	Thursday	Friday
Morning Group Debrief Professional Goal Planning Assisted Vaginal Birth (AVD)	Morning Obesity in Pregnancy Diabetes Hypertension	Morning Rare Obstetrical Complications Perinatal Loss	Morning <u>Simulation</u> Neonatal Resuscitation NRP Documentation Neonatal Complications	Morning Neonatal Complications
Afternoon <u>Case Study/Activity</u> Multiples <u>Activity</u> Maternal Sepsis	Afternoon <u>Skill Station</u> Vaginal Breech Preterm Labour & Birth Prelabour Rupture of Membranes	Afternoon <u>Simulation</u> Mega Simulation	Afternoon Neonatal Complications	Afternoon Neonatal Complications Transition to Practice Goal Planning
Followed by preceptorship with Perinatal Regional Knowledge Coordinator support until completion – 286 hours total preceptorship hours				
Week 3 (37.5hours) ONLY for learners from non-tertiary sites				
*Tertiary sites are defined as Royal Inland Hospital and Kelowna General Hospital.				
Enhanced Neonatal Stabilization Training (ENST) Schedule TBD.				
The goal of ENST is to observe and practice the fundamental skills and application of knowledge in the stabilization of an unwell newborn in the first 24 hours of life.				

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