SA Health

Policy

Perinatal Emergency Education Strategy 2021

COPY WHEN PRINTED

Version 3

Approval date: 13 April 2021

Government of South Australia

SA Health

INFORMAL COPY WHEN PRINTED

Definitions

Perinatal refers to the period immediately before and after birth.

Fetal refers to the embryo stage (the end of the eighth week after conception,) until birth

1. Perinatal Emergency Education Strategy Policy 2021 .

2. Policy statement

The Perinatal Emergency Education Strategy (*Strategy*), was initially developed by the Maternal, Neonatal and Gynaecology Community of Practice Executive Committee in collaboration with the South Australian Department for Health and Ageing, Safety & Quality Unit in conjunction with lead clinicians and representatives from across SA Health in 2018.

The 2021 review has been undertaken with the same aim, to reduce the number of critical incidents associated with electronic fetal surveillance, maternal and neonatal resuscitation and management of the deteriorating pregnant woman and/or neonate.

The Strategy:

- is a Policy applicable to all SA Health employees providing perinatal services and includes those contracted in this area on behalf of SA Health.
- provides SA Health sites with a clear perinatal education governance framework and aims to provide high quality accessible education across all SA Health sites to increase the capability of staff in providing safe, efficient and quality maternal and neonatal care.
- determines the education requirements for the distinct perinatal health care professional groups and the inter-professional perinatal education; including frequency, assessment, completion of the individual components of the program and monitoring of compliance.

3. Applicability

In accordance with the SA Health Standards for Maternal & Neonatal Services in South Australia (Department for Health and Ageing 2020), the following outlines the respective roles of relevant parties in the context of this Policy.

The Strategy requires a state-wide collegial approach between Local Health Networks (LHNs) to ensure credentialed trainers are available for the required face to face study days/skills sessions and experienced health practitioners are able to support relevant competence assessment.

3.1 Chief Executive Officer

The LHN Chief Executive Officer has ultimate responsibility for the effective implementation of this policy and must ensure:

- all levels of management are aware of their responsibilities in relation to this Policy.
- all employees are aware of their responsibilities in relation to this Policy.
- all relevant non-employee health practitioners providing services to the LHN, (i.e. visiting medical specialists,) are aware of their responsibilities in relation to this Policy.
- adequate resources are made available to implement and sustain this Policy.
- an annual report of compliance with the Strategy is provided to the Domain Custodian - Executive Director SA Health Provider Commissioning and Performance.

INFORMAL COPY PRINTED

3.2 Directors, Managers and Supervisors

Directors, managers and supervisors have direct responsibilities for implementing the Policy's strategies including:

- providing resources and staff support.
- informing staff (includes contracted medical practitioner) about the Policy and the consequences of non-compliance.
- creating a culture which is supportive of the Perinatal Emergency Education Strategy.
- creating a culture which is safe and supportive to enable staff to learn and reflect on the education received.
- ensuring that all relevant health practitioners complete the required education.
- performance management of health practitioners that do not meet required education standards.
- providing advice that will inform the process for tracking, monitoring and assessment of the programs.
- monitoring compliance.

3.3 Staff (includes contracted health practitioners)

Staff are responsible for:

- complying with the Policy.
- managing their own perinatal emergency education/training, ensuring they remain competent for their scope of practice and level of responsibility.
- completing required education within six (6) months of commencement of employment cognisant of logistics and availability of locally based education programs.

3.4 Privately practising General Practitioners and Midwives providing services in public health units

Privately practising practitioners providing services in public health units are responsible for:

- complying with the Policy.
- managing their own perinatal emergency education/training.
- ensuring they remain competent for their scope of practice and level of responsibility.

4. Policy principles

In accordance with the SA Health *Standards for Maternal & Neonatal Services in South Australia* (*Department for Health and Wellbeing* 2020), SA Health will ensure that a risk management approach is adopted to ensure that:

- Education provided is evidence based and encourages best practice.
- Service provision is sustainable.
- Work health and safety principles are adhered to.

The *Strategy* provides the minimum education standards required to support the provision of safe emergency perinatal surveillance and care in response to local or contemporaneous circumstances whilst recognising the need to transfer care of the pregnant woman, fetus and/or neonate between different organisations as determined by the patient's complexity of care needs.

INFORMAL COPY WHEN PRINTED

5. Policy requirements

The *Strategy* will be made available to all SA Health staff via their Local Health Network (LHN) communication/professional development programs.

The *Strategy* directs each unit providing maternity and neonatal services to ensure that all relevant health practitioners undertake the standardised perinatal emergency care training. Locally based, onsite delivery of this education and training will optimise the familiarity and use of specific local unit procedures/protocols relevant to the local workforce available. The need to develop additional specific local unit emergency management procedures / protocols may arise as a result of the education and training.

It is accepted that knowledge and skills deteriorate after twelve (12) months dependent upon frequency of exposure (Thornton 2017), therefore the *Strategy* aims to provide annual education updates where possible.

This Policy has been developed in accordance with contemporary professional education standards, and establishes the minimum perinatal emergency education requirements for health practitioners working in maternal and /or neonatal services in South Australia. They determine the minimal health practitioner perinatal emergency education requirements to provide a safe birthing service. It is recognised that some degree of variation may exist within additional local site protocols and policies that have been developed in consideration of local circumstances.

Regional birthing services will require a local procedure / policy to manage the appointment of contracted health practitioners that is cognisant of demonstrable prior learning in perinatal emergency education, but also recognises the limited availability of relevant locally based education programs.

Completion of the required level of education must form part of a health practitioner's Personal Review and Development (PRD) plan. Inability to complete requirements (e.g. due to not undertaking the education or failure to meet required practitioner level), will require an individual learning and development plan with set time-frames, learning experiences and expectations +/- modifications in roles or responsibilities, as determined by the relevant LHN. LHNs will ensure individuals have access to a mentor during this time.

The *Strategy* must not operate in isolation, but as part of an overall locally-delivered education program that supports the provision of safe and effective care. Additional activities such as simulation and fetal surveillance monitoring review meetings in the context of clinical scenarios will support practitioner competence, particularly when exposure to real-life cases is limited.

5.1 Detail

The *Strategy* consists of three (3) compulsory education components:

5.1.1 Fetal Safety Education

Initial health practitioner level achievement has two (2) components:

1. Online Fetal Surveillance Education Program (FSEP) as a pre- requisite to the face to face study day
   - Royal Australia and New Zealand College of Obstetrics and Gynaecology (RANZCOG) (FSEP with assessment)
2. RANZCOG FSEP face to face seven-hour study day with successful completion of the assessment.
   - Health practitioners are expected to successfully complete the above components to secure the required FSEP practitioner level achievement only once. The practitioner level of FSEP achievement by profession is outlined in Table 3 FSEP Practitioner Level – pre-professional stream.

INFORMAL COPY WHEN PRINTED

Sustaining Fetal Safety Education Achievement

Health Practitioners should sustain their Fetal Safety Education Achievement with:

1. Annual online FSEP, and
2. Annual attendance at two (2) locally convened fetal surveillance case review sessions that are offered quarterly, or attend a RANZCOG Fetal Surveillance Education Program Webinar – organised on site; which utilise the following references:
   - SAPPG Fetal Surveillance (Cardiotocography) available at: www.sahealth.sa.gov.au/perinatal and/ or https://extapps.health.sa.gov.au/PracticeGuidelines
   - RANZCOG Intrapartum Fetal Surveillance Clinical Guideline – 4th Education 2019, available at: https://fsep.ranzcog.edu.au/what-we-offer/2-clinical-guideline.

Supporting health practitioners accomplish Fetal Safety Education Level Achievement

The health practitioner who does not met the required practitioner Fetal Safety Education level of achievement should be supported with a range of education strategies that could include:

- K2 Perinatal Training Program: an additional education strategy and can also be utilised in a Learning and Development Plan to support staff to achieve the required practitioner level.
- Fetal Surveillance Practice Review (FSPR): an assessment of knowledge for clinicians experiencing difficulty attaining the required practitioner level in the assessment component of the FSEP study day (Appendix 3)

The health practitioner should be supported to undertake these education strategies prior to completing the mandatory FSEP face to face seven-hour study day, which includes successful completion of the assessment.

Health Practitioners should be supported with pre-planned education sessions to accomplish fetal safety education achievement. This prior planning will optimise the health practitioners' opportunity to access these sessions.

5.1.2 Maternal Safety Education

Initial health practitioner level achievement

The health practitioner needs only to complete one (1) component of maternal safety education: attendance at a multidisciplinary study session/day e.g. Practical Obstetric Multi-Professional Training (PROMPT)- (may be virtual / face to face / webinar format) that should include the exploration of at least two (2) Obstetric Emergency Management scenarios; suggested:

- Hypertensive Disorders in Pregnancy
- Shoulder Dystocia
- Post-Partum Haemorrhage
- Maternal Collapse
- Uterine Rupture
- Abdominal Pain & Trauma in Pregnancy
- Cord Presentation & Prolapse
- Local scenario related to local trending Safety Learning System (SLS), incidents and emerging risks (e.g. Category 1 Caesarean Section, SAC 1 and 2 from SLS reports).

The suggested reference source for each of the scenarios listed above:
www.sahealth.sa.gov.au/perinatal and/ or https://extapps.health.sa.gov.au/PracticeGuidelines

INFORMAL COPY WHEN PRINTED

Learning outcomes are achieved by the health practitioner observing and executing clinical scenarios using education behaviour / prompt cards and providing feedback on teamwork, communication, situational awareness as well as the clinical management of the emergency outlined in the clinical scenarios.

Ideally the maternal safety education program should:

- be provided on site as close to the clinical areas as possible to optimise replication of the real life situation.
- consist of multidisciplinary training teams which represent those onsite during a real emergency situation, with each team member assuming their usual role within the team.
- have a participating team and an observing team.
- use 'actors' to enable feedback to be provided from a consumer perspective.
- use real equipment as far as possible.
- have the participating team enact every aspect of the clinical scenario and play it out as if it were a real life situation.
- adjust the scenario to accommodate the idiosyncrasies of the local site. (This may differ greatly from a metropolitan site where a full team is available within minutes)
- have the observing team conduct the maternal safety education clinical scenarios and provide feedback using the maternal safety education assessment cards on clinical management and how the participating team worked together and communicated.

Sustaining Maternal Safety Education Achievement

Health Practitioners should sustain their maternal safety education achievement with attendance at the maternity safety education program or virtual / face to face / webinar that compromises of a minimum of 7 hours of study every two (2) years.

Supporting health practitioners accomplish Maternal Safety Education Level Achievement

Health Practitioners should be supported with pre-planned education sessions to accomplish maternal safety education achievement. This prior planning will optimise the health practitioner's opportunity to access to the sessions.

5.1.3 Neonatal Safety Education

Initial health practitioner level Neonatal Safety Education achievement

Has two (2) levels, each with two (2) components

1. Newborn Life Support (NLS)
   - Online NLS (theory)
   - NLS face to face practical / skills session.
2. Newborn Advanced Life Support Program (NALS)
   - Online NALS (theory) accessible via eLearning courses http://digitalmedia.sahealth.sa.gov.au (using any email to register), **or** http://www.saheducation.com/moodle/ (using an SA Health email to register)
     - To undertake the online course, health practitioners are required to register on the site using an email address (can be non-SA Health email). To 'unlock' the courses, staff will need to enter an access code/key. This access code/key is available from the SA Health Safety and Quality eLearning Courses intranet page or via a local nominated manager(s) at each site.

INFORMAL COPY WHEN PRINTED

- NALS face to face practical / skills session

In addition to the two (2) NALS mandatory education components, it is strongly recommended that NALS clinicians regularly attend webinar / video sessions focused on neonatal emergency scenarios such as **but not limited to**:

- Neonatal Sepsis
- Neonatal Hypoglycaemia
- Hypoxic Ischaemic Encephalopathy
- Stablisation of unstable newborn prior to transport
- Respiratory distress syndrome

The suggested reference source for each of the scenarios listed above www.sahealth.sa.gov.au/perinatal and/ or https://extapps.health.sa.gov.au/PracticeGuidelines

Health Practitioners should undertake the Neonatal Safety Education level appropriate to their location and clinical practice – refer to Table 1 and 2

Sustaining Neonatal Safety Education Achievement

Health Practitioners should sustain their Neonatal Safety Education Achievement with attendance at the NLS Practical / skills session every two (2) years. (Suggest alternate with NALS)

Supporting health practitioners accomplish Neonatal Safety Education Level Achievement

Health Practitioners should be supported with pre-planned education sessions to accomplish neonatal safety education achievement. This prior planning with optimise the health practitioners access to the sessions.

INFORMAL COPY WHEN PRINTED

Table 1: Education Requirements per Professional Stream

NB. Table indicates minimum education requirements if no additional requirements as per local procedure.

There may be site specific based education requirements. It is recognised that some degree of variation may exist within additional local site protocols that have been developed in consideration of local circumstances.

Metropolitan education requirements per Professional Stream	**Online FSEP**	**FSEP face to face 7 hour study day**	**Maternal Safety Education** e.g. (Virtual/face to face or webinar)	**Online NLS**	**NLS Skills**	**Online NALS**	**NALS Skills**
HEALTH CARE WORKERS							
Mothercarers					BLS Only		
Aboriginal Health Practitioners with Aboriginal Maternal Infant Care Certificate			Observer		BLS Only		
NURSING / MIDWIFERY							
Enrolled Nurse(EN) (Working in postnatal care)			☑	☑	☑		
Registered Nurse(RN)				☑	☑		
Registered Nurse (RN) or Registered Midwife(RM) (working in neonatal care units)				☑	☑	☑	☑
Registered Midwife(RM)	☑	☑ (Working in antenatal or intrapartum care)	☑	☑	☑		
Neonatal Nurse Practitioner				☑	☑	☑	☑
MEDICAL							
Intern Obstetrics and Gynaecology (O&G)	☑		☑	☑	☑		
O&G Registered Medical Officer(RMO)	☑		☑	☑	☑		
O&G Registrar	☑	☑	☑	☑	☑		
DRANZCOG RMO	☑	☑	☑	☑	☑		
O&G Consultant	☑	☑	☑	☑	☑		
Neonatal RMO				☑	☑	☑	☑
Neonatal Registrar				☑	☑	☑	☑
Neonatal Fellows				☑	☑	☑	☑
Neonatal Consultant				☑	☑	☑	☑
Anaesthetic RMO/Reg			☑	☑	☑		
Anaesthetic Consultant			☑	☑	☑		

UNCONTROLLED COPY WHEN PRINTED

Table 2: Regional Local Health Network education requirements per Professional Stream

NB. Table indicates minimum education requirements if no additional requirements as per local procedure.

There may be site specific based education requirements. It is recognised that some degree of variation may exist within additional local site protocols that have been developed in consideration of local circumstances.

Regional Local Health Network education requirements per Professional Stream	**Online FSEP**	**FSEP face to face 7 hour study day**	**Maternal Safety Education** e.g. (Virtual/face to face or webinar)	**Online NLS**	**NLS Skills**	**Online NALS** *Health practitioner working with midwifery / neonatal patients*	**NALS Skills** *Health practitioner supporting newborn care and/or 'code blue' neonate team*
HEALTH CARE WORKERS							
Aboriginal Health Practitioners with Aboriginal Maternal Infant Care Certificate			☑	☑	☑		
NURSING / MIDWIFERY							
Assistant in Midwifery			☑	☑	☑		
Enrolled Nurse(EN)			☑	☑	☑		
Registered Nurse(RN)			☑	☑	☑	☑	☑
Registered Midwife(RM) (RMs working in antenatal or intrapartum care. – all Regional RM's, LHN Team Leaders / Shift Coordinators / Midwife Unit Managers)	☑	☑	☑	☑	☑	☑	☑
Neonatal Nurse Practitioner				☑	☑	☑	☑
MEDICAL							
Intern Obstetrics and Gynaecology (O&G)	☑		☑	☑	☑		
O&G Registered Medical Officer(RMO)	☑		☑	☑	☑		
O&G Registrar	☑		☑	☑	☑		
DRANZCOG RMO	☑	☑	☑	☑	☑		
O&G Consultant	☑	☑	☑	☑	☑		
General Practitioner(GP)			☑	☑	☑	☑	
GP Obstetrician	☑	☑	☑	☑	☑	☑	☑
GP Anaesthetist			☑	☑	☑	☑	☑
Neonatal Consultant				☑	☑	☑	☑
Anaesthetic RMO/Reg			☑	☑	☑		
Anaesthetic Consultant			☑	☑	☑		

INFORMAL COPY WHEN PRI

Health practitioners are required to achieve the *Minimum Required Practitioner Level* as outlined Table 3 (below); that is commensurate with their experience and level of responsibility in the delivery of perinatal care

The participant and their employing hospital will receive their assessment results via email following the face to face study day. The score awarded to the participating health practitioner is interpreted through descriptions of knowledge and skills using an item response modelling analysis technique. It is presented as a score out of 100 and places the individual within a Practitioner Level (Appendix 1).

It also includes a 'Graphical Item Map' (GIM) highlighting the categories where the individual has answered questions correctly or incorrectly to assist with further targeted reading and study (Appendix 2).

Table 3: FSEP Minimum Required Practitioner Level - per Professional Stream

Professional Stream	LHN	Minimum Required Practitioner Level
Midwives working in antenatal or intrapartum areas – all Regional LHN RM's and Team Leaders / Shift Coordinators / Midwife Unit Managers (metro LHNs)	SALHN, NALHN, WCHN, Regional LHN's	Level 2
Midwives undertaking fetal surveillance at any time during the pregnancy where TL/SC (with at least Level 2 achievement) is unavailable	SALHN, NALHN, WCHN	Level 2
Consultant Obstetrician	SALHN, NALHN, WCHN, Regional LHN's	Level 3
GP Obstetrician	Regional LHN	Level 3
GP Advanced Proceduralist (Obstetrics)	Regional LHN	Level 3
Obstetric Fellows	SALHN, NALHN, WCHN	Level 3
Obstetric Registrar (Core trainee)	SALHN, NALHN, WCHN Regional LHN's	Level 3
Obstetric Registrar (Advanced trainee)	SALHN, NALHN, WCHN	Level 3
Obstetric Service Registrar	Regional LHN	Level 1 aiming for Level 2 at 1 year
Resident Medical Officers (DRANZCOG)	SALHN, NALHN, WCHN	Level 1

5.1.4 Fetal Surveillance Practice Review (FSPR)

Those health practitioners that do not achieve the required Practitioner Level for the Fetal Safety Education determined within the *Strategy* must meet with their line manager (for GPs - Medical Supervisor as allocated by the LHN) within three (3) months of the FSEP study day to initiate a Learning and Development Plan. This plan must include an assessment of competence via FSPR no later than six (6) months after the FSEP study day.

Where the practitioner successfully completes the FSPR and is thought to be able to continue in their current role, they must repeat the FSEP study day and assessment no later than twelve (12) months after the failed attempt (See Appendix 3 for process and FSPR Tool).

Any modification of individual duties or responsibilities during this time is determined by the line manager, relevant Director and/or LHN.

INFORMAL COPY WHEN PRINTED

The health practitioner should be allocated a 'fetal surveillance peer mentor' to support the health practitioner with their Learning and Development Plan until the FSEP study day and assessment is repeated. The mentor and the health practitioner should identify areas of difficulty using the Graphical Item Map (Appendix 2), to target educational activities.

Suggested activities for the Learning and Development Plan might include:

- Regular review of CTGs cases within a clinical context
- Online FSEP
- Online K2
- Use of the RANZCOG FSEP Teaching and Assessment Tools (available online)
- Tools for increasing skills in multi-choice assessment.

A health practitioner is assessed as competent following the FSPR when they are able to demonstrate appropriate clinical decision-making relevant to their required Practitioner Level Characteristics (Appendix 1). For the FSPR, a minimum of six (6) CTG cases are to be reviewed, with three (3) cases from the RANZCOG resources and three (3) "real cases" from the health practitioner's recent clinical experience, (the case notes/medical record from "real cases" should be bought to the FSPR). Four (4) of the CTG cases reviewed should address the areas of concern identified in the GIM (Appendix 3).

Each LHN is responsible for facilitating and managing the FSPRs required in their LHN. In some circumstances, the Practitioner Level 3 assessor may be secured from an alternate LHN.

FSPR assessors must:

- be different person than the allocated mentor
- have achieved 'Practitioner Level 3' in the FSEP study day assessment
- be from the same professional stream as the practitioner undertaking FSPR
- use the practitioner's GIM to identify and assess areas of weakness as part of the FSPR.

Table 4: Suggested Assessor for FSPR assessment

Practitioner being assessed	Supervisor
RMO/Registrar	Consultant Obstetrician / Senior Registrar
Consultant Obstetrician	Consultant Obstetrician
GP Obstetrician	GP Obstetrician / Consultant Obstetrician
Midwife	Midwife Manager / Educator

Where an individual does not demonstrate an appropriate level of knowledge or competence or there are concerns regarding their ongoing practice after the FSPR, the Director of Nursing/Midwifery, Divisional Midwifery Director or Medical Director must meet with the practitioner and their line manager (for GPs - Medical Supervisor as allocated by the LHN), to undertake a performance review and develop an ongoing work and learning plan that will support the practitioner to reach the required practitioner level.

Where the health practitioner continues to either, not meet their required practitioner level in the FSEP study day assessment or be assessed as not competent in their FSPRs, the individual must meet with their relevant Director for further performance management that may include restrictions on their practice.

Health sites requiring the NALS program should contact the Neonatal Educator at WCH, FMC or LMH or Midwife Manager Maternal & Neonatal Services at rural / regional sites for more information. Wherever possible, the metropolitan sites must support their neonatal education staff to facilitate NALS training in local regional LHN sites. It is anticipated that this will represent six (6) sessions per year.

INFORMAL COPY WHEN PRINTED

	FETAL SAFETY EDUCATION	MATERNAL SAFETY EDUCATION	NEONATAL SAFETY EDUCATION
INITIAL	1. FESP online 2. RANZCOG face-to-face study day	Attend a Maternal Safety Education Program – Multidisciplinary study day, including webinars exploring at least but not limited to two (2) obstetric emergency management scenarios, eg: · Hypertensive disorders · Shoulder dystocia · PPH · Maternal Collapse · Uterine Rupture · Abdo pain and trauma · Cord presentation & prolapse · Local SLS issues	1. Neonatal Life Support (NLS) online theory 2. NLS face to face practical / skills assessment session <u>Neonatal Advanced Life Support</u> 1. NLS indicated above prior to: 2. NALS online (theory) 3. NALS face to face practical / skills assessment session 4. It is strongly recommend attending two (2) webinar/video sessions per year focussed on neonate emergency situation eg: · Neonatal sepsis · Neonatal hypoglycaemia · Hypoxic Ischaemic Encephalopathy · Stabilisation for transport · Respiratory Distress Syndrome
SUSTAIN	1. Annual FESP online 2. Attend two (2) locally conducted fetal surveillance case review **sessions** or attend a RANZCOG Fetal Surveillance Review Webinar	Attend Maternal Safety Education outlined above at least every two (2) years	Attend the above sessions every two (2) years
SUPPORT	The local unit and / or LHN will support the health practitioner accomplish Fetal Safety Education achievement with planned session as above and may include: · K2 online training program · Online FSEP · Fetal Surveillance Practice Review (Att3)	The local unit and / or LHN will support the health practitioner accomplish the Maternal and / or Neonatal Safety Education achievement with planned sessions as above	

REF: PROMPT Course Manual Australian and New Zealand Edition resource manual, printed January 2020, Markono Print Media, Singapore.

6. Mandatory related documents

Nil

7. Supporting documents and Resources

- Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards (2nd Edition),* 2017, https://www.safetyandquality.gov.au/
- Australia Resuscitation Council, https://resus.org.au/guidelines/
- Department for Health and Wellbeing, *Standards for Maternal and Neonatal Services in South Australia 2020,* https://extapps.health.sa.gov.au/PracticeGuidelines
- Department for Health and Wellbeing, *SA Health Performance Review and Development Policy*, www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/policies/performance+review+and+development+policy+directive
- Department for Health and Wellbeing, *SA Health Perinatal Practice Guidelines* www.sahealth.sa.gov.au/perinatal
- RANZCOG Online Fetal Surveillance Education Program, https://www.fsep.edu.au/Home
- RANZCOG (2013) PROMPT – 'Practical Obstetric Multi-Professional Training, http://www.promptmaternity.org/au/
- RANZCOG, Intrapartum Fetal Surveillance Clinical Guideline (4th edition) 2019, https://www.ranzcog.edu.au
- SA Health Performance Review and Development, http://inside.sahealth.sa.gov.au/wps/wcm/connect/non-public+content/sa+health+intranet/business+units/workforce/workforce+development+and+improvement/high+performance+culture/performance+review+and+development
- Shoushtarian M, Barnett M; McMahon F & Ferris J, Impact of Introducing PRactical Obstetric Multi-Professional Training (PROMPT)

8. Compliance

The *Strategy* compliance results must be managed at the local sites. Local systems must enable managers at all levels to identify staff having completed the appropriate education and having achieved the required level within the timeframes set out in this Policy whilst being cognisant of logistics and availability of locally based education programs.

The LHN CEO(s) will provide a report on the Strategy annually to the Domain Custodian - Executive Director SA Health Provider Commissioning and Performance.

Where it is identified in individual sites, units or LHNs that multiple or key individuals are not meeting the Policy requirements due to low completion rates or failure to achieve required FSEP practitioner levels, the LHN CEO(s) must undertake a risk assessment and develop risk mitigation strategies. For example:

- A metropolitan hospital with numerous clinicians who have achieved FSEP practitioner level 3 may feel that any risk posed by an individual who has not achieved their required FSEP practitioner level is low. The manager may simply ask that the CTG is reviewed by a second set of eyes appropriate to the level of the practitioner (i.e. managed at local LHN level).
- A large rural / regional hospital might adopt the same approach as a metropolitan site.
- A smaller rural / regional site where the GP Obstetrician is the main/lead maternity provider and has achieved FSEP practitioner level 2 (rather than the required level 3); and where a number of the midwives have achieved FSEP practitioner level 1 (rather than the required level 2), would be deemed to be 'high' risk and therefore require implementation of 'risk mitigation strategies'.

INFORMAL COPY WHEN PRINTED

In addition, any risk mitigation strategies must be presented to the Executive Director Commissioning and Performance, Department for Health and Wellbeing SA, to inform any potential discussion with the South Australian Insurance Corporation (SAICORP) re indemnification of specific sites. Strategies and individual risk assessments must also be documented at the relevant credentialing committee(s).

Compliance with this Policy will be monitored by the Executive Director SA Health Quality, Information & Performance and further follow up will be initiated as required.

9. Document ownership

Policy owner: Deputy Chief Executive Officer as Domain Custodian for the Clinical Governance and Quality Domain

Title: SA Health Perinatal Emergency Education Policy [rev ed]

ISBN: 978-1-76083-378-7

Date published: 20/04/2021

Review date: 13/04/2026

Contact for enquiries: Bonnie Fisher, Principle Project Manager, SA Maternal Neonatal Gynaecology Community of Practice

10. Document history

Version	Date approved	Approved by	Amendment notes
3.0	13/04/2021	Deputy CE, Commissioning and Performance Division, SA Department for Health and Wellbeing	Complete review
2.0	10/07/2018	SA Health Safety and Quality Strategic Governance Committee	Complete review
1.1	5/11/2015	SA Health Portfolio Executive	Minor amendments to reflect new online course
1.0	6/08/2015	SA Health Portfolio Executive	Original endorsed version.

INFORMAL COPY WHEN PRINTED

11 Appendices

Appendix 1: RANZCOG FSEP Practitioner Level Description

Practitioner Level	Score	Experience, scope of practice and level of responsibility.
PRE LEVEL 1 PRACTITIONER CHARACTERISTICS The Pre Level 1 practitioner is a developing practitioner, working towards the skills and characteristics of the Level 1 practitioner	<55	Information from the assessment undertaken by this practitioner indicates they were not yet able to demonstrate the knowledge and cognitive skills required of a Level 1 practitioner.
LEVEL 1 PRACTITIONER CHARACTERISTICS The level 1 practitioner is typically a supervised practitioner who would not necessarily be expected to have comprehensive clinical (birth suite) experience	55-65	The level 1 practitioner should: • have a basic understanding of the physiology of fetal heart rate control • have read and understood the RANZCOG Clinical Practice Guidelines • be able to correctly perform intermittent auscultation (as per RANZCOG Guidelines) • be aware of the different types of fetal monitoring and their indications • be expected to be correctly applying Electronic Fetal Monitoring under supervision • know and be able to define the components of a normal antenatal or intrapartum CTG • be able to recognise common CTG abnormalities • understand the principals of conservative management for common CTG abnormalities and be able to apply them under supervision • be expected to notify a Level 2 or 3 practitioner of an abnormal CTG
LEVEL 2 PRACTITIONER CHARACTERISTICS The level 2 practitioner is typically an independent practitioner with several years clinical (Birth suite) experience and access to Level 3 staff.	66-75	In addition to the Level 1 characteristics the Level 2 practitioner should: • have an in depth appreciation of the different approaches of intrapartum fetal monitoring including the indications, implications and limitations of each • have a sound knowledge of maternal, uteroplacental and fetal physiology underlying the common CTG abnormalities • have an understanding of how antenatal problems may impact on the health of the fetus in labour • be able to recognise and effectively manage common CTG abnormalities • be able to recognise trends in fetal heart rate patterns and the implications of these trends for maternal and fetal health • be able to initiate emergency responses in the case of suspected severe fetal compromise • be able to provide advice and education for Level 1 practitioners • be expected to notify a Level 3 practitioner regarding an abnormal CTG where active management is required

INFORMAL COPY WHEN PRINTED

Practitioner Level	Score	Experience, scope of practice and level of responsibility.
LEVEL 3 PRACTITIONER CHARACTERISTICS The level 3 practitioner will typically have extensive clinical (birth suite and/or fetal surveillance) experience and may, as part of their regular duties, be involved in the training of less experienced staff	>75	In addition to the Level 2 characteristics, the Level 3 Practitioner should: • have a detailed knowledge of the normal and abnormal CTG including the underpinning maternal, uteroplacental, and fetal physiology • be able to recognise and manage the less common CTG abnormalities • know the indications for other investigations as required and appreciate their limitations and implications • have a detailed understanding and appreciation of the physiology of the high risk pregnancy • be able to manage and prioritize multiple patients with an appreciation of the likely implications of their actions • be able to make advanced management decisions based on accurate synthesis of information from a wide range of sources • be able to recognise errors in information and interpretation

Appendix 2: Graphical Item Map (GIM) Information

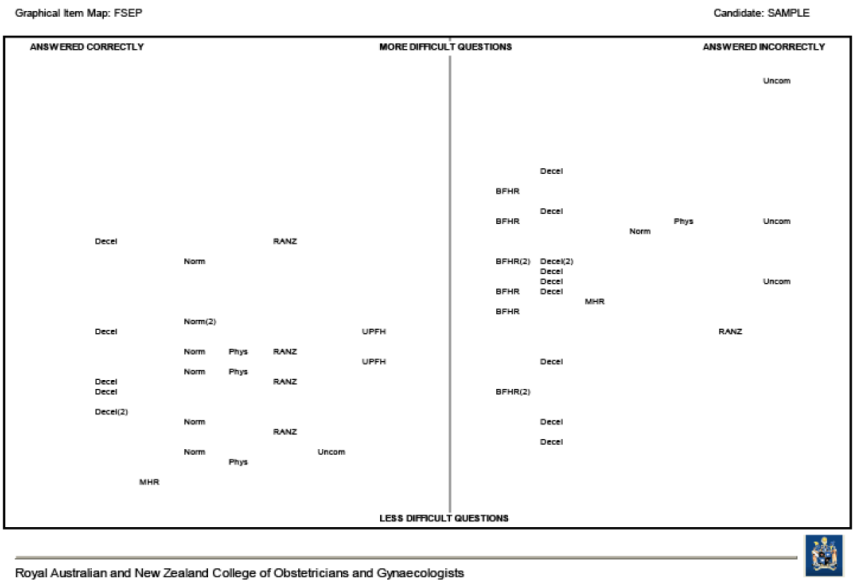
The GRAPHICAL ITEM MAP will provide the participant score with each question (items in the assessment ranked from easiest at the bottom of the map, to hardest at the top. This information is derived from previous extensive and ongoing testing of the individual items.

Items answered correctly are to the left of the map and those answered incorrectly are to the right of the map. The presence of brackets following an item i.e. phys(2), indicates multiple items at that position with the same degree of difficulty.

If the majority of items in a given subject are grouped to the left of the map (answered correctly) this is an area the participant has covered well in their study. If items are clustered to the right of the map (answered incorrectly) this is an area the participant may wish to focus on in future study. This is especially true if these items are also close to the bottom of the map.

Interpretation of the GIM will assist both FSPR mentors and assessors to identify and prioritise areas of weakness. Accessing the RANZCOG short video, 'How to Interpret your Graphical Item Map (GIM)' available at https://www.fsep.edu.au/What-We-Offer/Assessment-Tool

Attachment 3: Graphical Item Map (sample)



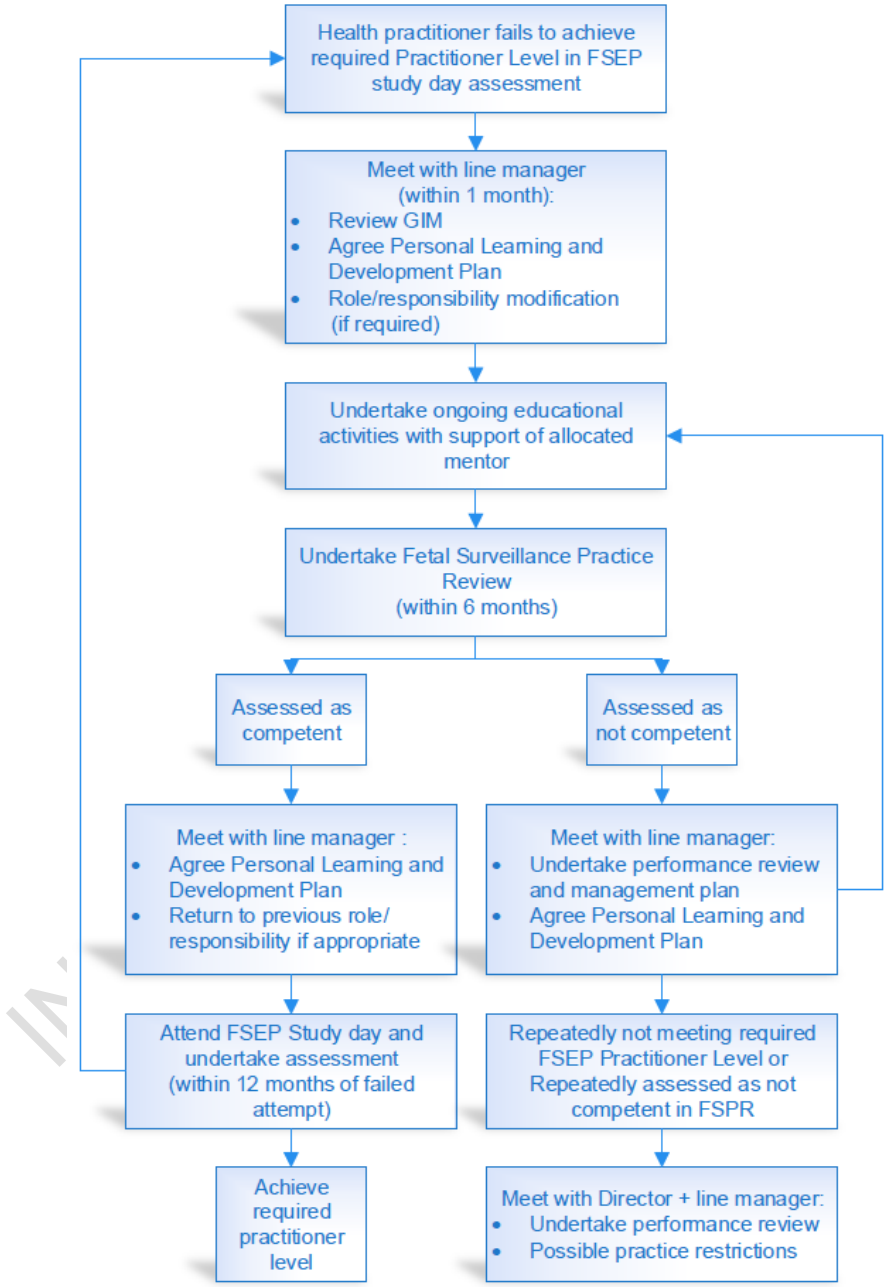
NO COPY WHEN PRINTED

Appendix 3: Fetal Surveillance Practice Review

Fetal Surveillance Practice Review (FSPR) forms part of the SA Health Perinatal Emergency Education Strategy (PEES) Policy Directive and must be utilised to assess competence in fetal surveillance by clinicians experiencing difficulty attaining the required Practitioner Level in the assessment component of the FSEP Study Day. The FSPR process supports clinicians to engage with ongoing learning and assessment to enable them to reach the required FSEP Practitioner Level.

Any modification of individual duties or responsibilities during this time is determined by their line manager, Director and/or LHN.

Each LHN is responsible for facilitating and managing the FSPRs required in their LHN.



FSPR – Activities to complete

Meeting with clinical supervisor / manager (ideally scheduled within 4 but certainly by 8 weeks) from receipt of the results of the FSEP study day)

- This should be the person who is designated to perform the PR&D for the practitioner.
- It can also be another practitioner of a similar seniority level suggested by the line manager.
- The outcome of the meeting should be to develop an individual learning plan.

Graphical Item Map (GIM) review

- Each participant / practitioner will receive a result letter, and their individual GIM. The clinician should be instructed to bring their GIM to a review meeting where, together with the clinical supervisor; areas that need to be targeted can be ascertained.
- The clinical supervisor (in conjunction with a local educator or allocated mentor) is suggested to
  - Read the RANZCOG guidelines on assessment and watch the short video, 'How to Interpret your GIM' available at https://www.fsep.edu.au/What-We-Offer/Assessment-Tool
  - Discuss the Individual FSEP GIM to ascertain areas that require extra support and guide educational activities.

Allocation of a Mentor (separate to the allocated assessor)

- It is suggested this be a practitioner who has attained a suitable practitioner level (i.e. a peer, line manager, clinical supervisor or a clinical educator who will not undertake the assessment).

Ongoing activities - once the above specific aspects have been completed

- Reviewing the RANZCOG online resources.
- CTG case reviews / meetings.
- Discussions with local educator around how to answer/sit Multi-Choice Questions acknowledge / discuss test anxiety.

FSPR – Assessment of Competence

The health practitioner required to undertake the FSPR must be notified by their line manager/unit manager 4 weeks in advance of the planned assessment to allow preparation.

- The notification should include the details of the nominated assessor for the FSPR (see Table 4 in PEES Policy Directive for suitable assessors), and the date/time of the FSPR session (this should be scheduled at a mutually convenient time).
- The practitioner's GIM must be forwarded to the nominated assessor 4 weeks prior to FSPR.
- It is imperative that FSPRs are undertaken in a non-threatening learning environment and where possible a second assessor should be present at the assessment of competence.
- A minimum of six (6) CTG cases are to be reviewed, with three (3) cases from the RANZCOG resources and three (3) "real cases" from the health practitioner's recent clinical experience, (using the case notes/medical record). Four (4) CTG cases reviewed should address the areas of concern identified in the GIM - see Discussion and Assessment Tool below.
- RANZCOG Teaching and Assessment Tools (2) describe the clinical picture, CTG trace description and interpretation, management and outcome for antenatal and intrapartum clinical cases. They are available at https://store.fsep.edu.au at a small cost.
- The practitioner should be able to discuss their assessment and management of various clinical situations and provide evidence of specific required knowledge. The practitioner should be able to effectively communicate the level of risk present in the clinical cases and articulate any change in the risk.
- The practitioner should demonstrate appropriate clinical decision-making relevant to their staff designation.
- FSPR sessions must provide formative feedback to the health practitioner so they are made aware of the outcome/result of the FSPR session at the completion of the session.
- The assessor must notify the line manager of the outcome/ result of the FSPR.

INFORMAL COPY WHEN PRINTED

Ongoing Performance Management

- If there are concerns about the practitioner's competence after the FSPR, the relevant Director must meet with the practitioner and their line manager to undertake a performance review and develop an ongoing work and learning plan that will support the practitioner to become competent.
- Where the individual continues to either, not meet their required practitioner level in the FSEP study day assessment or be assessed as not competent in their FSPRs, the individual must meet with their relevant Director for further performance management that may include restrictions on practice.

FETAL SURVEILLANCE PRACTICE REVIEW

Discussion and Assessment Tool

Part 1: RANZCOG Guidelines and Indications for CTG monitoring	
1.1 List at least 4 indications for antenatal CTG monitoring.	
1.2 List at least 4 antenatal reasons to apply a CTG during labour.	
1.3 List at least 4 intrapartum reasons to apply a CTG during labour.	
1.4 Define the fetal heart rate features of a normal CTG • Baseline • Variability • Reactivity • No decelerations	
Part 2: Features of the Normal CTG (Use RANZCOG FSEP T&A Tool #2 for 1 case)	
From the CTG (Case 1 FSEP Teaching & Assessment Tool #2), the clinician identifies: • Baseline • Variability • Accelerations/decelerations • Uterine activity Clinical actions identified and management plan agrees with FSEP T&A Tool	CTG #1 RANZCOG T&A Tool #2
Part 3: Interpreting CTGs and Identifying Abnormalities (Use RANZCOG T&A Tool for 2 cases)	
3.1 RANZCOG FSEP Teaching & Assessment Tool #____ Case Number____ From the CTG and the clinical picture the practitioner identifies: • Baseline • Variability • Accelerations/decelerations • Uterine Activity Clinical actions identified and management plan agrees with FSEP T&A Tool	**CTG #2** RANZCOG T&A Tool
3.2 RANZCOG FSEP Teaching & Assessment Tool #____ Case Number____ From the CTG and the clinical picture the practitioner identifies: • Baseline • Variability • Accelerations/decelerations • Uterine Activity Clinical actions identified and management plan agrees with FSEP T&A Tool	**CTG #3** RANZCOG T&A Tool

Discussion and Assessment Tool (continued)

Part 4: Interpreting CTGs and Demonstrating Appropriate Clinical Action (Use 3 real cases)	
4.1 The practitioner describes the clinical story including: • Indication for the CTG (risk assessment) • Stage of pregnancy or labour CTG was commenced • CTG assessment (baseline, variability, accelerations, decelerations, uterine activity) • What action has been taken based on CTG • What plan or follow-up was required (either at cessation of CTG or for duration) • Who the case was discussed with and why (if appropriate) Practice is consistent with guidelines and local expectations	**CTG #4** CTG from recent experience
4.2 The practitioner describes the clinical story including: • Indication for the CTG (risk assessment) • Stage of pregnancy or labour CTG was commenced • CTG assessment (baseline, variability, accelerations, decelerations, uterine activity) • What action has been taken based on CTG • What plan or follow-up was required (either at cessation of CTG or for duration) • Who the case was discussed with and why (if appropriate) Practice is consistent with guidelines and local expectations	**CTG #5** CTG from recent experience
4.3 The practitioner describes the clinical story including: • Indication for the CTG (risk assessment) • Stage of pregnancy or labour CTG was commenced • CTG assessment (baseline, variability, accelerations, decelerations, uterine activity) • What action has been taken based on CTG • What plan or follow-up was required (either at cessation of CTG or for duration) • Who the case was discussed with and why (if appropriate) Practice is consistent with guidelines and local expectations	**CTG #6** CTG from recent experience
Part 5: Assessment Summary and Ongoing Learning and Development Plan	

Practitioner's Name: ……..…..…. Signature: ……

Assessor's Name: ……...Signature:……

Date: …… / ……. / …….

INFORMAL COPY WHEN PRINTED