

Center for Advanced Pediatric and Perinatal Education

Since we opened our doors in 2002, we have developed professional and personal relationships with you and many other wonderful colleagues around the U.S. and the world. This is one way that our team can stay connected, keeping you up to date with CAPE's ongoing contributions to pediatric and obstetric simulation, innovation, and research.

Spring 2023



Last Call: Simulation Instructor Program

Sign-ups are open for just a couple more weeks for CAPE's 2.5-day in-person <u>Simulation</u> <u>Instructor Program</u> scheduled for August 14-16 of this year. It's not too late to get your team scheduled for this highly immersive and in-depth course, which is designed to help teams craft professional learning objectives, create and write realistic clinical scenarios, establish financial and strategic goals, and facilitate constructive debriefings.

The course is open to everyone who desires to conduct effective simulation-based training and debriefing, including educators/instructors who may not be based within simulation centers. The August Simulation Instructor Program is a hybrid learning opportunity, with a prerequisite of CAPE's <u>Online Debriefing Program</u>.

Don't delay, email our team today at contactCAPE@stanford.edu and gain access to this incredible opportunity for a program that can be tailored to meet your team's needs.



New Publication

The Division of Neonatal and Developmental Medicine's own Hannah Gu, MD, was recently published in The Journal of American Perinatology for the epinephrine administration study that was conducted at CAPE in the fall of 2021. The study compared the use of novel pre-filled epinephrine syringes with conventional epinephrine administration during simulated neonatal resuscitations and concluded that the use of pre-filled syringes during simulated resuscitations decreased medication dosing errors and the time needed to administer when compared to ampule dosing. These results may lead to ultimately improving patient care for neonates in clinical practice.

Contributors to the study and publication also include CAPE's own Janene Fuerch, MD, Lou Halamek, MD, and Nicole Yamada, MD, MS, as well as Alexandra McMillin, MS,

Juliana Perl, MS, Bill Rhine, MD, Jules Sherman, MFS, and James Wall, MD.

Congratulations to all on this recent publication! You can view more information on the publication from The American Journal of Perinatology <u>here</u>.



An Update on our Programs

This spring, CAPE wrapped up the Teleneonatology Consult Training Program for Neonatologists at Lucile Packard Children's Hospital. In case you missed our recent update, this program was designed to prepare for remote consulting services to provide guidance to referring physicians and community partners and the challenges that come with time-pressured, virtual discussions relating to patient care. The Teleneonatology Consult Training Program was developed to serve as an opportunity to practice these consultations via simulation-based training.

The CAPE team is now getting ready to roll out two new simulation-based programs. The Fetoscopic Endoluminal Tracheal Occlusion (FETO) training program will focus on multidisciplinary fetal intervention for congenital diagphragmatic hernia through tracheal

balloon placement and removal for preterm neonates in both scheduled and emergent circumstances. The second program in development at CAPE will allow neonatologists to practice Less Invasive Surfactant Administration (LISA) and Surfactant Administration through Laryngeal or Supraglottic Airways (SALSA). These methods can be used to combine surfactant delivery and spontaneous breathing with the aid of non-invasive respiratory support for neonatal patients.

Be sure to stay tuned and follow all the latest updates about CAPE programs by following us on <u>Facebook</u>, <u>Twitter</u>, and <u>LinkedIn</u>.



Did you see us at IPSSW?

Hannah Gu, MD, and Rodrigo Galindo, MSc, CHSOS, recently returned from Lisbon, Portugal, after presenting several abstracts at <u>The International Pediatric Simulation</u> <u>Society Workshop (IPSSW) 2023</u>. Together, they presented results to date of the Objective Markers for Successful Neonatal Intubation (OMSNI) study to an audience of pediatric healthcare experts with the following abstracts:

1) Oral - Characterizing Forces and Torques Associated with Neonatal Tracheal Intubation Performed on Term and Preterm Manikins

2) Oral - Describing Hand Movements During Intubation of Neonatal Simulators Using

Motion Tracking Technology

3) Poster - Using Eye Tracking to Characterize Visual Attention Patterns During Simulated Neonatal Intubation

4) Poster - Technical Assessment of Simulated Neonatal Intubation Using Multi-angle Video.

The OMSNI study aims to describe motion paths, forces/torques, and visual attention patterns using several types of instrumented laryngoscopes in order to characterize any differences between novice and expert healthcare professionals during the intubation of term and preterm patient simulators. All presentations were well-received by the audience, and included several inquiries about future collaborations. Lou Halamek, MD, CAPE's Founder and Director, is the principal investigator for this study and provided support during question and answer sessions at IPSSW. Additional contributors include Matthew Cranshaw, MD, Tami Alade, BS, Janene Fuerch, MD, Nicole Yamada, MD, MS, Katie Hunt, NNP, Lisa Pineda, MSN, RN, Jennifer Parent-Nichols, DPT, EdD, Paula McWilliam, EdD, NNP, and Nancy Kent, MS. This study is supported by the <u>Neonatal Resuscitation Program Research Grant, American Academy of Pediatrics (AAP)</u>, the <u>Association of Auxiliaries for Children Endowment, Lucile Packard Children's Hospital (LPCH)</u>, and the <u>Endowment for CAPE</u>.

You can catch additional presentations on the OMSNI study this October, at the upcoming <u>AAP National Conference and Exhibition</u> in Washington DC.

Why We Exist

Our Vision

A world in which all people receive the safest, most efficient and effective healthcare possible.

Our Mission

To lead the innovation and dissemination of novel methods for improving human and system performance in the delivery of healthcare.

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