

Individual Integrated Skills Station Assessment Form - Canadian Adaptation Standardized ISSA

Learner:		Date:		Evaluator:		Brief:	
SCORING: 0= Not done 1= Done incorrectly, incompletely or out of order 2= Done correctly in order ✓ Learners must perform each of the 6 bolded and shaded items correctly. ✓ Performed all 6 bolded & shaded items correctly? Yes ☐ No ☐ ✓ Learners must demonstrate knowledge and skills independently, without prompting or feedback, during the scenario. The ISSA is not a practice session and should be completed only after learners have shown the ability to integrate and perform skills learned in the Performance Skills Stations							
Lesson	Possible Points	Item	0	1	2	Instructor Comments and Feedback	
2	2	Asks 4 pre-birth questions and discusses plan; assigns roles to team members					
2	2	Checks equipment to provide warmth, suction, ventilation and targeted oxygenation					
	2	Asks 3 assessment questions (<i>Term, Tone, Breathing or Crying</i>),					
	2	Warm, dry ¹ , stimulate, remove wet towels, position the airway and clear if necessary					
	2	Assesses respirations +/- heart rate ²					
4	2	Indicates need for and initiates ventilation³ (<i>Apnea or gasping, heart rate <100 bpm</i>)					
	2	Checks for rising heart rate after 15-30 seconds of ventilation, Initiates monitoring ⁴					
	2	Calls for help, if not already done					
	2	Takes corrective action when heart rate not rising & chest not moving (<i>MR. SOPA</i>)					
	2	Provides effective ventilation (<i>30-60 breaths per minute</i>) for 30 seconds					
	2	Re-evaluates heart rate <i>*(Instructor note: Heart rate must remain <60 bpm)</i>					
5	2	Demonstrates insertion or assistance with insertion of alternate airway; confirms effective ventilation.					
6	2	Identifies need to start chest compressions (<i>Heart rate <60 bpm after 30 seconds of effective ventilation</i>)					
	2	Increases oxygen to 100%					
	2	Demonstrates correct compression technique for 60 seconds					
	2	Demonstrates correct rate and coordination with ventilation					
7	2	Identifies need for epinephrine, correct dose and route for epinephrine					
	2 (optional)	Identifies need for volume administration (10ml/kg)					
8-14	2 (optional)	Identifies additional interventions indicated based on history and clinical response to resuscitation (<i>For example, care of an extremely preterm infant, infant with a pneumothorax, diaphragmatic hernia, etc.</i>)					
	2	Administers blended oxygen to meet targeted saturations using pulse oximeter during resuscitation sequence					
Closure	2	Continues/discontinues ventilation appropriately or weans oxygen correctly					
			Learner's total score				
Instructor Signature:			☐ Pass ☐ Unsuccessful – advised to retry after review Total possible score (36 without optional skills; 38 with 1 optional skill or 40 with 2 optional skills) MINIMUM PASSING SCORE IS 32/38; 33/40 or 34/42				

1) Drying the skin does not apply to babies <32 weeks; they should be placed wet into a food-grade polyethylene bag below the neck.

2) Heart rate may be assessed by auscultation or ECG; respirations may be assessed by chest movement or by auscultation.

3) For infants ≥35 weeks gestation, begin ventilation with 21% oxygen; for infants 32-34 weeks gestation start ventilation at 21-30% oxygen; for infants <32 weeks gestation start ventilation at 30% oxygen.

4) Ventilation and assessment of HR are the priority and should not be delayed by the application of a pulse oximeter probe.

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Learner Self Reflection:

Preamble for Instructors

- ✓ Key practice points are important points that NRP Instructors need to watch for and be aware of, despite the learner not being evaluated on them.
- ✓ Learners will be evaluated according to their role and scope of practice. For example, if the skill is not within the learner's scope, he/she will be evaluated in the 'assist' role.
- ✓ If the skill is not scored (i.e. consider intubation), the instructor may provide additional feedback and instruction on these skills.

Key Practice Points for Instructors

- ✓ All learners should demonstrate understanding of all components of the NRP algorithm, regardless of scope as they may lead resuscitation and support clinicians whose scope include advanced skills.
- ✓ Remember when a learner checks for rising heart rate after 15-30 seconds of ventilation, the heart rate cannot improve if you want to continue through the assessment. If you need your learner to progress through MR SOPA, then the heart rate cannot improve and the learner needs to be coached that the chest is not moving (even if they are moving the mannequin's chest).
- ✓ When your learners are going through MR. SOPA (**M**ask readjustment **R**eposition; **S**uction mouth & nose **O**pen mouth; **P**ressure increase; **A**lternate airway) they should not move to the next step in the mnemonic if they cannot effectively troubleshoot the step they are on (i.e. if they cannot get a seal on the mannequin, the suctioning and opening the mouth further will not help).
- ✓ If unable to ventilate through ET tube (A' of MR. SOPA) indicates option to suction through ET tube or use ET to suction below the cords
- ✓ Learner confirms presence of chest movement; breath sounds and exhaled CO₂ if intubated or a laryngeal mask is in situ
- ✓ Learner consider insertion of a laryngeal mask or intubation and apply ECG if not already done
- ✓ Learner confirms presence of chest movement, breath sounds/air entry and exhaled CO₂
- ✓ Once the team has started chest compressions, it may be helpful for them to refer to the Airway, Compressions, Oxygen, Rate, Depth (ACORD) mnemonic and take corrective actions when the heart rate is not rising.
- ✓ When compressing the learner being evaluated must demonstrate the correct compression technique for 60 seconds – this means using the 2-thumb technique, from the head of the bed, compressing to a depth of 1/3 of the A/P diameter and ensuring there is complete recoil of the chest.
- ✓ When chest compressions and ventilations are occurring, the learner being evaluated must demonstrate the ability to coordinate the chest compressions and ventilation. In some instances, as the instructor, you may ask your learners to switch positions so you can evaluate them in both the role of the person ventilating and the person compressing.
- ✓ Learners must be able to identify the need for epinephrine (HR less than 60bpm despite effective ventilation and coordinated compressions for 60 seconds). Learners should be able to verbalize the correct, weight-based dosing of epinephrine (0.02mg/kg IV (0.2mL/kg) and 0.1mg/kg (1mL/kg) via ET.
- ✓ Learners should be able to verbalize the need for an ET dose of epinephrine if the baby is intubated, while the umbilical catheter is being prepared.
- ✓ Learners whose scope includes the insertion of an umbilical catheter should demonstrate knowledge of preparation, insertion and administration of medications through the umbilical venous catheter including a 3mL flush.
- ✓ Learners should be able to identify that if an umbilical catheter could not be placed an intraosseous needle is an additional option.

Scoring the ISSA

- ✓ Scoring the ISSA is complex because of the optional skills that can be included in a scenario. The minimum passing score varies by the number of optional items included in the scenario.

Number of optional Items	Maximum Score	Minimum passing score	Percentage
0	38	32	84%
1	40	33	82%
2	42	34	80%