



Fetal Health Surveillance Provider Course at YCH

Date: Feb 27, 2012
Time: 0900-1600
Location: Room 1152

YCH employees other than WCP care providers, Full course \$ 75.00,
All other applicants; Full course \$ 100.00

Payments can be made in person at the **Finance Office, Room 2705, C-wing**
Payment methods: cash or credit card only

Completed registration form and a copy of your payment receipt should be
provided at least 5 business days prior to the class to:

Neda Etemadi
Nurse Educator Obstetrics, Room 3383
Phone: 905-883-1212, ext. 7489
York Central Hospital
10 Trench Street
Richmond Hill, ON
Canada, L4C 4Z3
netemadi@yorkcentral.on.ca

Registration is on first come first serve basis. Upon receipt of the full program fee and
completed form, your registration will be confirmed by e-mail.



CHAMPLAIN MATERNAL NEWBORN REGIONAL PROGRAM
PROGRAMME RÉGIONAL DES SOINS À LA MÈRE
ET AU NOUVEAU-NÉ DE CHAMPLAIN



Fetal Health Surveillance Provider Course

This program is intended for practitioners who want to learn or review the current fundamental concepts related to FHS.

OBJECTIVES:

- Discuss the current guidelines on intrapartum and antepartum fetal health surveillance.
- Review and practice the techniques of FHR auscultation and EFM.
- Interpret FHR characteristics from both auscultation and EFM.
- Integrate the concepts of acid-base balance and the interpretation of fetal blood gas values in FHR interpretation.
- Identify important principles of verbal communication and written documentation.
- Outline supportive and corrective interventions for various FHR findings.

PREREQUISITES

- Reading/studying the workshop manual **Fundamentals of Fetal Health Surveillance – A Self-Learning Manual** before workshop attendance.
- The manual can be borrowed with a deposit of \$35.00 cheque payable to YCH. The cheques will be return upon receipt of the manual on the course date.

Completion Criteria

Ability to comprehend, successfully demonstrate skill competency in interpretation of EFM tracing and auscultation and pass a knowledge evaluation (closed book written test) with a minimum mark of 84%.

2010 COURSE SCHEDULE

Date: Feb 27, 2012

Time: 0900- 1600

Location: room 1152

Classes will be facilitated with a minimum of 5 and a maximum of 12 on a first come first serve basis.

FHS Registration (Please print clearly).

Name: _____

Address: _____

City: _____ PC: _____

Credential: RN; MD; RM; Other

Department: _____

Daytime Phone: _____

Email: _____

Registration

- WCP providers are mandated to take this course.
- YCH employees, Full course \$ 75.00.
- All other applicants; Full course \$ 100.00

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Finance Office use only:

Please deposit course payment to 001-171-1-101000-1-20 (Professional Practice) and provide a receipt to payee.

York Central
Hospital



Caring to make a difference™