***COMMON STRUCTURE FOR HIGH FIDELITY SIMULATION SCENARIO***

SCENARIO TITLE

**CASE 1: Caesarean in life emergency on umbilical cord prolapse with FHR anomaly code red**

SCENARIO OVERVIEW

DUMMY TYPE:

HEALTHCARE SERVICE: delivery room

TARGET GROUP[[1]](#footnote-1): 4 midwifery bachelor students + 4 midwives from CHU Bruyères

ESTIMATED SCENARIO DURATION: 10 minutes

SCENARIO SUMMARY[[2]](#footnote-2):

Patient in labour, under epidural, present with umbilical cord prolapse with FHR anomaly. The learners have to prepare her for a caesarean and push back the head, as well as notify the medical team of code red.

Foetal monitoring and initial monitoring do not deteriorate and the mother’s condition is stable.

**Warning: the learners specify when they are ready to transfer the patient to the caesarean room, which puts an end to the session.**

EDUCATIONAL OBJECTIVES

GENERAL OBJECTIVES: managing an emergency caesarean with leadership.

SCENARIO-SPECIFIC OBJECTIVES:

PARTICIPANTS’ ROLE

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT 1 | Helps the midwife who cares for the patient |  |  |
| PROFESSIONALS 2 | MW in delivery room who takes care of the patient | MW in DR to help |  |
| TRAINERS[[3]](#footnote-3) 2 | Answers the phone as gynaecologist, anaesthetist, paediatrician | Control dummy setting / dummy voice / debriefing |  |

EQUIPMENT LIST[[4]](#footnote-4)

* 1 perf. of 1l and 1 ready per. of 1l
* Finger cots
* LFTs + mattress protector
* Phone + SBAR doc + pen + Code red
* C-section set: razor, urinary catheter + diuresis bag + probe set + sterile gloves + AD + syringe/trocar + T.E.D. stockings, hygiene cap, 2nd PVC

SCENARIO PREPARATION

Dummy preparation: Simone

* cervix
* foetus in utero with prolapse
* soft uterus
* urines
* surgery shirt
* LFTs with clear water.
* pregnancy knickers
* monitoring strap + CTG in place
* pulse oximeter in place – armband in place
* epidural catheter + dressing + pump (to fasten at least)
* peripheral catheter + per. 1l saline solution 0.9% (main perf.) + 10 IU Synto / 500ml G5% 24CC/h

ROOM PREPARATION

* Simone in the centre on classic bed, half-sat
* monitor on Simone’s left
* hoist on the right + hoist on the left
* NN resuscitation table on Simone’s right
* armchair under the window + crash cart under the window
* free cart
* midwife cabinet against wall on the left

PREPARATION OF ADDITIONAL EXAMINATIONS[[5]](#footnote-5):

PREPARATION OF STUDENTS/LEARNERS[[6]](#footnote-6): wearing professional outfit

BRIEFING

TIME:

SITUATION[[7]](#footnote-7):

DOCUMENTS[[8]](#footnote-8):

PATIENT DATA[[9]](#footnote-9)

Surname: Age:

Name: Weight:

Date of birth: Height:

Allergies: Gender:

History:

Medical history:

Surgeries:

Ob/gyn:

Personal treatment:

FRAMES OF REFERENCE / EXPERTS RECOMMENDATIONS[[10]](#footnote-10)

DEBRIEFING IDEAS

SCENARIO PROGRESS

|  |  |  |  |
| --- | --- | --- | --- |
| **Software start:**   * Monitor history 30 minutes -> normal r+, intermediate speed, uterine contraction 5/10->add history * Change before start * Set patient monitor: classic MW monito + display EFM at the start * Set mother monito -> check sat. * Put screen in Simone’s room * Start * At 2 minutes, start EFM option -> 4 midwifery students case 2 (75 bpm) | | | |
| **Monitor setting** | **Patient dummy** | **Students’ interventions**  **(what we would like to see…)** | **Messages** | |
| **Beginning time of scenario:** | | | | |
| **Initial state:**  AP: 12/8  HR: 90  RR: 12  SpO2: 98%  ECG curve [[11]](#footnote-11):  Foetal monito: R-, V-, bradycardia at 75bpm | Symptoms, voice  The patient does not realise anything until she sees the midwife getting worked up -> becomes anxious and asks many questions about her baby | Symptoms, voice  The patient does not realise anything until she sees the midwife getting worked up -> becomes anxious and asks many questions about her baby | * Calling anaesth. a priority because risk of general anaesthesia * Shaving and stockings optional * Task distribution * Stop synto | |
| **End time of scenario:** stop the scenario when tasks have been distributed! | | | | |

SCENARIO EVALUATION

POSITIVE ASPECTS:

TO IMPROVE:

REALISM:

USED PROTOCOLS:

PROTOCOLS TO IMPLEMENT:

1. Skill level and number of participants [↑](#footnote-ref-1)
2. Scenario key words [↑](#footnote-ref-2)
3. Control of dummy setting / Debriefing/ Dummy voice/ Facilitator/ Disruptive element/ external stakeholder (phone speaker) [↑](#footnote-ref-3)
4. Prefer Check-list for quick check-up [↑](#footnote-ref-4)
5. If foreseen in the scenario, prepare additional examinations to display (chest radiograph, blood test…) [↑](#footnote-ref-5)
6. Preliminary analysis of documents if needed [↑](#footnote-ref-6)
7. Location where the scenario takes place, information before entering the simulation room [↑](#footnote-ref-7)
8. Document handed during the briefing/ care record, biological results, written transmissions … [↑](#footnote-ref-8)
9. Care record layout or if not necessary to the scenario, voice memo for the trainer [↑](#footnote-ref-9)
10. Quoted sources, bibliography [↑](#footnote-ref-10)
11. Sinus, Fibrillation.... [↑](#footnote-ref-11)