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]: 4 midwifery bachelor students + 4 midwives from CHU Bruyères

ESTIMATED SCENARIO DURATION: 10 minutes

SCENARIO SUMMARY[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	

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[1] Skill level and number of participants
[2] Scenario key words

TRAINERS[3] 2	Answers the phone as gynaecologist, anaesthetist, paediatrician	Control dummy setting / dummy voice / debriefing	

EQUIPMENT LIST[4]

- 1 perf. of 1l and 1 ready per. of 1l
- Finger cots
- <mark>LFTs</mark> + 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
- <mark>LFTs with clear water</mark>.
- 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]:

PREPARATION OF STUDENTS/LEARNERS[6]: wearing professional outfit

BRIEFING

TIME:

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[3] Control of dummy setting / Debriefing/ Dummy voice/ Facilitator/ Disruptive element/ external stakeholder (phone speaker)
[4] Prefer Check-list for quick check-up
[5] If foreseen in the scenario, prepare additional examinations to display (chest radiograph, blood test…)
[6] Preliminary analysis of documents if needed

SITUATION[7]:

DOCUMENTS[8]:

PATIENT DATA[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]

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:			

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[7] Location where the scenario takes place, information before entering the simulation room
[8] Document handed during the briefing/ care record, biological results, written **transmissions …**
[9] Care record layout or if not necessary to the scenario, voice memo for the trainer
[10] Quoted sources, bibliography

Initial state: AP: 12/8 HR: 90 RR: 12 SpO$_2$: 98% ECG curve [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:

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[11] Sinus, Fibrillation....