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Team Training Obstetrical Simulation Drills to Improve Perinatal Outcomes

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Sixteen year-old, timid Noelle arrived on the labor floor with complaints of severe abdominal pain and headache, onset earlier today at school. During her intake, she confided to her nurse that she is probably about 7 months pregnant with no prenatal care. Only her boyfriend knew. Her parents were oblivious. Noelle was petrified to tell her mother of the pregnancy. Mom arrived on the labor floor about thirty minutes later and was shocked to discover her daughter's condition. The physician explained the situation to Mom. Noelle was 30 weeks pregnant, hypertensive with seizures. Mom could barely comprehend her daughter's illness, much less the realization that there was also a baby, one who would be premature if born today. Mom heard discussions among the staff and more medications were administered. Noelle's mom blurted out comments of "seizure", "high blood pressure", "magnesium", "emergency cesarean section", "delivery" echoed around her. Mom's concern was not for the baby but only her daughter's safety. "What about my daughter? Don't worry about the baby; make sure my daughter is ok." Mom sat in the chair, defeated and frightened, sobbing intermittently. Noelle was rolled out of the room to the OR…

Did Noelle receive the emergent medical treatment consistent and appropriate for eclamptic seizures? Was there effective, sensitive communication to the patient and family? Clinical situations arise regularly that require staff to respond not only to the medical emergency but also the psychosocial impact to the patient and family members. How do we prepare staff to maintain dual focus?

The above scenario is one of the ongoing OB simulations conducted on the Obstetrical Units over the past 5 years. Initially developed for resident and nursing education, each drill is evaluated for participant clinical knowledge and management of emergent situation. An interprofessional team* is working to add a new focus of the OB Drills centers on team building concepts and communication among the healthcare team. In addition to assessment of participant clinical knowledge, scenarios include psycho-social aspects of caring for patients and dealing with family members as well as team members. Scenarios simulate difficult family interactions, hostile patients, disagreement among staff, and unexpected clinical situations. Drills are videotaped and used in immediate debriefing with participants as well as other educational opportunities. Simulation summary reports are reviewed at an interprofessional forum to further identify learning opportunities for interdepartmental staff. Systems issues are brought to the attention of unit management for follow-up and resolution.

As of April 2011, we conducted 2 drills involving 17 participants. Drill summaries have identified opportunities for growth such as:

- Teamwork: Clearer role clarification and nursing not feeling empowered to address conflicting opinions.
- Communication: Verification of orders and lines of responsibility; involvement of patient and family
- Situation monitoring: Use of emergency equipment, clarity in patient plan of care, clinical knowledge and decision making
- Systems Issues: Medication availability, equipment accessibility.
- Leadership: Use of chain of command, knowledge of back-up physician availability

These opportunities have been addressed in interprofessional forums with recommendations for practice change. These drill sessions were videotaped. We are in the process of editing for ongoing educational in-services. A survey is being conducted of nursing and physician staff attitudes toward teamwork. The project will continue over the next year and the team will continue to develop the interprofessional team skills, improved communication patterns, and strengthened teamwork. In addition, the drill project will incorporate into a Balanced Score Card Project for Quality and Safety: *Life Wings*: *Improve teamwork and communication in Obstetrics by implementing crew resource management.*

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