



SCENARIO	Near miss in the preparation of the sterile field in delivery room		Teacher template			 <p>Scenario 2 Infection control/sterile field preparation (Midwifery/Obstetrics) by SLIPPS Project Team is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. Based on a work at https://www.slipps.eu/.</p>
Target group	Third year student, Midwifery		Large group	Small group		
			X			
Theme	Near miss in delivery room in an Italian Hospital					
Expected learning outcomes	<p>Technical skills/clinical skills:</p> <ul style="list-style-type: none"> – Knowing rules about sterile procedures (Intactness of sterile materials and contamination of the sterile field) – Knowing about umbilical cord clamping time – Knowing about “skin to skin”. <p>Non-technical skills:</p> <ul style="list-style-type: none"> – Tutor-student communication – Communication among the healthcare team members attending the woman’s delivery. 					
Based on	Teaching / Instruction		Literature			
	<p>This simulation is a part of studies: Patient safety in Midwifery Care Childbirth Care Communication among the healthcare team members</p>		<p>Monod, Cécile, et al. "Optimization of competency in obstetrical emergencies: a role for simulation training." <i>Archives of gynecology and obstetrics</i> 289.4 (2014): 733-738.</p> <p>Cooijmans, K. H., Beijers, R., Rovers, A. C., & de Weerth, C. (2017). Effectiveness of skin-to-skin contact versus care-as-usual in mothers and their full-term infants: study protocol for a parallel-group randomized controlled trial. <i>BMC pediatrics</i>, 17(1), 154.</p> <p>Nursing and Midwifery Council (NMC) (2004), Midwives rules and standards, NMC, London</p> <p>Lewis, G. and Drife, J. (Ed. & Director) (2004) Confidential Enquiry into Maternal and Child Health (CEMACH) Improving the health of mothers, babies and Children. Why Mothers Die 2000-2002. 6th Report. London: CEMACH</p>			
Time frame	Briefing:	15 min	Simulaton:	15 min	Debriefing:	max 45 min
Participants	Student roles:		Teacher roles:		Any other roles:	

Scenarionavn – lærereksemplar

	participants: five midwifery students: 1 Neonatologist: Dr Smith 1 Midwifery student: Anne 1 Midwifery tutor: Alice 1 Nurse: Julie 1 Husband: Mr Rossi 1 Woman in pregnancy: mannequin Helena	Facilitator/Debriefeer: supervisor	Technical personnel who control simulation programming: programs vital functions to patient monitor: expected physiological changes to mannequin
Practical preparations	Tasks/to-do-list:	Preparation of simulator / patient and environment:	Available equipment:
	<ul style="list-style-type: none"> - Order rooms - Order technical and / or technical assistance from the skills centre - Inform the students about the scenario well ahead of time - Prepare the simulator and room - Make sure that the students are familiar with the simulator - Clean up after completion of scenario 	<p>The preparations that must be made for simulator and room to be realistic in relation to the scenario: Environment, and equipment Supported documents: patient files and report file from paramedics Get the mannequins (Mather and fetus) ready: makeup, clothes.</p>	<p>Computer Shelf for childbirth assistance Supported documents: patient files, report file from paramedics, Suitable clothes for participants, mannequin and doctor</p>
Case	We are in a delivery room of an Italian Hospital. The mannequin is a pregnant woman with low-risk pregnancy, single fetus and she is about to give birth. Anna, the student midwife, prepares the sterile field using the drapes, and while she does this, she runs the risk of contaminating the sterile field.		
Briefing	Participants	Peer learners/ observers	Standardized patient/ other roles
	<p>Teachers explain simulation and scenario, and assign tasks in the briefing room. The participants are briefed in:</p> <ul style="list-style-type: none"> - case and learning outcomes -equipment - estimated duration - debriefing - distribution of roles - any audio / image transfer <p>When recording audio / video, the participants must give permission with signature</p>	<p>Present case and learning outcomes Assign tasks</p> <p>The observers will sit in their own room and look at the simulation that is transmitted digitally. Simulation center technician controls sound and image transfer. It is important that it is emphasized to the observers that it is not allowed to tape or record the sequence</p>	<p>The pregnant woman (mannequin) is in the delivery room during the expulsion period. It is low risk pregnancy.</p>
During the simulation	FACILITATOR ROLE		
	<p>Facilitator/Debriefeer: midwifery student that simulates the tutor Mannequin (woman in pregnancy): Low risk pregnancy Regular fetal heartbeat (130 beat/minute) Regular contractions every 2 minutes</p>		

Scenarionavn – lærereksemplar

	Temperature: 36,5 ° C Blood pression: 120/70 VAS, visual analog scale (pain) 8/10 Weight / length: n. 65 kg /n. 161cm		
	OPERATOR ROLE (remove this heading if there is no operator in this scenario)		
	Expected observations and actions from the participants:	Response Operator:	Current input for dialogue:
	The midwifery student needs to set up an appropriate sterile field. The tutor should monitor the student's work	The mannequin is giving birth.	The mannequin screams. The midwifery student urges the woman to support the push The husband supports the woman. The nurse provides the sterile material for childbirth assistance
	STANDARDIZED PATIENT (remove this heading if there is no standardized patient in this scenario)		
	Expected observations and actions from the participants:	Response standardized patient:	Current input for dialogue:
	Correct preparation of the sterile field	The student risked contaminating the sterile field	The tutor stops the student before she touches the patient.
Debriefing	Descriptive phase:	Analysing phase:	Take home message:
	<ul style="list-style-type: none"> - How are you feeling now? - What were the positive actions? What went well? - Have you ever been in the same situation? 	<ul style="list-style-type: none"> - What do you want to improve? - Would you do something differently? - Which implication this scenario could have on clinical practice? 	<ul style="list-style-type: none"> - What did you learn from this scenario?
Reflection	The inexperience of the student and carelessness can create the near miss in health care. When a doubt arises about an activated procedure, it is better to correct it anyway.		
Evaluation	Evaluation of the effectiveness of the simulation		
PREPARING/DEVELOPMENT OF THE SCENARIO			
Scenario Designers:	Date of design	Modified by:	Date of change:
Matilde Maria Canepa, and Giovanna Razeto, and Ortensia Buscaino, and Antonia Tomasi matilde.canepa@unige.it	06/02/2019	(Space for who has changed the scenario so that you can contact both the designer and any other person who has used the scenario. Have contact information such as email and internal phone number.)	
COMMENTS			

COMMENTS

The dialogues in the video were unscripted.