



## LEARNING EVENTS - SLIPPS

### A clinical scenario for simulation training/script

### CONTEXT DESCRIPTION

**Participants:**

- 1 Midwifery student: Anne
- 1 Midwifery tutor: Alice
- 1 Nurse: Julie
- 1 Husband: Mr Rossi
- 1 Woman in pregnancy: Helena (voice for mannequin)
- 1 Neonatologist: Dr Smith

**Patient case:**

Helena is 28 years old and she is giving birth to a healthy full term baby. Her pregnancy is at low risk.

**Environment:**

Delivery room in an Italian Hospital

**Date and time:**

At the beginning of the morning shift.

**Participants required:**

The level of experience required is related to delivery care, therefore the undergraduate midwifery students have to be in their third year.

**Personnel and equipment:**

The staff includes:

- 1 Midwifery tutor, who is in the delivery room to supervise the student and intervene in case of malpractice;
- 1 Midwifery Student, who is training to assist the woman during delivery;
- 1 Nurse, who is assisting the midwife;
- 1 Neonatologist, who checks the health status of the newborn.





## **Briefing:**

### **1: non-technical skills:**

- Tutor-student communication
- Communication among the healthcare team members attending the woman's delivery.

### **2: Technical skills/clinical skills:**

- 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".

## **SCENARIO 1:**

It is set in a delivery room

The student has followed the woman's labour and is preparing to assist spontaneous delivery.

When placing sterile drapes under the buttocks of the woman, she contaminates her gloves.

## **TUTOR**

*How important is it to know how and to prepare the sterile field for natural birth assistance?*

*Is cleansing and disinfection of the genitals indispensable even when episiotomy is not performed?*

*The early clamping of the umbilical cord is indicated if it is necessary to send the newborn to intensive care, if late clamping is decided, it can be difficult to establish when to cut it?*

The tutor notices the contamination and asks the student to change her gloves.

The student denies the fact, but the tutor tells her to change her gloves anyway.

At the same time, the nurse who is passing the sterile material realizes that the gauzes were expired.

After the childbirth, the newborn is placed on the mother's belly (Skin to skin), but the nurse after a few seconds comes to take him to the nursery. The tutor shops the nurse to avoid this mistake.





## **TUTOR**

*The benefits of “skin to skin” include the regulation of body temperature of the newborn, the control of heart rate and the stabilization of blood glucose levels also by virtue of BABY CRAWLING; what difficulties could the midwife encounter in encouraging the woman?*

## **SCENARIO 2:**

The tutor brings summons together the midwifery student and the nurse to debrief on what happened in the delivery room

## **TUTOR**

*Spreading the culture of error prevention can be difficult, how do you think this process could be optimized? Is debriefing enough?*

## **Script**

In the delivery room:

Anna prepares the sterile field using the drapes, and while doing this she involuntarily touches the glutei of the woman.

ALICE: You touched the woman’s glutei, you are no longer sterile. Please change your gloves.

ANNA: No, it’s not true. I hardly touched her!

ALICE: It doesn’t matter, change your gloves anyway. We’ll talk about it later.

ANNA: Giulia, could you please pass me another pair of sterile gloves?

Giulia gives her the gloves.

GIULIA: Here you are.

Anna puts on the gloves and correctly prepares the sterile field, placing the sterile drape under Elena’s glutei.

ANNA: Giulia, could you please open another packet of sterile gauzes?





GIULIA: Yes, straight away.

Giulia notices that it has expired.

GIULIA: Wait, I'll get another one.

Giulia shows Alice that sterility has expired.

GIULIA: Here you are.

ELENA: The contractions are starting.

ANNA: Help her with her urge to push.

ELENA: Help me, I can't stand it!! I'm dying!

ANNA: Don't worry, you are doing well.

Alice sees that the woman's husband is pale.

ALICE: Mr. Rossi, Are you alright? Giulia help him,!!

GIULIA asks Mr. Rossi: Are you alright Mr. Rossi?

Mr. ROSSI: I am a little dizzy, but I'm ok. I can make it!!!

GIULIA to Mr. Rossi: It's better if we go out, even just for a few moments. Please follow me.

Giulia takes him by his arm, and accompanies him outside. Then only Giulia returns.

ELENA: Where did my husband go?

ALICE: He just went out for a moment to get some fresh air. Don't worry, our colleague is with him.

ELENA: The contractions are coming again.

ANNA: It's ok!!! Keep doing what you have done until now.

Elena gives birth to her baby. The neonatologist comes in.

Anna, after attending a natural vertex birth of a healthy full term baby, she dries the baby and gets the forceps as if she was going to clamp the umbilical cord.

ALICE: Anna wait!!!! (stops her with her hand) Lay him on the mother's abdomen.

Anna lays him on Elena's abdomen and covers him with a drape.

DR. SMITH: Everything looks fine, see you in two hours, after the skin to skin phase.

Dr Smith goes out and lets the woman's husband in.

Mr. ROSSI: You've been great!! The baby is beautiful!





*The image fades and in the meantime the cut umbilical cord is removed.*

Giulia turns towards the woman and says.

GIULIA: I'll take him so that I can wash and dress him.

ALICE: We'll do it after the skin-to-skin phase.

GIULIA: Ah yes of course. I'll come back later.

*The images fade.*

## **SCENE 2**

In the room next to the delivery room.

ALICE: Anna and Giulia, I would like to speak to you about what happened before.

ANNA: Ok.

GIULIA: ok

ALICE: The positive things I noticed about this birth attendance are that Giulia noticed that the gauzes were not sterile and she let us know without making it evident also to the woman and Anna communicated directly with Giulia requesting the things she needed indicating the person to whom the communication was directed.

ALICE: One thing I must tell Anna, which is not nice, is that you reply in front of the woman, because in this way you give her the impression that there is no harmony among the staff.

ANNA: I'm very sorry. I didn't realize this. I apologize.

ALICE: Regarding the procedure, it is important that you pay attention to maintaining sterility and that you stick to the clamping time. Early clamping is not necessary if the newborn has no problems. This is also detrimental for the quality of care.

ALICE: Instead to Giulia I would like to remind you that the skin-to-skin phase implies that the newborn baby stays in contact with his mother's skin for at least 2 hours immediately after birth and that the baby can be bathed later.





I hope you have understood the importance of your mistakes.

