

OBSTETRIC EMERGENCY DRILLS

**Improve the quality of care for women
having obstetric emergencies**



Maternal Health **Task Force**



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2016

OBSTETRIC EMERGENCY DRILLS

Trainer's Manual

Improve the quality of care *for*
women having obstetric
emergencies

Institute for Clinical
Effectiveness and Health
Policy | Mother and Child
Health Research Department



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OBJECTIVES OF MANUAL

Audience

Quality improvement team for an obstetrics department

Purpose

- Teach this team to run obstetric emergency drills on their unit
- Help clinical staff evaluate and improve their response to obstetric emergencies



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PROBLEM STATEMENT

- Devastating, obstetric emergencies are rare
- Without a way for clinicians to maintain knowledge and skills in managing obstetric emergencies, pregnant women are at risk of not receiving the care they need when they face life-threatening complications



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WHAT IS AN OBSTETRIC EMERGENCY DRILL?

- Method for practicing the management of an obstetric emergency in facilities where emergency obstetric care is delivered
- Allows providers to practice their skills and knowledge to manage infrequent, but deadly, events in their own facility
- Includes a debriefing session for participant reflection and learning



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WHY DRILLS?

- Obstetric emergencies are uncommon events
- Participants can make mistakes, reflect and learn from them, without exposing the patient to any risk



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ARE DRILLS A SIMULATION?

Simulation training includes the use of a device or set of devices, like a mannequin, to recreate a real clinical situation with the following goals:

- Provide clinical training
- Evaluate clinical performance
- Research



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DIFFERENCE BETWEEN SIMULATION AND DRILLS

Simulation: FICTITIOUS

- Take place in a simulation lab
- Use a mannequin as the patient
- Scheduled
- Well-adjusted to specific skills
- Results:
 - improved individual skills
 - improved teamwork

Drills: REAL

- Take place where events actually occur
- Use an actress as the patient
- Happen unannounced, in real time
- Test all health system factors needed to manage obstetric emergencies
- Results:
 - improved individual skills
 - improved teamwork
 - improved performance of the health service as a whole



OBJECTIVES OF DRILL TRAINING

- Facility readiness for obstetric emergencies
- Improved professional practice and teamwork
- The identification of areas for quality improvement
- Improved performance of the health service as a whole



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WHAT IS NEEDED?

- Appropriate facility environment and consent
- Equipment
- Implementation team/trainers
 - An obstetrician
 - A midwife
 - A nurse
- Obstetric emergency drills participants
 - Clinicians who manage obstetric emergency drills
- Drill script



IMPLEMENTATION TEAM/TRAINERS ROLES

Actress

Acts as an “obstetrics client”

Director

Leads drill scenario

Observer

Evaluates actions of drill participants



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ACTRESS

- Represents “the obstetrics client” and knows the obstetric emergency script
- Must know the symptoms in detail and have a very good knowledge of the emergency or complication
- Dramatizes/role plays the emergency
- Manages the time elapsed
- Can modify her performance to influence the actions of the trainees



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DIRECTOR

- Provides the team with information on the obstetrics client's status (e.g. blood pressure, cervical exams), if participants provide appropriate assessment
- Follows the script, interventions dependent on the actions of the drill participants
- Modulates tone of voice to add realism to the situation
- Speaks loud and clear



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OBSERVER

- Watches the entire drill
- Records what happens during the drill, using a detailed checklist
- Uses checklist to guide the debriefing session



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THE SCRIPT

- The actress and director must learn the script and be prepared to respond according of the actions of the health providers
- The *Obstetric Emergency Drills Trainer's Manual* includes two scripts:
 - postpartum hemorrhage
 - preeclampsia/eclampsia
- A script can be developed for any emergency scenario and should be adjusted to the local setting



DRILL STEPS

1. Create a “fiction contract” with participants
2. Conduct the drill
3. Facilitate debriefing session



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ESTABLISH FICTION CONTRACT

PART 1

- A fiction contract is a joint verbal agreement between trainers and participants
- Trainers acknowledge drill cannot be exactly like real life but agree to make it as real as possible
- Drill participants agree to do their best to act as if everything were real



ESTABLISH FICTION CONTRACT

PART 2

Trainers

- Stress the participants should not talk to the director, director only communicates obstetrics client's clinical signs and symptoms
- Acknowledge that it is ok if participants make mistakes, that participants are trying their best



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ESTABLISH FICTION CONTRACT

PART 3

Trainers

- Inform participants that a debriefing session will be conducted after the drill
- Ask permission to video record the drill for the debriefing session
- Delete video at the end of the debriefing session in presence of participants to ensure confidentiality



ESTABLISH FICTION CONTRACT

PART 4

Trainers explain

- Measures to be taken with the “obstetrics client” should be real up to a point
- Invasive procedures should not be performed
- Roles of the actress, observer, and drill director
- Trainers do not tell the participants which complications the actress will mimic



FICTION CONTRACT

1. Actress
2. Observer
3. Director
4. Provider 1
5. Provider 2
6. Provider 3

1

2

3

6

5

4

CONDUCT DRILL

- Set up camera to record drill
- Director presents participants with a clinical case
- Actress enters room as obstetrics client
- Drill commences
- Follow drill script
- Drill ends
- Conduct debriefing session



TIPS FOR RECORDING DRILL

Equipment

- Video recorder
- Person in charge of filming the drill (other than the actress, director or observer)
- TV or screen for playback

Technical recommendations

- Making open shots, do not use the zoom
- Film the entire drill without cutting scenes
- Ensure microphone working well so dialogues can be heard during the debriefing



OBSERVER'S CHECKLIST

- **To be filled out during drill by observer**
- **Guide for the debriefing session**
- **Recommendations**
 - Scan all the items in the checklist
 - Prioritize the most relevant aspects for the debriefing
- **Analysis by topic:**
 - Communication with the patient/among the team members
 - Organizational leadership
 - Call for help
 - Diagnosis and treatment
 - Resources





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DEBRIEFING SESSION

Use Observer Checklist to guide debriefing session

FOUR KEY ELEMENTS

1. Establish and maintain an engaging learning environment
2. Structure debriefing in an organized way
3. Provoke engaging discussion
4. Identify and explore performance gaps (difference between the desired performance and the actual performance)



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DEBRIEFING SESSION TIPS

- Follow a method
- Include all participants
- Ask open questions and wait for answers
- Use positive language—not criticisms—to communicate proposed improvements
- Utilize the recorded drill session to clarify any uncertainty about what happened
- Empower the participants to analyze their performance
- Identify comparisons to real world situations



LET'S WATCH SOME EXAMPLES...



THANK YOU!



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