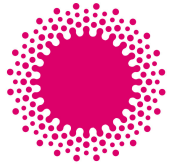


# Gandel Simulation Service

in partnership with University of Melbourne



the women's  
the royal women's hospital  
victoria australia

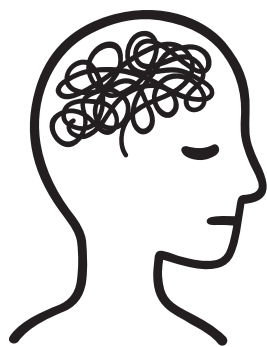


## Mental Rehearsal

*thinking ahead in emergencies*

*Intellectual property of the Gandel Simulation Service, 2020.*

*Adapted with kind permission from the Gold Coast Health Simulation Service & Dr Sarah Janssens, Mater Education.*



# About Mental Rehearsal



## Why?

Mental rehearsal or planning ahead helps us do our work better together.

Like an elite athlete or F1 racing team rehearsing before a race or preparing together as a team on a shift, we can be more ready if something happens. Evidence from healthcare simulation and other fields has shown that mental rehearsal can be a critical element of improving individual and team performance in critical care settings like ours for emergencies.



## What?

Short, sharp, quick. Just 5-8 minutes team mental rehearsal, where we plan to:

- Get to know who is on our team for the shift
- Review role allocations
- Check our equipment and environment
- Review communication in a maternity emergency (team, woman & supports)
- Collectively identify and problem-solve 'what if' situations
- Document any key learnings and leave in the sim suggestion box for future sim and quality improvement i.e. what really works for us as a team



## Instructions

### Team leader

Choose a case presentation

Read out the case to the team: *E.g. What do we know? This is a 30 y.o G2P2 at 39+5 wks, COVID+ve, experiencing a PPH following a NVB...*

Allocate roles & tasks: refer to the team diagram on back of the chosen card

Go through the case as if you were really in the room with a woman:

*What will we do?*

*Who should we call?*

*What/who else might we need?*

### Team members

Once allocated a role, each team member should outline their tasks, equipment and communication.

**Midwife 1:** "I will phone the MW IC, state the emergency & what/who I need to assist. I will start fundal massage & regular obs."

**Midwife 2:** "I will bring in the COVID PPH kit & give drugs & IV fluids."

**Doctor:** "I will check for tears, clots & insert an IDC."

### Final wrap from team leader

Any other suggestions?

*Document any key learnings or suggestions & place in the BC Sim Suggestion Box if you want*



## The Brief

1

### What do we know?

Case summary

2

### Roles

What roles do we need? What tasks will each person do?

3

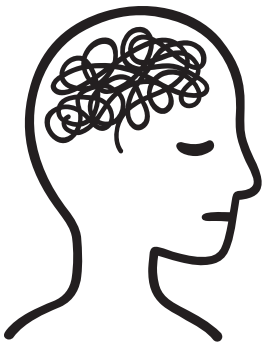
### What will we do?

4

### Who should we call?

5

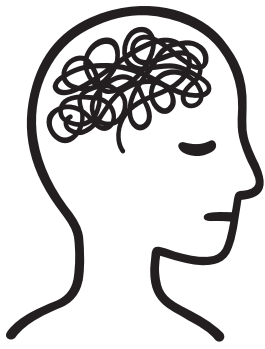
### What/who else might we need?



## Golden Rules

### *- in simulation & real life*

- Call for help early
- Team leader to stand back & direct team and room
- Closed loop communication is essential
- Only allocate people to a role they would really do & they are comfortable with
- Check that everyone feels safe to 'speak up' & remind them to
- Number of people & noise in room to a minimum
- Remember psychological & physical PPE or psychological & physical safety of yourself, the team & the woman, baby & supports
- Focus on what went well & what could be better rather than what went wrong



## Roles & Tasks

### 6 Scribe



### 4 Head of bed\*

Communicate with woman / Airway

*\*3&4 may be one person*

### 5 Right side

IV access / Fluids / Meds

### 3 Left side\*

Obs / FHR  
Palp contractions  
Fundal massage

### 2 End of the bed

VE / Spec / Accoucher / Suturing / Bimanual

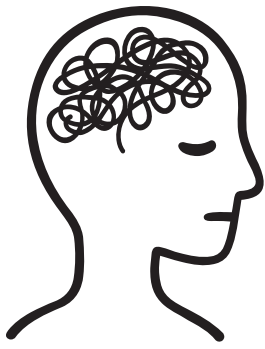
### 1 Team leader

Situational awareness, allocate roles,  
full room view, stop & recap

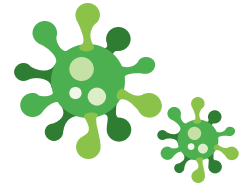
## Outside room

### 7 Runner

### 8 AHM



## s/COVID-19 Roles & Tasks



**4 Scribe / Right side**  
IV access / Fluids / Meds

**3 Head of bed / Left side**

Communicate with woman / Airway  
Obs/ FHR / Palp contractions  
Fundal massage



**2 End of the bed**

VE / Spec / Accoucher / Suturing / Bimanual

*put phone on loud speaker*



**1 Team leader**

Situational awareness, allocate roles,  
full room view, stop & recap

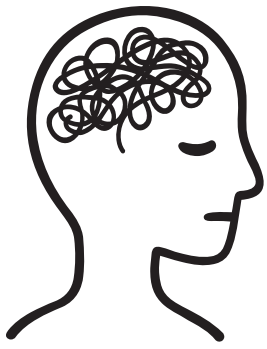
## Outside room

**5 Runner/  
PPE Spotter**

**6 MW IC**



**7 AHM**



## Shoulder Dystocia Roles & Tasks

### 5 Scribe



### 3 Head of bed & Left side

Communicate with woman / Airway  
Drop head of bed  
McRobert's  
Suprapubic pressure\*

*\*SP depends on which  
side back is on*

### 4 Right side

McRoberts  
Suprapubic pressure\*  
Watch the clock  
Scribe once babe born



### 2 End of the bed

Accoucher

### 1 Team leader

Situational awareness, allocate roles,  
full room view, stop & recap

Call for help  
State Shoulder Dystocia  
McRobert's  
Suprapubic pressure  
Consider episiotomy  
Internal manoeuvres  
Roll on all 4s

### Receiving MW

Page Paed  
Check resus cot  
WOW outside room  
Neonatal scribe

### 6

### Resuscitaire



### 7

### Paed Reg

Code Blue if needed







## 1 Case Presentation

Rhi Sim, 30y.o, G2P2, 39/40, COVID +ve, NVB 30 mins ago

- IM Syntometrine\* for 3rd stage
- Placenta/membranes are complete/complete
- EBL 300ml with 3rd stage
- Rhi now states feels dizzy
- Obs: HR 100, BP 100/70, RR 22, Sats 98% RA
- Fundus boggy, further loss 300ml

### Team Leader Prebrief

1

What do we know?

Case summary / ISBAR

2

Roles

What roles do we need? What tasks will each person do?

3

What will we do?

4

Who should we call?

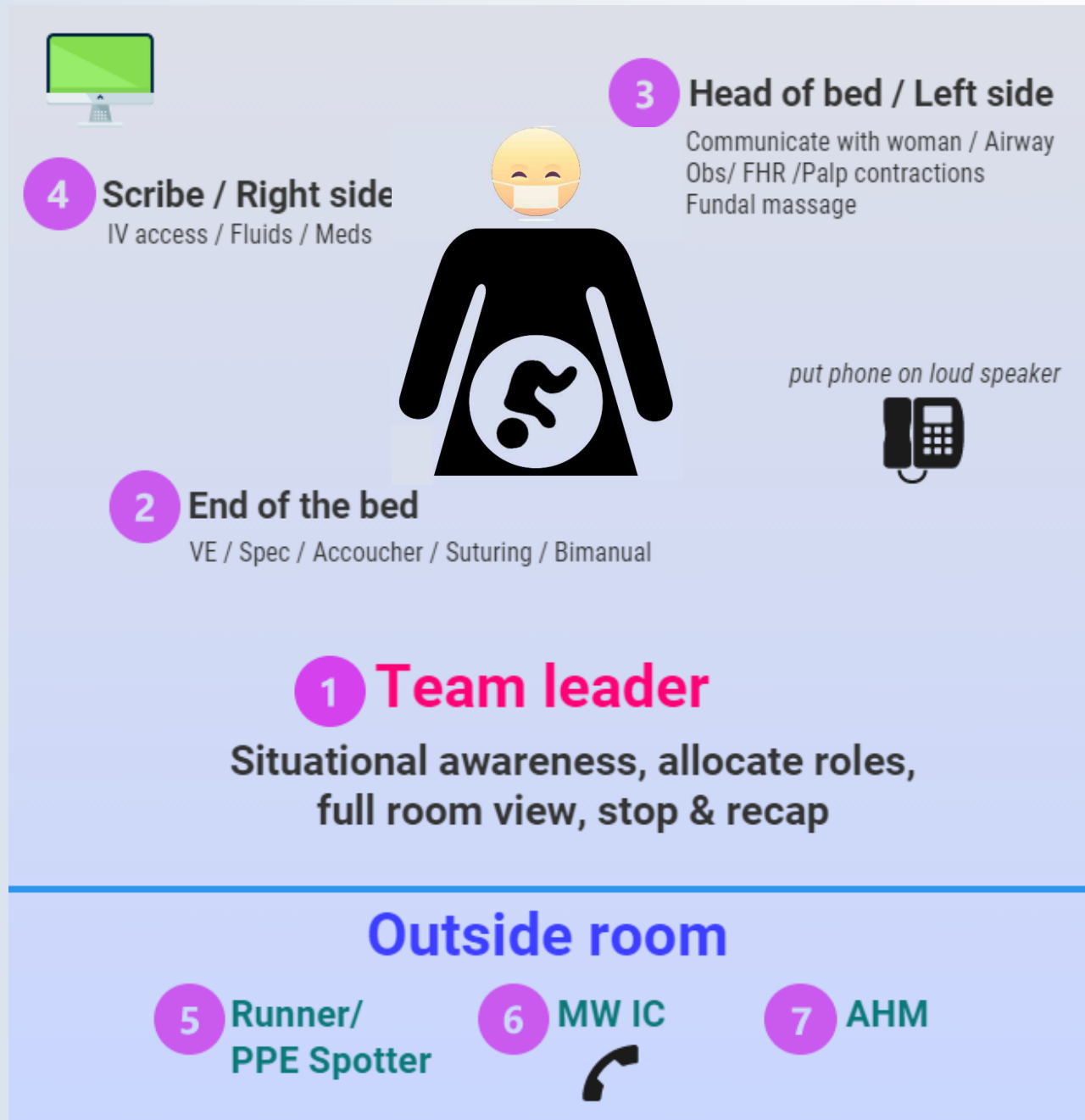
5

What/who else might we need?



## s/COVID Roles & Tasks

Rhi Sim, 30y.o, G2P2, 39/40, COVID +ve, 600ml PPH



1. Call for help early
2. STOP & listen to the PPE spotter
3. Know the COVID workflow/equipment e.g. grab bags



## 2 Case Presentation

**Cindy Ng 32y.o, G1P0, 40/40, COVID +ve, fetal bradycardia**

- Spontaneous labour at 6cm
- Epidural in situ & 1L N/Saline running
- Prolonged decel to 80bpm for 3 minutes
- FHR does not recover
- On VE, Cx unchanged

### Team Leader Prebrief

1

**What do we know?**

Case summary / ISBAR

2

**Roles**

What roles do we need? What tasks will each person do?

3

**What will we do?**

4

**Who should we call?**

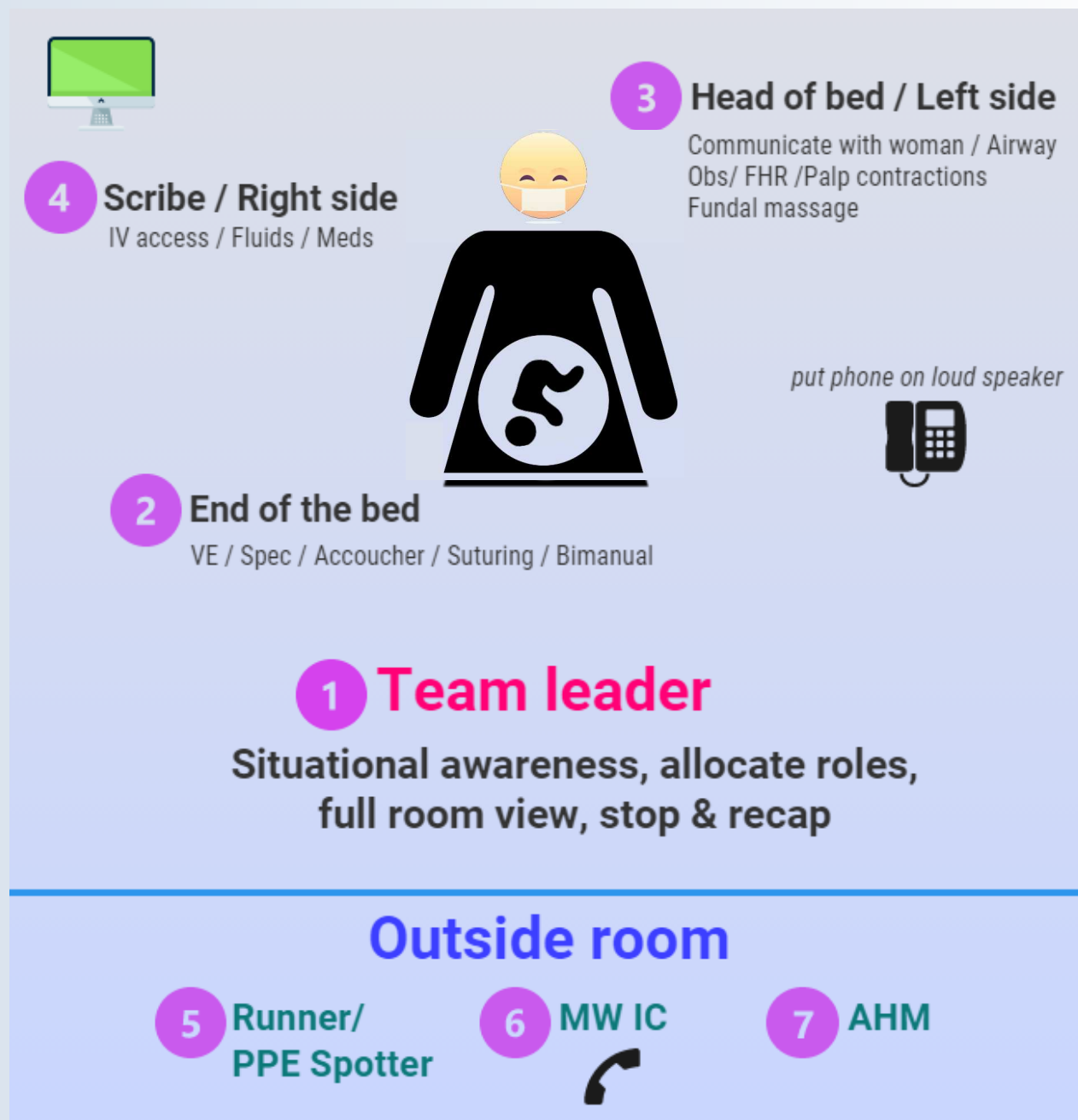
5

**What/who else might we need?**



## s/COVID Roles & Tasks

Cindy Ng, 32y.o, G1P0, 40/40, COVID +ve, fetal bradycardia



1. Call for help early
2. STOP & listen to the PPE spotter
3. Call **Code Green PPE** - WAIT for theatre tech



## 3 Case Presentation

**Joy Diego, 29y.o, G1P0, 38/40, COVID +ve, 18hrs PROM**

- C/o chills and feeling unwell
- Febrile 39 degrees
- Reduced FMF
- Obs: BP 100/55, HR 100, RR 24, Sats 95% RA

### Team Leader Prebrief

1

**What do we know?**

Case summary / ISBAR

2

**Roles**

What roles do we need? What tasks will each person do?

3

**What will we do?**

4

**Who should we call?**

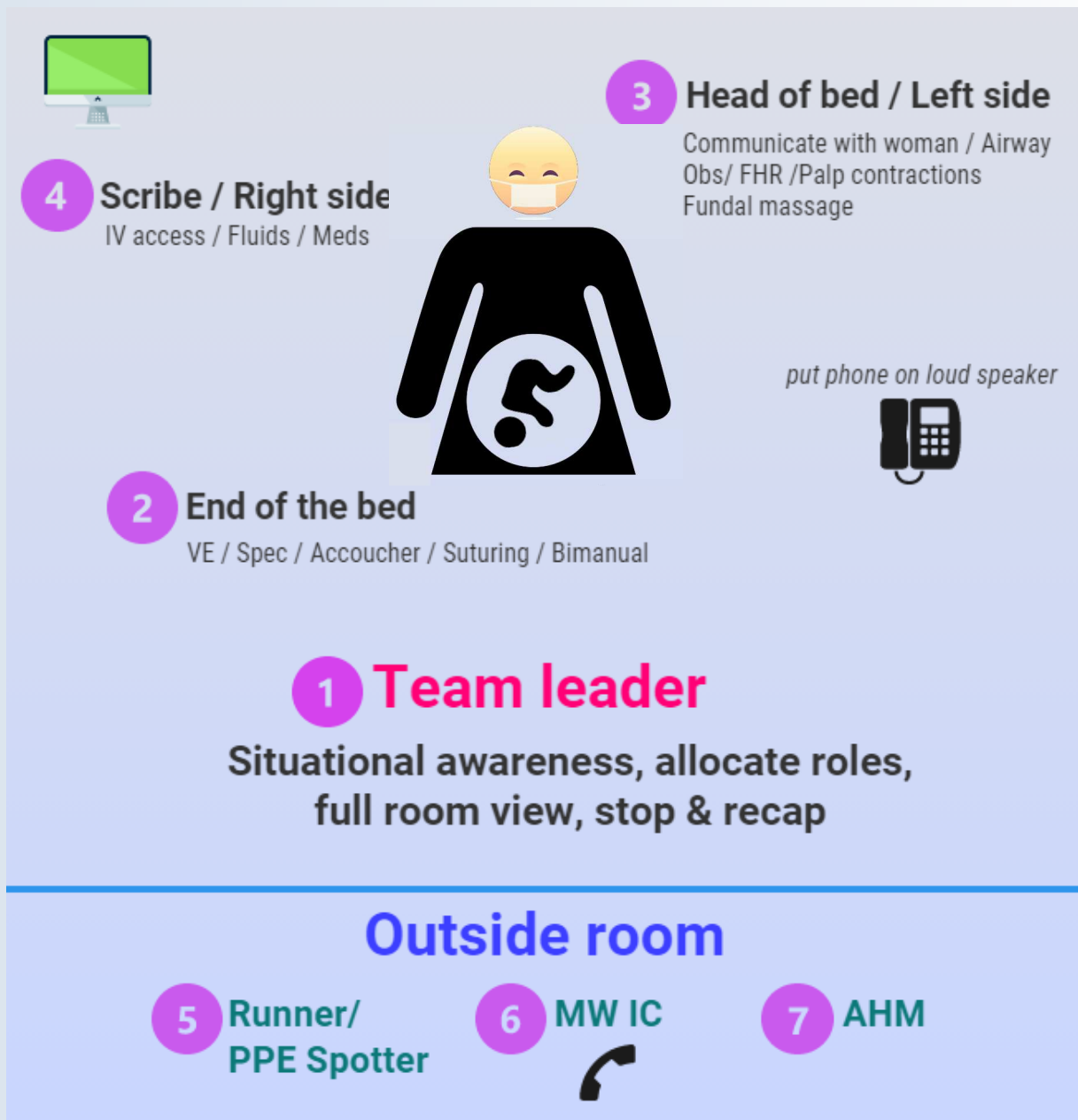
5

**What/who else might we need?**



## s/COVID Roles & Tasks

Joy Diego, 29y.o, G1P0, 38/40, COVID +ve, 18hrs PROM



1. Call for help early including cons ob, anaes, AHM, ID
2. Fever could be sepsis from COVID+ve AND/OR PROM
3. Resus mother first



## 4 Case Presentation

**Niti Patel, 33y.o, G1P0, 36/40, COVID +ve, C/o SOB & chest pain**

- MET call activated
- Now unresponsive

### Team Leader Prebrief

1

**What do we know?**

Case summary / ISBAR

2

**Roles**

What roles do we need? What tasks will each person do?

3

**What will we do?**

4

**Who should we call?**

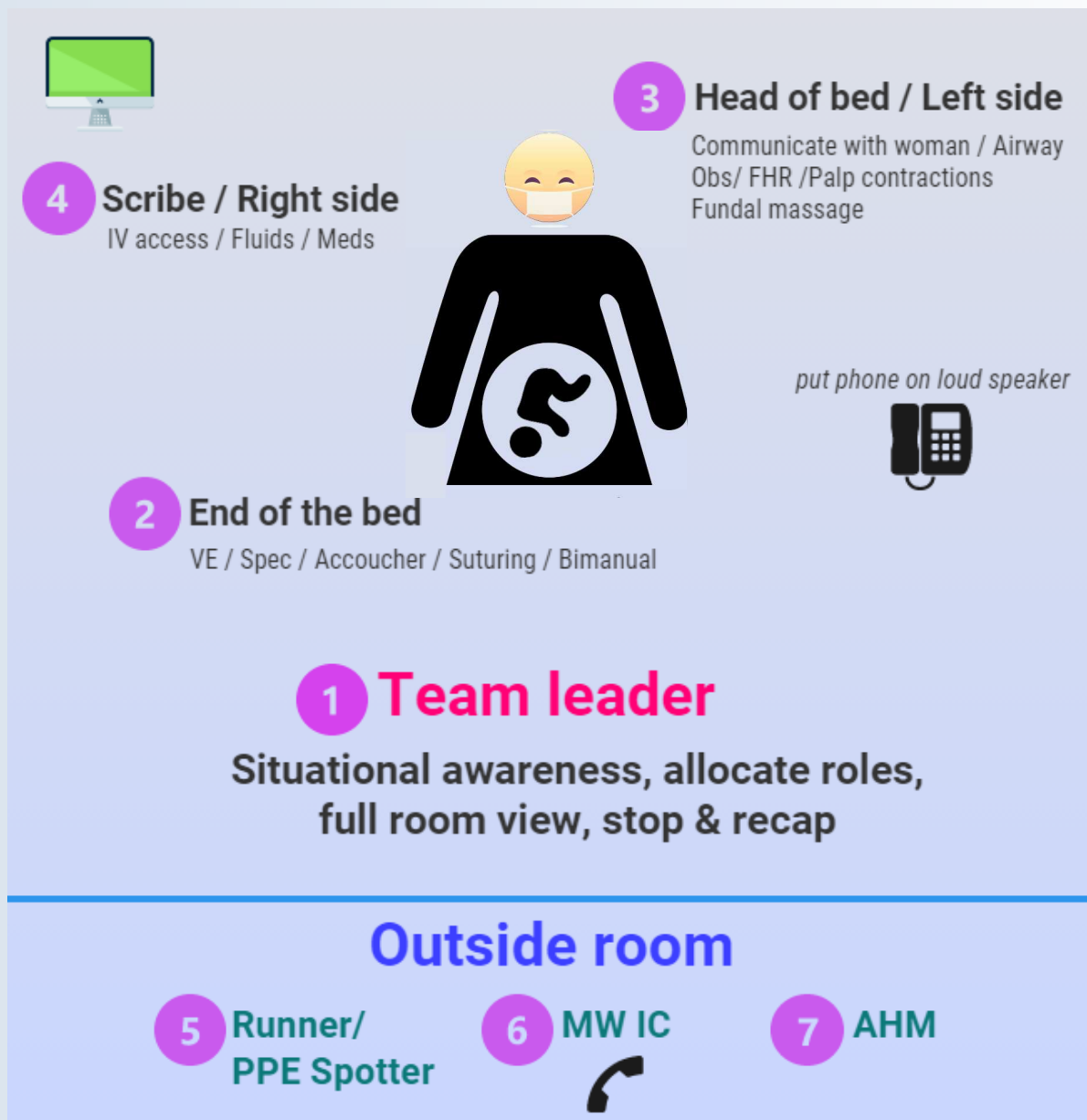
5

**What/who else might we need?**



## s/COVID Tasks & Roles

Niti Patel 33y.o, G1P0, 36/40, COVID +ve, C/o SOB and chest pain



1. There is NO emergency in a pandemic; PPE first!
2. Call for help, ABC + tilt the woman to displace uterus
3. Resuscitative hysterotomy if unresponsive >4mins\*

\*get the backpack







## 1 Case Presentation

**Rhi Sim, 30y.o, G2P2, 39/40, NVB 30 mins ago**

- IM Oxytocin for 3rd stage
- Placenta/membranes are complete/complete
- EBL 300ml with 3rd stage
- Woman now states feels dizzy
- Obs: HR 100, BP 100/60, RR 22, Sats 98% RA
- Fundus boggy, further loss 300ml

### Team Leader Prebrief

1

**What do we know?**

Case summary / ISBAR

2

**Roles**

What roles do we need? What tasks will each person do?

3

**What will we do?**

4

**Who should we call?**

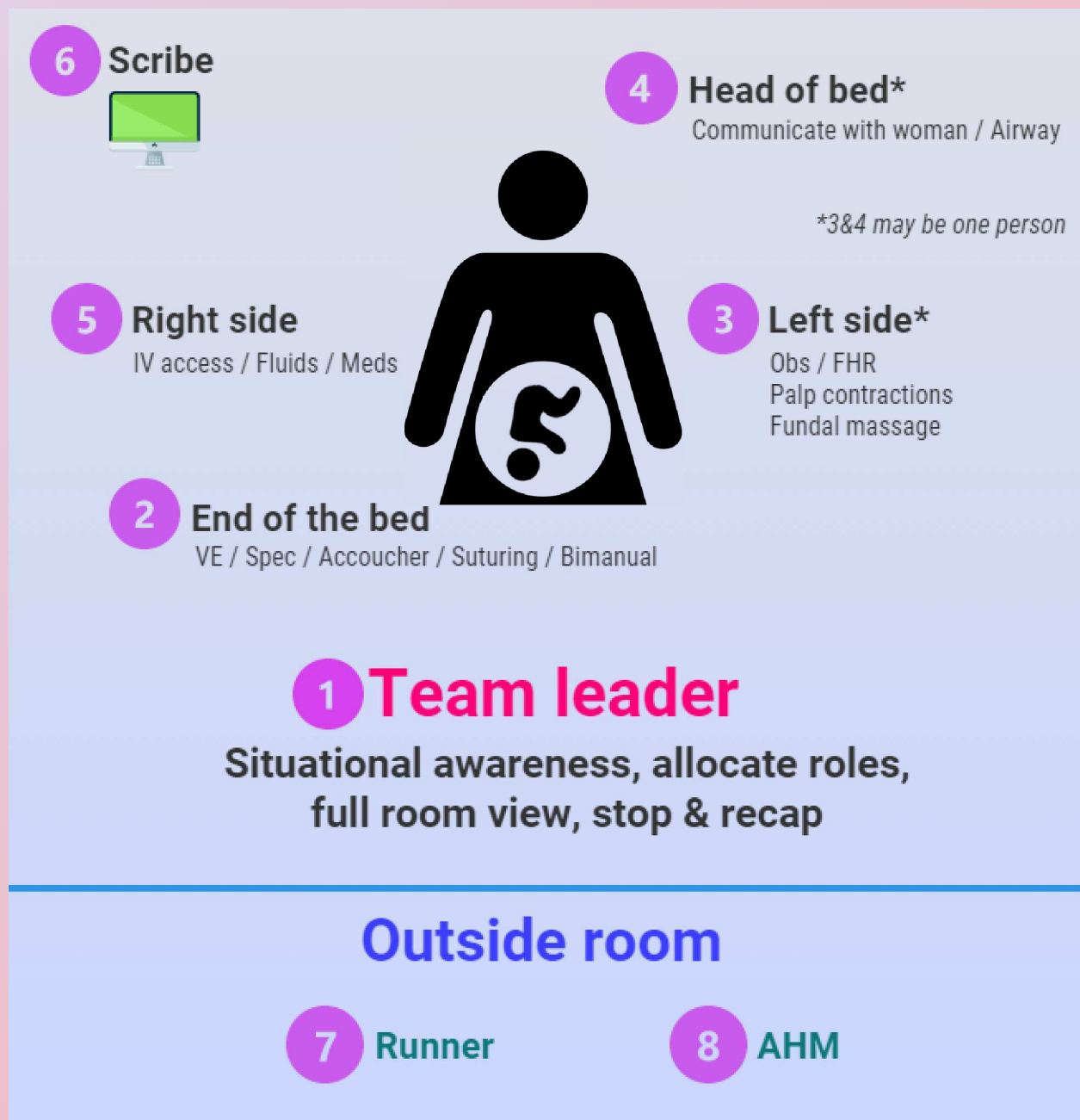
5

**What/who else might we need?**



## PPH Roles & Tasks

Rhi Sim, 30y.o, G2P2, 39/40, NVB 30 mins ago, 600ml PPH



1. Identify PPH / call for help early / fundal massage
2. ABCDE - obs, IV access & blds, meds, IDC, warm blanket
3. 4Ts



## 1 Case Presentation

**Fiona Ting, 28y.o, G2P0, 35/40, initially c/o severe headache and blurred vision**

- BP 180/110, HR 110, RR 24, Sats 95%
- Now fitting

### Team Leader Prebrief

1

**What do we know?**

Case summary / ISBAR

2

**Roles**

What roles do we need? What tasks will each person do?

3

**What will we do?**

4

**Who should we call?**

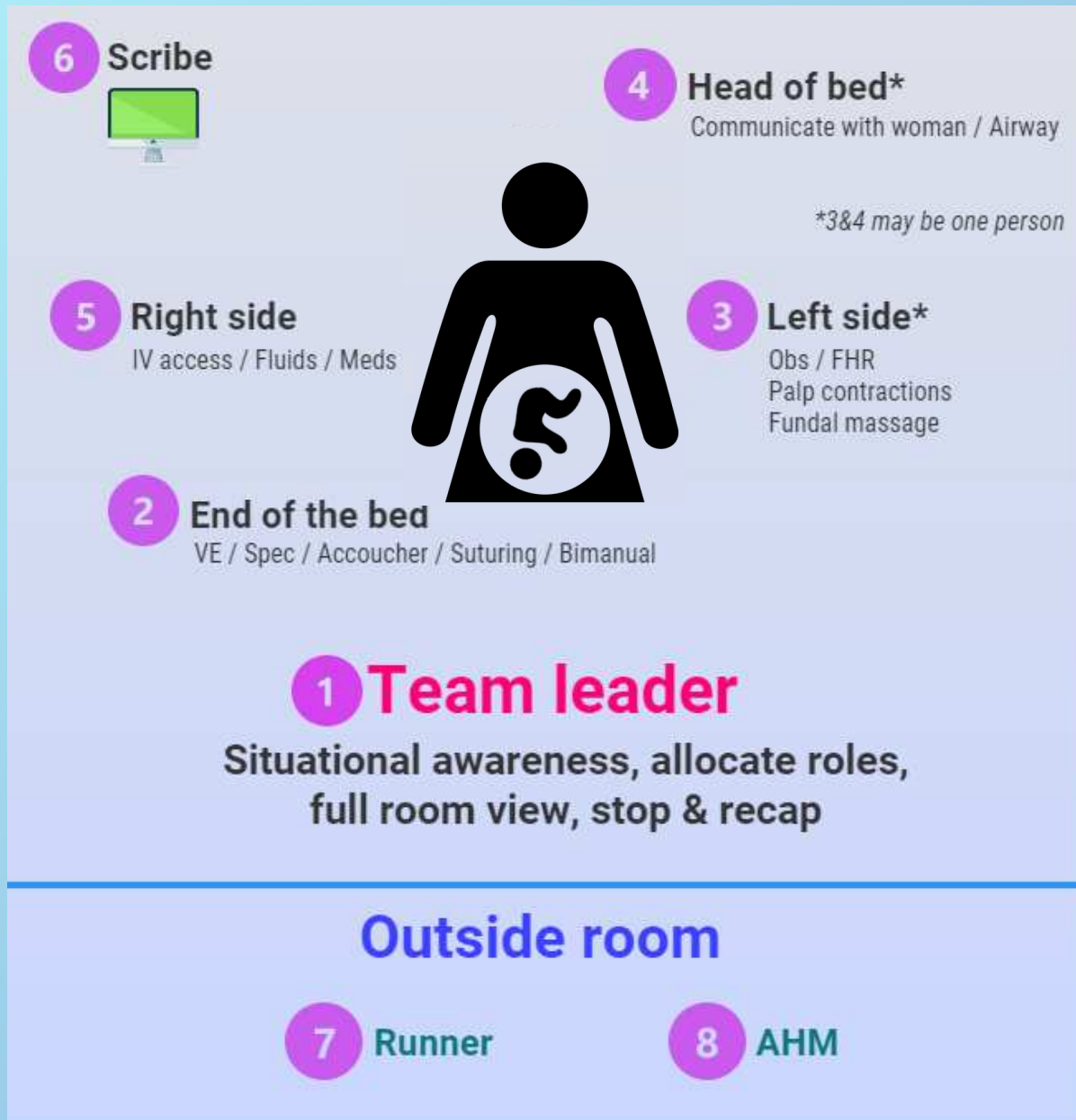
5

**What/who else might we need?**



## MET/Code Blue Roles & Tasks

Fiona Ting 28y.o, G2P0, 35/40, initially c/o severe headache and blurred vision & fitting



1. Call for help / dial 2222, code blue, DRABC
2. Oxygen, tilt woman, 1st priority is stabilising the mother
3. Don't rush to delivery. Nb. a PET fit will likely be short lived. Stabilise BP & prevent further fits i.e MgSO4 etc.



## Case Presentation

**Amber Shaw, 34y.o, G3P1, 40/40, prolonged second stage**

- Fetal head born but not restituting
- Epidural in situ
- Phx of shoulder dystocia

### Team Leader Prebrief

1

**What do we know?**

Case summary / ISBAR

2

**Roles**

What roles do we need? What tasks will each person do?

3

**What will we do?**

4

**Who should we call?**

5

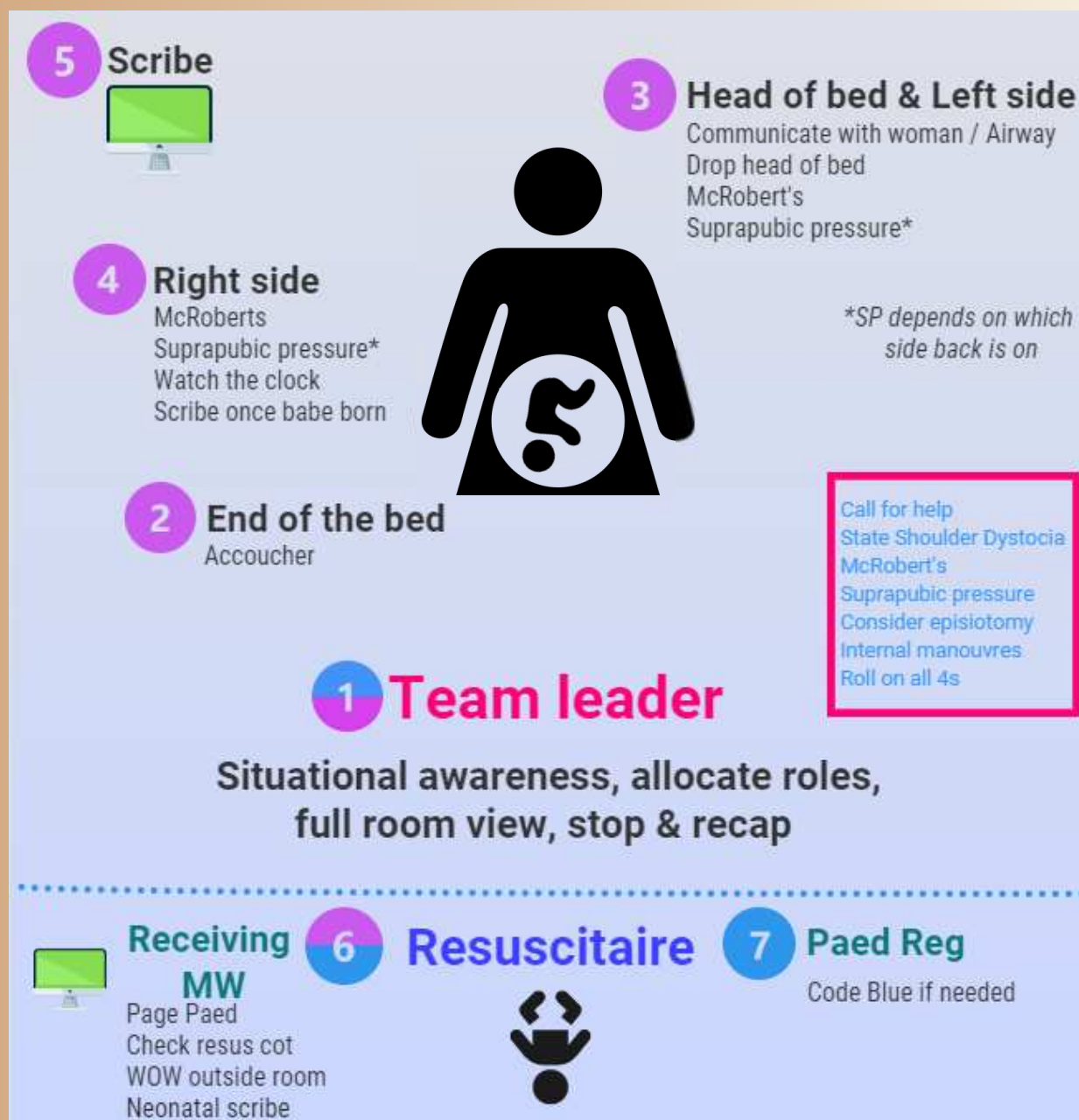
**What/who else might we need?**





## Shoulder Dystocia Roles & Tasks

Amber Shaw, 34y.o, G3P1, 40/40, prolonged second stage



1. Identify SD, call for help, state it is a "shoulder dystocia"
2. Page for a paed and/or neonatal code blue if needed
3. Internal manoeuvres can be done in any order for ~30secs