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Commission for the Accreditation of Birth Centers

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Optimizing Birth Center Clinical Drills

Guest Submission by:
Margaret Buxton, CNM, DNP
Heather Sevcik, CNM, MSN
Vanderbilt Birth Center

Emergencies in birth center settings are high acuity, low frequency events. Participating in high fidelity clinical drills on a regular basis is an ideal tool for mastering infrequently used skills. High fidelity drills attempt to create the most realistic practice scenario possible to evoke the emotions and experiences that will prepare individuals for the actual event. This article will describe the key steps you can take to create effective drills in your clinical setting.

Planning Ahead

Develop a clinical scenario based on real cases or "near miss" events, eliminating PHI but including real possibilities. An example is the management of a shoulder dystocia in a birthing tub. In the drill write-up, provide the purpose, a brief clinical background (parity, labor status, etc.), a timeline of events, and a list of the objective and subjective elements you would expect to happen in the real version of this clinical scenario. Include if/then prompts for the person running the drill. In a shoulder dystocia example, the drill may start with a client crowning in the tub, and the if/then could include "if the midwife gets her out of the tub to hands and knees, the shoulder releases with first attempt" or for a neonatal resuscitation case "if MRSOPA is not done, there is no chest rise or clinical improvement." The if/then prompts are for the person running the drill to lead the participants to next-step behaviors that test both clinical knowledge and skill competency.

Identify a clinical leader who will "run" the drill. Recruit simulated patients which can be birth center staff or students willing to act out the role of the birthing family. For each drill, identify a simulated clinical team that represents your staffing model. If you have a midwife and birth assistant at each birth, then have the matching simulation team ready to perform the drill. Set the clinical area up as you normally would, using practice kits or supplies if possible. Lastly, have a team member be the observer who documents during the drill. The observer has a clipboard with a list of the objective and subjective outcomes identified for this particular drill and checks off which elements were demonstrated.

Running the Drill

The observer as well as the simulated patients in the drill should know the contents of the drill and what is going to happen so they can "act it out" accordingly. Ideally, the clinical providers performing the drill do not know ahead of time what the drill is about - this adds to the fidelity of the experience. If you can, have someone video record the drill on a phone or tablet. The leader running the drill will tell the participants performing the simulation the key information they need to know like what the next step is.

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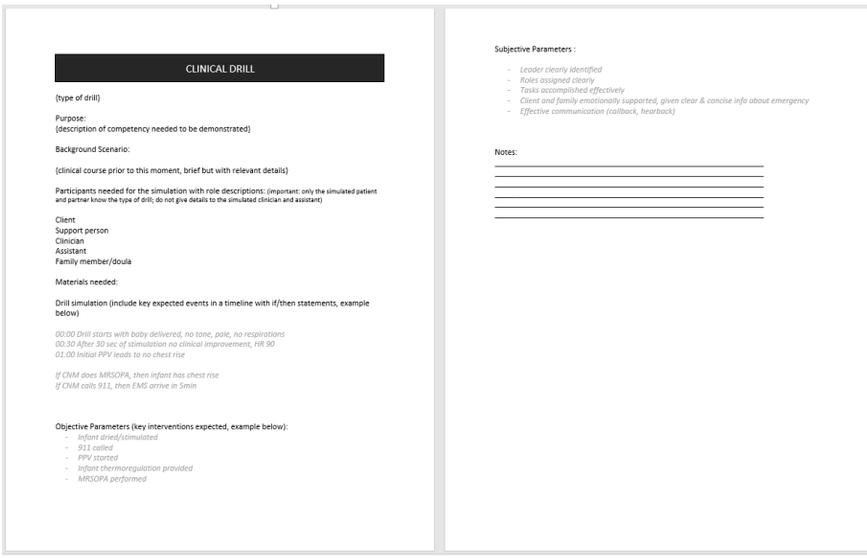
The leader starts and ends the drill and participants "stay in the scene" for the duration. Have the providers in the drill attempt to do as many interventions as they normally would while respecting the privacy and space of the simulated patient. If extra staff are present to witness the drill, it is important that they stay quiet while the drill unfolds. The leader ends the scenario after the key clinical elements have been demonstrated.

Debriefing

After the drill is finished, plan a few moments to debrief. For all staff in the room, do a short, guided breath meditation to calm the normal adrenaline response to seeing a simulated emergency. After this is complete, allow the simulated patients and the providers in the drill to say how they thought things went from their perspective. Have the observer note what went well and what, if anything, was missed. If you have time, use the recorded video and replay for the team, stopping as needed to highlight best practices and opportunities for improvement.

Conclusion

High fidelity clinical drills allow a safe place to practice life-saving skills. Clinical providers learn and grow in a setting with peer support, identifying the key elements for successfully responding to birth emergencies in the setting where they practice. Birth center providers who drill together strengthen their teamwork in real life. Improving the quality of your clinical drills is easy to accomplish and has a lasting, positive impact.



CLINICAL DRILL

(type of drill)

Purpose:
(description of competency needed to be demonstrated)

Background Scenario:

(clinical course prior to this moment, brief but with relevant details)

Participants needed for the simulation with role descriptions: (important: only the simulated patient and partner know the type of drill; do not give details to the simulated clinician and assistant)

Client
Support person
Clinician
Assistant
Family member/doula

Materials needed:

Drill simulation (include key expected events in a timeline with if/then statements, example below)

00:00 Drill starts with baby delivered, no tone, pale, no respirations
00:30 After 30 sec of stimulation no clinical improvement, HR 90
01:00 Initial PPV leads to no chest rise

If CNM does MRSOPA, then infant has chest rise
If CNM calls 911, then EMS arrive in 5min

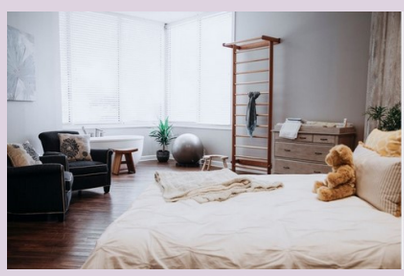
Objective Parameters (key interventions expected, example below):
- *Infant dried/stimulated*
- *911 called*
- *PPV started*
- *Infant thermoregulation provided*
- *MRSOPA performed*

Subjective Parameters :
- *Leader clearly identified*
- *Roles assigned clearly*
- *Tasks accomplished effectively*
- *Client and family emotionally supported, given clear & concise info about emergency*
- *Effective communication (callback, hearback)*

Notes:

*This clinical drill template is available for download **here**.*

About the authors:
Margaret Buxton and Heather Sevcik provide care at Vanderbilt Birth Center in Nashville, TN. The birth center has been opened for 6 years and is about to celebrate their 2000th birth!



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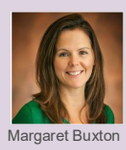
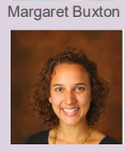


Margaret Buxton



Heather Sevcik

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