



Avkin Simulations

Abbey Jean



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SCENARIO RECORDKEEPING

Simulation Name:	Abbey Jean		
Name & Title of Designer(s):		Reviewer:	
<ul style="list-style-type: none"> Megan Weldon, CHSE, Director of Education, Avkin Dr. Nina Williams DNP, MSN-NE< RN, Simulation Developer, Creative OB Solutions, LLC 		<ul style="list-style-type: none"> Kim Anderson, BPS, NRP, CHSE, CSM-Avkin 	
Date Designed: (Preparation)	11/30/2021	Level of Complexity or Participant Experience:	Foundations Pre-licensure Intermediate Pre-licensure Advanced Pre-licensure Beginning Post Licensure Intermediate Post Licensure Advanced Post Licensure
Date Evidence Last Reviewed:	Date: 12/4/2021	Approval/Reviewed by Simulation Coordinator:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Name:
Updates/Revisions:	<input type="checkbox"/> Yes Date-	Topical Index IPE Sim Opportunity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Family Practice Women's Health OT RT
Select QSEN Competencies Addressed:	<input checked="" type="checkbox"/> Patient-Centered Care <input checked="" type="checkbox"/> Teamwork & Collaboration <input checked="" type="checkbox"/> Evidence-Based Practice <input checked="" type="checkbox"/> Quality Improvement <input checked="" type="checkbox"/> Safety <input checked="" type="checkbox"/> Informatics	Select ACEN Competencies Addressed:	<input checked="" type="checkbox"/> Knowledge for Nursing Practice <input checked="" type="checkbox"/> Person-Centered Care <input checked="" type="checkbox"/> Population Health <input type="checkbox"/> Scholarship for the Nursing Discipline <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Interprofessional Partnerships <input type="checkbox"/> Systems-Based Practice <input type="checkbox"/> Informatics and Healthcare Technologies <input checked="" type="checkbox"/> Professionalism <input type="checkbox"/> Personal, Professional, and Leadership Development
Expected Pre-brief Time (minutes): 5	Expected Simulation Time (minutes): 20	Expected Debrief Time (minutes): 40	Expected Total Time (minutes): 65

SIMULATION RESOURCES

[AACN -The Essentials: Core Competencies for Professional Nursing Education](#)

[ASPE Standards of Best Practice](#)

[Evaluating Healthcare Simulation – Freely available instruments developed to evaluate simulation-based education](#)

[Establishing a Safe Container for Learning in Simulation](#)

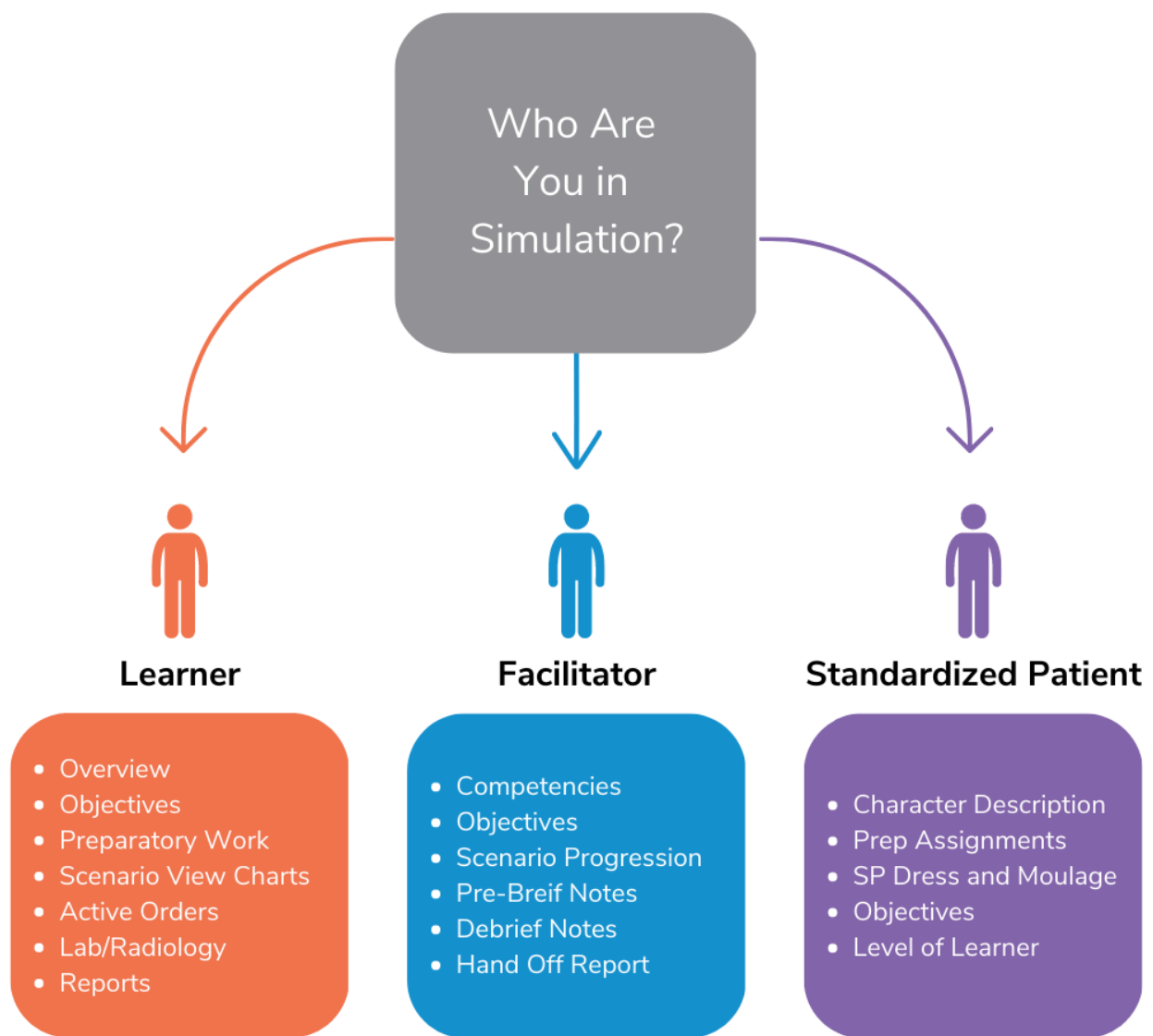
[INACSL Standards of Best Practice: Debriefing](#)

[NLN Simulation Innovation and Resource Center \(SIRC\) Tools and Tips](#)

[Society for Simulation in Healthcare – Healthcare Simulationist Code of Ethics](#)

[Society for Simulation in Healthcare- Healthcare Simulation Dictionary](#)

[The 3D Model of Debriefing: Defusing, Discovering and Deepening](#)



SECTION 1 LEARNER INFORMATION

SCENARIO OVERVIEW

Abby Jean, 23-year-old, G1 P0, gestation of baby is unknown due to very little prenatal care. Patient was born in Port-au-Prince Haiti and has lived in the United States the past 5 months with her boyfriend Jeremy. Abby is admitted to Labor & Delivery for spontaneous labor due to contractions every 3-minutes lasting about a minute long. She reports no complications during the pregnancy. No high blood pressure that she is aware of, no swelling, or headaches. Although she has received little care during her pregnancy from what she knows the baby is fine. Denies smoking, drugs, or use of alcohol however, Jeremy's friends who live with them smoke cigarettes and pot on a regular basis. She is worried because she does not have a car seat, nor does she have the money to buy one currently.

SIMULATION OBJECTIVES

1. Knowledge of signs and symptoms and major causes of hemorrhage during pregnancy
2. Knowledge of hospital policies and procedures for hemorrhage management, placement of tamponade devices, and massive blood transfusion protocols.
3. Demonstrate effective communication with patient and family regarding postpartum hemorrhage
4. Demonstrate empathy towards patient and family regarding living situation and available community resources

PRE-SIMULATION LEARNING ACTIVITIES/ ASSIGNMENTS

The Learner will know how to do following:

1. Provide adequate and continuous uterine massage
2. Administer uterotonic medications
3. Application of devices (tamponade devices, uterine packing) to control bleeding per policy
4. Quantify blood loss
5. Order blood components or initiate massive transfusion protocol
6. Notify discharge planning to implement available community resources for family

PATIENT HISTORY

Electronic Health Record				
Name: Abby Jean			Support/Family: Jeremy (boyfriend)	
Age: 23	DOB: 09/07/xxxx	Gender: Fe	Height: TBD	Weight: TBD
Admit Diagnosis: Spontaneous Labor				
Presenting Complaint: Contractions approximately 3-minutes apart History of Present Illness: IUP, G1 P0, Gestation of baby inconclusive due to limited prenatal care				
HR: 96	BP: 112/88	RR: 20	O2 Sat: 98%	
Temp: 98.1 F	BGL: n/a		GCS: WNL	
Assessment: Pain: 9/10 with contractions General Behavior/Communication: Overwhelmed, panicked Cardiovascular: WNL Respiratory: WNL GI: WNL GU: WNL Extremities: WNL Skin: WNL Neurological: WNL Labs: Prenatal Labs, CBC, Type & Screen IVs: Saline Well				
Allergies: NKA			Immunization Status: Unknown due limited PNC. Patient states she has not had COVID or Flu vaccines.	
Primary Care Provider: Does not have an established provider. Patient had one visit with her doctor in Haiti and one with Planned Parenthood here in the States. She was instructed to obtain an OB/GYN but did not because she was afraid of the cost.			Religion: Catholic	
Past Medical History: Patient denies any past medical history or complications during the pregnancy			Current Home Medications: Patient is not on any medications currently. Abbey has not taken any prenatal vitamins due to cost.	

TEST	DATE/TIME	REFERENCE RANGE
CHEMISTRY	<i>This AM</i>	
Albumin	3.1	3.4-5.4 g/dL
Alkaline phosphatase	115	20-140 iu/l
ALT	48	7-55 u/l
AST	24	8-48 u/l
BUN	10.3	10-20 mg/dl
Calcium	7.9	8.6-10.2 mg/dl
Chloride	101	98-107 mEq/l
Co ₂	42	35-45 mm hg
Creatinine	1.1	0.6-1.2 mg/dl
Glucose	125	70-99 fasting
Potassium	3.5	3.5-5.0 mEq/L
Sodium	144	135-145 mEq/L
Total Bilirubin	0.8	0.2-1.2 mg/dL
Total Protein	4.9	6.0-8.3 gm/dL
VDRL	Negative	Negative (nonreactive)
Group Beta Strep	Negative	Negative
HIV	Negative	Negative
Herpes	Negative	Negative

Continued on next page...

TEST	DATE/TIME	REFERENCE RANGE
CBC	<i>This AM</i>	
RBC	3.9	4.5-5.9 M/ul
MCV	85	80-94 fl
MCH	27	27-31 pg
MCHC	33	32-36 g/dl
RDW	12	11.5-14.5 %
HEMOGLOBIN	12	12-15 g/dl
HEMATOCRIT	31	40-52 %
RETICULOCYTES	2	0.5-2.5 %
WBC	12	6-11 K/ul
DIFFERENTIAL %		
NEUTROPHILS	2.5	2.4-7.6 K/ul
SEGS	60	50-70 %
BANDS	0.2	1.5-2.6 %
EOSINOPHILS	0.1	0.0-6.0 %
BASOPHILS	0.0	0.0-0.2 %
LYMPHOCYTES	30	20-40%
MONOCYTES	0.1	0.0-15 %
PLATELETS	390	130-400 K/ul
BLOOD ALCOHOL	n/a	
TYPE AND SCREEN	O negative	

ACTIVE ORDERS & MAR

Current Active Orders:

- Admit:
 - Admit to Labor & Delivery for spontaneous labor
- Medications:
 - Morphine 2-5 mg IV q 4h prn or Morphine 10mg IM q 4h prn in active labor (less than 8 cm dilation)

- o Oxytocin 18 mu loading dose then 3.6 mu over two hours upon delivery of the anterior shoulder.
 - o Hemabate (Carboprost) 250 mcg IM x1 dose prn for bleeding
 - o Lactated Ringers 125 mL/hr continuous during labor.
 - o TXA 1000 mg IV piggyback PRN over 10 minutes for postpartum hemorrhage
 - o Cytotec 1000 mg PR as needed for postpartum hemorrhage
- Nursing:
 - o VS every 30 minutes
 - o Temperature Q4 while membranes are intact; Q2 hours once ruptured
 - o Continuous fetal monitoring
 - o NPO
 - o Daily weights
- Labs:
 - o Daily CBC
- Consult:
 - o Discharge planning for community resources

SECTION 2 FACILITATOR INFORMATION

LEVEL OF LEARNER

If simulation is set up for multiple levels, provide brief synopsis of both

Foundations Pre-licensure: Has basic class work (didactic) and skills lab education. No clinical experiences in the simulation topic.

Intermediate Pre-licensure - Has had all necessary class work (didactic) and skills lab education for simulation presented. Learners are minimally in their first semester/ rotation of clinical experiences in the simulation topic.

Advanced Pre-licensure- - Has completed all class work (didactic) and skills lab education in curriculum. Learners have had at least 1 semester of clinical experiences in the simulation topic.

Beginning Post Licensure- Transitioning for academic to clinical practice, passed licensure exam, within first 3 months of professional practice/ residency.

Intermediate Post Licensure- 3 months to 1 year of professional practice/ residency.

Advanced Post Licensure- Has practiced specific discipline for at least

SIMULATION SET-UP/ AVKIN PRODUCTS/ NEEDED EQUIPMENT/ SUPPLIES/ PROPS

Needed equipment	Disposable supplies	Presentation of the patient
LDR bed against right wall. patient monitor next to bed,	Goggles, gloves, gown	Laboring in hospital gown in bed

wooden bedside cabinet next to bed		
IV pump with mainline	1000mL Lactated Ringers w/ 20 units Pitocin	
Avbirth	OB Kit	
Fetal Heart monitor/Toco Monitor		
Isolette		
Post-Partum Hemorrhage medication kit	Uterine tamponade device	

SIMULATION OBJECTIVES

1. Provide adequate and continuous uterine massage
2. Administer uterotonic medications
3. Application of devices (tamponade devices, uterine packing) to control bleeding per policy
4. Quantify blood loss
5. Order blood components or initiate massive transfusion protocol
6. Notify discharge planning to implement available community resources for family

PREBRIEFING INFORMATION/ SBAR REPORT

Pre-briefing Information- Scan QR code for detailed information



Introduction	Basic Assumptions	Fiction Contract	Confidentiality Statement
Review Objectives	Sim Flow	Answer Questions	SBAR Report

SBAR hand-off report:

Situation: 23-year-old G1 P0, moved to US from Haiti 5-months ago, lives with boyfriend Jeremy and two of his friends in a studio apartment. Abbey works cleaning houses and doing laundry for one of Jeremy's friends. Jeremy works from home selling iPhones online. Abbey is overwhelmed and panicky missing her

mother and father in Haiti and sister who currently resides in New York. The couple does not have money for a car seat and Abbey is concerned about Jeremy's friends smoking around the baby.

Background: (Patient History) Abbey was born in Port-au-Prince Haiti and moved to the United States 5-months ago to live with her boyfriend she met online. She would visit from time to time before finding out she was 3 months pregnant. Her prenatal care was limited with one visit to her doctor in Haiti and one with Planned Parenthood after moving the states. She did not follow-up with an OBGYN because she was afraid of the cost.

Assessment: Today she started experiencing sharp pain in her upper abdomen and Jeremy took her to the ED where she learned she would be delivering the baby.

Recommendations and Active Orders: Continuous fetal monitoring and IV fluids of LR @ 125/hr. Will maintain under close observation during labor process. Will contact discharge planning to initiate community resources for family and baby.

Scenario Progression			
Phase ID & Patient Presentation	SP Interaction/ Cues	Expected Actions and Progression	
Pre-brief (see notes) <i>0-5 minutes</i>	***SP should not be in the room if pre-brief is conducted in the patient room	Notes: Facilitator led: Fiction contract, confidentiality statement, appropriate information regarding videotaping, SBAR Report	
		Note: Learners should not see SP prior to start of the simulation	
Initial Assessment: HR: 92 BP: 120/88 RR: 20 T: 98.4 <i>5-10 minutes</i>	SP Interaction/Cues <ul style="list-style-type: none"> • Contractions every 3-minutes and lasting a minute, She will be in a lot of pain and trying to walk around. • She should be grunting and have deep agony then a slow release. • Jeremy will be doing counter pressure on her lower back and rubbing her shoulders. • The room should not be quiet. Jeremy and Abbey should be talking back and forth about roommates and how to get ready for the baby. • Abbey is asking questions about going home. She is concerned they don't have much to take care of the baby. 	Correct Action: <ul style="list-style-type: none"> • LDR bed against right wall. IV pump with mainline, fetal monitor and patient monitor next to bed, wooden bedside cabinet next to bed. IV (1000 mL LR with 20 units Pitocin) with IV pump set up. Monitor maternal VS. • Postpartum hemorrhage medication kit • Tamponade device with stopcock, tubing, fluid for inflation. • 	Debriefing Opportunities: <ul style="list-style-type: none"> •

	<ul style="list-style-type: none"> • Contractions should get closer and closer together and when they are 30 seconds apart you will feel the need to push. • 		
<p>Focused Assessment BP 120/90 HR 120 RR 32 <i>10-15 minutes</i></p>	<p>SP Interaction/Cues</p> <ul style="list-style-type: none"> • Baby is born • The Placenta is delivered • Parents adoring baby and showing affection, • Asks Jeremy to call her family • Jeremy starts to panic and yell: "what is going on?" "Is the baby, ok?" • Jeremy should be asking questions, holding Abbey's hand, and trying to be involved in what is going on with his girlfriend. • The pain will start to set in, and Jeremy and Abbey will respond based on how much the nurse is communicating with them. If they are involved and helping Jeremy will ask questions "why is this happening?" "How much blood 	<p>Correct Action:</p> <ul style="list-style-type: none"> • Baby will be born and placed on Abbey's chest. • 	<p>Debriefing Opportunities:</p> <ul style="list-style-type: none"> •

	<ul style="list-style-type: none"> has she lost?" "Is the baby, ok?" 		
<p>Action Plan</p> <p>BP 80/40</p> <p>HR 140</p> <p>RR 24</p> <p>15-20 minutes</p>	<p>SP Interaction/Cues</p> <ul style="list-style-type: none"> Five minutes after birth Abbey will start to complain about being lightheaded and not feeling well. It will get worse as time goes on. Beside nurse assesses patient, detects hemorrhage, starts uterine massage Calls for help Help arrives, hand off given to leader Roles established for other responders Medications given as ordered Bleeding continues and vital signs not responding Uterine tamponade device placed Patient improves 	<p>Correct Action:</p> <ul style="list-style-type: none"> Postpartum hemorrhage medication kit Tamponade device with stopcock, tubing, fluid for inflation. Fundal massage, extraction of clots Administration of medications (misoprostol, Methergine, Hemabate, and TXA) Monitor VS Order and placement of uterine tamponade device (Bakri balloon) Assessment of patient response using clinical exam, VS, laboratory tests Measurement of blood loss 	<p>Debriefing Opportunities:</p> <ul style="list-style-type: none"> Uterine massage stopped. Poor communication between team members Inaccurate measurement of blood loss
<p>Debriefing</p> <p>20-60 minutes</p>	<ul style="list-style-type: none"> SP preparing notes for debriefing Co Debriefing With an SP 	<p>Debrief based on completion of objectives and opportunities in conjunction with INACSL SOBP.</p>	

DEBRIEFING POINTS - UTILIZING 3D MODEL*

1. Introduction
 - a. We're going to take the next 40 minutes to debrief the simulation activity.
 - b. We will discuss your thoughts/ feelings, analyze what learnings from previous simulations/ clinical experiences you integrated into this simulation, explore what went well and look at what you

- might do differently and why, discuss what your thoughts were at various points during the simulation in relation to the objectives, and talk about how you may apply what you've learned today to the clinical setting.
- c. Please remember that anything shared here is to remain confidential to ensure psychological safety for everyone.
2. **Defuse/ De-role**
 - a. What learnings from previous simulations/ clinical experiences did you integrate into this simulation? Were they successful?
 - b. What do you think went well? Unpack more.
 - c. What you might do differently if you had a second chance? Why?
 - d. Anything in the simulation you felt as though you were not prepared to address with the patient?
 3. **Discovery**
 - a. Obtain feedback from SP.
 - b. Ask SPs to resolve any undiscussed questions or concerns mentioned during defuse/ de-role.
 - c. Let's slowly analyze simulation and summarize the case (engage the SPs in dialogue when appropriate).
 - i. Assessment findings (subjective and objective)
 - ii. Level of concern for this patient?
 - iii. Review the objectives & ask for feedback regarding attainment
 - iv. How will they document their findings/ interaction?
 - d. Any concerns/ questions we have not discussed?
 - e. Consider a concept map
 4. **Deepening**
 - a. What communication strategies or interventions are helpful going forward?
 - b. Share one key take-away.
 - c. Summarize the key learning points (focus on objectives and feedback).

*Zigmont, J. J., Kappus, L. J., & Sudikoff, S. N. (2011, April). The 3D model of debriefing: defusing, discovering, and deepening. In *Seminars in perinatology* (Vol. 35, No. 2, pp. 52-58). WB Saunders.

<p>Add medication name</p> <p>Add dose mg/mL</p> <p>Add how supplied 1mL vial</p> <p>Not for Human Use</p> <p>Simulation Only</p>	<p>Add medication name</p> <p>Add dose mg/mL</p> <p>Add how supplied 1mL vial</p> <p>Not for Human Use</p> <p>Simulation Only</p>
<p>Add medication name</p> <p>Add dose mg/mL</p> <p>Add how supplied 1mL vial</p> <p>Not for Human Use</p> <p>Simulation Only</p>	<p>Add medication name</p> <p>Add dose mg/mL</p> <p>Add how supplied 1mL vial</p> <p>Not for Human Use</p> <p>Simulation Only</p>
<p>Add medication name</p> <p>Add dose mg/mL</p> <p>Add how supplied 1mL vial</p> <p>Not for Human Use</p> <p>Simulation Only</p>	<p>Add medication name</p> <p>Add dose mg/mL</p> <p>Add how supplied 1mL vial</p> <p>Not for Human Use</p> <p>Simulation Only</p>

Last, First

XX/XX/XXXX

Age:

MRN:

Hospitalized days: 1

SECTION 3 STANDARDIZED PATIENT INFORMATION

SIMULATION OBJECTIVES FOR HEALTHCARE LEARNER(S)

1. Provide adequate and continuous uterine massage
2. Administer uterotonic medications
3. Application of devices (tamponade devices, uterine packing) to control bleeding per policy
4. Quantify blood loss
5. Order blood components or initiate massive transfusion protocol
6. Notify discharge planning to implement available community resources for family

LEVEL OF HEALTHCARE LEARNER(S)

Copy From prior Section

CHARACTER DESCRIPTION

Simulated Patient Name: Abbey Jean

Age: 23

Birth Date: 09/07/XXXX

Overall Emotional State: Overwhelmed, panicked

Simulated Patient Boyfriend Name: Jeremy Joseph

Environment/setting/location of visit: Labor and Delivery unit

Background: Abbey was born in Port-au-Prince Haiti and has lived there her entire life. Abbey lived with her mom, dad and sister (Esther). She had a very religious upbringing and spent every Sunday in church. Her dad worked as fisherman and her mom owned a laundry service. Abbey and her sister worked for their mom in the laundry business. Abbey and her sister both went to school and got an education which is not common in Haiti. Her parents worked very hard to be able to afford to send both of their children to school. Abbey takes great pride in her education knowing she was very lucky to go to school each year. Three years ago, Abbey's sister moved to America with her boyfriend she met over Instagram. She currently lives in the Bronx, New York. Esther wants Abbey to move to America as well but can't offer her a place to stay since their apartment is already crowded and they don't have space.

Last year Abbey started talking to her boyfriend (Jeremy) on Instagram, she has visited the US a few times when flights were not too expensive. 6 months ago, she found out she was 3 months pregnant. Her parents are very upset and disappointed in her since they expected her to wait till marriage. Abbey would like to be married and puts pressure on Jeremy to marry her since she views it as shameful that she is not married and having his baby. She moved to America 5 months ago and had to start working immediately to help pay the bills. She works for a woman cleaning houses and doing laundry. Jeremy is trying to get her a K1 visa which means they would have 90 days to get married. Financially they cannot afford to apply. Right now, Jeremy fixes iPhones and sells them online. It is not stable income, but it can pay for a studio apartment that they share with two other people but not enough for anything extra at the end of the month.

With all of the moving, getting used to a new location, and the cultural shift Abbey has gotten little to no prenatal care. She had one visit with her doctor in Haiti and one meeting with Planned Parenthood, but they told her they could not be her OB/GYN and she would need to set up an appointment with a local OB/GYN. Abbey was unable to set up any additional appointments because she was scared it would cost too much. Abbey has not taken any prenatal vitamins due to cost. Today she was experiencing sharp pain in her upper abdomen and Jeremy took her to the ER and they told her she would be delivering the baby today. Abbey is not sure how far along she is, they told her, but she has not been keeping track. She feels overwhelmed and scared. Jeremy and

Abbey have very little baby items at home. They have 1 pack of newborn diapers, one swing they got from Jeremy's mom, a few bottles, and a portable bassinet they got from a neighbor. They do not have a car seat and plan to just hold the baby on the way home.

Health: No complications during the pregnancy. No high blood pressure that she knows of, no swelling, or headaches. She has received little care during her pregnancy but from what she knows the baby is fine.

Family: Her parents are back in Haiti and her sister is in New York. She only has Jeremy here in the United States. She feels very panicked and overwhelmed. She has tried to call her mom a few times but has gotten no answer. Her sister cannot drop everything and come so Abbey is just feeling overwhelmed and wishing she had someone with her.

Housing: Jeremy and Abbey live in a studio apartment with two of Jeremy's friends. They have a bunk bed on one side and a queen bed on the other side with a curtain dividing them. Abbey feels a bit uncomfortable in the apartment just because she does not know them. In many ways Abbey misses living in Haiti with her parents.

Profession: Currently Abbey cleans houses and does laundry. She works for Jeremy's friend and makes money under the table since legally she cannot work. She does not plan to work for a few months after the baby.

Social History: No smoking, drinking, or doing drugs. She may ask the nurses how it effects the baby if people smoke cigarettes or pot around her baby, she will tell Jeremy that he needs to talk to his friends, so they stop smoking. Jeremy will be a bit defensive and say that he cannot control his friends. (See if the nurses respond to this interaction.)

Interaction Guidelines: Abbey will be in active labor when the simulation starts. She will be having contractions every 3 minutes and lasting a minute long. She will be in a lot of pain and trying to walk around. Jeremy will be doing counter pressure on her lower back and rubbing her shoulders. She should be grunting and have deep pain during her contractions. This will be a pain that feels like tightening in her stomach and back to the point of agony then a slow release. (Haptic feedback from Avband will intensify or watch the monitor to know where you are on in your contractions.) As the support person if you notice a contraction coming you will let Abbey know "oh man you starting to feel that contraction?" That will cue Abbey to respond. In the breaks from contractions Abbey will ask questions about going home. She is concerned they don't have much to take care of the baby. If the nurses tell you that you need a car seat tell them that you do not have one. If they persist that you need one be very clear that you do not have the money to buy one right now. Jeremy can ask "are you telling me I can't take my child with me unless I go spend 100\$ today? I can't afford that what am I going to do?" This should create tension in the room and can be uncomfortable if the nurses do not offer any options.

Jeremy should be asking a lot of questions of the nurse and asking what is normal. Abbey will not have a lot of information and also looking to the nurses to offer more information. Abbey will ask Jeremy to text her sister back and to get on WhatsApp to respond to her mom. The room should not be quiet Jeremy and Abbey should be talking back and forth about roommates and how to get ready for the baby. The contraction will get closer and closer together and when they are 30 seconds apart you will feel the need to push. At this point you will make sure you are on the bed and begin to push.

SP tip Make sure you are breathing through every contraction. It is normal to hold your breath when acting out pushing during labor but that can cause dizziness or being light headed after simulation. Do not scrunch your face when pushing or tense up your body. This can cause headaches and soreness.

During pushing the baby will be born and they will put the baby on Abbey's chest. She will make comments about how beautiful he is and will be engaging with Jeremy (holding hands, being close together). Abbey will ask Jeremy to call her family. When delivering the placenta Abbey will push again but this will not be extremely painful (3/10). Five minutes after birth Abbey will start to complain about being light headed and not feeling well. It will get worse as time goes on. Jeremy will be very concerned and will ask the nurses what is going on.

He will be panicked and start to get louder if the nurses are not responding to his concerns. Abbey will be looking for help from Jeremy, she will start to call his name louder and louder looking for him to make it better. She will ask him "what is going on?" "Is the baby ok?" The panic will start to set in, and Jeremy and Abbey will respond based on how much the nurse is communicating with them. If they are involved and helping Jeremy will ask questions "why is this happening?" "how much blood has she lost?" "Is the baby ok?". Jeremy should be asking questions, holding Abbey's hand and trying to be involved in what is going on with his girlfriend.

DRESS REHEARSAL ESSENTIALS

- ✓ Dress rehearsal should be scheduled in advance of the first scheduled simulation. (Identify length of time expected for dress rehearsal.) This will be scheduled one week prior to SPs needing to portray a role.
- ✓ Your SP Educator will lead for dress rehearsal. If this is a new simulation, the subject matter expert will attend with the SP Educator to provide notes and answer any questions.
- ✓ There will be a BRIEF simulation overview which will include information on what the learners will be told and an introduction to the Avkin products used in this learning experience.
- ✓ Make sure you bring or wear the right clothing for the dress rehearsal (see below).
- ✓ Here is a rundown of the structure for the dress rehearsal
 - Brief rundown/ discussion of flow
 - One of the SPs performing as Abbey will get fully dressed and start the dress rehearsal.
 - Additional SPs will observe from the control room or remain quiet observing from a different vantage point in the room.
 - The SP Educator will pause the interaction after about 5 minutes.
 - The SP Educator and/or subject matter expert will give coaching notes so all SPs can apply them. Allow time for clarifying questions.
 - The next SP is selected to be Abbey and the other SPs will observe.
 - The first SP will stay to observe the remaining SPs performance(s) from the control room.
 - The dress rehearsal is completed once all individuals have had an opportunity to play in character, and all have observed each other play the same roles.
 - The dress rehearsal is completed once all individuals have had an opportunity to play in character, and all have observed each other play the same roles.
- ✓ The SP Educator will review the flow of debriefing for this specific simulation.
- ✓ Make sure the SP Educator gives you a "safe" word to use if you feel uncomfortable. This word will stop simulation.
- ✓ Make sure all of your questions are answered before leaving the dress rehearsal.
- ✓ Review all of your scheduled simulation hours while everyone is still there to make sure there are no conflicts.

STANDARDIZED PATIENT DRESS

Standardized Patient Equipment, Supplies, and Prop Requirements: (Moulage, make-up, arm sling/leg splint, etc.)

Moulage: N/A

Dress: SP should be wearing leggings, hospital gown

Prop: N/A

Avkin Products: Avbirth

STANDARDIZED PATIENT PREPARATORY INFORMATION/ ASSIGNMENT

Memorize Character Description

Attend Dress Rehearsal, be prepared, and fully engage in this experience

Haitian culture around birth, this is what Abbey has seen in Haiti: [Haiti A Day in the life of a midwife](#)

Contractions and Labor: [Labor and Delivery! Natural Birth](#)

FLOW OF SIMULATION

Copy and paste scenario progression table from prior section