



Avkin Simulations

Maria Fernandez



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SCENARIO RECORDKEEPING

Simulation Name:	Maria Fernandez		
Name & Title of Designer(s):		Reviewer(s):	
<ul style="list-style-type: none"> Megan Weldon, CHSE, Director of Education, Avkin Kim Anderson, BPS, NRP, CHSE, CSM-Avkin 		<ul style="list-style-type: none"> Lauren Gaddis EMT-B, BS, MS SES-Avkin 	
Date Designed: (Preparation)	7/20/2021	Level of Complexity or Participant Experience:	Foundations Pre-licensure Intermediate Pre-licensure Advanced Pre-licensure Beginning Post Licensure Intermediate Post Licensure Advanced Post Licensure Pre-Licensure APRN, PA, Medical Student
Updates/Revisions:	<input type="checkbox"/> Yes Date:	Approval/Reviewed by Simulation Coordinator:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Name:
Topical Index:	Women's Health Women and Infant Health Community Health Family Practice Diversity and Inclusion	IPE Sim Opportunity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Undergrad Nursing Advanced Practice Nursing Midwife PA MD/DO
Select QSEN Competencies Addressed:	<input checked="" type="checkbox"/> Patient-Centered Care <input checked="" type="checkbox"/> Teamwork & Collaboration <input type="checkbox"/> Evidence-Based Practice <input type="checkbox"/> Quality Improvement <input checked="" type="checkbox"/> Safety <input type="checkbox"/> Informatics	Select AACN Essentials 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): 15	Expected Debrief Time (minutes): 40	Expected Total Time (minutes): 60

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](#)

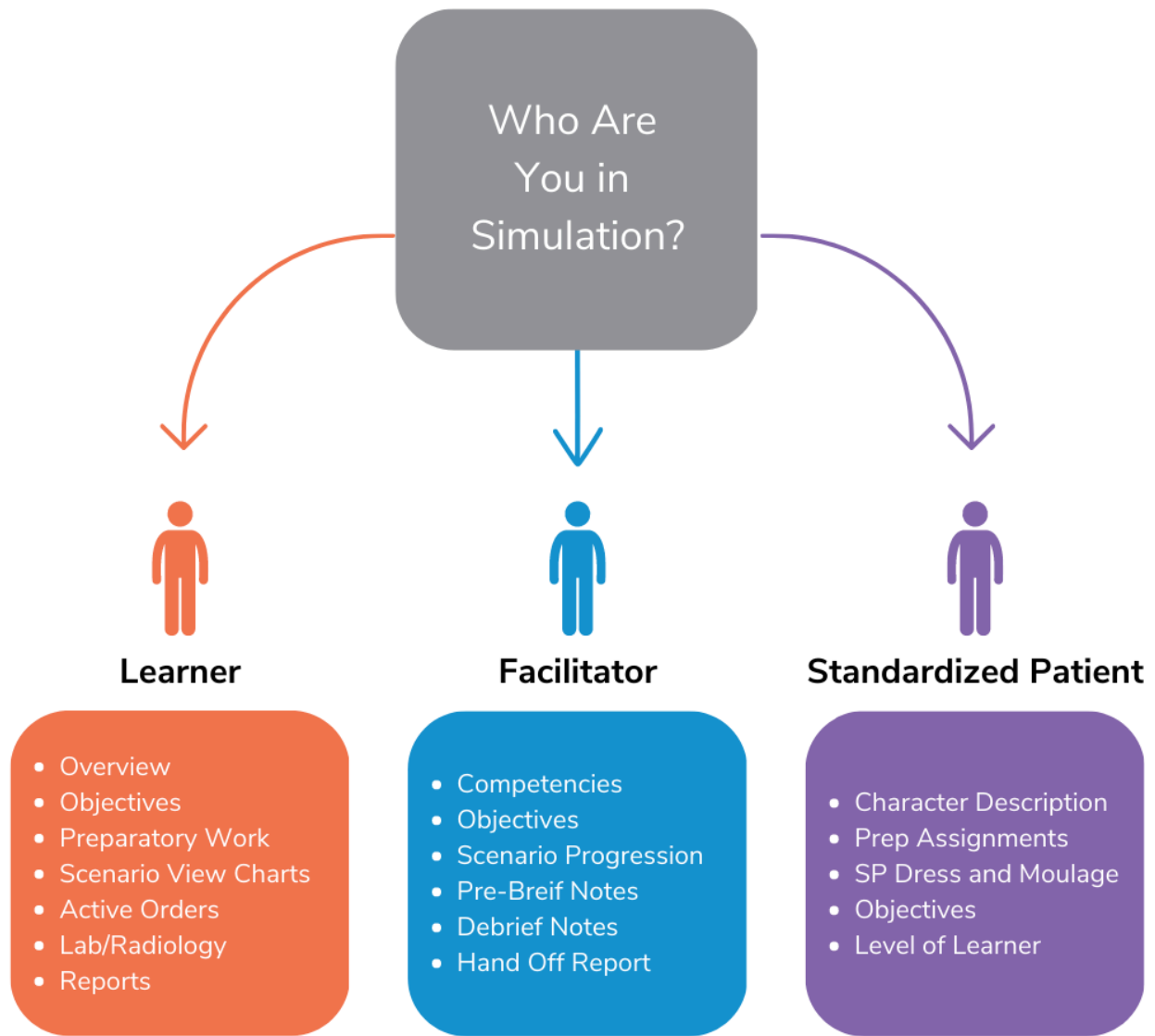
[NLN Simulation Innovation and Resource Center \(SIRC\) Tools and Tips](#)

[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](#)

CONCEPT MAP



SECTION 1 LEARNER INFORMATION

SCENARIO OVERVIEW

Maria Fernandez is a 25 years old Hispanic female. She is 39 weeks gestation and presented to the women's emergency department of your hospital with contractions 4 minutes apart. She is accompanied by her husband, Tomas. Maria and Tomas speak Spanish as their first language, but Tomas is fluent in English. Maria is not sure what to do and does not understand the HCP's

SIMULATION OBJECTIVES

1. Establish a therapeutic relationship with a patient who does not speak English as their first language.
2. Demonstrate empathy for patients experiencing discomfort.
3. Suggest pain reduction strategies, both medicinal and non-medicinal, which can help alleviate contraction-related pain.
4. Answer birth-related questions fully and in basic terms.

PRE-SIMULATION LEARNING ACTIVITIES/ ASSIGNMENTS

- [STANDARDS FOR IMPROVING QUALITY](#)
 - (Pages 25-28 and 45-52) beginner, intermediate, and advanced.
- [Patient Education](#)
- [Understanding the Role Nurses Play in the Delivery Room - Brown Trial Firm](#)
- [Stages of labor - physiology](#)

PATIENT HISTORY

Electronic Health Record				
Name: Maria Fernandez			Support/Family: Tomas Fernandez	
Age: 25	DOB: 02/14/XX	Gender: F	Height: TBD	Weight: TBD
Admit Diagnosis: Active Labor				
Presenting Complaint: Contractions spaced 4 minutes apart History of Present Illness: 38 weeks gestation, G2 P0				
HR: 100bpm	BP: 110/80 mm/Hg	RR: 18	O2 Sat: 99%RA	
Temp: 98.7F	BGL: 96.0 mmol/L		GCS: 15	
<p>Assessment:</p> <p>Pain: 9/10 during contractions, otherwise no pain reported</p> <p>General Behavior/Communication: Happy with mild anxiety noted. Pt. cooperative and engaged.</p> <p>Cardiovascular: S1S2 present no gallops rubs or murmurs noted.</p> <p>Respiratory: Breathing even and unlabored, lungs CTA all fields</p> <p>GI: Last meal 8 hours ago, apple and cheese</p> <p>GU: Unremarkable</p> <p>Extremities: Unremarkable</p> <p>Skin: Unremarkable</p> <p>Neurological: V</p> <p>IVs: R hand 18G patent, no s/s infiltration noted</p>				
Allergies: Penicillin			Immunization Status: UTD	
Primary Care Provider: Dr. Elise Furdow			Religion: Roman Catholic	
Past Medical History: Appendectomy (age 13), miscarriage at 13 weeks gestation (age 23)			Current Home Medications: Prenatal vitamin	

LAB RESULTS

TEST	RESULT		REFERENCE RANGE
CHEMISTRY	<i>Today</i>		
Albumin	3.1		3.4-5.4 g/dL
Alkaline phosphatase	111		20-140 iu/l
ALT	44		7-55 u/l
AST	30		8-48 u/l
BUN	10.4		10-20 mg/dl
Calcium	8.0		8.6-10.2 mg/dl
Chloride	102		98-107 mEq/l
Co ₂	44		35-45 mm hg
Creatinine	1.1		0.6-1.2 mg/dl
Glucose	120		70-99 fasting
Potassium	3.7		3.5-5.0 mEq/L
Sodium	142		135-145 mEq/L
Total Bilirubin	1.0		0.2-1.2 mg/dL
Total Protein	5.7		6.0-8.3 gm/dL
VDRL	Negative		Negative (nonreactive)
Group Beta Strep	Negative		Negative
HIV	Negative		Negative
Herpes	Negative		Negative

TEST	RESULT		REFERENCE RANGE
CBC	<i>Today</i>		
RBC	3.9		4.5-5.9 M/ul
MCV	82		80-94 fl
MCH	25		27-31 pg
MCHC	34		32-36 g/dl
RDW	13		11.5-14.5 %
HEMOGLOBIN	13		12-15 g/dl
HEMATOCRIT	31		40-52 %
RETICULOCYTES	2		0.5-2.5 %
WBC	11		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	0.0		0.0-6.0 %
BASOPHILS	0.0		0.0-0.2 %
LYMPHOCYTES	25		20-40%
MONOCYTES	0.0		0.0-15 %
PLATELETS	391		130-400 K/ul
BLOOD ALCOHOL	n/a		
TYPE AND SCREEN	AB negative		

Current Active Orders:

- Admit: Admission to Labor and Delivery
 - Notify NICU of labor
 - Consult with pediatrician prior to birth
- Activity:
 - Ambulate in Latent Labor with intact membrane
 - Bedrest in left lateral decubitus in Active Labor
- Nursing
 - VS every 30 minutes
 - Temperature Q4 while membranes are intact; Q2 hours once ruptured
 - Continuous fetal monitoring
 - NPO
 - Daily weights
 - Call MD for urinary retention
- Medications
 - Lactated Ringers 125 mL/hr continuous during labor
 - Morphine 2-5 mg IV q 4h prn or Morphine 10mg IM q 4h prn in active labor (less than 8 cm dilation)
 - Oxytocin 18 mu loading dose then 3.6 mu over two hours upon delivery of the anterior shoulder
 - Hemabate (Carboprost) 250 mcg IM x1 dose prn for bleeding
- Labs
 - Daily CMP and CBC
 - Blood Type and Antibody Screen (Indirect Coombs)

SECTION 2 FACILITATOR INFORMATION

LEVEL OF LEARNER

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 1 year.

Pre-Licensure APRN, PA, Medical Student - Currently enrolled in Nurse-Midwifery, PA, or Medical School.

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

Include a numbered list of Avkin Products appropriate for simulation, all needed equipment, learner supplies, SIMULATION SET-UP/AVKIN PRODUCTS/NEEDED EQUIPMENT/SUPPLIES/PROPS

Needed equipment	Disposable supplies	Presentation of the patient
Avbirth	Gloves, gown, goggles	Wearing gown in position of comfort
toco/FHR	lubricant	Designated Support Person at bedside
monitor	IV fluid and tubing	
bed	OB kit	
Radiant warmer, oxygen, suction	Neonatal resuscitative equipment	
IV pump		

SIMULATION OBJECTIVES

1. Establish a therapeutic relationship with a patient who does not speak English as their first language.
2. Demonstrate empathy for patients experiencing discomfort.

3. Suggest pain reduction strategies, both medicinal and non-medicinal, which can help alleviate contraction-related pain.
4. Answer birth-related questions fully and in basic terms.

[Pre-briefing Information](#)- Scan QR code for detailed information



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

Facilitator SBAR Report

Situation: Maria Fernandez is a 25-year-old Hispanic female. She is 38 weeks gestation and in active labor. Her primary language is Spanish and she relies on her partner to translate for her. Tomas is Maria's husband. He is fluent in both Spanish and English. This is Maria's first time in labor and she is anxious and very eager to understand what she needs to do. Both Maria and the nurses will rely heavily on Tomas to make sure everyone understands.

Background: Maria is an immigrant from Mexico. She and Tomas met when he was visiting family there. Maria moved to the US with Tomas and they were married. This is her second pregnancy. Two years ago they had a miscarriage at 13 weeks. Maria was heartbroken but they waited until they were ready and then decided to try again. The pregnancy has been uneventful and she has gotten all of her prenatal care. Maria's water broke earlier that day and she was rushed to the hospital by Tomas. They are both excited and nervous to be first time parents.

Assessment: Maria's vitals are within normal ranges. Toco reveals that the baby's HR is within normal ranges and labor is progressing as expected. Continual monitoring and assessing vitals and the labor process will be necessary

Continued on next page...

EXPECTED SIMULATION FLOW

Scenario Progression			
Patient State/Vitals	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: 85 BP: 126/81 RR: 18 T: 37.0 cervix: 10 cm, 100% effaced, +3 station <i>5-10 minutes</i>	<ul style="list-style-type: none"> • "I really need to push." translated by Tomas • Pain is less (7/10) but she feels like she needs to have a bowel movement • Very focused and quiet • Tomas very helpful and concerned translating what Maria says to the nurses and what the nurses say to Maria 	Correct Action: <ul style="list-style-type: none"> • Acknowledge patient and listen to her partner for translations from patient's Spanish to English • Assess cervix with patient permission • Attach Fetal Heart Monitor/Toco monitor • Report findings to midwife/obstetrician 	Incorrect Action: <ul style="list-style-type: none"> • Diminish patient's feelings • Not paying attention to partner or allowing him to help • Not getting permission to assess cervix • Not notifying midwife
Assist with delivery <i>10-15 minutes</i>	<ul style="list-style-type: none"> • Reiterate desire to place baby to skin and breastfeed immediately • Push as coached 	Correct Action: <ul style="list-style-type: none"> • Encourage patient to find most comfortable position by talking to her partner and allowing him to translate to patient • Acknowledge patient's requests • Support patient during pushing 	Incorrect Action: <ul style="list-style-type: none"> • Ignoring patient's requests • Not listening to her partner nor allowing him to translate
Post-delivery assessment <i>5-10 minutes</i>	<ul style="list-style-type: none"> • Mother and father focused on baby • Attempt breastfeeding 	Correct Action: <ul style="list-style-type: none"> • Dry baby • Place baby directly to mom's skin • Assist with breastfeeding • APGAR assessment at minute 1 and 5 of life. 	Incorrect Action: <ul style="list-style-type: none"> • Moving baby to warmer

Debriefing <i>20-60 minutes</i>	<ul style="list-style-type: none"> • SP preparing notes for debriefing • Co Debriefing With an SP 	Debrief based on completion of objectives and opportunities in conjunction with INACSL SOBP .
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Debriefing Points ¹

1. Reaction/Description
 - a. Provide reminders of the basic assumption and psychological safety.
 - b. Provide instruction/information on the 3 phases of the debriefing process, Reaction/Description, Understanding/Analysis, Application/Summary
 - c. Seek Learner feedback and emotion surrounding the simulation.
 - i. Ask open ended questions
 - ii. What do they think went well?
 - iii. What did they struggle with?
 - iv. Did they apply any of their knowledge from prior simulations into this one? If yes, what was it?
- Tip- Facilitator silence provides greater opportunity for learner reflection.
2. Understanding/Analysis
 - a. Seek SP feedback when they are ready to provide it.
 - i. Ask any appropriate questions that were asked in the Reaction/Description phase.
 - ii. Allow learners to ask SP questions.
 - iii. As a facilitator feel free to seek clarification from the SP on the feedback or other poignant moments during the simulation
 - b. Discuss the simulation objectives that were met and opportunities for improvement.
 - i. Explore and review the phases of the simulation
 - ii. Work through the layers of thought and actions
 - a. What happened during each phase?
 - b. What was the thought process connected to the actions?
 - iii. Allow the opportunity for questions or concerns to be discussed.
3. Application/Summary
 - a. Discuss key learning points
 - b. Clarify any unanswered questions
 - c. Discuss key take-away's
 - d. Seek application of knowledge for future practice from each learner
 - e. Final thoughts and questions

¹ Abulebda K, Auerbach M, Limaem F. Debriefing Techniques Utilized in Medical Simulation. [Updated 2021 Oct 1]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK546660/>

<p>Lactated Ringers</p> <p>500 mL</p> <p>NOT FOR HUMAN USE</p> <p>For Simulation Use Only</p>	<p>Lactated Ringers</p> <p>1000 mL</p> <p>NOT FOR HUMAN USE</p> <p>For Simulation Use Only</p>
<p>0.9% Sodium Chloride</p> <p>Injection USP</p> <p>NOT FOR HUMAN USE</p> <p>For Simulation Use Only</p>	<p>0.9% Sodium Chloride</p> <p>Injection USP</p> <p>NOT FOR HUMAN USE</p> <p>For Simulation Use Only</p>
<p>Morphine Sulfate</p> <p>5mg/mL</p> <p>1mL</p> <p>Not for Human Use</p> <p>Simulation Only</p>	<p>Hemabate (Carboprost)</p> <p>**REFRIGERATION REQUIRED**</p> <p>250 mcg/mL</p> <p>1mL</p> <p>FOR INTRAMUSCULAR USE ONLY</p> <p>Not for Human Use</p> <p>Simulation Only</p>
<p>Pitocin</p> <p>Oxytocin Injection, USP</p> <p>10U/ml</p> <p>IV Infusion or IM</p> <p>Not for Human Use</p> <p>Simulation Only</p>	<p>Pitocin</p> <p>Oxytocin Injection, USP</p> <p>10U/ml</p> <p>IV Infusion or IM</p> <p>Not for Human Use</p> <p>Simulation Only</p>

Fernandez, Maria
02/14/19XX Age: 25 MRN: 3516874651

Hospitalized days: 1

SECTION 3 STANDARDIZED PATIENT INFORMATION

SIMULATION OBJECTIVES FOR HEALTHCARE LEARNER(S)

1. Establish a therapeutic relationship with a patient who does not speak English as their first language.
2. Demonstrate empathy for patients experiencing discomfort.
3. Suggest pain reduction strategies, both medicinal and non-medicinal, which can help alleviate contraction-related pain.
4. Answer birth-related questions fully and in basic terms.

LEVEL OF HEALTHCARE LEARNER(S)

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

Advanced Post Licensure- Has practiced specific discipline for at least 1 year.

CHARACTER DESCRIPTION

Simulated Patient Name: Maria Fernandez

Age: 25

Birth Date: 02/14/19XX

Overall Emotional State: Excited and nervous

Environment/setting/location of visit: Hospital OB floor

Background: Maria grew up near Nogales, Mexico. When she was younger, she was able to enjoy a nice childhood with her mother, father, and two brothers. The family was fairly well-off and her parents ran a waterpark which was frequented by tourists and locals alike. As she grew to be a teenager though, the area became more impacted by crime and her family's finances suffered as fewer tourists visited Nogales and more locals moved away. She attended the University of Guanajuato on scholarship for her degree in Art & Culture. As a foreign language she took French in hopes of visiting France someday, which she still hopes will become a reality once life settles down with her own new family. She enjoys the romanticized parts of life, and truly looks forward to what each day may bring.

Despite growing up in the same town as Tomas, the two never really crossed paths until he returned to Mexico to visit family and recognized Maria when she was working as a curator at a small local art museum. Tomas wasn't even really interested in art, he is all-business and only came to the museum because his abuela wanted to see the exhibit, but every day for the rest of his visit he would come to admire the art. The two connected and managed a long-distance relationship for a few months until Tomas asked Maria to come live with him in AZ where he worked as a finance consultant for JP Morgan Chase.

Maria is somewhat used to not understanding English since the couple moved to a more predominantly English-speaking area. Maria has been trying her best to learn what English she can since moving to the US, but is far from fluent and mostly relies on her husband as a translator since he is fluent.

Health: Maria had her appendix out when she was 13 but has had no other surgeries. Maria is allergic to penicillin (reaction = hives and her throat closes) which was discovered after her appendectomy at age 13. She

was pregnant once before this current pregnancy but had a spontaneous miscarriage at 13 weeks pregnant. Her OB/GYN explained that the miscarriage was probably because of a random genetic defect and wasn't Maria or Tomas's fault in any way. Still this loss was really difficult for her and her husband to come to terms with and Maria felt like she was at fault for somehow doing something wrong that first pregnancy. This pregnancy she has received all prenatal care by her OB/GYN who she adores, and who speaks Spanish and was able to explain to her what to expect throughout the pregnancy, birth, and after the birth, but Maria will still have questions about this and ask, even just as reassurance for what she knows. Her first miscarriage has caused some anxiety throughout this pregnancy and Maria is deep-down terrified that "something will happen again" but reassures herself in her faith and trusts that it will all go according to whatever is meant to be. The couple does not know the sex of the baby and wanted to leave it in "God's hands." Maria would love to name the baby something beautiful and artistic, maybe after a famous painter or sculptor, while Tomas would like to name the baby something traditional or timeless.

Family: Maria and Tomas live with Tomas's mother to keep her company since her husband's passing. The couple is thankful to have her in the home with them to help with meals and preparing for their first baby, and having someone so close who has been through this same thing has helped Maria feel less alone and well supported through her pregnancy. Maria's family is still in Mexico for now but the couple is in the process of saving up money to get paperwork started for Maria's parents to join them in America. Tomas is an only child. Maria is close to her siblings and hopes they are able to visit soon. She may have Tomas take photos once the baby is born and have them sent out to their immediate family members.

Housing: Maria and Tomas live with his mother in a two-bedroom single-family home in a lower middle-class neighborhood. They have the baby's crib beside their bed so the baby can be close to them, but eventually they hope to add an addition to the mother's house or move to one which would allow the baby to have their own space as they grow older.

Profession: Maria has been self-employed since coming to the US. She runs a very active Etsy shop and sells customized crafts like clay figurines of pets, paintings of couples, and crochet patterns. She is very active on social media and has a loyal base of customers, some even back home in Mexico. She hopes to someday get a job at another museum once their family is more settled and can help with watching her child. Once her baby is born she has already informed her customers that she will be focusing her attention fully on the new baby until she has things more under control. Her job can be stressful sometimes but she is very thankful for the ability to step back from it when she needs to. Tomas also plans on taking his paternity leave for two months to help with the new baby once they are born, and then plans on returning to work.

Social History: Maria is Catholic and has been attending mass virtually since the start of her third trimester to prevent contact with people outside of her household and prevent her from getting sick. The couple lives in a supportive community with many neighbors who also speak Spanish as their first language. Maria loves "sappy romance books" and has a book club with her friends in the neighborhood, and they occasionally also get together for paint and wine nights. Maria has not consumed alcohol since the couple began trying for a baby, but after the pregnancy she does plan on drinking socially 1-2 drinks per month. She has never smoked or used tobacco products.

Interaction Guidelines:

Maria first started having intense contractions ten minutes apart at 37 weeks and the couple came to the ER but were sent home and told Maria "Wasn't ready yet." Maria and Tomas didn't fully understand what that meant, but last night Maria was woken up by even more intense contractions and the couple came back to the ER.

On arrival Maria's contractions were 4 minutes apart with the worst pain during them an 8/10. She has been admitted, which she believes means she is actually ready this time, but may have questions about if this is true since it wasn't well explained to the couple by the ER staff. She will also want to know when they can go home after the baby is born. She will be in a lot of pain and trying to walk around. 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. (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 Maria ask Maria if she is feeling another one coming. That will cue Maria to respond.

Maria may mention her birthing plan and ask Tomas to give it to the providers, in which case Tomas will admit he left it at home and apologize profusely to his wife. She might push back and argue it was right underneath his keys, but this would not cause an argument as much as tension which resolves quickly as Tomas apologizes genuinely to his wife and the nursing staff. She would like to have a natural birth without any pain medication, she believes that the pain of giving birth is natural and should be embraced as a sacrifice she gets to make for her child. She would be opposed to a C-section unless it was an emergency, in which case she would not push back, understanding it's in her and her baby's best interest.

Tomas is very supportive and wants the best for his family. He is confident and reassuring, but doesn't like to be the bearer of bad news and will become uncomfortable and express this discomfort if he is asked to translate bad news to his wife, who he wants to keep in her positive mindset so as to not stress her or the baby out. Maria might not know what the nurses are saying, but she is very responsive to tone and her emotional state, the questions she asks, and her feelings about the interaction will be heavily dependent on the tone which the providers use with her and her husband. If the nurses use a very serious tone Maria may take this to mean something is wrong with the baby and become concerned. If the husband and nurses talk to one another without engaging Maria, she will speak up asking (in Spanish) "What's going on? What are they saying? Is everything okay?" Other questions Maria will have during the simulation include "How long will it be until I give birth?" "How long after I give birth do we stay here in the hospital for?" "Is the baby okay?" "I'm hungry, when can I eat?"

***SP tip* Make sure you are breathing though 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 Maria's chest. She will make comments about how beautiful the baby is, ask the gender, and will be deeply engaged with the baby and Tomas. She will ask if the baby is healthy, if the baby is breathing, if the baby has all of their fingers and toes, and will be very relieved with a clean bill of health. Maria will discuss baby names with her husband and make comments about the baptism. When delivering the placenta Maria will push again but this will not be extremely painful (3/10).

DRY RUN BEST PRACTICES

- ✓ Should be completed the first time a simulation is done in a facility, or any time major changes are made to simulation (i.e., changing a sim from Manikin sim to an SP sim).
- ✓ Be sure to complete during a quiet (or quieter) time in the simulation center if possible.
- ✓ If the SP is not a subject matter expert, schedule a meeting between SP Educator and Subject Matter Expert the day prior to the dry run to be sure there is understanding.

DRESS REHEARSAL ESSENTIALS

- ✓ Dress rehearsal should be scheduled in advance of the first scheduled simulation.
- ✓ If possible, have all SPs who will be playing this role attend the same dress rehearsal. A second "best" option is joining remotely by video.
- ✓ SP Educator is lead for dress rehearsal. If this is a new simulation, Subject matter Expert should also be included in the dress rehearsal.
- ✓ Begin with a BRIEF simulation overview (5-10 minutes max)- they should be coming prepared). Include information on bedside hand off report and the safe container, if appropriate. Include an introduction to the Avkin product line.
- ✓ Begin the dress rehearsal with bedside hand off report so the SPs can hear what the learners will be told if planned for simulation.

- ✓ Each SP should practice wearing the appropriate Avkin products for dress rehearsal.
- ✓ Dress rehearsal structure should include a round robin where 1 SP starts the dress rehearsal while the other SPs observe from the control room or remain quiet observing from a different vantage point in the room. The dress rehearsal is paused after 5 minutes for coaching notes from the SP educator and / or subject matter expert.
- ✓ The next SP then assumes the role after coaching notes have been given and discussion is complete.
- ✓ 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.
- ✓ Review flow of debriefing for simulation.
- ✓ Discuss SP "safe" word to be used by SP to stop simulation
- ✓ Be sure all questions are answered before leaving.
- ✓ Helpful Tip- review simulation hours while all SPs are present and have them "sign off" on their assigned simulations. If there is a conflict with one of the SPs, the others are there to check their availability and resolve the issues immediately.

SIMULATED PATIENT DRESS/AVKIN PRODUCTS/NEEDED EQUIPMENT/SUPPLIES/PROPS

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

Moulage: None

Dress: Maria: Shorts, sports bra, hospital gown Tomas: Casual clothes, t-shirt, jeans.

Prop: Hospital bed, warming infant bed, blankets, blue pads

Avkin Products: Avbirth Wearable Birth Simulator and Simulated Blood

SIMULATED PATIENT PREPARATORY INFORMATION/ASSIGNMENT

Memorize Character Description

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

[Video on pain during childbirth](#) (watch 14:11- 18:00)

[Video on delivery of baby](#) (watch 11:00- 14:32)

Scenario Progression			
Patient State/Vitals	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: 85 BP: 126/81 RR: 18 T: 37.0 cervix: 10 cm, 100% effaced, +3 station <i>5-10 minutes</i>	<ul style="list-style-type: none"> • "I really need to push." translated by Tomas • Pain is less (7/10) but she feels like she needs to have a bowel movement • Very focused and quiet • Tomas very helpful and concerned translating what Maria says to the nurses and what the nurses say to Maria 	Correct Action: <ul style="list-style-type: none"> • Acknowledge patient and listen to her partner for translations from patient's Spanish to English • Assess cervix with patient permission • Report findings to midwife 	Incorrect Action: <ul style="list-style-type: none"> • Diminish patient's feelings • Not paying attention to partner or allowing him to help • Not getting permission to assess cervix • Not notifying midwife
Assist with delivery <i>10-15 minutes</i>	<ul style="list-style-type: none"> • Reiterate desire to place baby to skin and breastfeed immediately • Push as coached 	Correct Action: <ul style="list-style-type: none"> • Encourage patient to find most comfortable position by talking to her partner and allowing him to translate to patient • Acknowledge patient's requests • Support patient during pushing 	Incorrect Action: <ul style="list-style-type: none"> • Ignoring patient's requests • Not listening to her partner nor allowing him to translate
Post-delivery assessment <i>5-10 minutes</i>	<ul style="list-style-type: none"> • Mother and father focused on baby • Attempt breastfeeding 	Correct Action: <ul style="list-style-type: none"> • Dry baby • Place baby directly to mom's skin • Assist with breastfeeding • APGAR assessment at minute 1 and 5 of life. 	Incorrect Action: <ul style="list-style-type: none"> • Moving baby to warmer

Debriefing <i>20-60 minutes</i>	<ul style="list-style-type: none"> • SP preparing notes for debriefing • Co Debriefing With an SP 	Debrief based on completion of objectives and opportunities in conjunction with INACSL SOBP .
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