

**Reference:** 2016112940249

**Topic stream:** B. Good practice

**Submission type:** Presentation

**Submission title:**

Introducing obstetric emergencies into the midwifery curriculum – team work

**Abstract:**

Project Aim:

The project focus was on the introduction of simulated obstetric emergencies into the undergraduate midwifery curriculum, namely post-partum haemorrhage, breech birth, shoulder dystocia and neonatal resuscitation. The aim was to not only provide opportunity for student midwives to develop the management skills required, but also to promote opportunity for collaborative working which in turn can foster key employability skills such as team work.

Rationale:

In the rare event of an obstetric emergency the multidisciplinary team must demonstrate competence in the management of such clinical events. To enable them to do so, regular simulated ‘fire drills’ are currently recommended by the Royal college of Obstetricians and Gynaecologists (2009). There is also an expectation that student midwives, upon qualification, must demonstrate the necessary skills to respond to complications experienced during childbirth. The fact that such emergencies are rare may result in limited exposure for students to gain enough experience to develop competency. Students may experience an obstetric emergency while in clinical practice, but in reality it is the mentor who will assume the leadership role and the student midwife who will often become an observer (Lathrop et al, 2007). Thus while the student can observe the mentor’s skills in critical thinking, problem solving and working as part of the obstetric emergency team, how can this event be transformed into a learning experience for the student? How does the student learn these skills and then transfer them into clinical practice? The simulation of obstetric emergencies affords the opportunity to address some of these issues. Cognitive, psychomotor and affective learning domains can be addressed in clinical simulation (Lathrop et al, 2007). Simulation can create an active learning experience for students by creating a dimension of clinical practice that mimics the clinical reality (Cioffi and Arundell, 2005). The engineering of obstetric emergencies using simulation has the potential to develop skills such as team working, which can be transferred into clinical practice.

Students as active learners:

Keinan and colleagues (1990) suggest that a phased low fidelity and high fidelity approach should be employed when learning such skills. Low fidelity training occurs when the learner is allowed to learn the task in a stress-free environment. In this study it was achieved through the classroom setting using a traditional didactic teaching approach where the theory related to shoulder dystocia, postpartum haemorrhage and breech birth was discussed and then the students practised the skills. High fidelity training is where simulated training provides the opportunity to practice the newly acquired skills under stress (Keinan et al, 1990). This was achieved by the midwifery team organising an obstetric emergency study day where the students could practice the newly learned skills under stressful conditions. Students were given the opportunity to safely practice obstetric emergencies as they rotated around in groups to different scenario stations in the clinical skills centre. The postpartum haemorrhage (PPH) scenario involved a major PPH. The students were each assigned a different role—

three midwives, one registrar, one senior house officer and one anaesthetist. The reasoning was that if each individual could experience a different perspective on the emergency it would encourage team working. Simulations that mimic real life can help bridge this theory–practice gap and aids the development of decision making and team working.

See example of team work from students attending obstetric emergency study day.

<http://onlinevideo.napier.ac.uk/Play/148>