APPENDIX L: SEVERE PREECLAMPSIA/ECLAMPSIA IN LDR V2.0 SimMan 3G: Debriefing Objectives

Severe Preeclampsia and Eclampsia in LDR v2.0 SimMan3G

Part 6 – Debriefing Objectives

Authors: Mark Meyer MD, Darin Bowers MA – Southern California Permanente Medical Group

Scenario	v2.0 LDR Severe Preeclampsia_Eclampsia.sce
Est. Debriefing Time	20-30 minutes
Debriefing Objectives (4-5 Max) **Non-Technical** 1. Shared Mental Model 2. Role Clarity **Medical Management** 3. Hypertension 4. Seizures 5. Airway/oxygenation	**NON-TECHNICAL SKILLS** **SHARED MENTAL MODEL** - "Does everyone know what's going on?" 1. **SBAR responding team members to establish Shared Mental Model** a. **Stiutaton/Background** – suggested components required – Age, Gravida, Parity, Gestational age, VS with emphasis on BP, allergies, what interventions/treatments have already been given, pertinent symptoms, and any contraindications to treatment – in this case, asthma would be contraindication for using labetalol b. **Assessment –** What is our assessment of this patient's condition? e.g. "This patient has severe preeclampsia" c. **Recommendations** **i.** Are these consistent with CMQCC recommendations? **ii.** Initial recommendations don't have to be comprehensive, but rather, adequate to generate and share a general treatment plan. Details (e.g.dosing) can come later **iii.** Sample: "We need to treat the patient's hypertension, monitor VS and EFM closely, draw labs call for anesthesia, and be prepared if the patient begins to seize." **iv.** Commonly, team may only receive Situation and Background from the nurse. Focus on encouraging the nursing staff to give their assessment and recommendation d. Did entire team and/or latecomers get adequate report? 2. **Team Leader(s) give SBAR back to team after initial assessment is complete** a. Critical as first responder often does not provide assessment and plan. This can be due to limited information, but often this is medical cultural issue i.e. not all team members are comfortable speaking up. b. Provides clear plan to team and provides opportunity for team feedback **ROLE CLARITY -** only complete if it includes "Task Clarity as well 1. **Clear Role Assignment** a. Leader(s) – often a physician/nurse team form the most effective leadership b. Did personnel identify themselves? e.g. OB physician, midwife, nurse, anesthesia, etc. c. Primary nurse assigns tasks vs. "self selection" of roles/tasks 2. **"Task Clarity"** - clear verbalization of who is doing what task(s). a. The tasks that must be done are often not clearly assigned as part of the team member's role. e.g. There are several nursing tasks, but it may not be clear who is doing each. c. Regardless of how roles and tasks are assigned, these must be verbalized clearly so that entire team knows who is responsible for necessary task **MEDICAL MANAGEMENT SKILLS** 1. **Treat hypertension per CMQCC guidelines** a. Initial treatment given <30 minutes is CMQCC goal b. Appropriate drugs, dosing, indications and timing for repeated dosing? 2. **Eclampsia/ Seizure** a. Magnesium given in timely fashion? Additional mag given if necessary? b. Medications for treatment of seizures refractory to magnesium – E.g. benzodiazepines. c. Maintain airway & oxygenation in seizing and post-ictal patient d. See CMQCC guidelines for more details

Used with permission, Kaiser Permanente and Mark Meyer, MD and Darin Bowers, MA 2013.