

# Simulation Training in Obstetrics

## The Problem

Shoulder Dystocia is a rare obstetrical event with potentially serious sequelae. Management of this emergency requires a high level of technical skill including well developed team behavior to reduce the chance of an adverse outcome.

## Aim/Goal

The goal was to give staff the opportunity to either learn or reinforce the skills necessary to deal with this potentially devastating obstetrical emergency.

## The Team

- Obstetrical Simulation Training Specialist from UK
- OB/GYN Quality Improvement Director
- OB/GYN Medical Director
- OB/GYN QA/QI Specialist
- L&D Nurse Manager
- L&D Clinical Nurse Specialist
- Shapiro Center Simulation Training Physician Specialist
- Team of "Physician Trainers"

## The Interventions

- "Train the Trainer" sessions were held with a small group of physician volunteers. These were taught by the OB Simulation Specialist.
- Each member of the OB attending and resident staff signed up for a one hour session held in the simulation lab. There were no more than 4 physicians trained at one time.
- Physicians practiced the different maneuvers employed in a shoulder dystocia under the guidance of the Trainers.
- With the use of a pelvic simulator equipped with pressure manometry, the force of each practitioner was measured as a delivery was attempted.
- Discussion of techniques to decrease force necessary for delivery was followed by time for more practice.



## Lessons Learned

Even though this was logistically challenging in terms of scheduling a staff of 44 attendings and 20 residents into workshops around various time constraints, the trainings were very well received by staff. More experienced physicians shared their knowledge and expertise with their colleagues.

## Next Steps/What Should Happen Next:

Multidisciplinary L&D in situ drills are being planned. The focus will be on Team Communication behaviors as well as the clinical skills necessary to deliver safe and effective care in an emergency.



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