Empowering Obstetric Care

Mastering Trainer Techniques for Hypertensive Emergency Simulation

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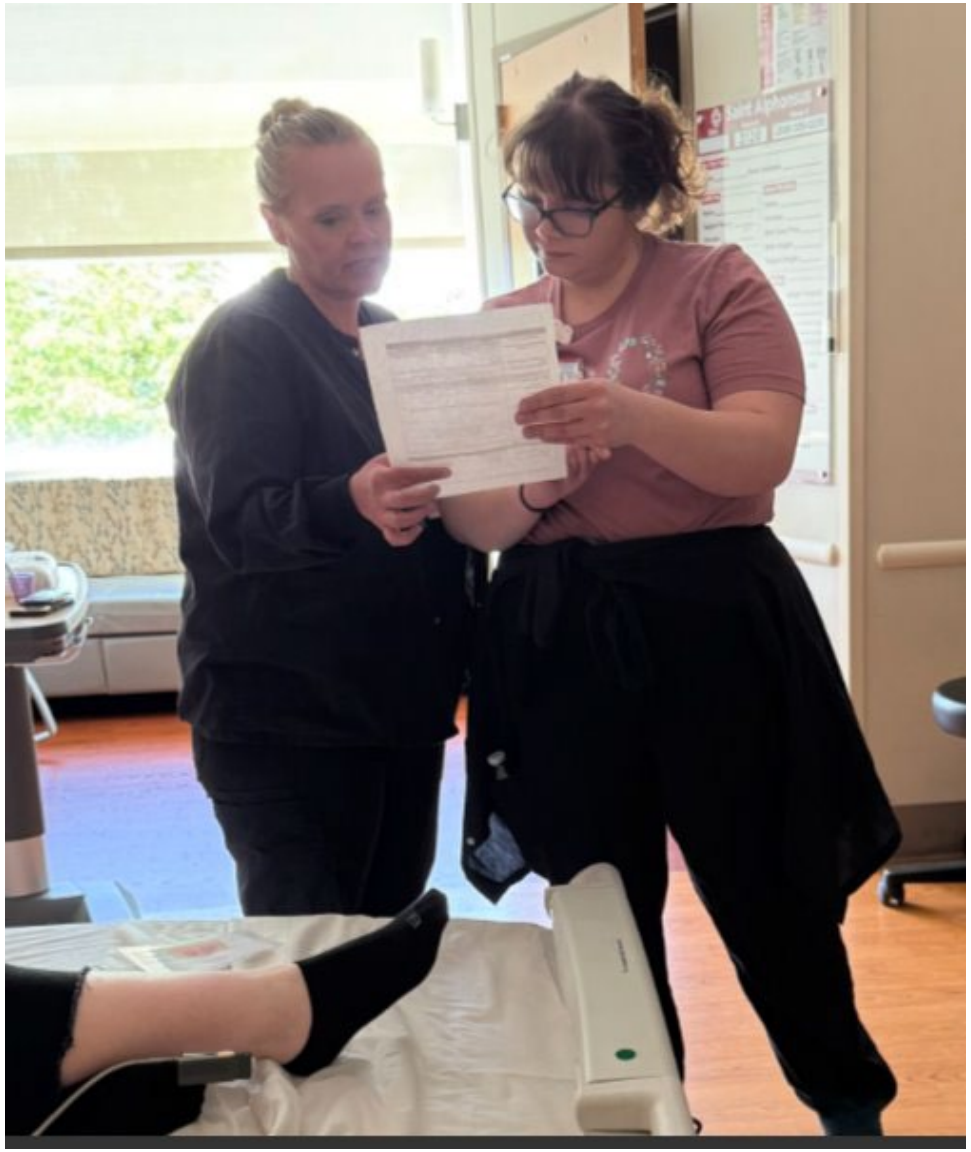
DATE: May 30th, 2025

Objectives

- Verbalize the benefits of simulation related to hypertension disorders of pregnancy
- Describe the components of implementing simulation
- Describe the debriefing process and the importance for self-reflection
- Understanding of various modalities of simulation and able to choose at least one method to consider implementation



Creating better teams through simulation

- Improve outcomes
- Teamwork & Communication-
  - Improve interprofessional relationships
  - Safety without consequences
- Identifies gaps
- Allows for self-reflection

Challenges to simulation

- Time
- Lack of training
- Belief it is not useful
- Lack of space or equipment
- Complicated scheduling
- Lack of funding
- Staffing
- Concerns of engagement

Logistics

Stakeholders Buy-in

- Administration
- Employees/staff
- Learners
- Instructors
- Certification agencies

Preparation and scheduling

- Facilitators
- Timeframe
- Inclusion with interprofessional teams
- Review of objectives
- Utilization of equipment and tools if available or time allows
- Debriefing guidelines

Pre-simulation Preparation

Learning Objectives:

3-5 objectives

Skills

Communication

Identification

Management

Roles & Responsibilities:
Assign specific roles

Materials and Equipment: prepare and anticipate for the unexpected

Education & Skill building

Provide education prior for simulation vs drills

Newsletters

Flyers

Online platform

In person staff meetings

Practice skills prior to simulation in stations

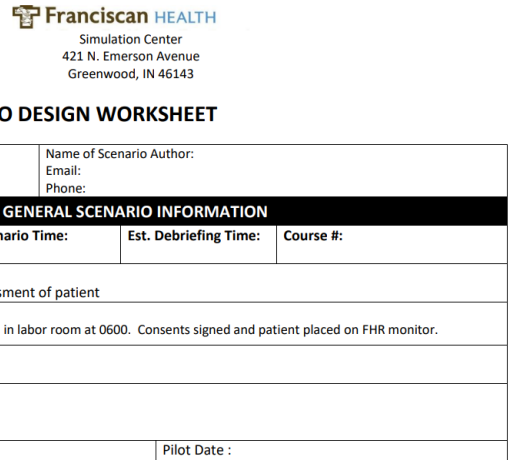
Accuracy in B/P monitoring- manual cuff if available

Deep tendon reflexes

Review of policies

Where to start?

- Saferbirth.org
- Thesimstech.org
- Healthysimulation.com
- AHRQ.gov
- CMQCC- Hypertension toolkit
- ACOG
- AIM – OB/ED sims
- AWHONN POEP modules & administrative simulation scenarios
- AWHONN escape rooms neonatal and perinatal
- Quality OB within HealthStream (online platform)
- Vendors websites



Franciscan HEALTH
Simulation Center
421 N. Emerson Avenue
Greenwood, IN 46143

SIMULATION SCENARIO DESIGN WORKSHEET

Today's Date:		Name of Scenario Author: Email: Phone:	
GENERAL SCENARIO INFORMATION			
Est. Pre-briefing Time:	**Est. Scenario Time:**	**Est. Debriefing Time:**	**Course #:**
Title of Scenario: A. Hypertension in pregnancy-assessment of patient			
Brief Description: 39.2 W HTN, induction for labor. Placed in labor room at 0600. Consents signed and patient placed on FHR monitor.			
Setting of Sim: L/D room			
Facilitators:			
Dates of Sims:		Pilot Date :	

Steps to Curriculum Development

Steps

1. Needs identification
2. Needs analysis of targeted learners
3. Goals & objectives
   -SMART goals
4. Educational strategies
5. Implementation
6. Evaluation and feedback

Work needed

- Needs assessment & review of literature
- Identification of new educational tool or method
- Development of scenarios
- Descriptive study of implementation
- Assessment tool
- Cost effective analysis report

Simulation concepts

- Realism
- Reliability
- Validity
  - Content
  - Construct
  - Face
  - Predictive
- Feasibility

- Should occur in conjunction with other curriculum programming
- Used for both formative and summative assessments and is most valuable when integrated throughout the training curriculum

Readiness

Anyone can use the tools for success

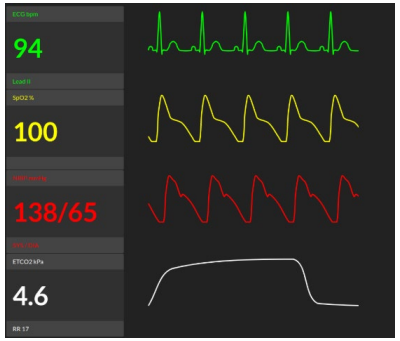
- Includes prebuilt scenarios
- Equipment and set up instructions
- Debriefing tools
- Equipment care

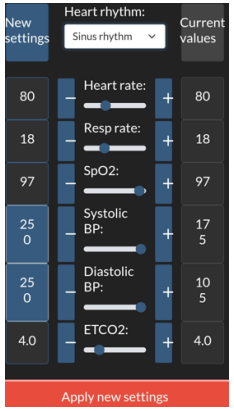
- Standardized patients
  - Patient – live actor or manikin
  - Family

Simulation High or Low Fidelity?

- Perform sims even without the high tech

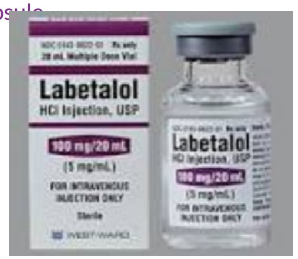
- Equipment suggestions:
    - Task trainers- pelvis
    - Mamma Natalie
    - Gaumard Noelle

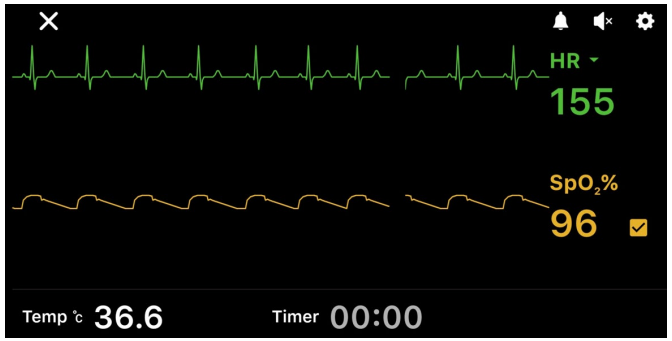


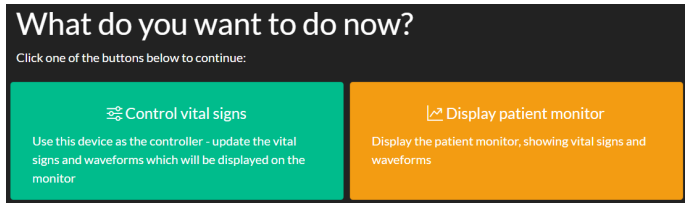


Nifedipine 10mg Capsule

Strength: 10 MG
Pill Imprint: IMI 10
Color: Red-brown
Shape: Capsule







Resources

- Create vitals simple cue cards or printed vitals
  - NRP app
  - Metronomes for FHR
  - Control vitals
- Photos of equipment
- Stickers on empty bottles for meds (label maker)

Equipment

- Start with a basic kit- expired supplies
- Blood- Halloween stores, red sugar free jello
- Sweat- 1/3 glycerin + 2/3 water
- Cleaning supplies/ baby wipes

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Day of simulation

PREBRIEF

- Introductions to facilitators and team
- Orientation to room and equipment
- Promote psychological and emotional safety
- FOLLOW the code of conduct:

3P's

Professional

Participate with purpose

Private

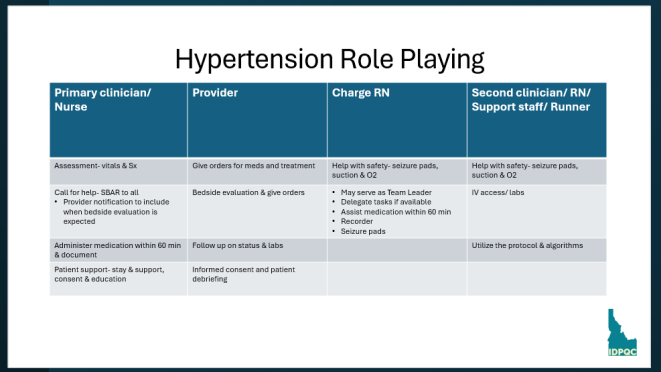
OB SIMULATION AGREEMENT

- Welcome and thank you for coming to Simulation
- We hope today will be a great opportunity for learning and opportunity for team communication. Today is not a test or a competition!
- Our goals are:
- 1. Utilize clinical skills to maintain patient stability and safety during an obstetrical event.
- 2. Practice communication an emergent situation, focusing on SBAR- Situation, Background, Assessment, and Recommendations; including closed loop communication.
- 3. Participate in a debriefing with opportunity for growth.
- To make the most of this EDUCATIONAL OPPORTUNITY.
- 1. Participate as a professional - treat it as a realistic patient care experience!
- 2. Challenge yourself- this is an environment where mistakes are okay and plan on them to learn!
- 3. Engage as a team
- 4. Don't let "sim-isms" subtract from your learning.

Simulation is also a safe environment. I will maintain and hold confidential all information regarding the performance of myself and all individuals of team!

Name: _____Date: _____

Expectations of roles



Hypertension Role Playing

Primary clinician/ Nurse	Provider	Charge RN	Second clinician/ RN/ Support staff/ Runner
Assessment- vitals & Sx	Give orders for meds and treatment	Help with safety- seizure pads, suction & O2	Help with safety- seizure pads, suction & O2
Call for help- SBAR to all • Provider notification to include when bedside evaluation is expected	Bedside evaluation & give orders	• May serve as Team Leader • Delegate tasks if available • Assist medication within 60 min • Recorder • Seizure pads	IV access/ labs
Administer medication within 60 min & document	Follow up on status & labs		Utilize the protocol & algorithms
Patient support- stay & support, consent & education	Informed consent and patient debriefing		

Do you have team expectations?

- Rapid response teams/ OB rapid response
- Charge RN roles/ House supervisor/ Triage or Resource nurse
- Provider
- Anesthesia
- Recorder
- Ancillary services (as applicable for the scenario)
  - Laboratory
  - Blood bank

Role playing

- Provide scripts for actors from those who would normally perform those roles
  - Needed if acting in a different capacity than normal
- Name badge for roles

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Conducting the Simulation

Scenario Setup: Describe the environment and context of the simulation.

- Facilitator- primary focus is communication
- Timeline
- Rules of participation
- Videotaping for debriefing, deleted after

Intervention Protocols: Outline the immediate care needed, algorithms and policies utilized, pharmacological interventions, and transport protocols.

Barriers- consider issues that may normally come up in an emergency, (ex: multiple family members, language barrier, emotional escalation)

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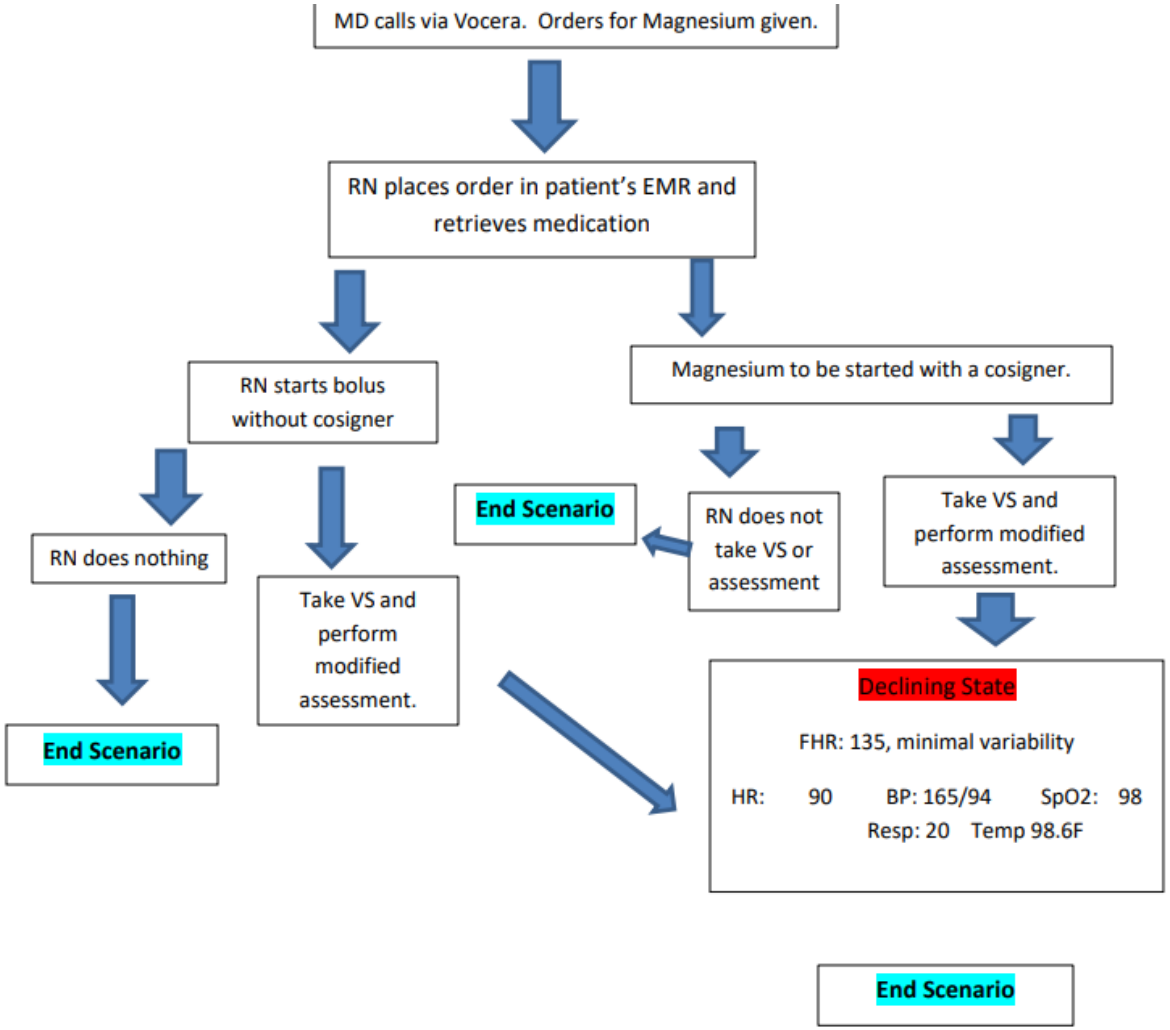

Facilitator role:

- Include steps for patient evaluation blood pressure monitoring, urinalysis, etc.
- Redirect as needed
- Cues to refocus & promote psychological safety
- Take notes to assist with debriefing

Debriefing

Key concepts:

- Experience Sharing: Facilitate a discussion about observations and feelings.
  - How do you feel?
  - What went well?
- Review Outcomes
- Feedback and Improvement

Facilitating the Debrief

- Observe for key behaviors related to objectives
- Allow an opportunity for all team members to speak “1- minute sound bite for the quiet people”
- Use open ended questions and allow for participants to answer
- Self discovery is powerful

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Things that will blow-up your debriefing:

- Concentrating on Simulation Limitations
- Clinical Issues
- Problem-Solving
- Ethics
- Policy Debate

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Additional findings…..

Concerns brought to attention but not able to be solved in the debriefing…

Policy or Protocol	• Not followed • Did not know role • Lack of knowledge of policy
Equipment or Environment	• Technical failure • Physical environment issue • Not available
System Process failure	• Interdepartmental service support failed • Unit service support failed • Communication failed between teams

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Variety of Simulation

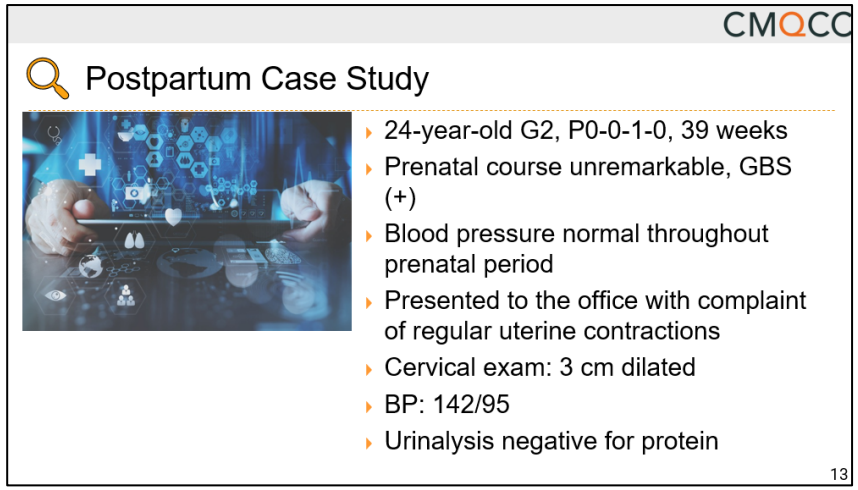
1. **Didactic:**
   - Classroom education
   - Online learning modules
2. **Scenario-Based Learning**
   - Create realistic scenarios
     - In person
     - Teams/Zoom meetings- remote
     - Virtual reality
     - Tabletop scenario
     - Case study review

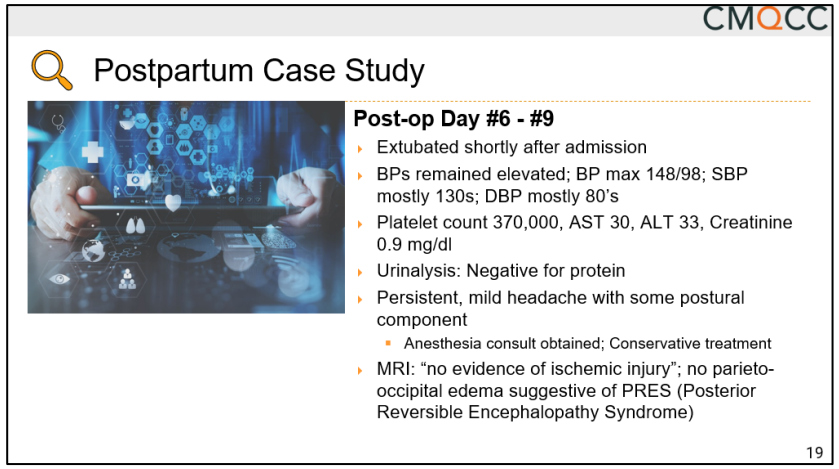
2. Gamification: Games Exercises/ Escape rooms

- Improve engagement
- enhance learning

Case Study Reviews

- Review your own cases to have ownership of accountability
- Be careful with what is shared and make sure not identifiable
- Add safety component: may stir up feelings
- Judgement free zone
- Identify process improvement





*Slides Available at CMQCC HTN toolkit

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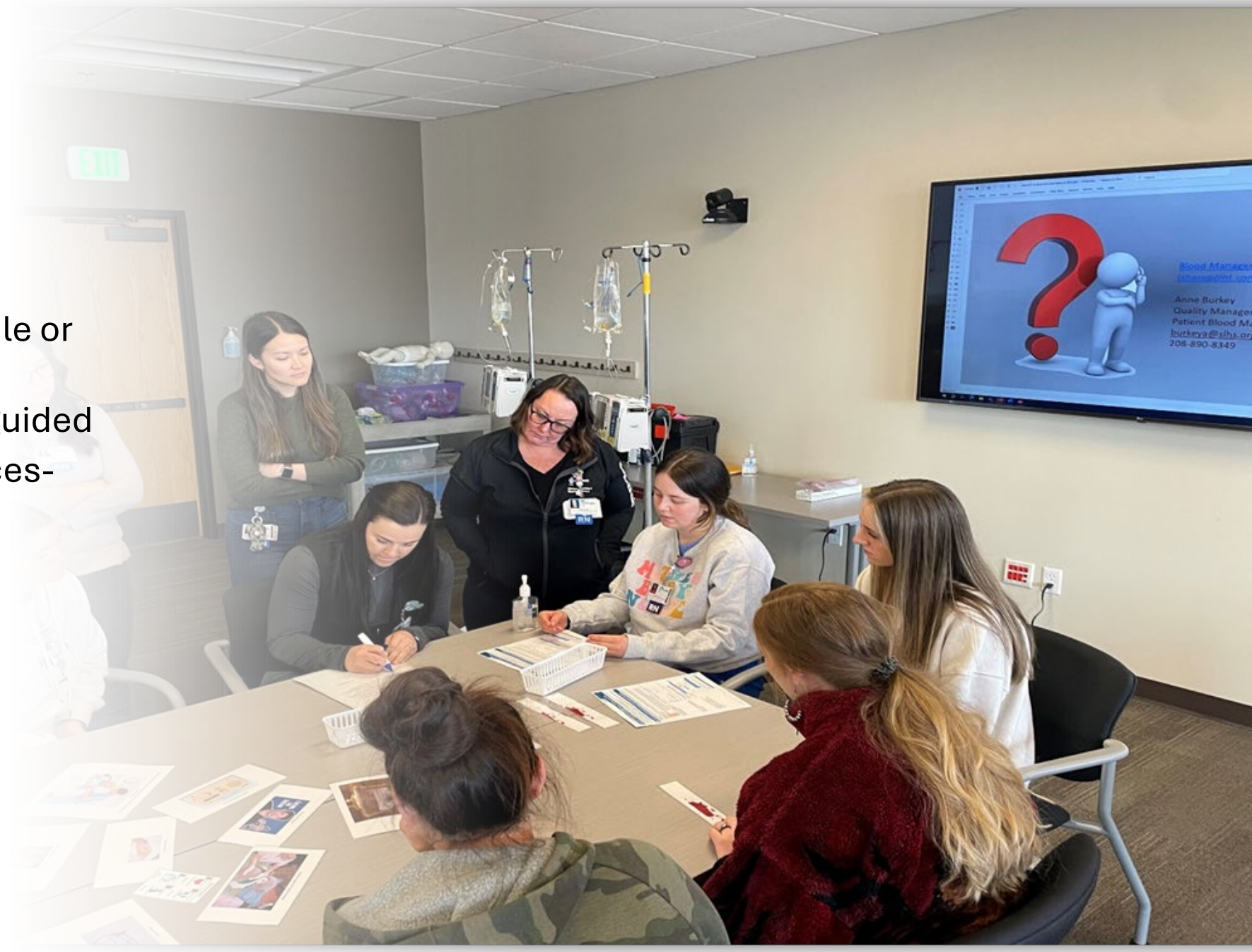
Tabletop Simulation

- An exercise that uses a progressive simulated scenario
- Scripted interjections to take you through a process
- Identify a medical emergency and escalate a plan of care
- Strengthening readiness and identifying gaps in preparedness
- Share information of early identification
- Escalate help and management of emergency following policies and procedures
- Coordinate interprofessional teamwork and clear communication
- Conduct a gap analysis
- Debrief
- Action plan identified

Tabletop Facilitation

- Deliver at a nursing huddle or small group
- Can facilitate or be self guided
- Can utilize some resources-
  - Pump settings
  - B/P cuff



Tabletop simulation

EMERGENCY DEPARTMENT SCENARIO

Patient arrives to **Emergency Department** after hours

Situation

Crystal is a 20 yr. old G1P1 that delivered at 40-2/7 weeks with a vaginal delivery 5 weeks ago. She has struggled with anxiety since delivery. Patient presents with a baby in arms, states not feeling well for the last 48 hours. "I have not been sleeping well and have a headache that will not go away"

INITIAL ASSESSMENT

Vitals:

- B/P 162/112
- HR 80
- RR 18
- SaO2 97%
- T 98.8 F

- Headache
- Moderate epigastric pain
- DTR's 3+
- General edema
- Anxiety

What is your initial response?

Repeated vitals in15 minutes:

BP 174/105
HR 88
RR 20
SaO2 96%

What would be the next anticipated interventions & orders?

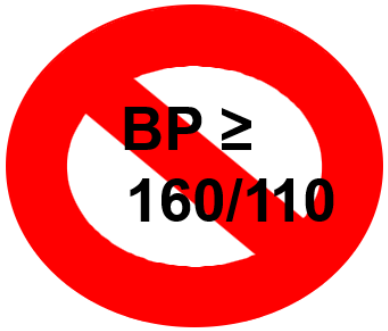
THE POWER OF COMMUNICATION

INITIATE CALL TO CHARGE RN, ESCALATE TO ED PHYSICIAN & OB ON CALL PROVIDER, GET HELP

CONSIDER TRANSFER TO OB WITH RN PRESENT FOR RAPID INTERVENTION W/IN 60 MIN OF RECOGNITION)

Administer Medications ASAP to Prevent Stroke:

< 30-60 minutes of first severe range



NEED TO TREAT

What 3 medications are utilized as a first line agent for an acute Hypertensive Crisis?

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Hypertensive Emergency in Pregnancy/Postpartum

Applies to all forms of HDP: chronic, gestational, and preeclampsia with or without severe features

Systolic	Diastolic	Action
≥ 160	≥ 110	Repeat BP within 15 minutes. If BP remains within severe-range - treat within 30-60 minutes (ideally ASAP).

DO NOT WAIT TO TREAT THE HYPERTENSIVE EMERGENCY

ACOG Practice Bulletin #222, June 2020

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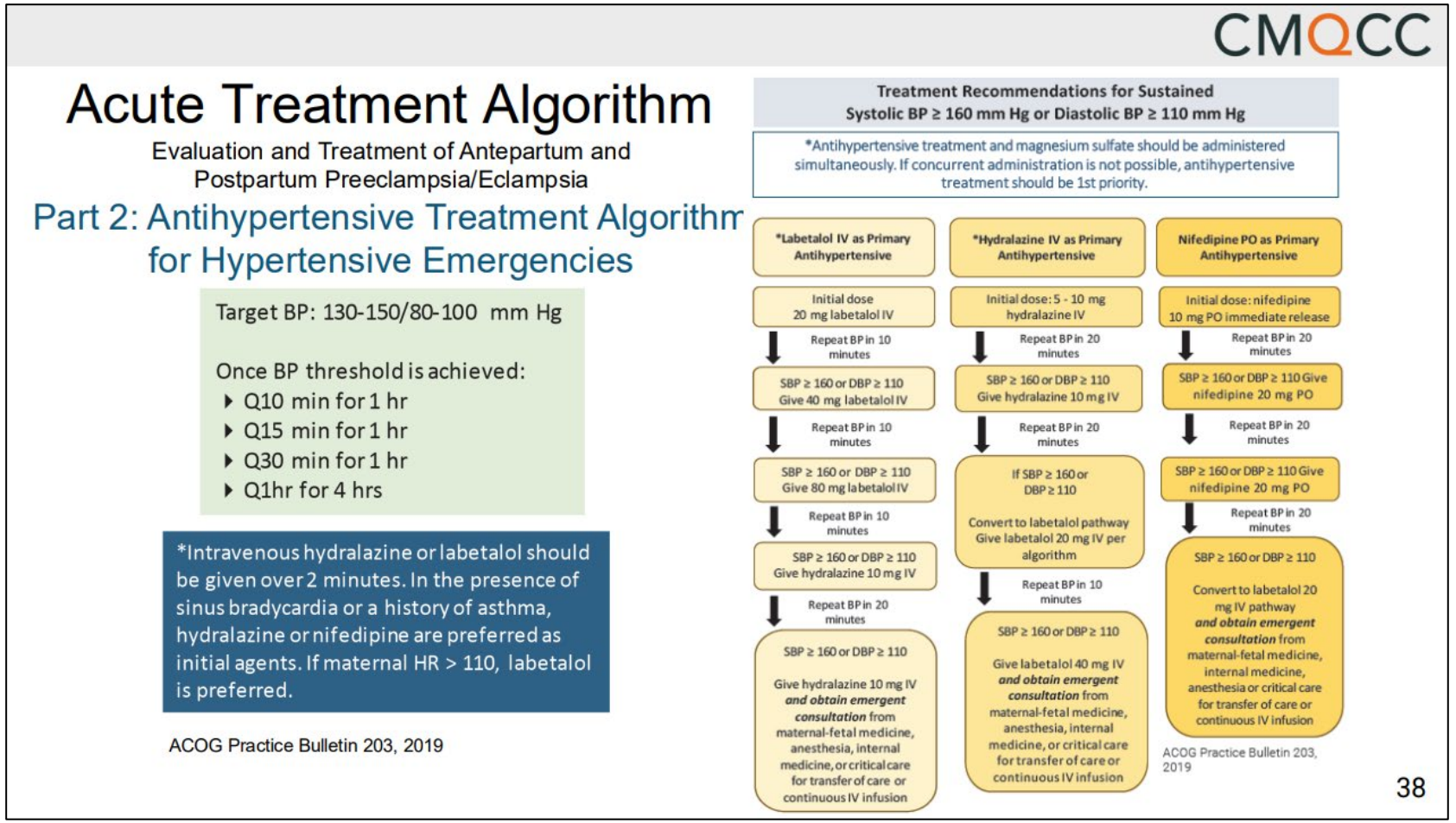
REVIEW ALGORITHM FOR DOSAGE AND INTERVALS

- IV Labetalol (Normadyne)
- IV Apresoline (Hydralazine)
- PO Nifedipine (Procardia)

How much Magnesium Sulfate is administered as a bolus and how fast is it given?



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YOU ARE A HYPERTENSION HERO!

- **Outcome:**
- Crystal was admitted to Med Surg for 72 hours with an OB consult and received Magnesium therapy and 2 dosages of Labetalol at mg and 40 mg, was discharged without further complications.
  - No current pain or pre-eclampsia severe features
  - Adequate urine output
  - She currently has maintained her B/p in the SBP 130-150's/ DBP 80-90's
  - She will be evaluated again in the office within 3 days after discharge per recommendations, patient has a B/p cuff available at home to monitor
  - Given education on POST BIRTH WARNING SIGNS

Quick Round Table Discussion Scenarios

Severe Features

•Case: A 32-year-old woman at 34 weeks presents with a blood pressure of 160/110 mmHg and severe headache but no proteinuria.

Task: Discuss the criteria for diagnosing preeclampsia with severe features and initial treatment priorities.

Postpartum Monitoring

Case: A woman with diagnosed preeclampsia is 3 days postpartum and records a blood pressure of 145/92 mmHg.

Task: Identify necessary postpartum monitoring and management steps to prevent complications.

Emergency Response

A 30-year-old woman at 36 weeks experiences sudden upper right abdominal pain and a blood pressure spike to 170/115 mmHg.

Task: Coordinate an emergency response plan, including medication administration and possible delivery.

Sudden Onset Headache

Case: A 34-year-old woman, 28 weeks pregnant, arrives at the emergency department with a sudden onset of a severe headache and a blood pressure of 168/112 mmHg.

Task: Assess for signs of preeclampsia with severe features and decide immediate interventions

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Remote simulation

PROS:

- May reach large groups in one session
- Less time for set up and break down
- Decrease cost for staffing time and convenient
- Free Teams/Zoom options
- Can still be utilized during disasters/pandemics
- Interactive

CONS:

- Time consuming to develop
- You will need to record your own videos
- Must be tech savvy
- If too many participants can be overwhelming in talking over one another

Virtual Opportunities

- Utilize the HELP within your platform for presentation mode
- Zoom, Webex, or Teams Live

- **Set up:**
  - Laptop
  - Computer monitor
  - Utilize extended screen feature, monitor will then act as your control screen
  - Open PowerPoint on your PC and drag to the control screen
- **Prebriefed**
  - Review objectives
  - Introduce participants
  - Orientation to room and equipment
  - Communicate who you want to join and ask for responses
  - If a lab, medication, piece of equipment etc. is asked for that is not built into the scenario inform the participant that it is not available
- The facilitator may need to prompt movement through the sim Debrief

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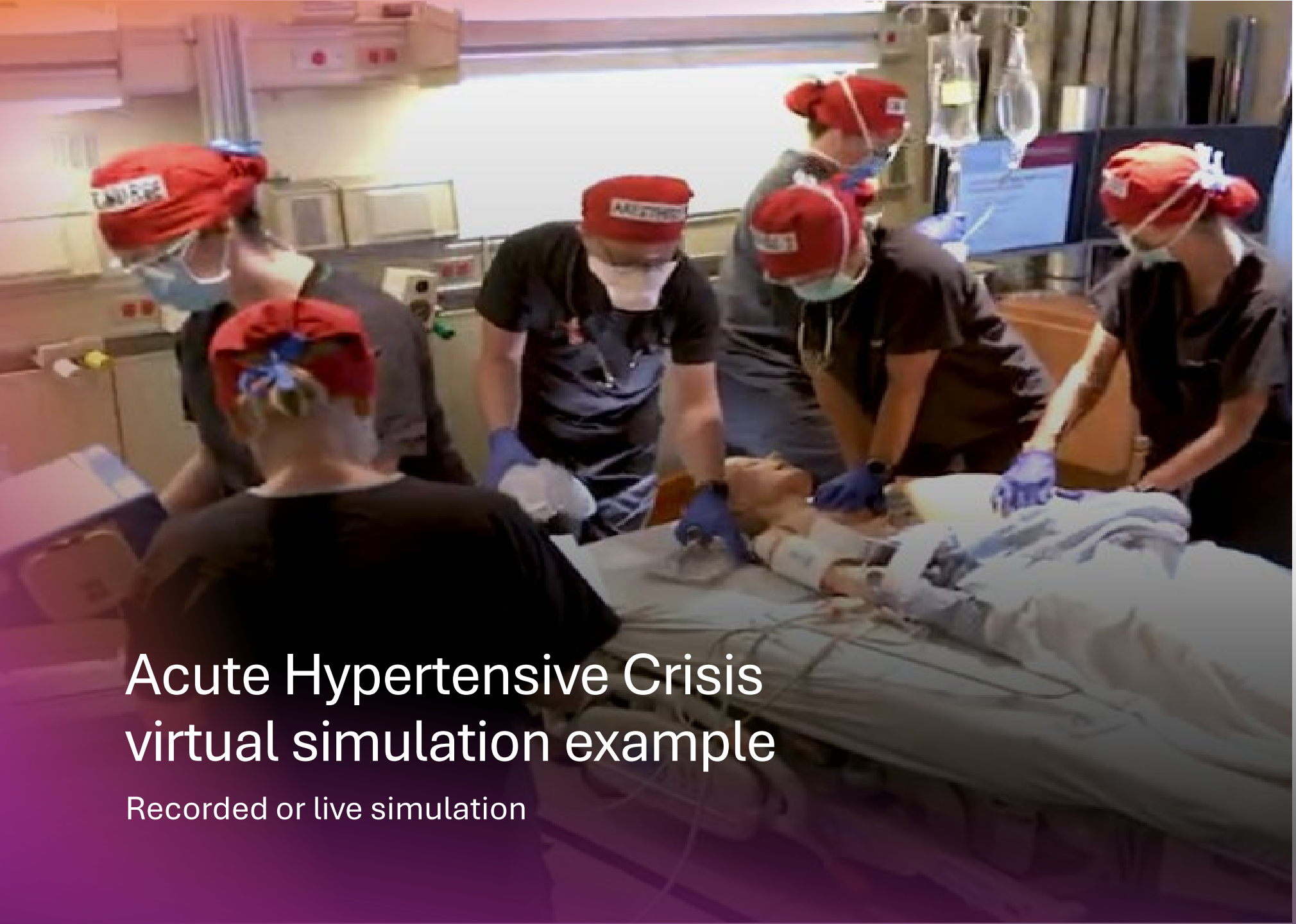

Acute Hypertensive Crisis virtual simulation example

Recorded or live simulation

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REVIEW VIRTUAL SIMULATION RULES

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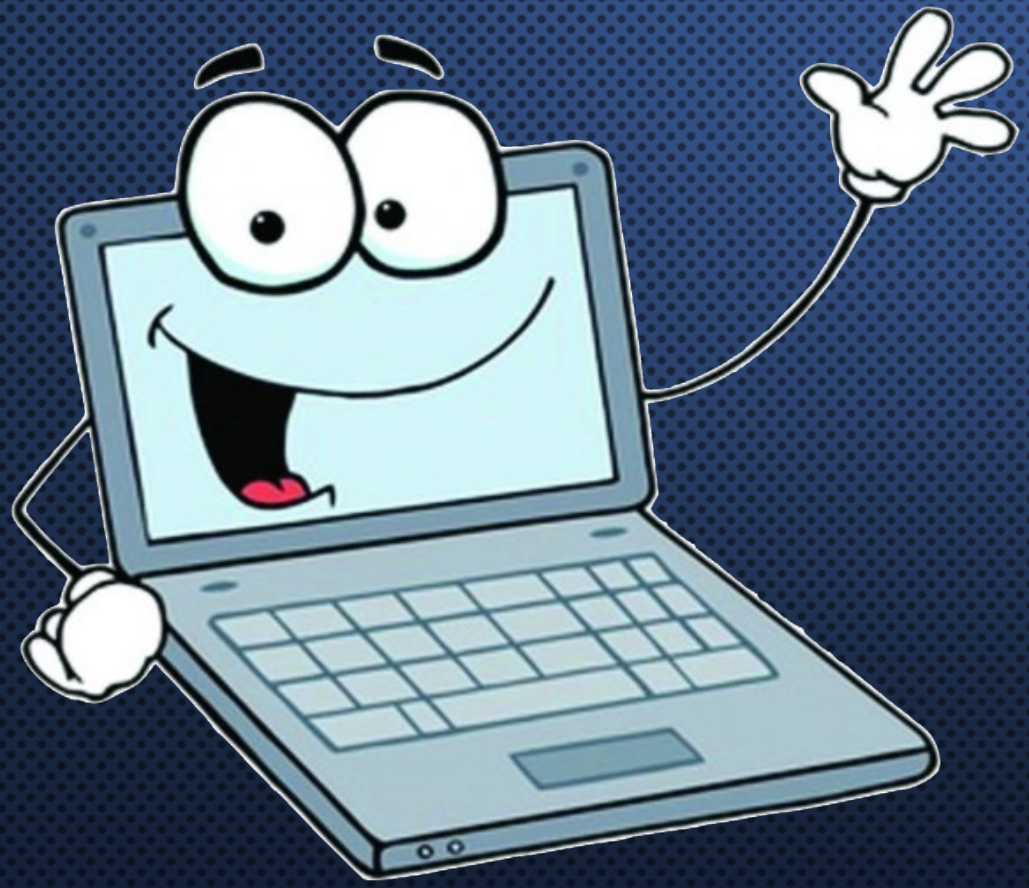
EQUIPMENT CHECK



FACILITATOR , TEAM INTRODUCTIONS & ROOM ORIENTATION

DR. Pat Caplinger

TEAM MEMBERS MAY PLAY THE ROLE OF: NURSE, OB RESIDENT, NEONATALOGY, ANESTHESIA

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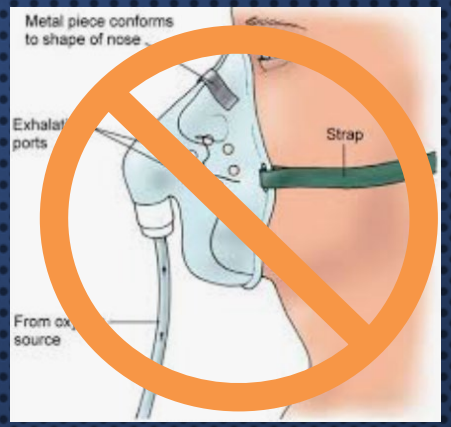
REMEMBER….

- This your opportunity to practice in a safe environment
- Embrace the world of Simulation
- The more you Treat the Simulation as "real" the more benefit you and your team will receive.

EQUIPMENT

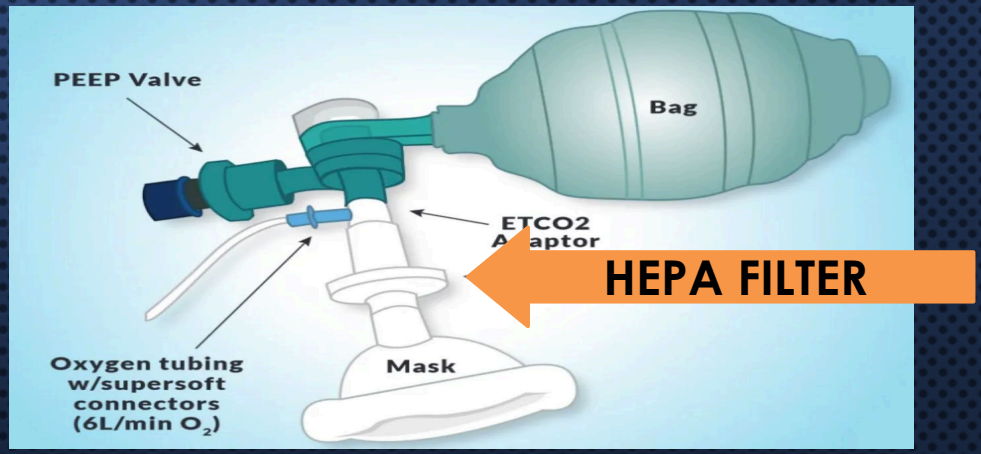
EMERGENCY C/S KIT

AIRWAY EQUIPMENT



CRASH CART

PPE CART



CO_2 MONITOR

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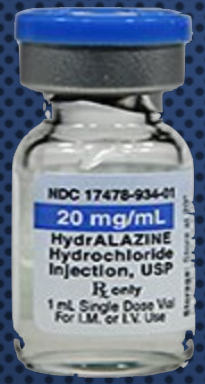
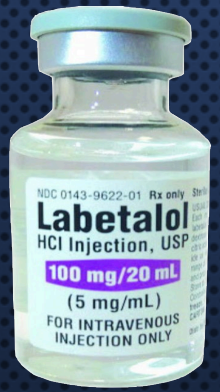
PHARMACY

HYDRALAZINE

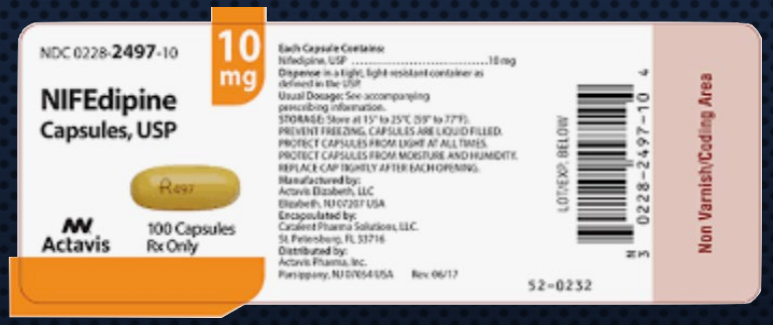


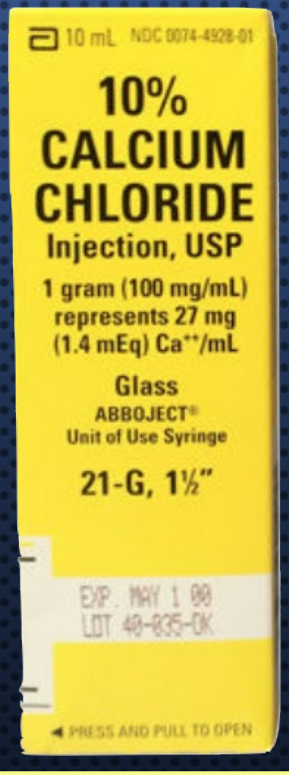
LABETALOL



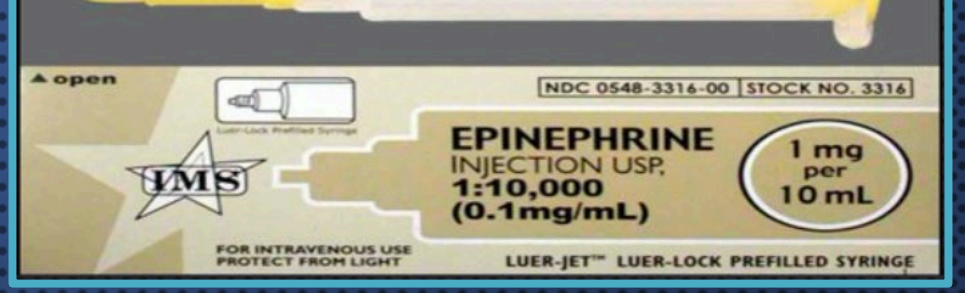
MAGNESIUM SULFATE

NIFEDIPINE

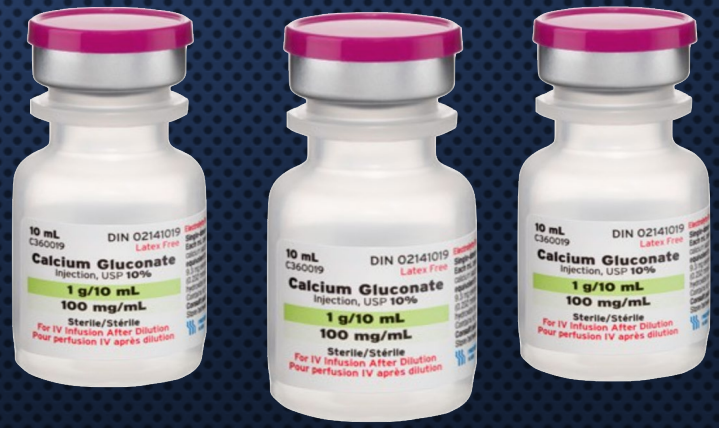




CALCIUM CHLORIDE



EPINEPHRINE



CALCIUM GLUCONATE

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LET'S REVIEW OUR KEY OBJECTIVES:
ACUTE THERAPY-THE A, B,Cs OF MEDICATIONS

- ANTIHYPERTENSIVE MEDICATION-WITHIN THE FIRST **60 MINUTES**
  - A. APRESOLINE IV (HYDRALAZINE)
  - B. BETA-BLOCKER-LABETALOL IV
  - C. CALCIUM CHANNEL BLOCKER-NIFIDIPINE PO
- MAGNESIUM SULFATE ADMINISTRATION
- EVALUATION OF FETAL STATUS
- DELIVERY PLANNING

KEEP IN MIND: NIFEDIPINE HAS THE BEST PROFILE FOR BP CONTROL AND CEREBRAL PERFUSION

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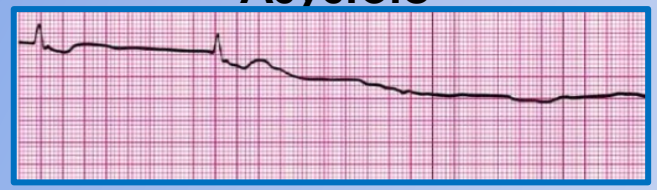
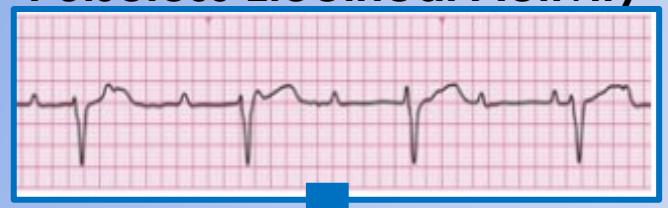
Non Shockable Rhythms

Asystole



Pulseless Electrical Activity



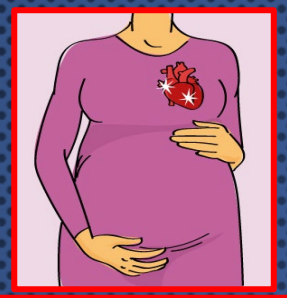
Resume Chest Compressions

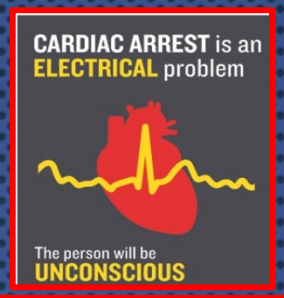
+

Epi 1mg IV Q 3-5 minutes

Rule Out Hs and Ts

Hs	Ts
Hypoxia	Toxins
Hypovolemia	Thrombus
Hydrogen	Tamponade
Hyper/Hypo K	Trauma
Hypothermia	Tension Ptx
Hypoglycemia	





No Pulse and No Respirations

Call Code

Code Cart Emergency C/S Kit

Chest Compressions

Left Uterine Displacement

Ventilate Intubate ASAP

Analyze Rhythm
Check for Pulse

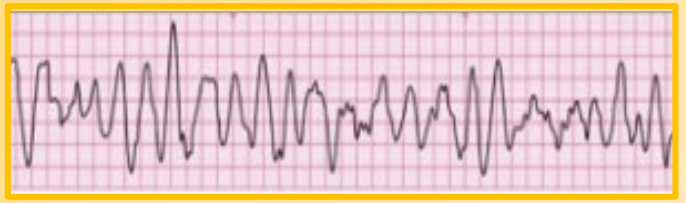
Non Shockable Rhythm

SHOCKABLE RHYTHM

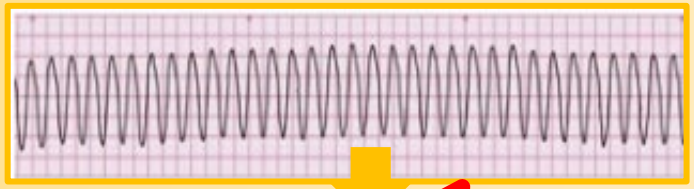
5 Minute Rule
If no cardiac activity at 4 minutes:
Proceed with Resuscitative Cesarean Section

Shockable Rhythms

VENTRICULAR FIBRILLATION



VENTRICULAR TACHYCARDIA



SHOCK

Resume Chest Compressions x 2 min

SHOCK

Resume Chest Compressions x 2 min

Epi 1$_{mg}$ IV after 2nd Shock
Amiodarone 300$_{mg}$ after 3rd Shock

SCENARIO # 1

MAGGIE 30 WK ADMITTED FOR PREECLAMPSIA ON MAGNESIUM. NEW ONSET SEVERE HEADACHE AND VISUAL CHANGES

BP: 177/105 P: 72 RR: 24 O2 SAT: 94%

IN THE ROOM: NURSE 1

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P1-CLIP 1-NURSE AT BEDSIDE PT REPORTS NEW ONSET SYMPTOMS OF SEVERE FEATURES

NURSE PROMPT-"I NEED ORDERS"

1. RECOGNIZE SEVERE HTN- ASSESS VITALS & SYMPTOMS
2. CALL PROVIDER & FOR ADDITIONAL HELP
3. REQUEST MEDICATIONS, IV & LABS

PROMPT-IF P FAILS TO ORDER ANTIHYPERTENSIVE MEDICATION OR MENTION MAGNESIUM SULFATE

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S1-V2

IN THE ROOM: NURSE 1, OB Provider

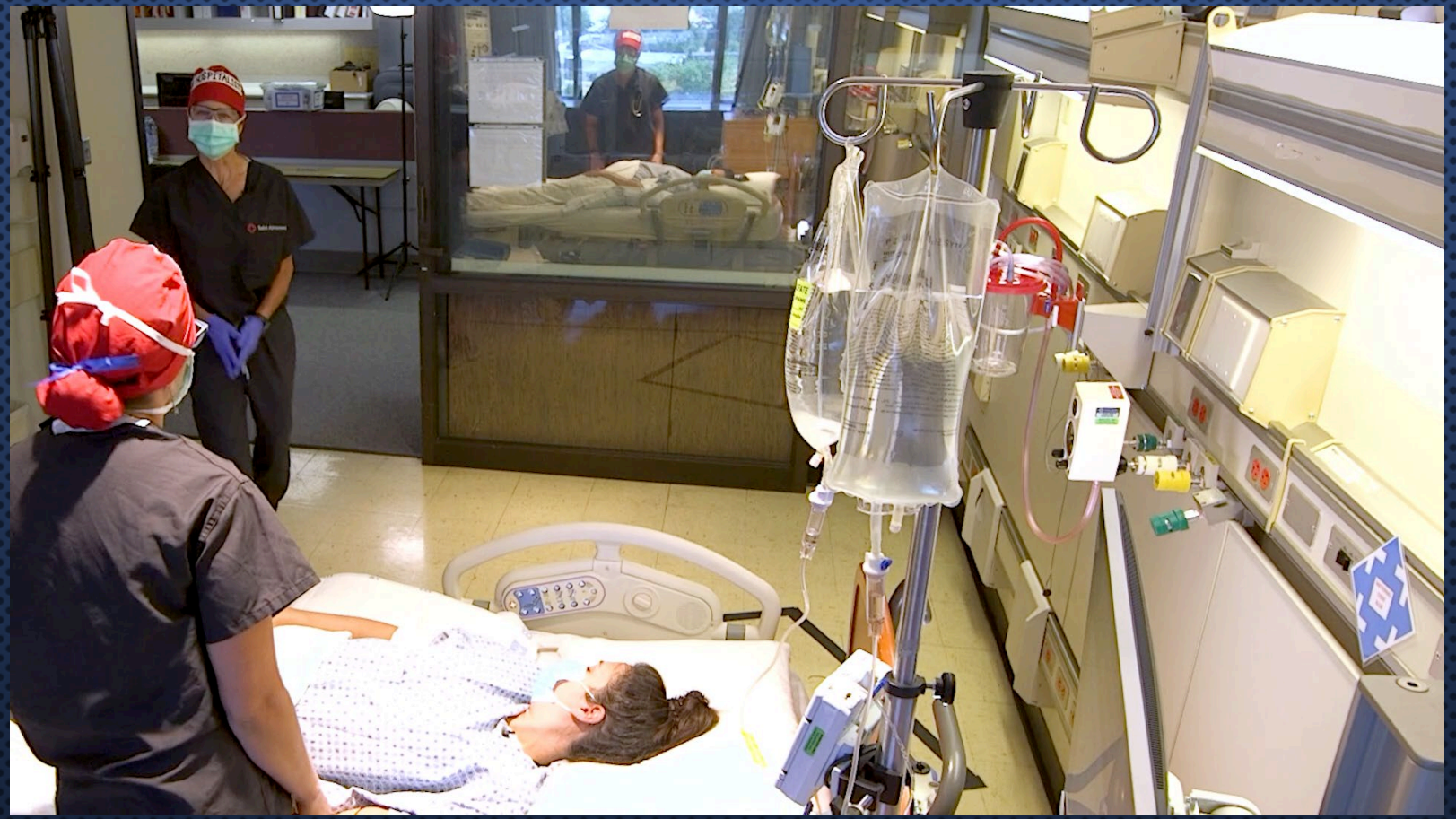
P2-CLIP 2-PT COLLAPSE →CODE BLUE BUTTON

NURSE: "WHAT DO I NEED TO DO?"

1. GET THE ROOM READY INITIATE CPR
2. GIVE SBAR
3. LUD

NP-PROMPT IF NEEDED

S1-V3



IN THE ROOM: NURSE 1, OB HOSPITALIST
ENTER ROOM: NURSE 2, CHARGE NURSE, OB PROVIDER

DEBRIEF

HOW DID YOU FEEL?
WHAT WENT WELL?
WHAT WOULD YOU DO DIFFERENTLY?

QUICK LESSONS
DEFIBRILLATION PROCESS

REMEMBER, MINIMIZE BREAKS IN CHEST COMPRESSIONS AND LUD

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HEAD SET- Virtual Reality- 3D or 360degree- Immersive VR

Advantages

- Can be run by one person and short bursts of teamwork and realism with AI generated scenarios
- Repeatedly practice to improve retention
- Rich, interactive
- Body tracked avatars
- Student entered approach
- Cost per learner gets cheaper over time
- Lowers anxiety & increase cognitive load, improve creativity
- Games to practice soft skills

Disadvantages

- Initial cost is high
- Lacks existing educational content creating custom is expensive and time consuming
- Education to high tech
- Cybersickness & technological challenges
- Technological support to users and designers

ESCAPE ROOMS

- The equipment set up is the same as the virtual PowerPoint simulation
- Run 2 or more zoom rooms simultaneously
  - Facilitator and embedded participants for each room
  - Have exact objectives for each room for participants to escape and move to the next room
  - The first team to make it to the debriefing room wins
  - Another option is to run one room at a time keeping track of the time it takes each group to get to the debriefing room. The fastest time wins. This prevents the need of having multiple facilitators and embedded participants.
- Have a set number of objectives for each room. When those objectives are met, the group 'moves' on to the next room.

VIRTUAL ESCAPE ROOMS/SIM COMPETITION

Virtual Escape room
Hypertensive crisis Example

- **Objectives/Escape room rules:**
  - Participants will move through 3 successive escape rooms
  - The first room will begin with a scenario and each room thereafter will have an update on the patient's status
  - You will be asked a question at the end of the presentation of the scenario and each of the clinical updates.
    - The questions will have multiple answers.
    - You need only to get 4 answers to move on to the next room.
    - If you take the time to get more of the total answers built into the scenario/updates, then you will get more points towards winning the game.
    - Thus, your team may not have the fastest time but could beat the team that does by collecting more points along the way. It's up to your team strategy.

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Escape room 1

Mrs. Smith is a Caucasian 41yo G1P0 at 37 5/7 weeks with a di/di twin pregnancy.

She was sent to L&D from her primary OB providers office for evaluation with elevated blood pressures of 142/90 and 149/92.

She denies headaches, visual changes or RUQ pain.

She endorses good fetal movement. Denies contractions, leakage of fluid or vaginal bleeding.

PMHX: Morbid Obesity, Type II Diabetes

PSHX: T&A

POBHX: G1, di/di twins, IVF, AMA

Name at least 4 risk factors for hypertensive crisis in this patient

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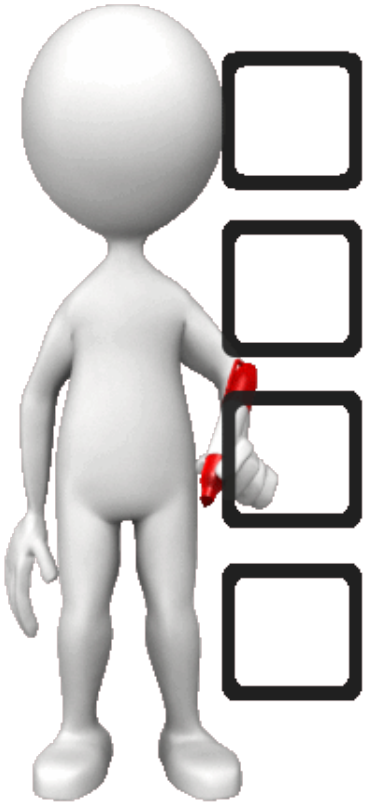
Escape room 2

Mrs. Smith is now in triage, and you are called to the bedside:

- She is alert and oriented and is complaining of a sudden onset of a headache with a pain scale of 8/10 in upper abdomen
  - Serial vitals were set at every 15 minutes:
    - BP 162/110 HR 56 RR 16 O2 Sat: 95%
    - BP 165/96 HR 58 RR 18 O2 sat: 97%
    - BP160/100 HR 58 RR 18 O2 Sat: 96%
- Bedside glucose 89
  - Neurologic exam: DTR 3+ bilaterally, no clonus; visual changes
- Fetal Heart tracing: Baby A and B are Category 1 and she is contracting q 4 min

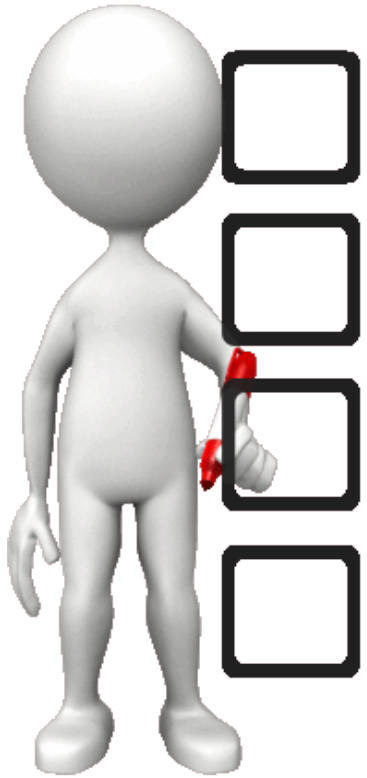


State 4 key assessment findings to move to next room

Escape Room 3

Interventions that have been completed

- Fetal monitoring: category 1 for both babies
- Serial vitals: last antihypertensive given 20 minutes ago and BP is currently 160/110, Pulse ox: 95%
- IV
- Labs: serology normal and p/c ratio 0.3
- Antihypertensive given as above
- Cervical exam: closed/thick/high



You believe that Baby A is breech from your cervical exam. As you are performing a bedside US that confirms that Baby A is breech, Mrs. Smith begins to seize and both babies are bradycardic. Now what?

Name at least 4 interventions to ESCAPE

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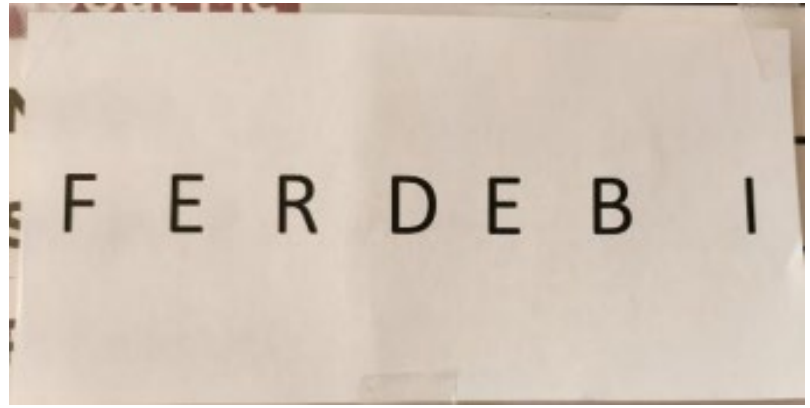
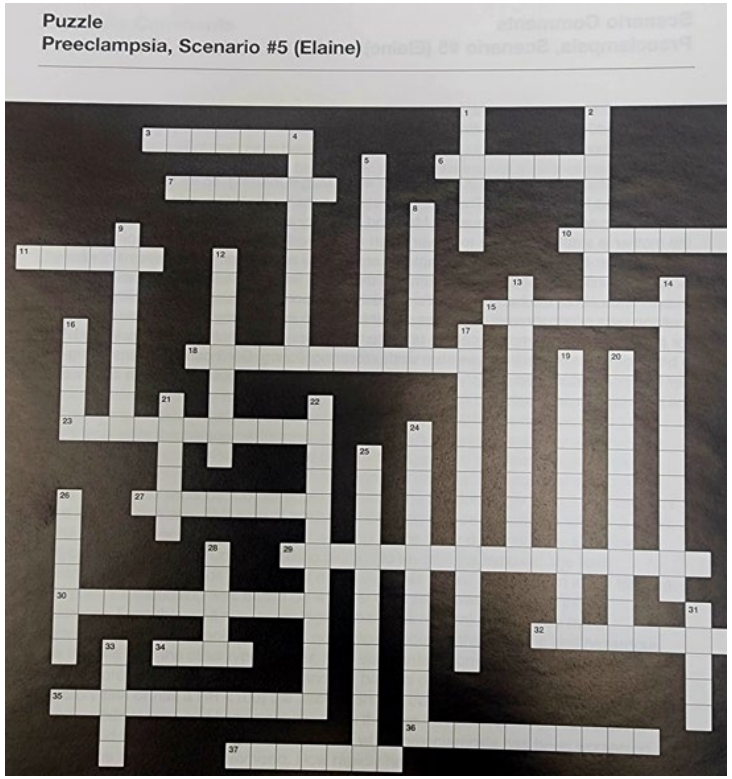
Gamification built into simulation

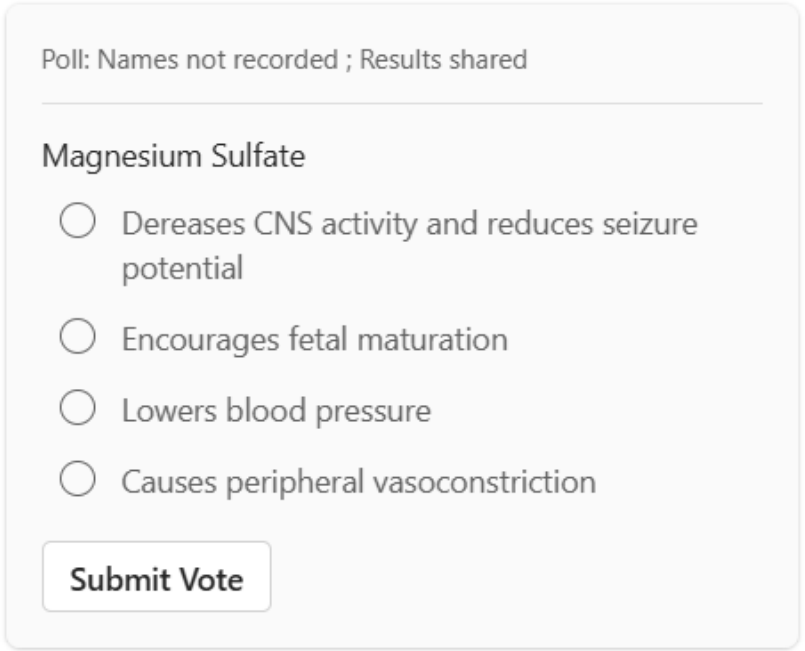
- **Engaging Interactive Components**:
- Polls/Quizzes
- Word search
- Scramble
- Bingo
- Puzzles
- Scavenger hunt
- QR scanning for more clues
- Jeopardy
- ***Competition if desired***

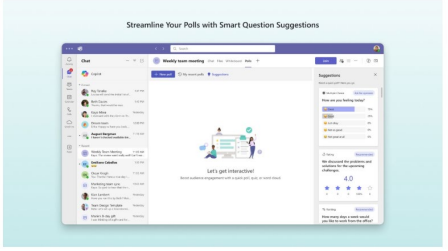




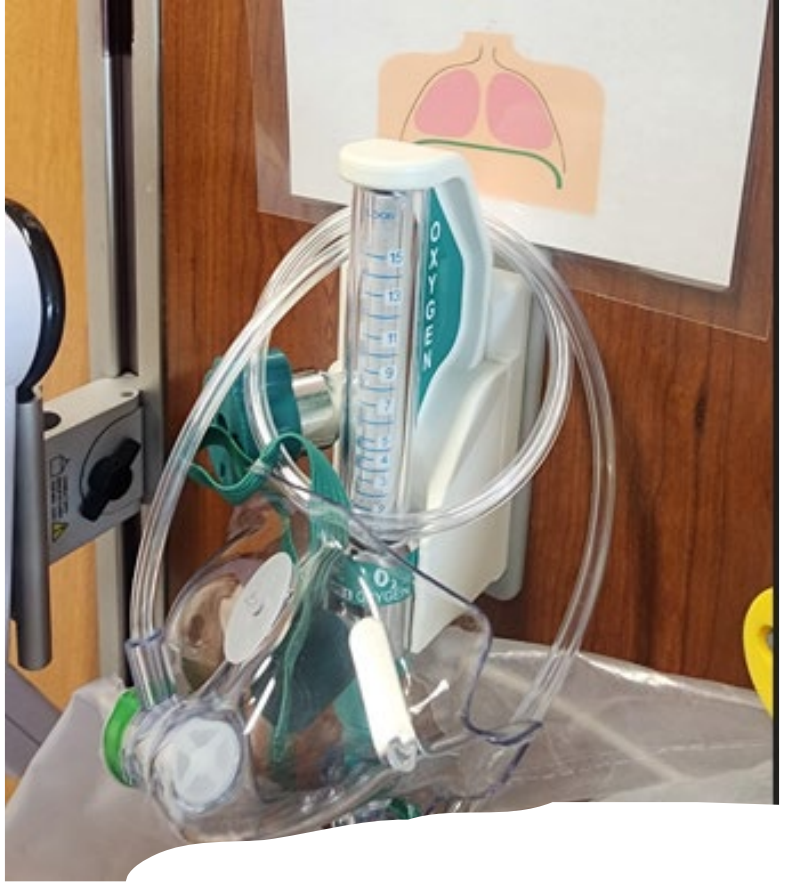
Add real-time polls

- Easily create choice polls, quizzes and word cloud polls before or during your meeting (Slido)
- Tabs
  - Add as a tab at the top of a group chat, channel, or meeting
- Bots
  - Complete tasks, find info, and chat using prompts
- Messages
  - Insert content from the app directly into messages





Easily create polls with your team in Microsoft Teams



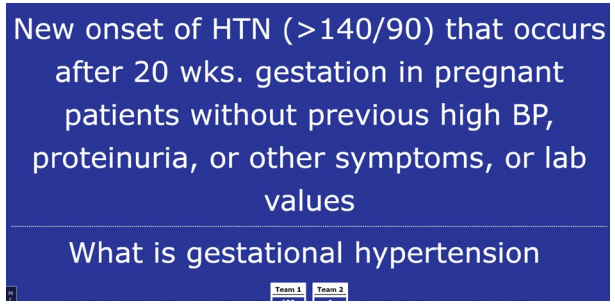
Hypertension Escape Room

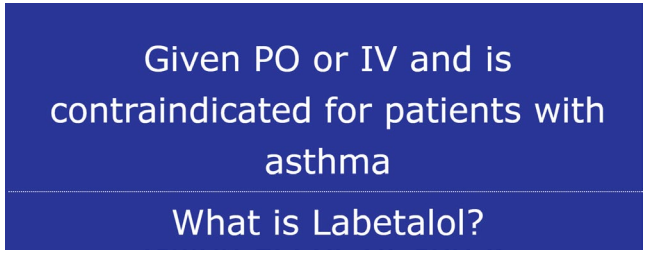
Escape Room Set Up

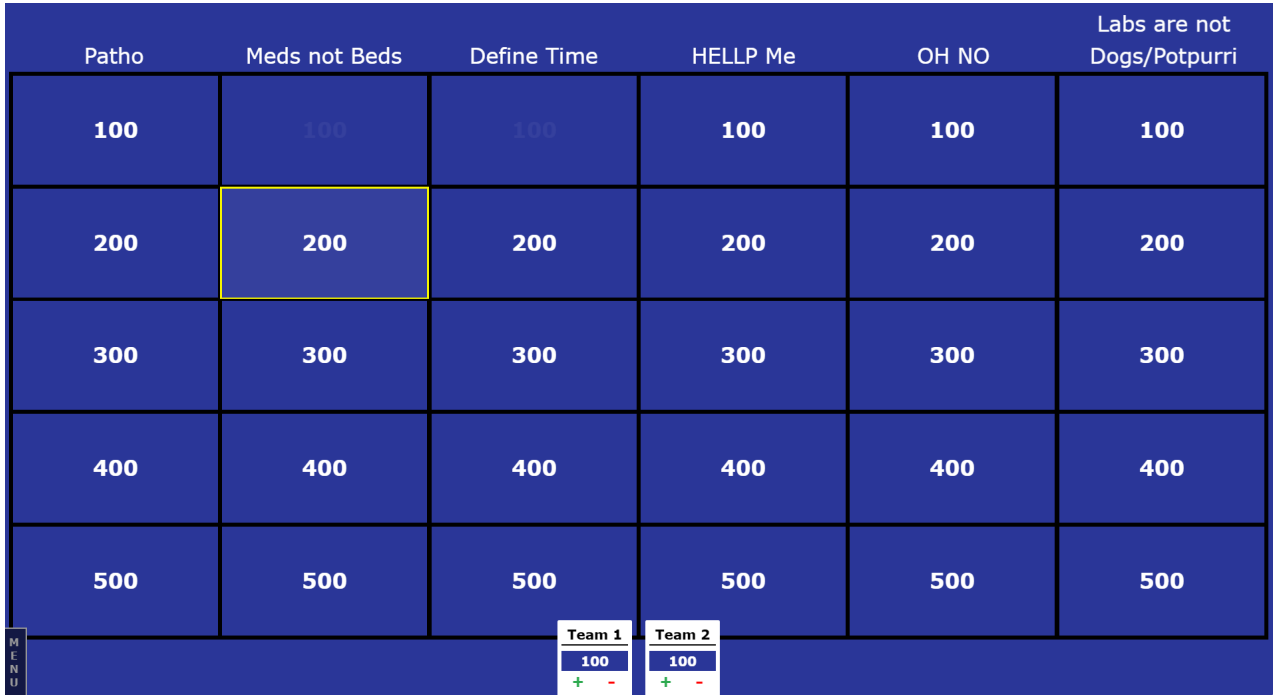
- HTN escape room
  - Teamwork
  - Crossword puzzle for review
  - Meds and doses
  - IV pump programing Magnesium Sulfate
  - Crossword puzzle
  - Protocol utilization and reference

Jeopardy

- Easy to build
- Fun engagement
- Student centered
- Review of education comprehension
- Healthy competition can offer prizes!
- https://jeopardylabs.com/







Medication matching: doses, protocols

Perinatal Hypertensive Crisis Urgent Protocol - **Nifedipine**	• RN order set • 10mg PO x1 • ASAP within 60 minutes of first severe range BP • Repeat BP in 20 minutes for response to med • Order Set: *OB Perinatal Hypertensive Crisis Urgent Protocol* – choose *Hypertensive* panel
Perinatal Hypertensive Crisis Urgent Protocol – **Eclampsia: Magnesium Sulfate**	• Loading does of 6gm IV over 20 minutes • If unable to obtain IV access: may administer 10gm IM (max 5mL per injection site) • After completion of loading dose: maintenance dose per provider order • Order Set: *OB Perinatal Hypertensive Crisis Urgent Protocol* – Choose *Eclampsia*

Scavenger hunts: digital finding the policy/protocol and resources

YOUR PATIENT HAS HAD 2 BP'S >160/110
WHAT DO YOU DO NEXT?

Question #1	Question #2	Question #3
▪ Where is the Urgent Protocol for managing a Hypertensive Crisis located?	▪ What is the optimum time for treating BP's with medication following recognition of a hypertensive crisis? How did you know this?	▪ The provider wants to use the Labetalol Care Guideline to manage BP's. Where do you find this?

“Start by doing what’s necessary; then do what’s possible & suddenly you are doing the impossible”

- Saint Francis of Assisi

References:

- **Guidelines**: Refer to ACOG guidelines or WHO recommendations.
- **Key Readings**: Provide articles or case studies relevant to hypertensive emergencies in pregnancy.
- **Online Platforms**:
- **AIM:** Simulation and Drills for Patient Safety | AIM Simulation and drills for patient safety, includes all resources needed plus videos, can pause to ask learners next steps.
- **American College of Obstetricians and Gynecologists (ACOG):** ACOG often provides guidelines, case studies, and potentially simulation resources in the field of obstetrics.
- **Society for Simulation in Healthcare (SSH):** SSH offers resources, accreditation, and conferences focused on healthcare simulation, including obstetrics.
- **Preeclampsia Foundation:** **https://preeclampsia.org/** offers health information for women & families, Provider education and research information.
- California Maternal Quality Care Collaborative (CMQCC)- simulation scenarios within toolkit
- **MedEdPORTAL:** An open-access resource where educators share peer-reviewed teaching materials, such as simulation scenarios, that cover a variety of medical education topics, including obstetric emergencies.
- **SIM-one:** A healthcare simulation network that often provides resources and tools for educators and healthcare professionals, including in the area of obstetrics.
- **Local Medical Institutions**: Some universities and hospitals have specialized programs or partnerships in obstetric simulation training which might offer courses or resource sharing.
- **Conferences and Workshops:** Look for events specifically focused on obstetrics and gynecology, where simulation training might be a focus.
- **Online Healthcare Education Platforms:** Websites such as Coursera, Udemy, and others may also offer specific courses or resources tailored to obstetric simulation.

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Questions & Answers

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