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Increasing Participation Rates in Teleconferences Using Socially Distanced, Remote Simulation

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Obstetric Practice Posters

Gap in Practice
As the response to the pandemic transitioned to a new normal, reinstating in-person simulations presented challenges. High-fidelity simulations provide training for high-risk, low-frequency obstetric emergencies in a safe learning environment. We were challenged to provide simulation scenarios conducive to learning while maintaining infection-control protocols and meeting staff training needs.

Need for Practice Change
Simulation provides an atmosphere focused on developing clinical staff skills, confidence, and capabilities to respond to emergencies effectively. In a setting with inexperienced nurses and frequent turnover, simulation improves response to obstetric emergencies. Small patient rooms, infection-control protocols, and software transition decreased attendance and participation in monthly simulation drills. The simulation team needed all clinical staff to ensure readiness for emergencies.

Target Audience
Nurse managers, educators, clinical leaders, and providers.

Practice Change
COVID-19 decreased in-person attendance. The Defense Health Agency (DHA) recommends that clinicians complete monthly multidisciplinary simulation training in every maternal-child unit. Live streaming offered virtual participation and recording capabilities and allowed the staff to complete their expected attendance. We used a low-cost solution to increase staff participation, the Microsoft Teams platform, which offers live and recorded training for those unable to attend live.

Practice Change Implementation Method
The leadership team implemented three plan–do–study–act cycles to improve simulation attendance and enhance the response to emergent situations.

Metrics
Staff participation during simulations increased by 19% after using Microsoft Teams in 2021. In addition, beyond the nursing staff, the obstetricians and midwives participated in more simulations. The training enhanced our ability to respond to obstetric emergencies, COVID-19, and other mission requirements.

Application to/Implications for WH, O, or N Education
COVID-19 forced rapid development of virtual education, especially in health care. By offering a virtual platform for high-fidelity simulation, we increased readiness for emergencies, increased staff participation, and facilitated a safe learning environment for emergent obstetric scenarios.

Implementing an Innovative Peer-Support Program to Assist “Second Victims” of Trauma

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Keywords
second victim phenomenon
peer support

Obstetric Practice Posters

Gap in Practice
Current evidence reveals that stress, burnout, and turnover have contributed to nursing shortages nationwide. There is a lack of consistency in support at the facility and department level to address the emotional distress of nurses experiencing “second victim” phenomenon.

Need for Practice Change
When patients suffer a traumatic or adverse event, people most directly involved in their care (e.g., family members, health care providers) can become the second victims. Second victims can experience depression, anxiety, burnout, job abandonment, and even suicide. University Medical Center (UMC) implemented a peer-support program to enhance emotional support for health care employees. The goal was to ensure that patients and providers were protected from the cascade effect that harmful events can have on the entire health care team.

Target Audience
Frontline nursing staff and nursing leaders.

Practice Change
The International Critical Incident Stress Foundation (ICISF) highlights a program designed for crisis intervention that teaches participants the fundamentals of acute emergency mental health. Protocols are aimed at assisting teams before, during, and after crises.

Practice Change Implementation Method
UMC formed a peer community by offering formal training to qualified personnel across the organization. In addition to 13 hours of training, members of the group agreed to strict confidentiality guidelines and a commitment to serve on the committee for at