Scenario: O1-1	Patient: Flora MacDonald	Simulator: **Host faculty actress, if comfortable and effectively briefed by the simulation centre.** **Simmom – although could be other mannequin with female genitals.**
Case Summary: Flora is 5 weeks pregnant in her first pregnancy. She presents to the ED with PV bleeding. The scenario focuses around communication with Flora, organisation of appropriate care and follow-up. Flora's observations remain "stable" throughout the scenario. She is distressed and worried. A focused history, examination and investigations should be performed.		**Participant Briefing:** You have been asked to assess Flora MacDonald who is a 27 year-old primipara, who presents with vaginal bleeding.
Clinical Issues		**Human factors / Non technical issues**
Assessment of the patient with PV bleeding in early pregnancy. History, examination, investigation of a patient with PV bleeding Management decisions for the patient with early pregnancy bleeding/		Communication with Flora Awareness of services available at their institution
Learning Objectives: Initial assessment and investigation of the primiparous woman with PV bleeding **Communicate:** With the patient **Conduct:** A focused history, examination and investigation of the patient with PV bleeding **Demonstrate:** Knowledge of services available at their institutions and compassion towards the patient and support **Interpret:** verbal and non-verbal cues from patient about distress and anxiety		
Faculty Actors: Faculty nurse: Supportive to the team assessing Flora. Will aid in finding equipment and prompt team if needed. Partner/Friend: Upset at the thought of Flora losing her baby. Supports Flora though and is not troublesome. May ask some appropriate questions of the team Flora MacDonald: Distressed and upset as she has a feeling that she is losing her baby. She will be comforted by the team if they are appropriate with her		
Patient Moulage: Faculty actor to be briefed on the scenario prior by the Hub faculty. The actor should not exaggerate the behaviour of a woman with a miscarriage but be appropriately upset (not distressed) and concerned. Abdominal examination would ideally be performed, but the faculty can decline if they feel uncomfortable. Manikin - If Simmom is not being used then the genitalia may need to be changed to reflect that Lorna is female.		

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Equipment & Props:
Telephone number for SCSSC (or local faculty if available) so that participants are able to phone the appropriate services as needed
Telephone number for host site so that Rhesus D status can be given over the phone to the participants
Any information leaflets that are available in the host ED.
Telephone
As per generic Obstetric module equipment list

Patient presentation	Expected response by participants	Faculty /Actors Notes
Initial Presentation: Sats – 98% on air RR – 16/min Sinus rhythm NIBP – 135/70 Temp – 36.6 C GCS – 15/15	AMPLE history followed by a more specific obstetric history ABCDE approach to the patient Showing compassion and understanding External examination of Flora including abdomen. Ask nurse to take blood tests – FBC, Rhesus D status, U+Es +/- hCG/progesterone.	Flora: Upset at the thought that she might be losing her baby. Consolable after some time if treated well. Slightly uncomfortable when lower abdomen palpated. Bleeding (spotting) started a few hours ago and has been on and off for these 3-4 hours. A bit of cramping pain has been associated with it (like her period but a little worse). There have also been some clots passed. She has not had an ultrasound performed; it is booked for tomorrow afternoon. No previous medical history, no allergies and last ate at breakfast. She has no risk factors for ectopic pregnancy.

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Progression: No change in Flora's observations	Discuss with Flora the chances of this being a miscarriage (50%). If experience is sufficient the participants may want to undertake an abdominal ultrasound to look for foetal heart movements. Explain EPAS/GP procedure, including vaginal scan. Empower patient into making treatment decisions about staying in hospital or going home and returning to EPAS/GP the following day. Offer analgesia. Follow department protocols for bleeding in early pregnancy. Arrange EPAS/GP follow-up as per department	Flora: Keen to go home as paracetamol has helped the pain. Reassured by team if they are appropriate. Socially there are no worries.

Debrief Guide

Key clinical issues:	**Key non technical issues:**
Structured approach to the patient with PV bleeding – Stable Vs Unstable Abdominal examination in early pregnancy Knowledge of blood tests to take from a patient with early pregnancy PV bleeding	Communication with patient – information about causes of PV bleeding, potential miscarriage, EPAS/GP follow-up, vaginal ultrasound Arrange for the patient to visit EPAS/GP the next day as per department protocols.

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Initial State	→	**Progress**
Flora presents with early pregnancy PV bleeding She is stable haemodynamically		Flora remains stable throughout the scenario. She becomes less upset as the team communicate well with her

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