Shadow Health

Shadow Health Faculty Debriefing Guide

Maternal Health DCE

This guide will provide comprehensive faculty debriefing resources for the Shadow Health Maternal Health DCE patient encounters. Debriefing resources will include key takeaways, customizable questions, and scripted prompts to facilitate discussion.

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Introduction and Utilization

Debriefing after a patient encounter is a crucial component of nursing education, offering students a structured opportunity to reflect on their clinical experiences. It allows them to process what occurred, analyze their clinical decision-making, and gain insight into their strengths and areas for improvement. The same is true after nursing students go through a Shadow Health patient encounter. Through guided discussion, students can connect theory to practice, reinforce clinical skills, and deepen their understanding of patient-centered care. Debriefing also fosters critical thinking, emotional intelligence, and professional development by encouraging open dialogue about challenges, ethical dilemmas, and interpersonal communication. Ultimately, it enhances learning outcomes and prepares nursing students for real-world practice by transforming experience into meaningful growth.

This document will go through each of the Maternal Health DCEs and give you some ideas on how to debrief with your students in a meaningful way. Pick and choose from a list of questions to customize the discussion for your students or follow our script to help create a meaningful discussion and learning opportunities for your students.

Debrief Focused Exam: Uncomplicated Delivery (Daanis LaFontaine)

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

1. What assessment findings indicated that Daanis was progressing through the stages of labor? How did you prioritize your assessments?
2. When you performed vaginal examinations, what specific indications prompted you to do so? How did you balance the need for assessment with minimizing patient discomfort and infection risk?
3. What teaching did you provide to help Daanis cope with labor? How did you adapt your approach based on her responses?
4. At what point in labor did Daanis reach 5 cm dilation? How did you provide encouragement, knowing this represents approximately two-thirds of labor completion?
5. Describe the breathing and pushing techniques you taught. How did you help Daanis avoid pushing before full cervical dilation, and what rationale did you provide?
6. Once Daanis reached stage 2 of labor, what pushing technique did you support? How did you ensure she avoided prolonged breath-holding (Valsalva maneuver)?
7. How did you assess whether Daanis was pushing effectively? What signs indicated both maternal effort and fetal tolerance of labor?
8. Who was present to support Daanis during labor? How did you incorporate her support person into the care plan, and what role did they play?
9. If Daanis had become discouraged during active labor, what specific interventions would you have implemented to provide support and reassurance?
10. Reflecting on this simulation, what will you do differently in your next labor and delivery clinical experience? What concepts do you need to review further?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. What assessment findings indicated that Daanis was progressing through the stages of labor? How did you prioritize your assessments?
    - Rationale: This anchors clinical reasoning—students must connect objective data (cervical dilation, effacement, fetal station) to labor progression, which is foundational to safe practice.
2. Once Daanis reached stage 2 of labor, what pushing technique did you support? How did you ensure she avoided prolonged breath-holding?
    - Rationale: This targets a critical safety concept. Many students default to Valsalva maneuvers without understanding the physiologic risks, making this a high-yield teaching moment.
3. Reflecting on this simulation, what will you do differently in your next labor and delivery clinical experience? What concepts do you need to review further?
    - Rationale: This bridges simulation to real-world practice and surfaces knowledge gaps early, allowing you to target remediation before students enter the clinical setting.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection:

Opening

- Thank you for completing the Shadow Health simulation with Daanis LaFontaine. This debriefing helps us reflect on your clinical decisions and connect them to evidence-based practice. There are no wrong answers here—this is a learning conversation. Let's start by having you describe what happened.

Prompt

- In your own words, walk me through Daanis's labor progression from admission to delivery.

Assessment & Clinical Reasoning

- Let's dig deeper into your assessment skills:
- **Question 1:** What specific findings told you Daanis was progressing through labor? How did you prioritize what to assess and when?
    - **Listen for:** contraction frequency/duration/intensity, cervical changes, FHR patterns, maternal coping
    - **Teaching Point:** Emphasize that assessment during labor is ongoing and dynamic. Frequency, duration, intensity, and resting tone of contractions guide timing of cervical checks. Baseline FHR and decelerations inform fetal well-being.

Pushing Technique & Safety

- **Question 2:** Once Daanis reached the second stage, what pushing technique did you support? How did you coach her?
    - **Listen for:** spontaneous vs. directed pushing, breath-holding, positioning
    - **Teaching Point:** Evidence shows no clear superiority between spontaneous and directed pushing for outcomes like perineal trauma or Apgar scores. Women should use the technique they prefer. Avoid prolonged Valsalva (breath-holding beyond 6-8 seconds), which can compromise maternal-fetal gas exchange. If she had epidural anesthesia and couldn't feel contractions, you'd guide her when to push at contraction peaks.

Psychosocial Support

- **Question 3:** Who supported Daanis during labor? How did you include them in your care?
    - **Listen for:** partner involvement, communication, cultural sensitivity
    - **Teaching Point:** Support persons reduce anxiety and improve outcomes. Include them in communication, teach them comfort measures, and assess their comfort level. Partners may feel fear or guilt—reassure them they're valued participants, not guests.

Application

- **Question 4:** Reflecting on this experience, what will you do differently in your next labor clinical? What concepts need to be reviewed?
    - Identify knowledge gaps for follow-up.

Closing

- Excellent reflection. Remember: labor assessment is continuous, pushing should match the woman's preference and physiology, and psychosocial support is as critical as physical care. Review [specific concepts identified] before your next clinical.

Debrief Focused Exam: Gestational Diabetes (Jennifer Wu)

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

1. What screening method did you use to assess Jennifer for GDM? Explain the difference between the two-step and one-step screening approaches and why timing at 24-28 weeks is standard.
2. What risk factors did Jennifer present that increased her likelihood of developing GDM? How would you modify screening timing for high-risk patients?
3. Explain why GDM typically develops in the second or third trimester. How do placental hormones and insulin resistance contribute to this condition?
4. What are the potential maternal and fetal complications if Jennifer's blood glucose levels remain uncontrolled? How do these risks inform your teaching priorities?
5. What first-line interventions did you discuss with Jennifer for managing her GDM? Describe the target glucose levels: fasting and postprandial goals.
6. Under what circumstances would insulin therapy be initiated for Jennifer? If she declined insulin, what alternative medication might be considered, and what risks would you discuss?
7. What specific dietary modifications and physical activity recommendations did you provide? How does medical nutrition therapy (MNT) help manage blood glucose levels?
8. How did you teach Jennifer about self-monitoring blood glucose? What frequency of testing did you recommend, and how would results guide her care plan?
9. What postpartum screening did you discuss with Jennifer? When should she be tested, and why is lifelong screening important for women with a history of GDM?
10. Jennifer asks about her risk of developing type 2 diabetes in the future. What percentage risk would you share, and what lifestyle modifications can reduce this risk?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. What screening method did you use to assess Jennifer for GDM, and what risk factors prompted your approach?
    - This anchors clinical reasoning—students must connect screening protocols to individual risk assessment, which is foundational to early detection and prevention.
2. What first-line interventions and target glucose levels did you discuss with Jennifer? Under what circumstances would you escalate to insulin therapy?
    - This targets a critical decision-making point. Many students struggle with the progression from lifestyle management to pharmacotherapy, making this high-yield for safe practice.
3. What postpartum screening and long-term follow-up did you discuss with Jennifer? Why is this conversation essential even though her GDM may resolve after delivery?
    - This bridges acute management to chronic disease prevention and surfaces the importance of lifelong surveillance—a key competency students often overlook.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection:

Opening

- Let's debrief your experience with Jennifer Wu's case. What were your initial impressions when you learned she needed GDM screening? What made you concerned or confident about her situation?

Key Clinical Concepts Review

- Let's review the screening process. Who can explain the two-step approach for GDM screening?
- Key points to reinforce:
  - Initial screening occurs at 24-28 weeks (earlier if risk factors present)
  - 50-g glucose challenge test (1-hour): if ≥130-140 mg/dL, proceed to diagnostic test 100-g OGTT (3-hour): diagnosis requires two or more abnormal values
  - Some providers use the one-step 75-g OGTT method
- Management priorities:
  - What did you identify as Jennifer's priority nursing interventions?
- Essential elements:
  - First-line therapy: Medical nutrition therapy, physical activity, self-monitoring blood glucose
  - Target glucose levels: Fasting <95 mg/dL; 1-hour postprandial <140 mg/dL; 2-hour postprandial <120 mg/dL
  - Insulin therapy: Initiated if dietary management doesn't achieve targets
  - Patient education: Blood glucose monitoring, recognizing hypo/hyperglycemia, dietary modifications

Clinical Reasoning

- What complications were you most concerned about for Jennifer and her baby?
- Discussion points:
  - Maternal: Future type 2 diabetes risk (5-10 years post-delivery)
  - Fetal: Macrosomia, birth trauma, neonatal hypoglycemia, respiratory distress
  - Importance of postpartum follow-up: 75-g OGTT at 6 weeks to 6 months

Common Pitfalls

- What challenges did you encounter? Let's discuss common misconceptions:
  - Oral hypoglycemics are generally avoided (insulin preferred
  - GDM requires ongoing monitoring—not just one-time screening
  - Cultural sensitivity in dietary counseling is essential

Closing

- What will you do differently in clinical practice based on this experience? Remember, maintaining euglycemia is our primary goal to prevent complications.

Debrief Focused Exam: Preeclampsia (Naomi Adebayo)

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

1. What key signs and symptoms did you identify that indicated Naomi was experiencing preeclampsia? How did you prioritize your assessment?
2. Which vital signs were most concerning, and what do they tell you about the severity of her condition?
3. What additional assessments did you perform beyond vital signs? Why are these important in preeclampsia management?
4. Walk me through your clinical reasoning process. What cues led you to suspect preeclampsia versus other pregnancy complications?
5. What laboratory values or diagnostic tests would you anticipate ordering, and what results would concern you most?
6. How did you explain preeclampsia to Naomi in a way she could understand? What teaching points did you prioritize?
7. What questions or concerns did Naomi express, and how did you address them while managing her anxiety?
8. What immediate interventions did you implement or recommend? What was your rationale for the timing and sequence of these actions?
9. When would you escalate Naomi's care to the provider, and what specific information would you communicate using SBAR or another structured format?
10. Reflecting on this experience, what would you do differently next time? How will this simulation influence your approach to caring for patients with high-risk pregnancies in clinical practice?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. What key assessment findings indicated Naomi had preeclampsia with severe features versus mild preeclampsia?
    - This question targets clinical recognition and differentiation. Students should identify critical distinctions: blood pressure ≥160/110 mm Hg (versus 140/90 mm Hg), severe symptoms like headache, visual changes, epigastric pain, hyperreflexia, and decreased urinary output (<500 mL/24h). This reveals whether they understand disease progression and can recognize when immediate intervention is needed.
2. What immediate safety interventions did you prioritize, and why?
    - This assesses clinical judgment and patient safety. Students should discuss placing Naomi on continuous fetal and maternal monitoring, maintaining a quiet darkened environment with side rails up, ensuring emergency equipment (oxygen, suction, seizure precautions) is available, and limiting IV fluids to ≤125 mL/hr to prevent pulmonary edema. Their rationale should connect interventions to preventing complications like seizures, placental abruption, and maternal organ damage.
3. How did your assessment findings influence your decision about when to notify the provider, and what would you communicate?
    - This evaluates escalation judgment and interprofessional communication. Students should recognize that severe features require immediate provider notification. They should articulate using structured communication (SBAR) to report critical findings: severe hypertension, neurological symptoms (headache, visual changes, hyperreflexia), laboratory concerns, and fetal status. This question reveals whether they understand that birth is the definitive treatment and timing depends on maternal-fetal risk assessment.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Introduction

- Thank you for completing the Shadow Health preeclampsia simulation. This debriefing helps us reflect on your clinical decisions and strengthen your reasoning. There are no wrong answers here—this is a safe space to discuss what went well and what you'd approach differently. Let's start by taking a moment to share your initial reactions. How are you feeling about the experience?

Reaction Phase

- Let's ground ourselves in what happened. Can someone summarize Naomi's presentation? What were her chief complaints and vital signs?
- Listen for: elevated BP, headache, visual changes, epigastric pain, hyperreflexia.
- What emotions did you experience during the simulation? Anxiety? Confidence? Uncertainty?

Analysis Phase

- Recognition & Assessment: What findings indicated this was preeclampsia with severe features rather than mild preeclampsia?
    - Key teaching point: Severe features include BP ≥160/110 mm Hg, persistent headache, visual disturbances, epigastric/RUQ pain, and altered mental status. Differentiate from preeclampsia without severe features.
- Which assessments were most critical? Why did you prioritize those?
    - Reinforce: continuous FHR monitoring, neuro checks (reflexes, clonus), signs of placental abruption (tense, tender uterus), and system-based assessment (CNS, cardiovascular, pulmonary, hepatic, renal).

Safety Intervention

- What immediate actions did you take to keep Naomi safe?
    - Expected responses: quiet, darkened room; side rails up; seizure precautions; emergency equipment ready; IV fluids ≤125 mL/hr to prevent pulmonary edema; continuous monitoring.
- Why is fluid restriction important in severe preeclampsia?
    - Teaching point: Reduces pulmonary edema risk.
- Communication & Escalation: When would you notify the provider? What would you communicate using SBAR?
    - Reinforce: Immediate notification for severe features. Birth is definitive treatment; timing depends on maternal-fetal assessment.

Application Phase

- What will you do differently in clinical practice after this experience?
- What questions do you still have about managing preeclampsia?

Closing

- Excellent work today. Remember, recognizing severe features and acting quickly protects both mother and baby. Review the expectant management criteria for women <34 weeks and indications for immediate birth.

Debrief Focused Exam: Non-Reassuring Fetal Status (Luna Morales)

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

1. What were the key FHR pattern characteristics you identified in Luna's case? (Prompt students to discuss baseline rate, variability, and any decelerations observed)
2. How did you categorize Luna's FHR tracing using the three-tier system? (Category I, II, or III—and what specific findings led to that classification)
3. What are the five essential components of FHR monitoring that you evaluated during this scenario? (Baseline rate, baseline variability, accelerations, decelerations, and changes/trends over time)
4. Walk me through your priority nursing interventions when you first identified the non-reassuring pattern. What did you do first and why? (Should include maternal repositioning, typically to left side)
5. What is the physiological rationale behind the interventions you implemented? (Focus on improving fetal oxygenation, relieving cord compression, improving uterine blood flow)
6. When you repositioned Luna, what alternative positions might you have tried if the left lateral position didn't improve the tracing? (Knee-chest, slight Trendelenburg, right side)
7. At what point would you have escalated care and notified the provider? (Discuss when corrective measures don't restore normal patterns or if Category III patterns develop)
8. What additional interventions beyond repositioning did you consider or implement? (IV fluid bolus, discontinuing oxytocin if applicable, avoiding routine oxygen supplementation unless maternal hypoxia present)
9. How did you differentiate between patterns requiring continued observation versus those requiring immediate intervention? (Category II vs. Category III characteristics)
10. Reflecting on this experience, what would you do differently next time, and what clinical judgment skills do you need to continue developing for labor and delivery nursing?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. Walk me through your priority nursing interventions when you first identified the non-reassuring pattern. What did you do first and why?
   - This captures clinical reasoning and action sequencing—essential for labor & delivery competency.
2. At what point would you have escalated care and notified the provider?
   - Tests critical decision-making around when observation ends and urgent intervention begins—a key safety competency.
3. What is the physiological rationale behind the interventions you implemented?
   - Moves beyond task completion to deeper understanding of *why* actions improve fetal oxygenation—the foundation of clinical judgment.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection:

Introduction

- Thank you for completing the Shadow Health non-reassuring fetal status simulation with Luna Morales. This debriefing helps us reflect on your assessment and interventions for abnormal FHR patterns. This is a learning conversation—let's discuss what you observed and how you responded. What was your initial reaction to Luna's case?

Reaction Phase

- Let's review what happened. Can someone describe Luna's fetal heart rate pattern and any concerning findings you identified?
    - Listen for: Baseline FHR, variability changes, types of decelerations, contraction pattern.
- What were you thinking or feeling when you first noticed the abnormal pattern?

Analysis Phase

- Pattern Recognition: Which of the five essential FHR components were abnormal: baseline rate, baseline variability, accelerations, decelerations, or trends over time?
    - Key teaching point: Normal baseline is 110-160 bpm. Evaluate each component systematically.
- What category would you assign this FHR tracing, and why does that matter for your nursing response?
    - Reinforce: Category II requires intrauterine resuscitation measures; Category III requires expedited delivery.
- Intrauterine Resuscitation: What immediate corrective measures did you implement to improve fetal oxygenation?
    - Expected responses: maternal position changes (left lateral, knee-chest), increase IV fluids, discontinue oxytocin if infusing, assess for cord prolapse after amniotomy.
- Let's talk about positioning. Why is left lateral position typically the first intervention for variable decelerations?
    - Teaching point: Relieves umbilical cord compression and improves uteroplacental blood flow.
- Clinical Decision-Making: "Based on Luna's FHR response to your interventions, when would you escalate to the provider?
    - Reinforce: Persistent Category II patterns despite interventions, any Category III pattern, or worsening trends require immediate provider notification.
- What would you communicate using SBAR?

Application Phase

- What's one thing you'll remember about managing non-reassuring FHR patterns in clinical practice?
- What aspects of fetal monitoring do you want to review further?

Closing

- Excellent critical thinking today. Remember: the goal of intrauterine resuscitation is improving fetal oxygenation. Position changes are your first-line intervention, and timely communication with the provider is essential for optimal outcomes.

Debrief Focused Exam: Postpartum Care (Gloria Hernandez)

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

1. What verbal and nonverbal cues did you observe that might indicate Gloria's emotional well-being or risk for postpartum mood disorders? Describe specific behaviors or statements that informed your assessment.
2. How did you initiate conversation about Gloria's mental health and adjustment to motherhood? Reflect on whether your approach encouraged open communication or if you would modify your questions.
3. Did you assess for thoughts of self-harm or harm to the baby? If so, how did you phrase this sensitive question? If not, how would you approach this in future encounters?
4. What risk factors for postpartum psychiatric disorders did you identify in Gloria's case? Consider her history, current circumstances, and support system.
5. What safety concerns did you identify for Gloria, her infant, or other family members?Describe the nursing interventions you implemented or would recommend.
6. When would you notify the obstetric provider or refer Gloria to a mental health professional? What specific signs or symptoms would trigger this action?
7. How did you assess and involve Gloria's partner or support system in the care plan? What education did you provide to family members about postpartum psychiatric disorders?
8. What specific suggestions did you offer to Gloria's partner for supporting her during this time? Consider both practical assistance and emotional support strategies.
9. What education did you provide about postpartum blues, depression, and psychosis before discharge? How did you ensure Gloria and her family understood when and where to seek help?
10. What follow-up care did you arrange or recommend for Gloria? Include timing of appointments, community resources (such as Postpartum Support International), and the importance of ongoing assessment within the first 3 weeks postpartum.

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. What verbal and nonverbal cues did you observe that might indicate Gloria's emotional well-being or risk for postpartum mood disorders?
    - This anchors students in direct clinical observation and helps them recognize subtle signs of depression, anxiety, or psychosis that require intervention.
2. What risk factors for postpartum psychiatric disorders did you identify, and when would you notify the provider or refer to mental health services?
    - This bridges assessment to clinical decision-making and safety—the core of postpartum nursing judgment.
3. How did you assess and involve Gloria's partner or support system, and what education did you provide about postpartum mood changes?
    - This emphasizes family-centered care and ensures students understand that teaching and support coordination are as critical as individual assessment.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Introduction

- Thank you for completing the Shadow Health postpartum care simulation with Gloria Hernandez. This debriefing helps us reflect on your systematic postpartum assessment and

identify any complications early. Let's discuss what you observed and how you responded. What stood out to you most during this assessment?

Reaction Phase

- Let's review Gloria's presentation. Can someone describe her vital signs, fundal assessment, and lochia findings?
- Listen for: fundal height, firmness, position; lochia amount, color, odor; vital signs; perineal condition.
- What were you thinking as you performed each component of the postpartum assessment?

Analysis Phase

- Systematic Assessment: Walk me through your postpartum assessment using a systematic approach. What did you assess and in what order?
    - Reinforce: BUBBLE-LE (Breasts, Uterus, Bladder, Bowel, Lochia, Episiotomy/laceration, Lower extremities, Emotions) or similar framework.
- Hemorrhage Recognition: How did you assess Gloria's risk for postpartum hemorrhage? What findings would concern you?
    - Key teaching points: Boggy uterus requires fundal massage; quantify blood loss by weighing saturated items (1 g = 1 mL); one pad saturated in ≤1 hour is excessive; monitor vital signs—pulse and skin condition are more sensitive early indicators than blood pressure.
- If Gloria's fundus was boggy, what would you do first? What if it remained atonic despite massage?
    - Expected responses: Massage until firm, empty bladder, notify provider if uterus doesn't respond, anticipate oxytocic medications.
- Patient Education and Support: "What postpartum teaching did you provide Gloria? How did you prioritize your education?
    - Reinforce: Normal lochia progression, warning signs (excessive bleeding, fever, foul odor), self-care, infant care basics, when to call provider.
- How did you assess Gloria's emotional state and support system?
    - Teaching point: Screen for postpartum blues versus depression; assess family support; provide anticipatory guidance.

Application Phase

- What will you remember most about postpartum assessment in your clinical practice?
- What questions do you have about identifying postpartum complications?

Closing

- Great work today. Remember: frequent systematic assessments in the fourth stage and beyond help identify hemorrhage and other complications early. Your vigilance and patient education are essential for safe postpartum recovery.

Debrief Focused Exam: Preterm Labor (Darlene Hall)

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

1. What signs and symptoms of preterm labor did you identify in Darlene's case? Describe how you differentiated true preterm labor from Braxton Hicks contractions or other discomforts.
2. What risk factors for preterm labor did you assess in Darlene's history and current situation? Consider demographic, obstetric, medical, and lifestyle factors.
3. How did you assess fetal well-being during your encounter? Describe the monitoring techniques you used and what findings would concern you.
4. What immediate nursing interventions did you implement when preterm labor was suspected? Prioritize your actions and explain your rationale.
5. When would you notify the obstetric provider about Darlene's condition? What specific assessment findings would trigger urgent communication?
6. If Darlene had preterm premature rupture of membranes (PROM), what additional assessments and interventions would be necessary? Consider infection monitoring, fetal surveillance, and antenatal corticosteroid administration.
7. What education did you provide to Darlene about warning signs of preterm labor and when to seek care? How did you ensure she understood the importance of early recognition?
8. How did you explain the purpose and potential side effects of tocolytic medications or corticosteroids if ordered? Reflect on how you addressed Darlene's concerns or questions.
9. What emotional responses did you observe in Darlene regarding the threat of preterm birth? How did you provide support and address her fears about her baby's health and survival?
10. How did you involve Darlene's support system in the care plan? What guidance did you provide to family members about supporting her through bedrest, activity restrictions, or hospitalization?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. What signs and symptoms of preterm labor did you identify, and what immediate nursing interventions did you prioritize?
   - This question ensures students can recognize preterm labor clinically and translate assessment into timely action—the foundation of preventing preterm birth complications.
2. How did you assess fetal well-being, and what findings would prompt you to notify the provider urgently?
   - This bridges fetal monitoring skills with clinical judgment. Students should discuss techniques like NST, daily fetal movement counts, and recognizing FHR abnormalities from umbilical cord compression—all critical in preterm labor management.
3. What education did you provide about warning signs, and how did you address Darlene's emotional concerns about preterm birth?
   - This emphasizes both patient teaching (empowering Darlene to recognize worsening symptoms) and psychosocial support—acknowledging the fear and anxiety that accompany threatened preterm delivery.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection:

Introduction

- Thank you for completing the Shadow Health preterm labor simulation with Darlene Hall. This debriefing helps us reflect on your assessment of preterm labor and your clinical decision-

making. Let's discuss what you observed and how you responded. What was your initial impression of Darlene's situation?

Reaction Phase

- Let's review Darlene's presentation. Can someone describe her gestational age, contraction pattern, and any symptoms she reported?
    - Listen for: gestational age, contraction frequency/duration, cervical changes, risk factors.
- What were you thinking as you assessed whether this was true preterm labor?

Analysis Phase

- Assessment & Differentiation: What findings helped you determine if Darlene was experiencing true preterm labor versus Braxton Hicks contractions?
    - Key teaching point: Contractions alone are not reliable. Standardized assessment includes history, physical exam, transvaginal ultrasound for cervical length (<20 mm is concerning), and fetal fibronectin testing. Presence of fetal fibronectin between 22-35 weeks may indicate delivery within 14 days.
- What risk factors did Darlene have for preterm labor?
- Immediate Interventions: What nursing interventions did you implement first?
    - Expected responses: Position on side for placental perfusion, hydration to reduce uterine irritability, continuous fetal monitoring, assess vital signs, notify provider.
- If tocolytic therapy was ordered, what would you monitor closely?
    - Reinforce: Maternal vital signs (watch for tachycardia), signs of pulmonary edema (chest pain, cough, crackles), fetal heart rate baseline, contraction frequency.
- Patient Education & Support: What teaching did you provide about activity restrictions, warning signs, and home monitoring if Darlene's condition stabilized?
    - Teaching points: Appropriate activities, avoid sexual activity, daily fetal movement counts, symptoms to report, arrangements for household responsibilities/childcare.
- How did you address Darlene's emotional concerns about delivering prematurely?

Application Phase

- What will you remember about assessing and managing preterm labor in clinical practice?
- What questions do you have about tocolytic therapy or antenatal glucocorticoid administration?

Closing

- Excellent work today. Remember: standardized assessment tools help determine true preterm labor and guide appropriate interventions. Your role includes close monitoring, patient education, and emotional support for families facing potential preterm birth.

Debrief Focused Exam: OB Triage (Amber Rhodes)

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

1. What was Amber's primary reason for coming to the hospital, and how did you prioritize your initial assessment? Describe how you used the Maternal Fetal Triage Index (AWHONN tool) to guide your screening process.
2. How did you assess the status of Amber's amniotic membranes? If rupture was suspected, what tests (nitrazine/pH and fern test) would you perform, and what findings would confirm rupture?
3. How did you differentiate between bloody show and vaginal bleeding in your assessment? Describe the characteristics that helped you distinguish between normal labor progress and potential complications.
4. What key elements did you include in your triage interview beyond the chief complaint? Consider respiratory status, allergy history (latex, medications, antiseptics), recent food/fluid intake, and vaccination history.
5. Why is assessing respiratory status and allergies critical during labor triage? Explain the connection to emergency anesthesia administration and potential complications.
6. What information did you gather about Amber's birth plan, pain management preferences, and support system? How did you ensure you asked about preferred pronouns and cultural needs?
7. Based on your assessment findings, what was your clinical judgment about Amber's labor status? Would you recommend admission, continued observation in triage, or discharge home with instructions?
8. When would you escalate Amber's care to the obstetric provider? Identify specific assessment findings that would require immediate notification.
9. If Amber was not in active labor, what education did you provide about warning signs to return to the hospital? Include signs of labor progression, ruptured membranes, decreased fetal movement, or bleeding.
10. How did you document your triage assessment and any telephone advice or instructions given? Reflect on the legal and safety implications of triage documentation.

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. What was Amber's primary reason for coming to the hospital, and how did you prioritize your initial assessment to determine if she should be admitted, observed, or discharged?
    - This question ensures students can systematically triage obstetric patients, distinguish true labor from false labor, and make safe disposition decisions based on comprehensive assessment findings.
2. How did you assess fetal well-being and uterine activity during triage?
    - This emphasizes the core purpose of fetal monitoring—assessing adequacy of fetal oxygenation. Students should discuss their choice of monitoring technique (intermittent auscultation vs. electronic fetal monitoring), interpretation of FHR patterns using the three-tier categorization system, and assessment of contraction frequency, duration, and intensity through palpation or tocotransducer.
3. If Amber was not in active labor, what education did you provide about warning signs to return, and how did you document your triage assessment?
    - This bridges patient safety with discharge teaching and legal accountability. Students must recognize that thorough documentation is critical when no paper tracing or computer storage exists (as with intermittent auscultation), and clear instructions protect both patient and provider.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Introduction

- Thank you for completing the Shadow Health OB triage simulation with Amber Rhodes. This debriefing helps us reflect on your triage assessment skills and prioritization. Let's discuss what you observed and how you determined Amber's acuity. What was your first impression when Amber arrived?

Reaction Phase

- Let's review Amber's presentation. Can someone describe her chief complaint and the key information you gathered during the interview?
  - Listen for: reason for visit, gestational age, contraction pattern, membrane status, vaginal bleeding/discharge, fetal movement.
- What were you thinking as you prioritized which assessments to complete first?

Analysis Phase

- Triage Assessment: What systematic approach did you use to assess Amber? How did you determine her acuity level?
  - Reinforce: Maternal Fetal Triage Index (MFTI) by AWHONN provides standardized screening. Assess chief complaint, vital signs, fetal status, and obstetric history.
- What critical questions helped you determine the status of Amber's membranes?
  - Key teaching point: Ask about gush or leakage of fluid. Nitrazine (pH) and fern tests confirm rupture of membranes. Distinguish bloody show (pink, sticky, mucoid) from vaginal bleeding.
- Safety and Prioritization: What assessments were most urgent? Why did you prioritize those?
  - Expected responses: Fetal heart rate and pattern, maternal vital signs, contraction pattern, membrane status, vaginal bleeding assessment.
- How did you assess Amber's respiratory status and allergies? Why does this matter?
  - Teaching point: Important for emergency anesthesia readiness. Screen for respiratory symptoms, asthma history, and allergies to latex, tape, opioids, local anesthetics, and antiseptics.
- Communication: What information would you communicate to the provider, and how would you structure that report?
  - Reinforce: Use SBAR format including gestational age, reason for visit, vital signs, fetal status, and any concerning findings.

Application Phase

- What will you remember about OB triage assessment in clinical practice?
- What aspects of triage decision-making would you like to explore further?

Closing

- Excellent work today. Remember: systematic triage assessment using standardized tools ensures appropriate prioritization and safe care for pregnant patients presenting with various concerns.