



# **Project SOAR**

## **Virtual simulation to support emergent rural obstetric care**

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# Disclosures

- This project was supported in part by a grant from The Center for Rural Health and Nursing, University of Texas at Arlington College of Nursing and Health Innovation.





# Session Objectives

By the end of this session, participants will be able to :

- discuss how to assess community stakeholders' learning needs, current practices for obstetric care, and perceptions regarding the need for high-quality obstetric care.
- describe the steps to design a tailored, health equity-focused obstetric simulation-based training program for generalist nurses.
- describe the steps to pilot and evaluate the health equity-informed OB simulation-based training program.





# Introduction and Purpose

- In the United States, about 60% of pregnancy-related deaths are preventable
- In Texas, approximately 89% of pregnancy-related deaths are preventable
- There are persistent rural-urban disparities in maternal mortality and morbidity





# Introduction and Purpose

- Obstetric emergencies increase risk of maternal mortality
- In 2018, **48.6%** of Texas counties were maternity care deserts with no birth center, no obstetricians and no hospital offering labor and delivery care
- Maternity care deserts in rural communities have resulted in a significant shortage of nurses prepared to provide emergent obstetric care, potentially resulting in poor patient outcomes





# Study Objectives

- Assess community stakeholders' learning needs, current practices for OB care, and perceptions regarding the need for high-quality OB care
- Design a tailored, health equity-focused OB simulation-based training program
- Pilot and evaluate the health equity-informed OB simulation-based training program





# The Rural Connection

- 254 number of counties in Texas
- 133 are considered rural
- 48.6% of Texas counties are considered maternity care deserts with no obstetric care
- Jack County- population 8472
- Faith Community Hospital- 41 beds-inpatient care, minor surgical care, obstetric care, and outpatient clinic care



# Our Community Partner

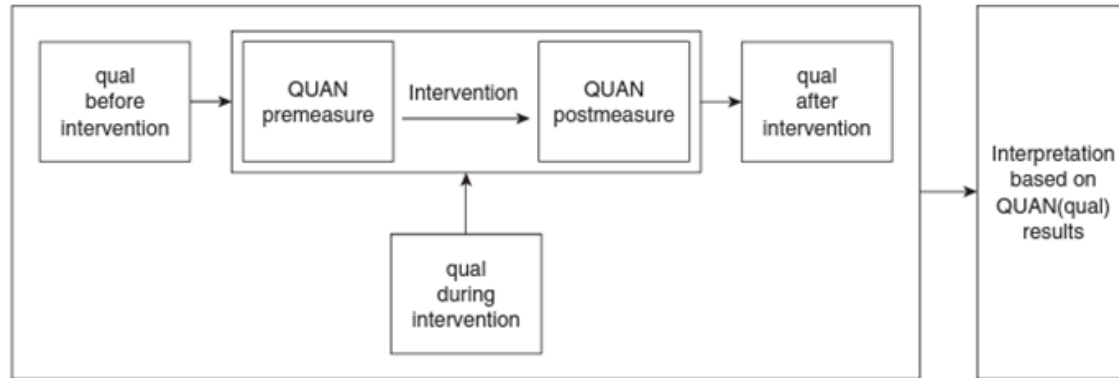




# Study Design and Methods

## Embedded experimental mixed-method design

- Qualitative descriptive and quantitative cross-sectional pre-post-test design





# Focus Group Methodology

- 8 focus groups were conducted using a semi-structured interview guide
  - 7 with nurses and care providers
  - 1 with community stakeholders
- 2 individual interviews were conducted
- Data were recorded and transcribed for analysis





# Focus Group Findings

All stakeholder agreed that there is a need for additional training opportunities for obstetric emergencies

Nurses and other stakeholders indicated the most important topic areas for training:

- Postpartum Hemorrhage
- Shoulder Dystocia





# Simulation

## Aligned with the INACSL Healthcare Simulation Standards of Best Practice

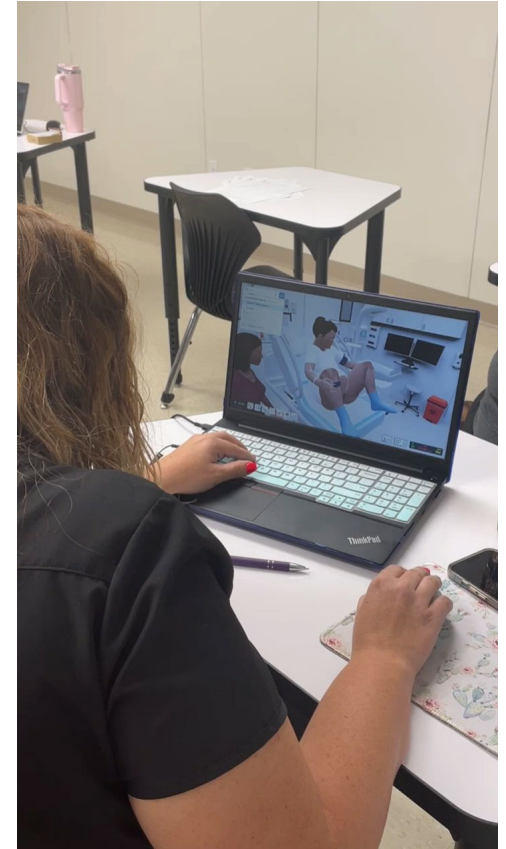
- Prework
- Prebriefing
- Simulation including pre and post quiz
- Debrief
- Repeat simulation and post quiz
- Debrief





# Simulation

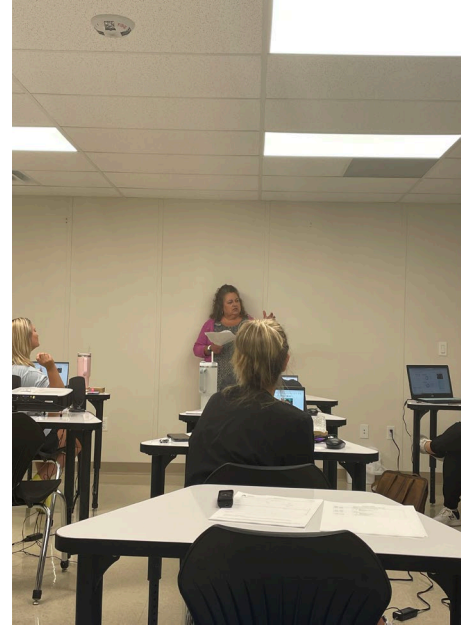
- Commercially available screen-based virtual simulation product
- Repeated simulation design
- Three 4-hour training sessions
- 19 participants- mix of OB trained and generalist nurses
- Post partum hemorrhage and shoulder dystocia





# Debriefing

- Synchronous debriefing
- Led by qualified debriefer
- Plus/Delta with a little GAS
- Combination of debriefing questions within the platform and health equity focused open ended questions





# Simulation Evaluation

- Performance scores within the software
- Simulation Effectiveness Tool- Modified (SET-M)
- Workshop questionnaire





# Results

N=19 participants from the 3 training sessions

## ***Race***

- 95% Non-Hispanic White
- 11% Hispanic
- 5% American Indian or Alaska Native

## ***Gender***

- 89% identified as women
- 11% identified as men

## ***Experience***

- 79% had 5 or fewer years of experience

## ***Education***

- 47% had a BSN

## ***Specialty***

- 68% were working as a labor and delivery nurse



# KIRKPATRICK'S FOUR-LEVEL TRAINING EVALUATION MODEL

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## **Reaction**

Did nurse learners find the training enjoyable and relevant?

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## **Learning**

Did nurse learners acquire the intended knowledge, skills, and confidence?

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## **Behavior**

Did nurse learners indicate intentions to apply what they have learned?

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## **Results**

Did the intended outcomes occur as a result of the training?





## REACTION

- **95%** reported the training met or exceeded their expectations
- **95%** reported this type of training would be beneficial for other rural nurses
- **90%** reported that the hospital should continue to invest in similar trainings

## LEARNING

### KNOWLEDGE CHANGE

- **A significant improvement in knowledge scores**, from average pre-quiz score (52%) to post-quiz attempt 1 (42%) and attempt 2 (72%) ( $t=5.69$ ,  $p<.001$ ).
- **A significant improvement in scenario attempts**, from attempt 1 (51%) and 2 (70%), ( $t=5.04$ ,  $p<.001$ )

### CONFIDENCE AND COMPETENCE

- On average, participants 'somewhat agreed' or 'strongly agreed' that simulation training helped increase their confidence and competence to respond to similar scenarios

## BEHAVIOR

- **100%** reported intentions to apply their knowledge or skills in the next 3 months
- All nurse learners received simulation license for training purposes





# Challenges and Limitations

- Technology
- Missing data
- Mixed level of learners



# Impact/Benefits for the Participants

- Nurse learner access to 11-scenario package of virtual simulations (12 months)
- Debriefing
- Increased knowledge of care of the emergent obstetric patient





# Impact on the Rural Community

- Cost effective, sustainable strategy for training generalist nurses
- Training addressed health disparities and evoked discussion related to impact on the community
- Potential to improve outcomes in emergent obstetric situations





# Implications for Practice

- Train the trainer potential
- Use of the virtual scenarios in orientation to the obstetric unit
- Use of the virtual scenario content to conduct live in-situ simulations within the facility





# Future Directions

- During the simulation training sessions, additional needs for rural facilities were identified
- Potential for future collaborations with our rural partner
- Project provided an instructional strategy for rural hospitals to educate nursing staff on low frequency/high acuity events to improve patient outcomes



# Our Team



# Acknowledgements

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All stakeholders and participants who participate in this project



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**Thank you!**



College of Nursing and Health Innovation