

Objective Structured Clinical Evaluations (OSCEs) can be used to determine whether participants have learned the essential steps to help a baby breathe. They can be used to verify that a participant knows enough to pass the course, or also as an exercise repeated regularly for practice. Most importantly, each completed evaluation should be used as an opportunity for the participant to review and learn.

Read the case scenario aloud to the participant. Provide the prompts shown in red. Indicate the baby's response to the participant's actions using the neonatal simulator or words if using a mannequin. For example, when the participants evaluate crying, show that the baby is not crying with a simulator. Say that the baby is not crying if using a mannequin. As you observe the participant, tick the boxes "Done" or "Not Done" for each activity. Apart from giving these prompts, keep silent during the evaluation. After participants complete the OSCE, ask the 5 questions written below OSCE A. These questions will help the participants reflect on what actions they took and what they can do better the next time. Participants who can recognize their own mistakes will better remember the right steps to take the next time. Comment on the participant's performance only at the end of the case, after he/she has answered these 5 questions.

HBB 2nd Edition OSCE A--Evaluation A

Instructions to the facilitator: Read the below instructions for the case scenario.

"I am going to read a role play case. Please listen carefully, and then show me the actions you would take. I will indicate the baby's responses, but I will provide no other feedback until the end of the case."

"You are called to assist the delivery of a term baby. There are no complications in the pregnancy. The baby will be born in less than 10 minutes. Introduce yourself and prepare for the birth and care of the baby."

| | Done | Not Done |
|--|----------------------------|--------------------------|
| Identifies a helper and reviews an emergency plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Prepares the area for delivery (warm, well-lighted, clean) | <input type="checkbox"/> | <input type="checkbox"/> |
| Washes hands..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Prepares an area for ventilation and checks function of bag, mask and suction device..... | <input type="checkbox"/> * | <input type="checkbox"/> |

Prompt: After 5-7 minutes give baby to participant and say, "There is meconium in the amniotic fluid. The baby is delivered onto the mother's abdomen. Show how you will care for the baby."

| | | |
|------------------------|----------------------------|--------------------------|
| Dries thoroughly..... | <input type="checkbox"/> * | <input type="checkbox"/> |
| Removes wet cloth..... | <input type="checkbox"/> | <input type="checkbox"/> |

Prompt: Show the baby is not crying. "There is meconium blocking the mouth."

| | | |
|--|----------------------------|--------------------------|
| Recognizes baby is not crying..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Positions head and clears airway..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Stimulates breathing by rubbing the back..... | <input type="checkbox"/> * | <input type="checkbox"/> |

Prompt: Show the baby is breathing well (cries)

| | | |
|--|--------------------------|--------------------------|
| Recognizes baby is crying and breathing well..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Clamps or ties and cuts the cord..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Positions skin-to-skin on mother's chest and puts on the head covering | | |
| Communicates with mother..... | <input type="checkbox"/> | <input type="checkbox"/> |

Use the questions below to help the participant reflect on his or her own performance and then provide feedback.

1. What happened at the birth?
2. Did you follow the Action Plan?
3. What went well and what could have gone better?
4. What did you learn?
5. What will you do differently next time?

SCORING:

Successful completion requires a total score of 9 correct of 12 and "Done" must be ticked for the boxes marked with *.

Number Done Correctly Facilitator initials

HBB 2nd Edition OSCE B--Evaluation B

Instructions to the facilitator: Read the below instructions for the case scenario.

"I am going to read a role play case. Please listen carefully, and then show me the actions you would take. I will indicate the baby's responses, but I will provide no other feedback until the end of the case."

"You are called to assist at the birth of 34 week (7-1/2 months) gestation baby. You have identified a helper, prepared an area for ventilation, washed your hands, and checked your equipment. The baby is born, and the amniotic fluid is clear. Show how you will care for the baby."

| | Done | Not Done |
|-------------------------|--------------------------|--------------------------|
| Dries thoroughly..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Removes wet cloth. | <input type="checkbox"/> | <input type="checkbox"/> |

Prompt: Show the baby is not crying. "You do not see or hear secretions in the baby's mouth or nose."

| | | |
|--|----------------------------|--------------------------|
| Recognizes baby is not crying..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Stimulates breathing by rubbing the back. | <input type="checkbox"/> * | <input type="checkbox"/> |

Prompt: Show the baby is not breathing.

| | | |
|--|--------------------------|--------------------------|
| Recognizes baby is not breathing | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | |
|---|--------------------------|--------------------------|
| Cuts cord and moves to area for ventilation OR positions by mother for ventilation..... | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

| | | |
|---|--------------------------|--------------------------|
| Ventilates with bag and mask within The Golden Minute (at ____ seconds) | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

| | | |
|---|----------------------------|--------------------------|
| Achieves a firm seal as demonstrated by chest movement | <input type="checkbox"/> * | <input type="checkbox"/> |
|---|----------------------------|--------------------------|

Time of effective ventilation (chest moving gently at ____ seconds)

| | | |
|---|----------------------------|--------------------------|
| Ventilates at 40 breaths/minute (30-50 acceptable) | <input type="checkbox"/> * | <input type="checkbox"/> |
|---|----------------------------|--------------------------|

| | | |
|---|----------------------------|--------------------------|
| Evaluates for breathing or chest movement. | <input type="checkbox"/> * | <input type="checkbox"/> |
|---|----------------------------|--------------------------|

Prompt: Show the baby is not breathing.

| | | |
|--|--------------------------|--------------------------|
| Recognizes baby is not breathing. | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | |
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| Calls for help | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | |
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| Continues ventilation. | <input type="checkbox"/> | <input type="checkbox"/> |
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Prompt: Say, "Please show what to do if the chest is not moving with ventilation."

After one or more steps to improve ventilation, say "The chest is moving now."

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|-----------------------------|----------------------------|--------------------------|
| Reapplies mask | <input type="checkbox"/> * | <input type="checkbox"/> |
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|-------------------------------|----------------------------|--------------------------|
| Repositions head | <input type="checkbox"/> * | <input type="checkbox"/> |
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| Clears secretions from the mouth and nose as needed..... | <input type="checkbox"/> | <input type="checkbox"/> |
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| Opens mouth slightly..... | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | |
|---------------------------|--------------------------|--------------------------|
| Squeezes bag harder | <input type="checkbox"/> | <input type="checkbox"/> |
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Prompt: Show the baby is not breathing; heart rate is normal.

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|---|--------------------------|--------------------------|
| Recognizes baby is not breathing but heart rate is normal | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

| | | |
|----------------------------|--------------------------|--------------------------|
| Continues ventilation..... | <input type="checkbox"/> | <input type="checkbox"/> |
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Prompt: (After 3 minutes) Show the heart rate is 120 per minute and the baby is breathing.

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|--|--------------------------|--------------------------|
| Recognizes baby is breathing and heart rate is normal..... | <input type="checkbox"/> | <input type="checkbox"/> |
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| Stops ventilation..... | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------|--------------------------|--------------------------|

| | | |
|---|--------------------------|--------------------------|
| Provides close observation for the baby and communicates with the mother..... | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Use the questions below to help the participant reflect on his or her own performance and then provide feedback.

1. What happened at the birth?
2. Did you follow the Action Plan?
3. What went well and what could have gone better?
4. What did you learn?
5. What will you do differently next time?

SCORING:

Successful completion requires a total score of 17 correct of 23 and "Done" must be ticked for the boxes marked with *.

Number Done Correctly Facilitator initials