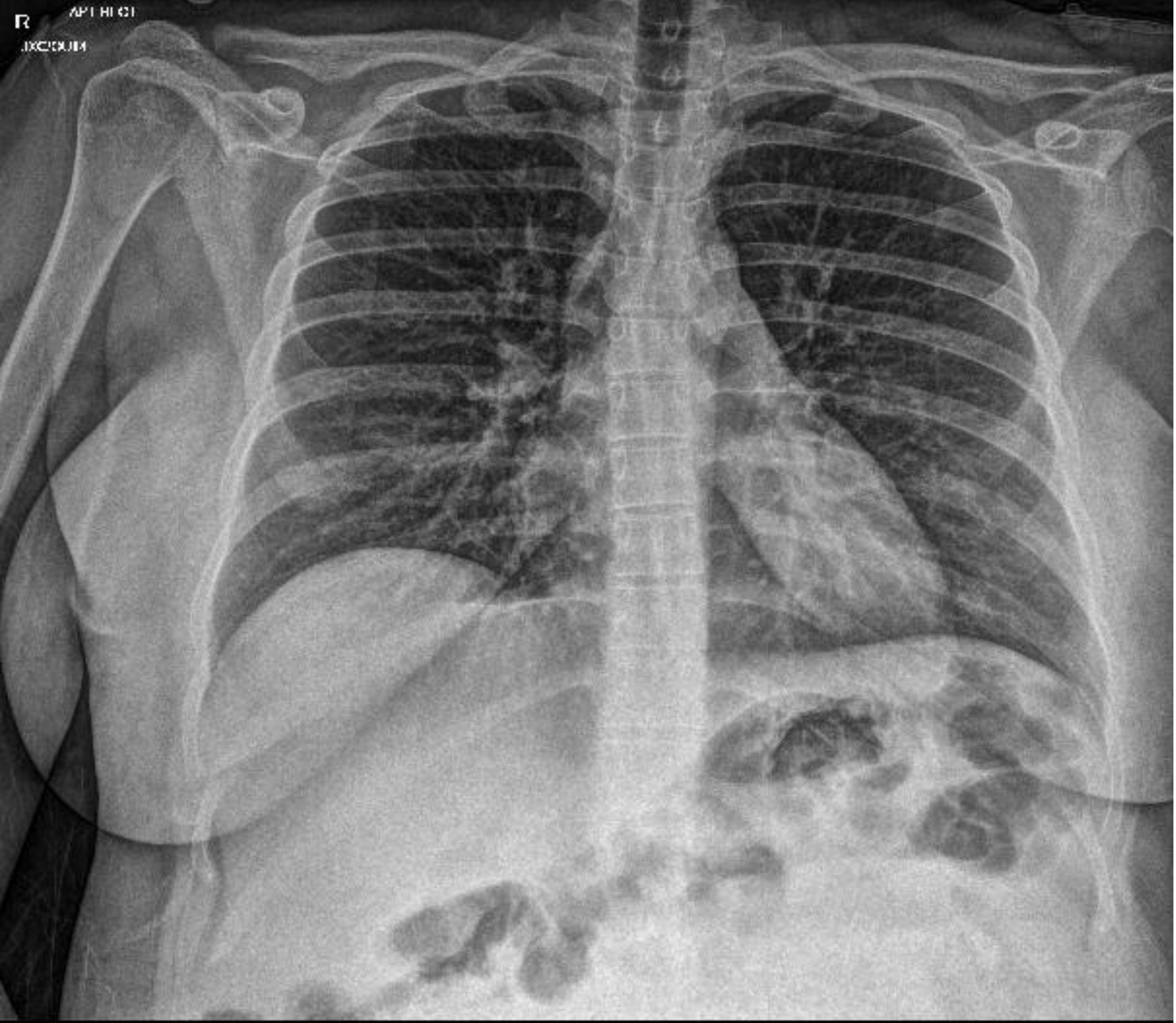

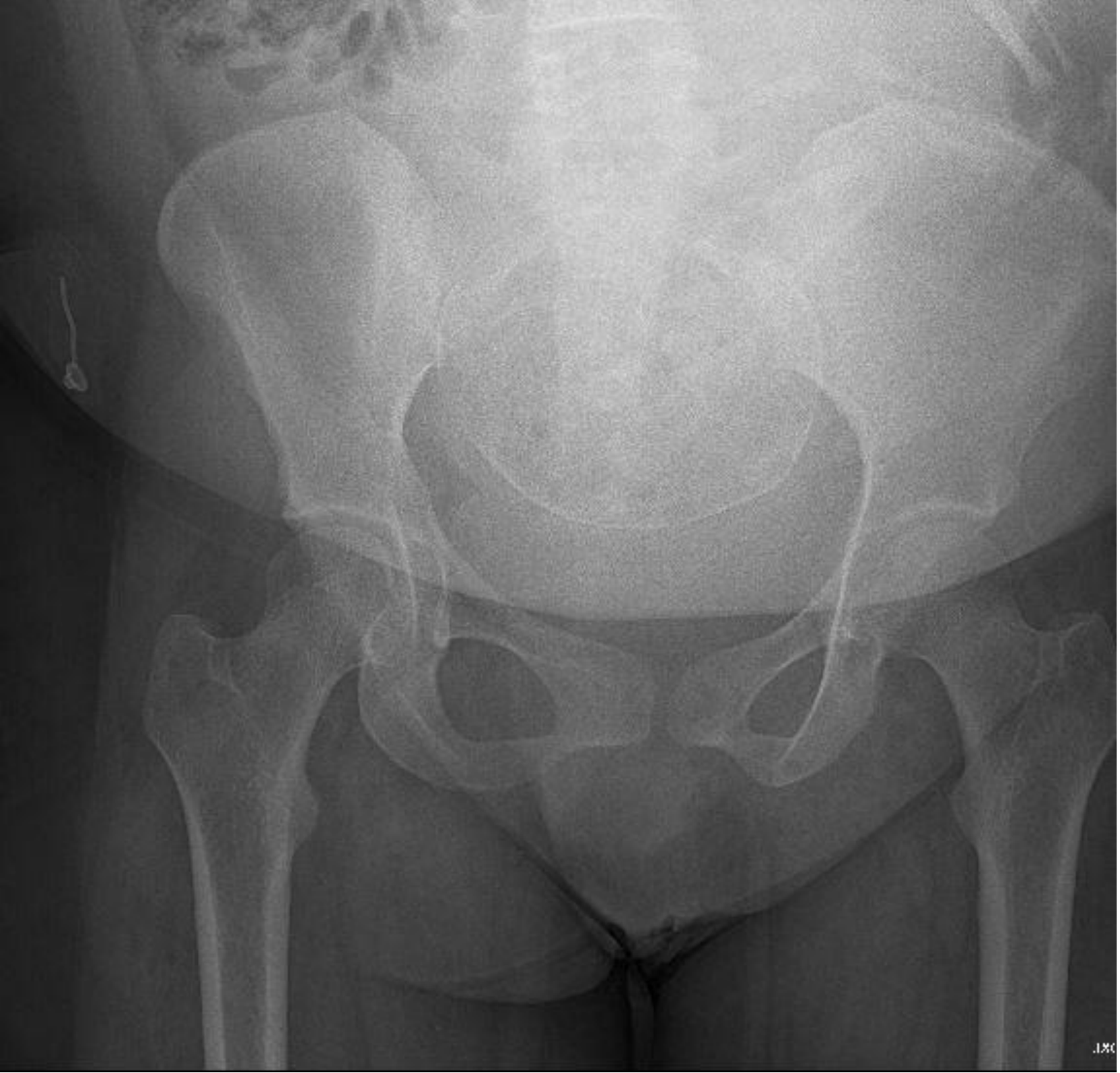

HORIZONTAL BEAM
L
ALERT
L
M
X
P
ALERT

3RD TRI
C5-1
27Hz
RS
2D
73%
Dyn R 62
P Low
HGen
TIB0.6 MI 0.2
0
M3
HR 115 bpm
5
X4
10
PW
40%
WF 60Hz
SV4.0mm
2.2MHz
9.0cm
60
40
20
cm/s
-20
-40
-60
66mm/s

Diff: Automated Specimen: Blood

Hgb	118	WBC	11.3
PLT	250		
RBC	4.14	HCT	0.35
MCV	84	MCH	28.5
RDW		MCHC	

Press shift-insert to view reference ranges

Neut	(75	%):	8.46
Lymph	(13	%):	1.51
Mono	(7	%):	0.80
Eosin	(4	%):	0.46
Baso	(0	%):	0.05
NRBC		/100 WBC	

FOETO-MATERNAL HAEMORRHAGE SCREEN

Kleihauer : < 1.0 mL foetal RBCs

:
:

Anti-D required : vials

Maternal Blood Gp : A Rh(D) POSITIVE

Cord Blood Group : Labnumber:

Pre-simulation briefing

Establishing a safe container for learning in simulation

1 Clarify objectives, roles and expectations

- Introductions
- Learning objectives
- Assessment (formative vs summative)
- Facilitators and learners' roles
- Active participants vs observers

2 Maintain confidentiality and respect

- Transparency on who will observe
- Individual performances
- Maintain curiosity

3 Establish a fiction contract

Seek a voluntary commitment between the learner and facilitator:

- Ask for buy-in
- Acknowledge limitations

4 Conduct a familiarisation

- Manikin/simulated patient
- Simulated environment
- Calling for help

Note: Adjust the pre-simulation briefing to match the demands of the simulation event, contexts or the changing of participant composition.

5 Address simulation safety

Identify risks:

- Medications and equipment
- Electrical or physical hazards
- Simulated and real patients

V2 Effective: 1/7/2021. Adapted from Rudolph, J., Raemer, D. and Simon, R. (2014). Establishing a Safe Container for Learning in Simulation. Simulation in Healthcare: Journal of the Society for Simulation in Healthcare, 9(6), pp.339-349.

CSDS Clinical Skills Development Service

Queensland Government