

# PROMPT delivery in NZ

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This article chronicles the development of the PROMPT course in New Zealand and discusses what we have learnt as the course has evolved to become an essential part of in-house training for most New Zealand maternity units.

In August 2011, RANZCOG, the Royal College of Obstetricians and Gynaecologists (RCOG) and the PROMPT Maternity Foundation reached a formal agreement to permit PRactical Obstetric Multi-Professional Training (PROMPT) to be adapted and disseminated as a standalone course throughout Australia and New Zealand.

Although PROMPT will be new to much of Australia, over the last four years it has become firmly established in New Zealand, with more than two-thirds of New Zealand maternity units now running regular local PROMPT courses. Nearly 1000 New Zealand midwives and doctors have attended a PROMPT course.

Firstly, what is PROMPT and how does it differ from Multi-Disciplinary Obstetric Emergency Training (MOET) and Advanced Life Support in Obstetrics (ALSO), which are globally the most recognised providers of obstetric emergencies training? PROMPT has been developed as a response to the fact that obstetric emergencies are almost always attended by a multidisciplinary team. Individual medical and midwifery staff may know how to manage an obstetric emergency, but often function poorly as a team. The course was developed at Southmead hospital in Bristol, UK, by a multidisciplinary team led by Prof Tim Draycott and 'train

the trainers' courses have been run by the RCOG for the last five years. The course uses a series of scenarios based on obstetric emergencies such as shoulder dystocia, postpartum haemorrhage and eclampsia. Rather than using a skill station or a mannequin within a Sim-centre, scenarios take place on delivery unit using patient actors, supplemented by a range of simple props to produce a high-fidelity simulation experience. Real drugs, equipment and disposables are used. Attendees are expected to simulate ordering blood, record vital signs, resuscitate any baby delivered and put out emergency or arrest calls exactly as they would in real life. The course has been validated through a series of prospective studies, including the Department of Health funded SaFe study, which have demonstrated demonstrating the improved management of obstetric emergencies in units where PROMPT is run.<sup>1,2,3,4,5</sup>

The key philosophies behind the course, which make it different in approach to MOET and ALSO, include:

- This is not an expert course and all delivery unit staff should attend regularly.
- The course is developed and adapted locally.
- Equal priority is given to participation by obstetric, anaesthetic and midwifery staff. It is also a course for staff working either in a public setting or in independent or private practice.
- The four 'PROMPT themes' of effective communication, leadership, teamwork and situational awareness are a central part of the course.

Table 1. A typical full-day PROMPT course program.

Time	Activity
08.00	Blood loss estimation exercise
08.30	Lecture: introduction to course and team building exercise
09.00	Lecture: introduction to PROMPT themes
09.20	Basic life support training
09.45	Drill: eclampsia (team A)
10.05	Lecture: hypertensive disorders in pregnancy and communication
10.25	Drill: eclampsia (team B)
10.45	Break
11.00	Lecture: maternal collapse and leadership/teamwork
11.30	Drill: maternal collapse (teams A and B)
12.30	Lunch
13.15	Drill: postpartum haemorrhage (team A)
13.40	Lecture: postpartum haemorrhage and situational awareness
14.05	Drill: postpartum haemorrhage (team B)
14.30	Break
15.00	Short 20 minute skill stations: neonatal resuscitation, undiagnosed breech delivery, shoulder dystocia (split into three teams)
16.00	Course summary and feedback

A typical course begins with a blood loss estimation exercise on delivery unit using expired blood units and a short team-building exercise to allow participants to meet fellow team members. After a lecture on the four PROMPT themes, the day progresses through a series of scenarios with short lectures between each drill (see Table 1). Attendees are divided into two teams, with one team performing the drill and the other team observing. The observing team uses a series of checklists to assess team performance in undertaking defined medical objectives. The observing team also assesses how well the PROMPT themes are accomplished, beginning with communication and then, by the final drill, assessing all four themes.

Faculty have an important role in ensuring that criticism is constructive and succinct in what can be a fast-paced day. In New Zealand we have tended to finish the day with a series of shorter scenarios or skill stations to avoid 'drill-fatigue'. We have also explored using videos of drills from earlier in the day to debrief the teams as frequently attendees have little recall of how important failures of teamwork within a scenario occurred.

A key difference between PROMPT and MOET is that midwives are attendees (and are usually also course organisers) rather than observers. ALSO does have a multidisciplinary approach, but both MOET and ALSO are run offsite, without an emphasis on localising the course. All three courses complement each other, but for both MOET and ALSO there is less scope for changing



Staff working through a postpartum haemorrhage scenario during a PROMPT session. Other course attendees, at the edge of the room, are observing and assessing their colleagues' performance.

course content and slides. The lecture content of a PROMPT course changes from course to course and in New Zealand we have encouraged different units to adapt lectures and scenarios both to reflect their local situation and to maintain interest.

PROMPT began in New Zealand in 2007, with a pilot course run by the UK PROMPT faculty and attended by medical and midwifery educators from several New Zealand hospitals. Progress stalled initially in part because of a lack at that time of a published course manual and, as often happens, attendees from most hospitals found that they had too many other tasks filling their week to set up a locally run course. Most units also found that getting funding locally was impossible, with little appreciation among hospital managers of the importance of such training to reduce clinical risk.

However, at National Women's we had a sufficient number of

Table 2. A typical timetable for half-day 'drill-intensive' PROMPT course.

Time	Activity
08.00	Introduction and coffee
08.15	Drill one (team A): eclampsia
08.35	Lecture: recap of PROMPT themes
09.00	Drill one (team B): eclampsia
09.20	Lecture: neonatal resuscitation
09.50	Drill two (team A): shoulder dystocia, postpartum haemorrhage, neonatal resuscitation
10.10	Break
10.30	Drill two (team B): shoulder dystocia, postpartum haemorrhage, neonatal resuscitation
10.50	Lecture: what's in the arrest trolley, defibrillator safety
11.10	Drill three (team A): anaphylaxis, cardiac arrest, perimortem section, neonatal resuscitation
11.30	Drill three (team B): anaphylaxis, cardiac arrest, perimortem section, neonatal resuscitation
11.50	Facilitated review of videos of drills and debrief

interested medical and midwifery staff to form a faculty and run our own locally based course. The model for disseminating the course nationally has evolved by chance, but has proved very effective with three quarters of the country's hospitals now running their own PROMPT courses and every possibility that all New Zealand units with a stable senior medical roster will be running PROMPT courses by the end of 2012.

Rather than running a train the trainers course, we have asked interested units to attend a course in Auckland, sending – where possible – a midwifery educator, an obstetrician and an anaesthetist. They have taken part as attendees rather than observers. We have then set a date for them to run their first course while their enthusiasm is high and then one or two members of the Auckland faculty (usually a midwifery educator and an obstetrician) have flown to their unit to help them run their first course.

Visiting almost every delivery unit in the country has been fairly onerous, but it has ensured that the first course runs smoothly and in a similar manner to how we run courses in Auckland. Although apparently straightforward, setting up the scenarios, adapting the lectures, organising a lecture venue and ensuring an appropriate skill mix among the attendees can be challenging. The level of preparedness among local faculty has varied from near perfect to chaos. Despite these issues, every hospital we have visited has run PROMPT courses independently since, with relatively little ongoing support.

Enthusiasm among midwifery staff has been uniformly high, with many staff coming to the course on days off or going to great lengths to ensure they have cover for their practices and can attend. Enthusiasm from medical staff has been more varied with many concerned that running regular courses might become another unpaid task for them. One of the key strengths of PROMPT is that it is 'locally owned' by each unit, but this possibly makes it less inviting for some than a course offsite in another centre.

One remarkable aspect of how the course has evolved is how easy it has been to adapt it to a range of settings and how so many

midwives 'get it', very quickly realising the value of this sort of training. It has also often been apparent that medical staff know little about how their own unit's protocols function or important equipment works. The course invariably leads to improved dialogue between medical and midwifery attendees. It also allows units to troubleshoot local protocols and senior staff (both midwifery and medical) to identify staff in their unit who need extra training and support to overcome any weakness in their clinical practice. This latter area is one of the more potentially challenging aspects of the course for faculty members.

We have also been able to adapt the course for units in the South Pacific, with the Cook Islands, Fiji and the Solomon Islands all running obstetric emergency courses based on the PROMPT model.

We have recently developed a half-day 'drill intensive' course, with longer more complex drills for returning staff who have already attended a full-day course (see Table 2). We anticipate running this course four times a year in Auckland, with a full-day course every six months. Our expectation is that all staff will attend regular half-day refresher courses after attending the full-day course.

We are reaching a stage in New Zealand where we need to move the course on from being considered a great idea and develop an expectation that all facilities where women give birth will provide regular drill-based training for all their staff and private maternity providers that use their facilities. One of the key recommendations of the most recent New Zealand Peri-Natal and Maternal Mortality Review Committee annual report is that: 'all staff involved in the care of pregnant women should undertake regular multi-disciplinary training in managing obstetric emergencies.'<sup>6</sup> For this to have any chance of happening it needs to become an auditable activity that hospitals must fund and provide rather than just encourage.

There are also some other challenges ahead. One is that as the course is adapted and developed by faculty locally it may become difficult to define just what a PROMPT course actually is. Maintaining a high-quality course in every unit is heavily dependent on having a local champion who can update the course regularly and keep organising new courses. The organisation of the course is also heavily reliant on midwifery educators. In New Zealand, midwifery educators have embraced

PROMPT with great enthusiasm, but are an increasingly poorly supported asset in many underfunded units. In some units it has also been difficult to persuade senior medical staff to attend more than once and we have been emphasising that they are not necessarily attending the course to acquire CPD points, but to also be part of the scenario for their junior medical and midwifery colleagues.

For me, as leader of the Auckland faculty, the course has also confirmed how little training doctors have in leadership, teamwork and communication in an emergency. Ensuring a team performs effectively, while under intense pressure to accomplish a challenging technical task, is a skill that all other emergency services and our colleagues in aviation and the military expend extraordinary energy in developing and this is an area we urgently need to develop further in our trainees and ourselves.

The next year looks to be an exciting one for PROMPT. New Zealand has reached a tipping point where PROMPT is likely to become a core part of training in all facilities where women give birth. In Australia, the course will hopefully become established and, with support from RANZCOG and a locally published manual, PROMPT training will be 'adopted and adapted' widely.

#### References

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