

**Guidelines to be read to participants:**

- For each station assume you are in a rural health care facility with no surgical or blood transfusion capacity. You do have all equipment and supplies necessary for a normal vaginal birth and for basic emergency management.
- All essential information will be provided to you at the start of each OSCE station.
- Ask the evaluator to clarify any questions prior to beginning. Once the OSCE has started, the evaluator will only provide information about the patient status.
- You will have 4 minutes to complete each station.
- **Talk to and care for the woman in front of you exactly as you would in real life. Do NOT talk to me as an examiner!**
- Be explicit in verbalizing your clinical thinking and subsequent decisions.
- If you give a medication, you must state what you are giving, the dose, the route, and why you are giving it.

**Repair of cervical tear – Skill Check**

**Instructions for the examiner**

- Briefly review the instructions for the participant.
- Have a cervical towel simulator and laceration inspection and supplies ready on a table. Insert towel simulator into the birth simulator and place laceration at 3 o'clock.
- In the items below you will see *instructions to you in italics*. Follow these instructions.
- Observe only; do not intervene in demonstration of the participant.
- If an item has more than one component, all components must be done to earn a “Yes”.
- The feedback will be held at the end of the assessment for all learners.

**Read the following to the learner:** “Your client delivered 20 minutes ago without problems, she received AMTSL and her placenta delivered. You have just realized that she is still bleeding continuously. Her uterus is well contracted, and her placenta is complete.”

**Key**

Pass score for Repair of Cervical Tear = 7/9

## Helping Mothers Survive: Bleeding After Birth Complete

### OSCE 5: Repair of cervical tear

Participant name or ID# \_\_\_\_\_ Date \_\_\_\_\_

	<b>Checklist of skills</b>  <b>Note:</b> Throughout OSCE, evaluate RMC. Observe their communication with you in your role as the woman. They should be respectful, supportive, tell you what they are doing and why. You will score this at the end.	<u>Yes</u>	<u>No</u>
		<b>Performed to standard</b>	<b>Did NOT perform to standard</b>
		<i>Check appropriate box for each item</i>	
5.1	1) Wash hands. 2) Put on sterile gloves.		
5.2	With one gloved hand, examines peri-urethral area, perineum, and vaginal opening. Learners should verbalize that they are looking deep into the vagina, and to the cervix. <i>After inspecting, tell the learner that a high cervical laceration is seen.</i>		
5.3	Have woman empty bladder or insert catheter.		
5.4	Clean the perineum, vulva, and vagina with antiseptic.		
5.5	Give IV pethidine and diazepam or ketamine according local guidelines. <i>(Omit this step if medication is not used for routine repair of cervical laceration)</i>		
5.6	1) Grasps the cervix on one side with sponge forceps, 2) Grasps the other side of the cervix with a second sponge forceps 3) Gently pulls the cervix and rotates the sponge forceps to identify laceration. <i>(Learner should identify laceration at 3 o'clock.)</i>		
5.7	After identifying cervical tear, place both forceps in one hand.		
5.8	Places first suture above the tear and then place 2 more continuous sutures. Stop learner after 3 sutures and ask how they would finish. (Learner should explain that s/he would use continuous sutures to complete repair).		
5.9	Provided respectful care and good communication, told you as the woman what was to happen and why.		

Score \_\_\_\_\_/9

Pass / Fail (circle one)

Pass score for Repair of Cervical Tear = 7/9