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Supplemental Table 1. Obstetric Simulation Scenarios

Scenarios		
Year	Scenario(s)	
2005	Maternal Cardiac Arrest	
2006	Shoulder DystociaEclamptic Seizure	
2007	AnaphylaxisShoulder Dystocia	
2008	 STAT Cesarean Delivery Postpartum Hemorrhage, Introduction of Massive Transfusion Guidelines 	
2009	Eclamptic SeizureMagnesium Overdose	
2010	Maternal Cardiac ArrestPeri-mortem Cesarean Delivery	
2011	 Failed Operative Vaginal Delivery, STAT Cesarean Delivery Vaginal Breech Delivery, Inverted Uterus, Family Centered Care 	
2012	 Shoulder Dystocia, Neonatal Resuscitation Refractory Eclamptic Seizure, Refractory Hypertension, STAT Cesarean Delivery 	
2013	 Retroperitoneal, Postpartum Hemorrhage, Family Centered Care Postpartum Hemorrhage, Introduction of Checklist 	
2014	 Disaster Preparedness Training Local Anesthetic Toxicity, Cardiac Arrest Fire in the Operating Room 	
2015	 Postpartum Hemorrhage, Introduction of Revised Checklist 	

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Supplemental Table 2. Communication Techniques		
Orientation or Briefing	Concise description of clinical situation to arriving provider	
SBAR	Orientation using "Situation, Background, Assessment, & Response" acronym	
Directed Communication	 Use of eye contact, names, or gestures to clearly assign tasks 	
Closed-loop Communication	Verbal acknowledgement of request or informationVerbal report of task completion	
Check back <i>or</i> Repeat back	Verbal repeat of request or information by receiver	
Critical Language <i>or</i> "CUS" Assertion	 Verbalization of a safety concern using the words, "I'm concerned," "I'm uncomfortable," or "I'm scared" 	
2-Challenge Rule	Verbalization of concern twice or more to emphasize importance and provide acknowledgement opportunity	
Transparent Thinking <i>or</i> Call Out	Verbalization of action or thinking processes to improve team awareness and cohesive future action	
Recap <i>or</i> Take Ten Seconds to Save Ten Minutes	Verbal situation updates to entire team to ensure uniform knowledge and trajectory, improve team efficiency	