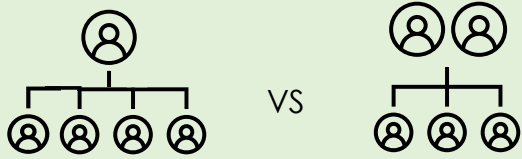
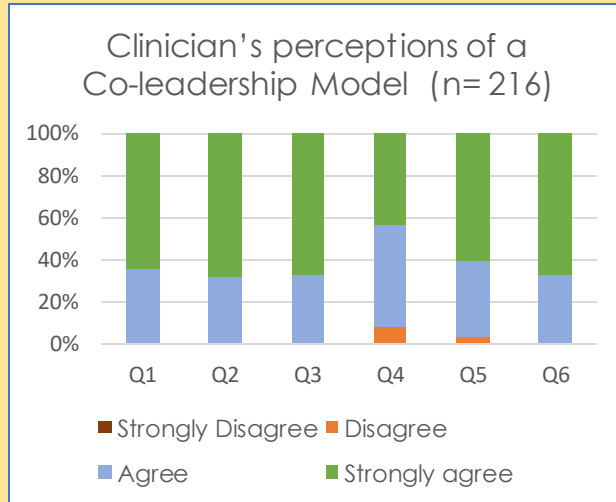


What we did



A simulation study compared **singular leadership with co-leadership** in obstetric emergency scenarios (PPH, Uterine inversion, Shoulder dystocia, Abruption). Co-leadership consisted of a **dyad of “clinical”** (primarily medical) **and “logistical”** (primarily midwifery) team-leaders. Each team (n=34) experienced both formats with no change in team composition.

What we asked



Q1. Having a clinical leader and logistics leader is a good way to ensure **effective leadership** during an emergency

Q2. Having a clinical leader and logistics leader is an **effective way to provide patient care** during emergencies

Q3. Having a clinical leader and logistics leader ensures **smooth team function** during emergencies

Q4. Having a clinical leader and logistics leader will be **easy to implement** in the clinical environment

Q5. The clinical leader and logistics leader model **should be implemented** in the clinical environment

Q6. I **feel comfortable working** in a team with both a clinical leader and logistics leader

Participants indicated that co-leadership was a good way to improve leadership and team function and should be implemented in clinical emergencies

What they said

Content analysis of free text revealed 3 themes

Co-leadership improves leadership and teamwork

Co-leadership provides leaders backup and support

Co-leadership formalises what we normally do