



Daksh Skills Lab

For RMNCH + A Services

Training Manual
for Facilitators



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Preface

Delivering quality healthcare in a timely manner through public health facilities is one of main goals of the National Health Mission (NHM). For this to happen, it is of paramount importance to augment the knowledge and skills of health professionals to deliver quality services in essential maternal and newborn healthcare practices.

Periodic assessment and enhancement of the competencies of the ANMs and staff nurses who form the pillars of quality healthcare services are critical for achieving NHM goals. It is essential that opportunities for reorientation and reinforcement of knowledge and skills should be inbuilt in the health system so that the health professionals are updated regularly.

The decision to create and operationalize skills labs and undertake training and assessment of these workers who are providing RMNCH + A services in public health institutions is a major step taken by the Government of India.

Many states have now established standalone skills labs in the country and are now initiating training for their health workers. This facilitator's manual brought out by the Maternal Health Division will be a job aid which will help healthcare providers to comply with the training requirements for acquiring key RMNCH + A skills

I am sure that this manual will provide comprehensive resource material to learn key RMNCH + A skills and improve quality healthcare services.

C.K. Mishra



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Foreword

Improving the maternal and newborn health services in the country has been the focus for efforts of the Government of India since the last decade. It is well known that quality of care provided at the time of child birth has strong influence on both maternal and newborn mortality. The quality of care is highly dependent upon the skill of health workers and the overall quality enabling environment at health facilities.

As part of the Government of India's commitment to ensure availability of quality services through public health institutions, the National Health Mission has introduced a competency based training and certification programme to be implemented through skills laboratories. These laboratories will provide a platform for augmentation of the skills of health personnel involved in the delivery of RMNCH + A services across public health institutions. Till now, the Government of India has established five national skills labs 'Daksh' at Delhi and in the NCR region. At the state level, 30 stand alone skills labs have been established. Additionally 188 MCH wings have been approved across the country which have inbuilt skills labs.

The programme will cover training - requirements of auxiliary nurse midwives, staff nurses, medical officers and obstetricians serving in high case load public health facilities. Standardized skill stations comprising of quality mannequins, pedagogy and objective structured clinical examinations (OSCEs) will be an integral part of these trainings and these have been explained in detail in the manual.

The Maternal Health Division has done a commendable job in coming out with this trainer's guide for the skills lab training and will enable the trainers to impart high quality training.

I am confident that this training manual will help immensely to ensure that uniform protocols are practiced and adhered to in skills lab training leading to improvement in the quality of service delivery in public health institutions in the country.

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Program Officer's Message

Ensuring quality of services in public health facilities is one of the important mandates under the National Health Mission. To achieve this, it is important that service providers working at health facilities are proficient in skills for providing better quality services, particularly with reference to pregnant women, mothers and newborns. At present, the quality of pre-service teaching and in-service trainings is largely focused on knowledge, and provides limited opportunities for practicing skills. So, there is a need for creating a simulated environment for practicing on mannequins before the trainees are allowed to manage cases independently.

The operational guidelines on skills labs disseminated to the states helped in operationalizing standardized skills stations across the country. The present training manual has been developed for guiding trainers on how to conduct trainings as envisaged in the operation guideline and.

The trainer's manual elaborates session plans giving details in terms of teaching aids, job aids, presentations, videos and OSCE checklists required during each session, and where the sessions shall be conducted.

The initiative and guidance of Shri C.K Mishra, AS and MD, NHM, Gol has helped us in preparing this trainer's manual for skills laboratories. I would also like to thank Dr. Rakesh Kumar, JS (RCH), MoHFW for his constant technical and administrative support in developing this trainer's manual for skills labs.

I would like to acknowledge the support given by the expert group Dr. Bulbul Sood, JHPIEGO; Dr. Poonam Shivkumar, MGIMS; Dr. Sushama Nangia, LHMC; Dr. Pratima Mittal, Safdarjung Hospital; Dr. Abha Singh, LHMC; Dr. Rashmi Asif JHPIEGO; Dr. Manju Chuggani, Rufaida College of Nursing, Jamia Hamdard; Dr. Malalay Ahmadzai, UNICEF; Dr. Ritu Agrawal, LSTM; and Mr. K. S. Prasanth, NHSRC, for their technical inputs.

I must also acknowledge the state experts, particularly Dr. Aboli Gore, Vision Performance Unit; Dr. Archana Mishra, Government of Madhya Pradesh; and Dr. C. Ravichandran, MMC, Chennai; who participated in the deliberations and gave their valuable inputs.

I would like to appreciate the active contribution given by Dr. P.K Prabhakar, DC(CH) and Dr. Renu Srivastava, Consultant (CH) in framing these guidelines. The technical and programmatic support given by Dr. Pushkar Kumar, Dr. Rajeev Agarwal, Dr Tarun Singh Sodha and Ms. Jenita Khwairakpam, Consultants, MH Division, helped in firming up the trainer's manual and also in the final edited version of this document.

It is my earnest request to all the State Mission Directors and Programme Officers to take personal initiatives in operationalization of skills labs in order to ensure that the service providers have a platform for harnessing their skills for provision of quality RMNCH + A services.

Dr. Dinesh Baswal



Acknowledgements – Liverpool School of Tropical Medicine

The curriculum and manual for the skills-based training in Reproductive, Maternal, Newborn, Child and Adolescent Services (RMNCH + A) have been developed after extensive consultation and with the help of many experts based both in India and the United Kingdom. I wish to thank them all for their dedication and for their honest appraisal of the content of the manual and advice on what works well in ‘real-life settings’ (and what does not!).

The overall aim was to ensure that the recommended practices included in this manual to support Facilitators, Master Trainers and Participants of Skills Lab-based training are evidence-based, woman- and baby-friendly and in line with the essential interventions that need to be in place to reduce reproductive, maternal, newborn and child mortality and morbidity and promote reproductive health.

The traditional model of learning clinical skills in medicine has largely used apprenticeship, with skills acquisition generally being obtained via supervised patient contact. While Skills Lab-based training is not a substitute for apprenticeship or experience, incorporating this as part of clinical training has a number of advantages. Simulation or ‘skills-and-drills’ based training accommodates the different learning styles of participants, helps diminish the gap between theory and practice and may allow for a better integration of theoretical concepts. ‘Skills-and-drills’-based training has been shown to be more effective than lectures and classroom-based training only, especially when the skills-and-drills training is provided as ‘on-the-job’ or in-service training. Simulation-based training is safe and means there is no longer a need to ‘learn on the patient’.

A number of conditions in a Skills Lab that facilitate learning have been identified: provision of feedback, opportunity to practice skills repeatedly, a wide variety of tasks and range of difficulty in the practice sessions and scenarios offered and encouragement of active participation and teamwork during the training wherever possible. This curriculum is designed to enable facilitators of training to create and support these conditions.

This RMNCH + A training manual is an expansion of the earlier skills-based training manual for Basic Emergency Obstetric Care developed with the Government of India under the Making it Happen programme funded jointly by the Government of India and the Department of International Development – UKAID.

The aim of the Making it Happen programme is to increase availability and quality of Skilled Birth Attendance and Emergency Obstetric Care and Early Newborn Care.

Within the context of the Making it Happen programme in India, the Centre for Maternal and Newborn Health at the Liverpool School of Tropical Medicine is working in partnership with the Government of India and participating institutes in the setting up and organization of Skills Labs across India and in training Master Trainers who will be delivering and coordinating the training in these Skills Labs. This is complemented by supportive supervision and monitoring and evaluation for effectiveness of the approach.

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List of Abbreviations

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ANMTC	Auxiliary Nurse Midwife Training College
AMSTL	Active Management of Third Stage of Labour
BCA	Breathing Circulation Airway
BEmOC	Basic Emergency Obstetric Care
BMW	Bio Medical Waste
CAB	Circulation, Airway, Breathing
CHC	Community Health Centre
CMHO	Chief Medical Health Officer
CMO	Chief Medical Officer
CTI	Central Training Institute
DH	District Hospital
DC	Deputy Commissioner
DEO	Data Entry Operator
DNO	District Nodal Officer
DPM	District Programme Manager
DPMU	District Programme Management Unit
EDD	Expected Date of Delivery
EmOC	Emergency Obstetric Care
ENBC	Essential New Born Care
FHS	Fetal Heart Sound
FRU	First Referral Unit
GO	Government Order
GoI	Government of India
HLD	High Level Disinfection
I/C	In Charge
IMEP	Infection Management & Environmental Plan
KMC	Kangaroo Mother Care
LAM	Lactation Amenorrhoea Method
LHV	Lady Health Visitor
LR	Labour Room
MCP Card	Mother Child Protection Card

MDI	Metered Dose Inhaler
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
MVA	Manual Vacuum Aspiration
NBCC	New Born Care Corner
NHSRC	National Health Systems Resource Centre
NIHFW	National Institute of Health and Family Welfare
NRHM	National Rural Health Mission
NRP	Neonatal Resuscitation Programme
NSV	Non-Scalpel Vasectomy
Obs/Gyn	Obstetrician and Gynecologist
ORS	Oral Rehydration Salt
OSCE	Objective Structured Clinical Examination
PHC	Primary Health Centre
PIP	Project Implementation Plan
PNC	Postal Natal Care
PPE	Personal Protective Equipment
PPH	Post-Partum Haemorrhage
PPIUCD	Post-Partum Intrauterine Contraceptive Device
PPT	Power Point Presentation
QA	Quality Assurance
RCH	Reproductive and Child Health Programme
RCHO	Reproductive Maternal Neonatal and Child Health
RDT	Rapid Diagnostic Test
RMNCH	Reproductive Maternal Neonatal and Child Health
SBA	Skilled Birth Attendant
SCs	Sub Centre
SDM	Standard Days Method
SIHFW	State Institute of Family Welfare
SN	Staff Nurse
SPMU	State Programme Management Unit
TA/DA	Travel Allowance / Dearness Allowance
UPT	Urine Pregnancy Test

SKILLS LAB



Introduction

Ensuring the health of women and children is a universally acknowledged priority and is a basic human right. Improving the survival and health of mothers and children is central to the achievement of India's national health goals under the National Health Mission (NHM) as well as achievement of the Millennium Development Goals (MDG) 4 and 5. In recent years, India has made significant progress in its quest to improve maternal and child health. As per Registrar General of India – Sample Registration System (RGI-SRS) Report, Maternal Mortality Ratio (MMR) in India has decreased from 212 (2007-09) to 167 (2011-13) per 100,000 live births. Similarly, as per the RGI-SRS Report 2014, the overall infant mortality rate declined from 64 to 40 per 1000 live births.

In India, the percentage of women who deliver at a health facility has increased from 47.1 to 74.4 percent between 2008 and 2013 and the Total Fertility Rate has decreased from 2.9 to 2.4 per woman between 2005 and 2012 reflecting a significant improvement in maternal and reproductive health services coverage.

The quality of services during and after child birth is a key determinant of the rate of reduction in maternal and infant mortality rates. Improvement in quality of health care services can only take place if the healthcare delivery system has technically competent health professionals able to provide RMNCH + A services.

Currently, the content and method of pre and in-service training has not been able to ensure that healthcare professionals (including SNs/ANM and Medical Officers) acquire all the required skills that are essential to be able to provide quality RMNCH + A services. Capacity building of these healthcare providers to ensure they are proficient with regard to both technical skills and knowledge is therefore a key intervention.

In light of the above observations, comprehensive Skills Labs with skills stations have been designed to facilitate the training of healthcare providers in the necessary skills with a view to improving the quality of RMNCH + A services.

Skills Labs serve as prototype demonstration and learning facilities for healthcare providers and focus on competency based training. Skills Labs provide the opportunity for repetitive skills practice, simulation of clinical scenarios and training under the supervision of a qualified trainer.

Skills Lab Operational Guidelines have been previously published and disseminated to the States and these provide detailed guidelines for the planning and establishment of Skills Labs, training plans, job responsibilities of designated officers, monitoring and evaluation methods and a budget for these activities.

This Facilitator's manual deals with the training methodology, session plans, station wise list of equipment and articles, skills checklists, Objective Structured Clinical Examinations (OSCE), method of evaluation, record keeping and certification.

It is expected that this training manual will be useful reference material for the trainers to plan and conduct the training as per the methodology and schedule so that requisite skills are imparted for provision of quality RMNCH + A services.

How to use the Manual

The training manual is intended to be used by the trainer as well as the learner. The Skills Lab training is to be conducted strictly according to the steps outlined in the manual.

The manual consists of two parts. The first part is the general introduction and part two deals with Basic skills. The manual for Add-on skills is a separate document. To conduct a session, the Skills Lab and the Seminar Room have to be equipped with the set of teaching-learning aids (videos, PowerPoint presentations, demonstrations) prescribed in the manual. It is the responsibility of the trainers to ensure that the Skills Lab is ready to receive the learners. It is the responsibility of the District Nodal Officer (DNO) to ensure that all support is provided to trainers in this regard.

Sessions for both batches (Basic and Add-on) will begin in the Seminar Room. The sessions in the Skills Stations are conducted as per a predetermined schedule and adherence to this schedule is important to ensure the sessions are conducted correctly and in a timely manner. The manual provides details of how to set up the stations for conducting the sessions, with lists of mannequins, equipment and consumables. Before the start of session, a pre-test (consisting of knowledge and OSCE components) is conducted to understand the baseline knowledge/skills level of the learners.

In the session plan, the learners will be grouped into four teams. Do not allow group changes once a session starts as this may result in some learners missing out on some of the sessions. To conduct the knowledge assessment, the trainer picks two sets of questions from the five sets provided on the pen drive, one for the pre-test and another for the post-test. The questions are accompanied by an answer key. Learners should be encouraged to ask questions if they require further clarification. For case scenarios/role plays, the trainer must assign roles to learners and conduct sessions in a natural manner.

After the training has been conducted, a post-test consisting of knowledge and OSCE components will be carried out in order to analyse the improvement from the baseline knowledge/skills level of the learners. The checklists that indicate the steps to be followed are given in the manual. Both pre- and post-test results must be updated in the Skills Lab records (competency tracking sheet) in soft copy and made available to trainers during mentoring visits.

The manual also contains certificate formats for Basic and Add-on skills training. The certificates must be printed and issued to all participants on the last day of the training. The trainers will also be issued with a pen drive containing all the videos and PowerPoint files used in the training as well as the skills checklists.

Training Package

In a Skills Lab, two levels of trainings are undertaken:

- a) Basic skills – 6 days' duration
 - b) Add-On skills – 3 days' duration
- a) The Basic skills package will provide skills to ANMs/LHVs/SNs/MOs/nursing supervisors and faculty/obstetricians and paediatricians working at delivery points. The Basic skills package will refresh the skills acquired during various skills-based training programmes in RMNCH + A and can also be utilized for strengthening pre-service teaching and training.

- b) The Add-On skills package will be provided to SNs and MOs of BEmOC facilities/ obstetricians and paediatricians. All MOs and staff nurses/ANMs in BEmOC facilities should undergo 10 day’s BEmOC training. The Add-on skills package must not be considered a substitute for the BEmOC training itself.
- c) It is desirable that only ANMs/LHVs/SNs who have already undergone SBA training are nominated for the training.

The Skills Lab training is fully residential.

Training Materials

No.	Material	Learner	Facilitator
1	Training manual	<ul style="list-style-type: none"> ▪ Checklists for self-practice (also provided separately for skills practice) 	<ul style="list-style-type: none"> ▪ Instructions on how to conduct training ▪ Assessment of the learners
2	Power Point presentations	<ul style="list-style-type: none"> ▪ Learning theory ▪ Key points for reference 	<ul style="list-style-type: none"> ▪ Theory related to the skills ▪ Knowledge imparted to learners should conform to the content of the Gol guidelines
3	Training videos	<ul style="list-style-type: none"> ▪ Viewing the procedure ▪ Self-learning and practice materials 	<ul style="list-style-type: none"> ▪ Explaining the steps for each skill/procedure
4	Mannequins and equipment	<ul style="list-style-type: none"> ▪ Skills practice 	<ul style="list-style-type: none"> ▪ Demonstration and assessment of skills

Training Methodology

The training methodology is a mix of theory and skills sessions which will be taught using mannequins, training videos, skills checklists, case scenarios, role plays and PowerPoint presentations.

The Skills Lab will deal mainly with imparting knowledge or providing hands-on practice on the available mannequins. The theory session will be based upon the latest SBA, IMNCI and NSSK curriculum. The theory-session-related material has been consolidated and standardised and it should be used for all Skills Lab training purposes. It is important for the trainer to make these sessions interactive and participatory by initiating a dialogue with the learners in which they discuss the ways they practise in their facilities.

The facilitator should not exceed/try to give more information on the topic. The facilitator needs to make clear to the learners the training’s objectives and time constraints.

Skills Lab Session

The facilitator should spend time with the learners at the Skills Stations to guide and support them during the practise of skills. This will involve demonstrating particular skills (using the skills checklists) to the learners and then supervising the learners to perform these skills and assessing their competency with the help of the relevant checklists.

- During the session, the learners will be divided into four groups. The groups will practise in a sequence as per the session plan.
- The groups are named IA, IB, IIA and IIB. Each group will be given different coloured tags of blue, yellow, green and red for identification. Each group will be composed of four members.
- Each group will be allocated one trainer to serve as their mentor during the six days. The mentor will also wear the group's colour tag to ensure participants know who their mentor is.
- While deciding upon the participants who will makeup each group, it is essential that the group is mixed, i.e., doctors/nurses, senior staff/junior staff, learners who are quick to learn/learners who may need additional support.
- One trainer will be in charge of each Skills Cabin for the six days of the training.
- In the Skills Lab, the learners will practise on the mannequins, as per the instructions provided to them by the trainer. As much respect should be given to the mannequin as would be given to the client. This will help the learner to develop a respectful attitude and counselling skills.
- The mannequins should be used to perform step-by-step demonstration of skills as per the checklist.
- Time management throughout the practice sessions is important to ensure that learners are able to practise all the skills scheduled for the day. The data entry operator (DEO) should help facilitators keep to time.
- At the end of each day, trainers should ensure that learners have the opportunity to practise the skills learnt during the day during the skills practice session.
- Trainers should observe the learners and encourage the weaker ones to carry out skills practice under their observation during the skills session as well as the practice session at the end of the day.
- At the end of the six days of training, learners should be given the skills checklists, PowerPoint presentations and training videos.

Record Keeping

- a. Annual training calendar
- b. Attendance sheet/register of the participants
- c. Scoring record of pre- and post-test (including knowledge and OSCE)
- d. Follow-up database for supportive supervision
- e. Field supervision and monitoring calendar
- f. Batch-linked information on the participants' profiles and performance, and follow-up records of mentoring visits

Preparatory steps

The coordinator, in consultation with the district/divisional nodal officer, will address the following:

Before the training

- Schedule the batch with respect to dates and participants
- Check the functionality of the Skills Lab with regard to seating arrangements, electricity, drinking water, equipment and instruments and replenishment of consumables
- Check that the training kits and other materials such as the pre-test questionnaires, case scenarios, and role plays are ready and available in sufficient quantities

During the training

Ensure that:

- The Skills Stations are arranged as per the session plan before the day’s session starts
- Consumables are available in sufficient quantities
- Sessions are conducted in a disciplined and coordinated manner, as per the session plan
- The training starts on time
- Individual competencies of each learner are measured and recorded
- Sufficient time for skills practice is given to the learners

Facilitator Tips

DOs	
Prepare in advance	Position the visuals so that all learners are able to see them
Maintain good eye contact and be respectful to the learners	Avoid distracting mannerisms and distractions in the room
Involve learners and encourage questions	Be aware of the learners’ body language
Speak clearly and loudly and check to see if your instructions are understood	Keep the group focused on the task
Write clearly and boldly	Be patient and recapitulate key points at the end of each session
Demonstrate skills on mannequins and ask learners to perform the same demonstration	Ensure the topics are sequenced logically
Use checklists to observe learners as they practise skills and provide constructive feedback	Keep it simple and provide clear instructions
Manage time properly as per the schedule	Keep mobile phones in silent mode
DON'Ts	
Talk to the flip chart or blackboard instead of the learners	Ignore learners’ comments and feedback (verbal and non-verbal)
Block visual aids	Read from the text
Stand in one spot	Shout at the learners
Move around the room	Leave the session in the middle of the activity
Interrupt a trainer or a learner while they are speaking. Make your point after they have finished	Be inattentive when the learners are practising



Session Plan for Basic Skills RMNCH + A



Basic Level – RMNCH+A Skills Lab Training Programme Schedule

Time	Space	Activity
09.00-09.30	Seminar Room	Registration: The participants will be divided into 4 groups (IA, IB, IIA, IIB) and each participant will be provided with a name tag with a coloured ribbon representing a group. Four participants will be in each group.
09.30-10.00	Seminar Room Plenary	Introductory lecture about the Skills Lab Presentation on OSCE Group Picture
10.00-10.15	Tea break	
10.15-12.15	Seminar Room Skills Cabins	Pre Test - Knowledge test Videos <ul style="list-style-type: none"> ▪ Antenatal care (EDD, BP, weight recording) ▪ Hand washing, PPE, Chlorine preparation and Processing of equipment & instruments Skills evaluation Test
12.15-13.00	Skills Cabin	PPE, Hand Washing and Wearing & removal of sterile gloves
13.00-13.45	Lunch break	
13.45-14.15	Seminar Room	Plenary Session: Autoclave
14.15-15.15	Skills Cabin	Antenatal care (EDD, BP, weight & height recording)
15.15-15.30	Tea break	
15.30-16.15	Skills Cabin	Chlorine preparation and Processing of equipment & instruments
16.15-16.45	Seminar Room	Feedback and allocate assignment/s for next day
16.45-17.30	Skills Cabin	Supervised Skills Practice time
17.30-18.00	Seminar Room	Faculty meeting
Note: Handouts of the next day presentation would be distributed to all the participants		

Expanding Session Plans with Equipment List



Time: 9.00-9.30

Registration

The participants will be divided into 4 groups (IA, IB, IIA, IIB) and each participant will be provided with a name tag with one of 4 coloured ribbons, each colour representing one group. There will be 4 participants in each group.

A folder containing all the necessary stationery items will be provided to each participant. Participants will be asked to mark their attendance in the attendance sheet.



Time: 9.30-10.00

Introductory Lecture about Skills Lab Programme and its key Objectives

Participants and trainers will introduce themselves and get acquainted with each other. A welcome speech will be given by the DNO.

Orientation to OSCE

The Skills Lab trainer will provide a presentation on how the OSCE would be conducted.

Resources required

Laptop, Presentation on orientation of the Skills Lab and OSCE conduction.

Group Picture

A group picture will be taken with the DNO



Time: 10.00-10.15

Tea Break ☕



Time: 10.15-12.15

Pre-Course Knowledge Test

The 8 participants of Groups IA and IB will remain in seminar room for the pre-training knowledge test. This will take around 20 minutes and will be followed by videos related to day 1 sessions.

Videos

- Antenatal care (EDD, BP, weight recording)
- Hand washing, PPE, Chlorine preparation & Processing of equipment

Skills Evaluation Test

The 8 participants of Groups IIA and IIB will undergo pre-training skills evaluation. The skills evaluation test will be conducted in 4 cabins as given below.

- Second Stage of Labour (Cabin 1)

- Active Management of Third Stage of Labour (Cabin 2)
- NRP (Cabin 3)
- Management of hypovolemic shock (CAB Approach) (Cabin 4)

The 4 participants of Group IIA will be tested while the participants in Group IIB wait. The participants of Group IIB are then tested while Group IIA waits. After completion of the pre-training knowledge and skills tests, the groups will swap: Groups IIA and IIB take the pre-training knowledge test in the seminar room and Groups IA and IB will take the pre-training skills test in the four cabins. Each participant will be given 5 minutes for each of the skills listed above and 2 minutes to rearrange the station after each test.

Thus, each OSCE station would take (5 + 2) minute. After 7 minute, the participant would come out of the cabin. Additionally, 1 minute is given for participants to move from one cabin to another.

Note :

- A single bell would be pressed at end of 5 minute, indicating end of OSCE demonstration.
- A double bell at the end of another 2 minute, letting the participants come out of cabin.
- A continuous buzzer would indicate start of next OSCE. Facilitator may like to utilize 2 minutes to enhance the knowledge of participant on the subject.

At the start or entry of participant in the cabin for OSCE, Facilitator to ensure introducing the station to the learner. Facilitator shall read the given scenario in clear, audible voice to the learner.

Resources required:16 knowledge questionnaires, 16 checklists for each of the 4 skills listed above, CD containing the videos, laptop

Time: 12.15-13.00



Skill 1: Universal Precautions (PPE, Hand Washing, Wearing and Removal of Sterile Gloves)

Concurrent session on PPE, Wearing & removal of sterile gloves and hand washing will be conducted in all four cabins with one group in each cabin. Groups IA, IB, IIA and IIB will be allocated to Cabins 1, 2, 3 and 4 respectively.

The skills will be demonstrated by the trainer and each participant will be asked perform the skill.

Skill 1A: Personal protective equipment

Resources required: 20 waterproof plastic aprons, 20 gowns, 20 caps, 20 masks, 20 eye covers, 20 pairs of shoe covers, 20 pairs of sterile gloves.

Skill 1B: Hand Washing

Resources required: 4 liquid soaps with dispenser, running water (elbow tap), 4 containers of washable paint, 20 pairs of examination gloves, 4 steel spoons and 4 containers of alcohol rub.

Skill 1C: Wearing and Removal of Sterile Gloves

Resources required: 20 pairs of sterile gloves and 0.5% chlorine solution in a plastic bucket.



Time: 13.00-13.45

Lunch Break ☕



Time: 13.45 - 14.15

Plenary Session:- Autoclave

Plenary session on autoclave will be conducted in the seminar room for all 16 participants. Few participants will be selected randomly and will be asked to do the return demonstration

Resources required: Autoclave machine, small autoclave drum, signal paper, adhesive tape and green cotton cloth



Time: 14.15 - 15.15

Skill 2 Antenatal care (Calculation of EDD, Weight Recording, Blood Pressure Recording)

Session on Antenatal care i.e. Calculation of EDD, BP recording, weight recording will be conducted in all 4 cabins with one group in each cabin. Group IA, IB, IIA and IIB would be allocated cabin 1, 2, 3 and 4 respectively.

The procedures will be demonstrated by the trainer and each participant will be asked to do the return demonstration

2A: Calculation of EDD

Resources required: 20 EDD calendar, 20 laminated all case scenarios, 4 local calendar, 4 MCP card

2B: Weight and Height Recording

Resources required: 4 adult weighing scale, 4 MCP card

2C: Blood Pressure recording

Resources required: 4 BP apparatus, 4 stethoscope and 4MCP card.



Time: 15.15 -15.30

Tea Break ☕



Time: 15.30- 16.15

Skill 3 : Preparation of 0.5% Chlorine Solution and Processing of Equipments

Concurrent session on Chlorine preparation and Processing of equipment will be conducted in all 4 cabins with one group in each cabin. Group IA, IB, IIA and IIB would be allocated cabin 1, 2, 3 and 4 respectively.

The trainer will demonstrate the procedures and each participant will be asked to do the return demonstration.

Skill 3A: Preparation of 0.5% Chlorine Solution

Resources required: 4 Plastic bucket (10 liter) + lid, 4 Plastic Mug (1 liter), 4 Wooden Stirrer, 4 Plastic Teaspoon (5gms), 4 Plastic rod for leveling. 4 packets of Bleaching Powder, 20 Waterproof (Plastic) Apron, 4 Utility Gloves, Bowl (100 ml), 20 Slippers /shoe cover, 4 Eye cover, 4 Airtight container, 4 Plastic normal spoon (to make paste)

Skill 3B: Processing of Equipments:

Resources required: 4 Plastic container with lid containing 0.5% chlorine solution, 4 pairs Utility gloves, 4 Detergent in a container, 4 Soft Brush for cleaning of instruments, Tub, 8 plastic bucket, 4 meter green cloth, 4 Surgical cloth (to wrap the instruments), Tray, 4 Instruments (to demonstrate sterilization of unwrapped items), 4 Gluteraldehyde Solution



Time : 16.15 - 16.45

Feedback

Feedback form will be distributed to all the participants and will be asked to write down the feedback of each day in the respective columns provided in the form

Resources required: Feedback forms

During this time, ensure giving handouts of next day presentations and encourage all groups to discuss among themselves to refresh their knowledge on the subject.



Time : 16.45 - 17.30

Supervised skills practice time

Time will be given for skill practice under the supervision of a trainer for those identified to be in further need of practice



Time : 17:30 - 18:00

Facilitators to take the feedback from the participants. After this participants can leave for the day and Faculty to have a meeting.

During the Faculty meeting, all trainers to share their observations of the day to improve the performance of each participant.



Basic Level – RMNCH+A Skills Lab Training Programme Schedule

Time	Space	Activity
09.00-11.00	Skills Cabins	Skills Evaluation of previous day learned Skills Videos <ul style="list-style-type: none"> ▪ HB, Urine, UPT, RDT ▪ Abdominal palpation and FHS ▪ Organising Labour room ▪ Suction machine, administration of oxygen and radiant warmer OSCE Presentations of the day for planned sessions (Handouts only)
11.00-11.15	Tea break	
11.15-12.45	Skills Cabin	Concurrent sessions : <ul style="list-style-type: none"> ▪ Group IA: HB, UPT, RDT, Urine (Albumin/Sugar), (Cabin 1) ▪ Group IB: HB, UPT, RDT, Urine (Albumin/Sugar), (Cabin 3) ▪ Group IIA: Abdominal palpation and FHS, (Cabin 2) ▪ Group IIB: Abdominal palpation and FHS, (Cabin 4)
12.45-13.30	Lunch break	
13.30-13:45	Seminar room	Presentation on partograph
13:45-15.15	Skills Cabin	Concurrent sessions: <ul style="list-style-type: none"> ▪ Group IA & Group IB: Partograph plotting (Seminar Room) ▪ Group IIA & Group IIB: Organising Labour room and NBCC
15.15-15.30	Tea break	
15.30-17.00		Groups would swap and practice the next session
17.00-17.45	Skills Cabin	Supervised Skills Practice time
17.45-18.00	Seminar Room	Feedback of the day/Faculty meeting
Note: Handouts of the next day presentation would be distributed to all the participants		

Expanding Session Plans with Equipment List



Time: 9.00-11.00

Evaluation of Skills Learned on the Previous Day

Of the 16 participants, 8 will remain in the seminar room watching the videos listed below while the 8 selected participants will perform the skills evaluation tests on the following skills:

Cabin 1: EDD, BP Recording, Weight Recording

Cabin 2: Hand washing

Cabin 3: Chlorine Preparation

Cabin 4: PPE

Videos

- HB, Urine, UPT, RDT
- Abdominal palpation and FHS
- Organising the labour room
- Suction machine, administration of oxygen and radiant warmer

Resources required: 16 checklists for each of the skills listed above, CD containing the videos, laptop



Time: 11.00-1.15

Tea Break ☕



Time: 11.15-12.45

Skill 4: Laboratory tests

Skill 5: Abdominal palpation and FHS

A session on laboratory tests will be conducted for Groups IA and IB in Cabins 1 and 3 respectively and a session on abdominal palpation and FHS will be conducted for Groups IIA and IIB in Cabins 2 and 4 respectively for 45 mins. After that the groups would swap.

Group IA: HB, UPT, RDT, Urine (Albumin/Sugar) (Cabin 1)

Group IB: HB, UPT, RDT, Urine (Albumin/Sugar) (Cabin 3)

Group IIA: Abdominal palpation and FHS (Cabin 2)

Group IIB: Abdominal palpation and FHS (Cabin 4)

Skill 4A: Pregnancy detection test

Resources required: 10 pregnancy test kits, 2 clean containers to collect urine, 10 pairs of gloves, 2 name slips, 2 marker pens and 2 containers of artificial urine

Skill 4B: Haemoglobin estimation

Resources required: 2 Haemoglobinometer kits, 2 N/10 HCl, 2 bottles of distilled water, 2 2ml syringes, 10 pairs of gloves, 2 containers of surgical spirit, 2 rolls of cotton, 10 lancets, 2 SS kidney trays, 2 large SS trays to store all equipment, 4 SS bowls, 2 MCP cards

Skill 4C: Urine testing

Resources required: 2 Dip sticks bottles, 10 pairs of gloves, 1 sample container with artificial urine, 2 MCP cards

Skill 4D: Rapid Diagnostic Test (RDT) for Malaria

Resources required: 10 RDT bivalent kits, 10 RDT monovalent kits, 2 slides for thick and thin smears, 10 lancets, 2 pencils and wrapping material, 10 name slips, 10 pairs of gloves

Skill 5: Abdominal palpation and auscultation of fetal heart sounds

Resources required: 2 Abdominal palpation simulators with baby and cushion, 2 measuring tapes, 2 stethoscopes, 2 fetoscopes, 2 wall clocks with second hand, 2 Dictaphones, 2 MCP cards



Time: 12.45-13.30

Lunch Break 🕒



Time: 13.30-13.45

The Skills Lab trainer will provide a presentation on Partograph.



Time: 13.45-15.15

Skill 6: Plotting and interpreting the partograph

Skill 7: Organising the labour room

Skill 8: Newborn Care Corner (NBCC)

Skill 8A: Using a bag and mask

Skill 8B: Radiant warmer

Skill 8C: Suction machine

Skill 8D: Oxygen administration

Skill 8E: Oxygen concentrator

Concurrent sessions:

- Group IA & Group IB: Partograph plotting (Seminar Room)
- Group IIA & Group IIB: Organising the Labour room and NBCC

The 8 participants of Group IA and IB will plot partographs in the seminar room. The trainers should describe the partograph in detail and a case scenario will be provided.

Each participant will plot the partograph for the scenario provided under the supervision of the trainers.

In addition, one case scenario will be given as a home assignment which will be reviewed on the morning of Day 3 during the skills evaluation test.

Simultaneously, the 8 participants of Groups IIA and IIB will organise the labour room. The trainers will disorganise the labour room and all the participants will be asked to organise the labour room correctly. The participants will also be taught about the NBCC. After 90 minutes, the groups will swap places.

Plotting and interpreting of the partograph

Resources required: 8 plastic printed partograph sheet A3 size, 8 marker pens, 1 duster, 5 case scenarios, 4 long scales.

Organisation of the labour room

Resources required: 7 labelled trays (large size with contents as per MNH tool kit), 1 Crash trolley, 1 plastic container with lid, 1 labour table with mattress, 1 foot step, 1 wall mounted thermometer, 1 suction apparatus (either electrical or foot operated), 1 disposable suction catheter, 1 oxygen cylinder with key and accessories, 1 hand washing facility with running water supply with elbow tap, 1 disposable liquid soap dispenser, 1 drums (cotton, gauze pieces and linen), 3 biomedical waste disposal colour coded bins, 1 puncture proof container, 1 register, 1 records, 1 Cheattle forceps with autoclaved container, Kelley's pad with inflating bulb, 1 V-drape/plastic mug, 1 pillow with cover, 1 white sheet, 1 blanket, 1 copy of both the labour room protocols and posters, 2 instrument trolleys, 1 IV stand, 1 focus lamp, 1 BP apparatus, 1 fetoscope, 1 stethoscope, 1 doppler, 1 oral thermometer, 1 steel stool for birth companion, delivery gown, 18 sets of PPE, 1 curtain, 1 container of antiseptic solution, 1 SS table for the baby weighing scale, 1 baby weighing scale, 1 laryngoscope with blade, 1 refrigerator, 1 mosquito repellent.

The details of the seven trays are given below:

1. Delivery Tray

1 pair of sterile gloves, 1 pair of scissors, 2 artery forceps, 1 cord clamp, 1 sponge holder, 1 urine catheter (metal and disposable), 1 suction catheter (metal and disposable) 1 fetoscope, 2 bowls, 1 Cusco speculum, 10 pieces of gauze, 10 cotton swabs, 1 V speculum, 1 sanitary pad, 1 kidney tray, 1 antiseptic solution

2. Baby Tray

2 towels, 3 cotton swabs, 1 sucker (Bulb/Penguin/Dee Lee), 1 ambu bag with reservoir (paediatric), 1 mask size 0, 1 mask size 0, 1 cord clamp, 1 NG/OG tube, 1 pair of sterile gloves, 1 Inj Vitamin K, 1 1cc syringe, 1 shoulder roll

3. Episiotomy Tray

1 Inj Lignocaine Hydrochloride 2%, 1 10ml syringe, 1 pair of episiotomy scissors, 1 kidney tray, 2 artery forceps, 1 Allies forceps, 1 sponge holder, 1 toothed forceps, 1 toothless forceps, 1 needle holder, 1 round needle, 1 of each catgut sizes 0, 00, 000, 1 plain scissor, 1 thumb forceps, 1 piece of gauze piece, cotton swabs, 1 container of antiseptic solution, 1 pair of sterile gloves

4. PPIUCD Tray

1 T380a copper T, 1 T375 copper T, 1 uterine sound, 1 pair of scissors, 1 sponge holder, 1 pair of gloves, 1 cotton swab, 1 container of antiseptic solution, 1 Vulsellum, 1 Kellys forceps

5. MVA/EVA Tray

1 pair of gloves, 1 speculum, 1 anterior vaginal wall retractor, 1 posterior vaginal wall retractor, 1 sponge holder, 1 MVA syringe and cannulas, 1 MTP cannula, 2 bowls, 1 sanitary pad, 3 pieces of gauze, 1 urine catheter (metal and disposable), 3 200mg tab Misoprostol, 1 disposable syringe and needle

6. Medicine Tray

1 Inj Oxytocin, 1 Inj Gentamycin, 1 Inj Vit K, 1 IV Fluids: Ringer's lactate, normal saline, DNS infusion, 5d, 1 Inj Dexamethasone, 1 Inj Hydralazine, 1 tab Metronidazole, 1 tab Paracetamol, 1 cap Ampicillin, 1 tab Ibuprofen, 1 B-Complex vitamin, 3 200mg Misoprostol, 1 Nifedepine, 1 Methyldopa, 1 magnifying glass

7. Emergency Medicine Tray

1 Inj Oxytocin, 1 Inj MgSO₄ 50%, Inj Calcium Gluconate 10%, 1 Inj Dexamethasone, Inj Ampicillin, Inj Metronidazole, 1 Inj Gentamycin, 1 Inj Lignocaine Hydrochloride 2%, 1 Inj Adrenaline, 1 Inj Hydrocortisone, 1 Inj Diazepam, 1 Inj Pentazocine, 1 Inj Phenergan, 1 IV Fluids: Ringer's lactate, normal saline, 1 IV Set, 2 16 gauge needles, 1 suction catheter, 1 IV Cannula

Organisation of the NBCC

Resources required: Radiant warmer with clamp to hold oxygen cylinder, newborn resuscitation bag and mask, mucous extractor, clock with second hand, suction apparatus, disposable suction catheter (green 14F and black 10F), oxygen cylinder with key, 20 set of PPE, oxygen concentrator with all accessories, oxygen hood.



Time: 15.15-15.30

Tea Break ☕



Time: 15.30-17.00

The groups would swap that is group IA and IB would have the session on organizing the labour room and NBCC and IIA and IIB would have the session on Partograph plotting.



Time: 17.00 -17.30

Supervised Skills Practice Time

Time will be given for skills practice under the supervision of a trainer for those those identified to be in further need of practice.



Time: 17.30-18.00

Faculty meeting to share notes on what improvements/changes to be made in the training and to discuss the performance of each participant.



Time: 18.15-18.45

Supervised Skills Practice Time

Time will be given for skills practice under the supervision of a trainer for those those identified to be in further need of practice.



Time: 18.45-19.00

Facilitators to take the feedback from the participants. After this participants can leave for the day and Faculty to have a meeting.

During the Faculty meeting, all trainers to share their observations of the day to improve the performance of each participant.



Basic Level – RMNCH+A Skills Lab Training Programme Schedule

Time	Space	Activity
09.00-11.00	Skills Cabins Seminar Room	Skills Evaluation of previous day learned Skills Video session on Cervical dilatation, Normal delivery AMTSL and ENBC Presentations of the day for planned sessions (Handouts only): Cervical dilatation and Normal Delivery
11.00-11.15	Tea break	
11.15-12.45	Skills Cabins & Labour Room	Concurrent sessions on: <ul style="list-style-type: none"> ▪ Cervical Dilatation ▪ Normal Delivery ▪ ENBC ▪ AMTSL
12.45-13.45	Lunch break	
13.45-15.15	Skills Cabins & Labour Room	Concurrent sessions on: <ul style="list-style-type: none"> ▪ Cervical Dilatation ▪ Normal Delivery ▪ ENBC ▪ AMTSL
15.15-15.30	Tea break	
15.30-16.30	Skills Cabin	Session on NRP
16.30-17.30		Supervised Skills Practice of Cervical dilatation, Normal Delivery, ENBC, NRP and AMTSL
17.30-18.00	Seminar Room	Feedback/Faculty meeting
Note: Share 1 case scenario of role play with each group (4 learners) on counselling - Family Planning, Adolescent health, BF + RI + nutrition, complication readiness.		

*Handouts of the next day presentation would be distributed to all the participants

Expanding Session Plans with Equipment List



Time: 9.00-11.00

Evaluation of Skills Learned on the Previous Day

Eight participants will remain in the seminar room watching the videos (listed below) and the 8 remaining participants will perform the skills evaluation tests of the day (listed below). After completion, the groups of participants will swap.

Cabin 1: Hb estimation

Cabin 2: Partograph with interpretation

Cabin 3: Urine Protein & Glucose, UPT

Cabin 4: Abdominal Palpation

Videos

Video session on Cervical dilatation, Normal delivery AMTSL and ENBC

Presentations of the day for planned sessions

Resources required: 16 checklists for each of the skills listed above, pen drive containing the videos, laptop



Time: 11.15-15.15

Lunch break: 12.45-13.45. The sessions to resume back after lunch till 15.15.

Skill 9: Care of mother and baby at birth

Skill 9A: Assessment of cervical dilatation and effacement

Skill 9B: Normal delivery

Skill 9C: Essential Newborn Care (ENBC)

Skill 9D: Active management of the third stage of labour (AMTSL)

Skill 9E: Recording temperature of the newborn

Skill 9F: Weighing the newborn

All the 4 skills are one continuous process that will be demonstrated by 2 trainers simultaneously in Cabins 1 and 2 with 8 participants in each cabin observing for 1 hour. Thereafter, participants will be divided into 4 groups equally, one group per cabin. Each group to practice all 4 skills, as per the checklist.

All 4 skills will be demonstrated simultaneously as a continuous process in all the cabins and participants will have 25 minutes to demonstrate back.

At 12:45 participants will go for lunch break and after lunch the same session continues in the 4 cabins till 15:15.

(Mama Natalie will be used in two cabins and female pelvic mannequins in the remaining 2 cabins for demonstration of 2nd and 3rd stages of labour. The cervical dilatation models will be used for practice of cervical dilatation.)

Cervical Dilatation

Resources required: 2 cervical dilatation models, 20 pairs of sterile gloves, 4 small size bowls with lids, 4 cotton swabs, 4 containers of antiseptic solution, 4 sponge holders, 4 plastic tubs (12 inch diameter at base) for 0.5% Chlorine Solution, colour coded waste disposal bins, 20 sets of PPE, 4 waste bins, 4 kidney trays, 1 bowl for cotton swabs, 4 trays

Normal Delivery

Resources required: 2 child birth simulators, 2 MamaNatalie, 4 drape sheets (to cover mother), 4 Kelly's pads with inflating bulb, 20 set of PPE, 4 V drape, 4 plastic mugs, 4 delivery trays, 8 pre-warmed clean towels, 20 pairs of sterile gloves

ENBC

Resources required: 20 pairs of gloves, 4 neonatal stethoscopes, 4 cord clamps, 4 wrist bands, 4 baby/infant weighing machine (digital or mechanical with 50 grams interval), 8 pre-warmed clean towels, 4 mucus extractors, 4 Inj Vitamin K, 4 1ml syringe with disposable needle for Vitamin K, 4 baby dresses, 4 bowls containing cotton swabs, 4 digital thermometers, 4 large SS trays, 4 newborn baby mannequins, 4 clocks with second hand

AMTSL

Resources required: 2 child birth simulators, 2 MamaNatalie, 20 sets of PPE, 8 ampoules Inj. Oxytocin (10 IU), 3 200mcg tab Misoprostol 200mg, 8 artery clamps, 20 pairs of sterile gloves, 1 draw sheet, 1 hub cutter, 3 colour coded waste disposal bins, 1 kidney tray, 4 2ml syringes, 4 cord clamps, 4 sterile pads, 4 pieces of gauze



Time: 15.15-15.30

Tea break 



Time: 15.30-16.30

Skill 10: Newborn Resuscitation

NRP will be demonstrated by 2 trainers simultaneously in Cabins 1 and 4 with batch divided into equal groups followed by reverse demonstration by the participants.

NRP

Resources required: 4 NRP Mannequins, 4 suction machines (electric/foot operated), 4 neonatal probes, 4 disposable suction catheters (sizes 8, 10, 12, 14), 4 oxygen cylinder spanners/keys, 4 humidifiers, 4 neonatal stethoscopes, 4 pediatric ambu bag (250 ml and 500 ml sizes), 4 masks sizes 0 & 1, radiant warmer, 4 mucus extractor, 4 shoulder rolls, 8 pre-warmed towels, 4 large SS tray, 4 baby caps, 4 oxygen pipes, 4 oxygen sources, 4 clocks with second hands, 4 disposable cord clamps, 4 oxygen hoods



Time: 16.30-17.30

Supervised Skills Practice Time

Supervised Skills Practice of Cervical dilatation, Normal delivery, ENBC and AMTSL in Cabins 1 and 2 and NRP in Cabins 3 and 4.

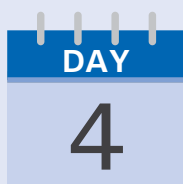
The trainer should identify areas that need to be improved during practice sessions and ensure the practice of these skills is repeated.



Time: 17.30-18.00

Facilitators to take the feedback from the participants. After this participants can leave for the day and Faculty to have a meeting.

During the Faculty meeting, all trainers to share their observations of the day to improve the performance of each participant.



Basic Level – RMNCH+A Skills Lab Training Programme Schedule

Time	Space	Activity
09.00-11.00	Skills Cabin Seminar Room	Skills Evaluation of previous day learned Skills Videos <ul style="list-style-type: none"> ▪ Management of Hypovolemic shock (CAB approach) ▪ PPH Presentations of the day for planned sessions (Handouts only)
11.00-11.15	Tea break	
11.15-11.30	Seminar Room	PowerPoint Presentation: Management of Hypovolemic shock (CAB approach)
11.30-13.00	Skills Cabin Seminar Room	Concurrent session at skills station: <ul style="list-style-type: none"> ▪ Group IA: Management of Hypovolemic shock (CAB approach) (Cabin 1) ▪ Group IB: Management of Hypovolemic shock (CAB approach) (Cabin 2) ▪ Group IIA & IIB: Video & plenary session: BF + KMC, MDI & Nebuliser (Seminar Room)
13.00-13.45	Lunch break	
13.45-15.15	Skills Cabin	Concurrent session at skills station: <ul style="list-style-type: none"> ▪ Group IA & IB: IV Insertion & Catheterization (Cabin 2) ▪ Group IIA: PPH (Cabin 4) ▪ Group IIB: PPH (Cabin 1)
15.15-16.00	Seminar Room	Plenary session on BMW segregation & management
16.00-16.30	Tea break & Preparation for role plays	
16.30-17.50	Seminar Room	Role play by each group followed by discussion
17.50-18.30	Skills Cabin	Supervised skill practice
18.30-19.00	Seminar Room	Feedback of the day/Faculty meeting
Note: Handouts of the next day presentation would be distributed to all the participants		

Expanding Session Plans with Equipment List



Time: 9.00-11.00

Evaluation of Skills Learned on the Previous Day

Eight participants will watch the videos listed below while the remaining 8 participants will perform the skills evaluation tests of the day as listed below. After completion of the test the groups will swap.

Cabin 1: Cervical Dilatation

Cabin 2: Normal Delivery

Cabin 3: NRP

Cabin 4: AMTSL

Videos

- Management of Hypovolemic shock (CAB approach)
- PPH

Handouts of the CAB and PPH presentations will be given to participants.



Time: 11.00-11.15

Tea Break ☕



Time: 11.15-11.30

PPT presentation: Management of Hypovolemic Shock

Resources required: pen drive containing the PPT, laptop



Time: 11.30-13.00

Skill 11: Management of shock

Skill 11A: Rapid initial assessment

Skill 11B: Hypovolemic shock - IV fluid replacement

Skill 12: Post Natal Care

Skill 12A: Breastfeeding

Skill 12B: Kangaroo Mother Care (KMC)

Skill 13: Using a multi-dose inhaler with spacer and nebulizer

Skill 13A: Metered-dose inhaler with spacer

Skill 13B: Using a nebulizer

Group IA: Management of Hypovolemic shock (CAB approach) (Cabin 1)

- Group IB: Management of Hypovolemic shock (CAB approach) (Cabin 2)
- Group IIA & IIB: Video & plenary session: Breastfeeding, Kangaroo Mother Care, MDI & Nebuliser (Seminar Room)

Concurrent sessions on Management of hypovolemic shock will be conducted in Cabins 1 and 2 for Groups IA and IB while Groups IIA and IIB will watch a video and attend a plenary session on Breastfeeding, Kangaroo Mother Care, MDI & Nebuliser in the seminar room. After 45 minutes, the groups will swap sessions.

Management of Hypovolemic Shock

Resources required: 1 Little Anne/CPR mannequin (adult), 2 female catheterization mannequins, 2 adult IV arm mannequins, 1 suction apparatus with accessories, 2 blood transfusion sets, 2 oral airways, 2 catheterization sets, 2 Foley's catheters 16 & 18, 2 10ml syringes, 2 Lignocaine jelly, 2 urobags, 2 adult ambu bags and masks, 2 blankets

MDI with spacer

Resources required: 1 newborn mannequin/baby doll, 1 KMC wrap, 1 spoon/palladi, 1 metered-dose inhaler, 1 spacer, 1 respules, 1 nebulizer with all accessories, 1 nasal prongs/oxygen hood/oxygen mask/nasal catheter, 1 SS tray, 1 10ml sterile water, 1 baby dress with cap, socks and mittens



Time: 12.45-13.45

Lunch break 🕒



Time: 13.45-15.15

Skill 14: Setting up an IV line

Skill 15: Management of PPH

- Group IA & IB: IV Insertion & Catheterization (Cabin 2)
- Group IIA: PPH (Cabin 4)
- Group IIB: PPH (Cabin 1)

Concurrent sessions on IV Insertion & Catheterization will be conducted in Cabin 2 for Groups IA and IB and a PPH session for Groups IIA and IIB will be conducted in Cabins 1 and 4 respectively. Each group will practice the first skill for 45 minutes before swapping with the other group.

Setting up IV line and catheterisation

Resources required: 1 IV arm mannequin, 17 IV 22 gauge cannula, 1 IV 24 gauge cannula, 1 drip stand, 1 IV infusion set, 17 alcohol/spirit swabs, 1 roll of adhesive tape, 17 pairs of sterile gloves, 1 tourniquet, 1 bottle of distilled water, 1 2cc syringe, 17 antiseptic swabs, 1 large SS tray, 1 catheterization mannequin, 1 catheterization set (wet cotton swabs soaked in antiseptic solution, sponge holder, kidney tray, Foley's catheter (sizes 16&18), 10ml syringe, sterile water, Lignocaine jelly, Uro bag)

Management of PPH

Resources required: 4 IV fluid Ringer's lactate, 4 IV fluid normal saline, 2 IV sets, 2 MamaNatalie, 20 pairs of surgical gloves, 2 catheters, 2 IV stands, 2 sterile cotton swabs, 2 urobags, 2 blood concentrates, 2 tourniquets, 2 large SS trays, 10 sets of PPE, 2 blood sample collection containers, 4 alcohol swabs, 6 Inj Oxytocin, 2 pairs of long sterile gloves, 2 blankets.



Time: 15.15-16.00

Plenary sessions: BMW segregation & management

The plenary session on BMW segregation & management will be conducted in the seminar hall for all participants.



Time: 16.00-16.30

Tea break and preparation for role plays

Time will be given for preparation of role plays for each group.



Time 16.30-17.50

Role play by each group followed by discussion

The role play will be acted using the guidelines provided with each case. Each group will be given 15 minutes to perform the role play within their group. The group will be evaluated by the trainer. The discussion will be based upon the instructions provided to facilitators.



Time: 17.50-18.30

Supervised Skills Practice Time

Supervised skills practice of management of hypovolemic shock in Cabin 1, IV insertion & catheterization in Cabin 2 and PPH in Cabins 3 and 4 respectively.

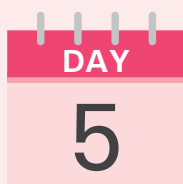
The trainer should identify areas that need to be improved during practice sessions and ensure the practice of these skills is repeated.



Time 18.30-19.00

Facilitators to take the feedback from the participants. After this participants can leave for the day and Faculty to have a meeting.

During the Faculty meeting, all trainers to share their observations of the day to improve the performance of each participant.



Basic Level – RMNCH+A Skills Lab Training Programme Schedule

Time	Space	Activity
09.00- 11.00	Skills Cabin	Skills Evaluation of previous day learned Skills Videos <ul style="list-style-type: none"> ▪ Eclampsia ▪ Interval IUCD Presentations of the day for planned sessions (Handouts only)
11.00-11.15	Tea Break	
11.15-13.15	Skills Cabin	Concurrent session at skills station: <ul style="list-style-type: none"> ▪ Group IIA & Group IIB: Eclampsia (dose preparation, deep IM, Knee jerk reflex) (Cabin 1) ▪ Group IA: Interval IUCD (Cabin 2) ▪ Group IB: Interval IUCD (Cabin 3)
13.15-14.15	Lunch break	
14.15-15.15	Skills Cabin	Each group practice first skill for 30 minutes and then swap with another group. Cabin 1: 2nd stage of labour Cabin 2: AMTSL Cabin 3: NRP Cabin 4: CAB
15.15-15.30	Tea break	
15.30-17.15		Supervised Skills Practice time
17.15-17.45	Seminar Room	Feedback of the day/Faculty meeting

Expanding Session Plans with Equipment List



Time: 9.00-11.00

Evaluation of Skills Learned on the Previous Day

Eight participants will stay in the seminar room watching the videos listed below and the remaining 8 participants will perform skills evaluation tests of the day as listed below.

Cabin 1: IV insertion

Cabin 2: Catheterization

Cabin 3: CAB

Cabin 4: PPH

Videos

- Eclampsia
- Interval IUCD

After completion of the respective task, the groups will swap

Presentations of the day for planned sessions

Resources required: 16 checklists of each of the skills mentioned above, pen drive containing the videos, laptop



Time: 11.00-11.15

Tea break ☕



Time: 11.15-13.15

Skill 16: Administration of Inj.MgSO₄ for initial management of Severe Pre-Eclampsia/Eclampsia

Skill 17: Interval Intrauterine Contraceptive Device (IUCD)

Group IIA & Group IIB: Eclampsia (dose preparation, deep IM, Knee jerk reflex) (Cabin 1)

Group IA: Interval IUCD (Cabin 2)

Group IB: Interval IUCD (Cabin 3)

Concurrent sessions on Eclampsia will be conducted in Cabin 1 for Groups IIA and IIB (8 participants) and Groups IA and IB will be in Cabins 1 and 4 respectively for the interval IUCD session. Each group will practice the first skill for 45 minutes before swapping with the other group.

Eclampsia

Resources required: 1 IM Injection mannequin, 10 ampoules Inj 50% MgSO₄, 2 syringes (10ml syringe and 22G needle), alcohol/spirit swabs in a bowl, 3 colour coded waste disposal bins, 1 kidney tray, 1 knee hammer, 1 stethoscope, 1 BP Apparatus, 1 catheterization set, 1 ampoule of 10% Calcium gluconate, 1 large SS tray

Interval IUCD

Resources required: 2 Zoe Gynaecologic simulators, 2 large SS trays, 2 IUCD trays with lids, 2 Sims'/ Cusco's speculums, 2 long artery forceps, 2 Mayo's scissors, 2 anterior vaginal wall retractors, 2 sponge holders, 2 kidney trays, 36 pairs of sterile gloves, swabs dipped in antiseptic solution, 2 small bowls, 1 Vulsellum/Tenaculum forceps, 2 uterine sounds, 16 pre-sterilized packages containing IUCD (copper T 375, 380A), 0.5% chlorine solution in a bucket, 3 colour coded waste disposal bins, 20 sets of PPE



Time: 13.15-14.15

Lunch break ☕



Time: 14.15-15.15

Supervised Skills Practice Time

The participants will again be given time to practice on the four skills listed below. Each group will be allocated 30 minutes in one cabin before being asked to move to another cabin.

Also, the participants can be guided to choose their skills station as the need felt by themselves to have more hands on practice.

Cabin 1: 2nd Stage of labour

Cabin 2: AMTSL

Cabin 3: NRP

Cabin 4: CAB

The sessions must be supervised, but not necessarily by all the trainers on all the stations. Peer learning should be encouraged for better learning outcomes.



Time: 15.15-15.30

Tea break ☕



Time: 15.30-17.15

Supervised Skills Practice Time

Supervised skills practice of management of IUCD in Cabins 2 and 3 and Eclampsia in Cabin 1 respectively.

The trainer should identify areas that need to be improved during practice sessions and ensure the practice of these skills is repeated.



Time: 17.15-17.45

Facilitators to take the feedback from the participants. After this participants can leave for the day and Faculty to have a meeting.

During the Faculty meeting, all trainers to share their observations of the day to improve the performance of each participant.



Basic Level – RMNCH+A Skills Lab Training Programme Schedule

Time	Space	Activity
Time	Space	Activity
09.00-11.00	Skills cabin	Skill evaluation of previous day learned skills
11.00-12.00	Skills Cabin	Supervised practice session
12.00-12:20	Seminar Room	Post test knowledge assessment questionnaire (KAQ)
12.20-13:00	Seminar Room	Valedictory - Certificates of participation TA/DA disbursement (State level)
13.00 onwards		Lunch

Expanding Session Plans with Equipment List



Time: 9.00 am-11.00 am

Skill evaluation of previous day learned skills

Out of 16 participants, 8 will stay in the seminar room and remaining 8 participants will perform skill evaluation test of the day as enlisted.

IUCD

Eclampsia Management

Inhaler and Nebulizer

KMC

NBCC

Resources required : 16 checklists of each of the skills listed above.



Time: 11:00 am –12:00 pm

Supervised practice session for those sessions which both the facilitator and participant feels the need for strengthening



Time: 12.00pm –12.20 pm

Post Course knowledge test

16 participants will remain in the seminar room for the post knowledge test. This will take around 20 minutes.

Resources Required : 16 Knowledge test questionnaires



Time: 12.20 pm to 1 pm

Valedictory and TA and DA disbursement

Closing remarks by DNO and lead trainer. Congratulate the participants for the successful completion of the course. Get participants feedback of the course and the the changes that they will implement when they go back to their facility.

A valedictory function can be organised inviting special guests

Resources Required: Completed certificates



Time: 1 pm onwards

Lunch break 🕒

Pre and Post Test Assessment

Pre- and post-test assessments will be carried out by trainers to assess the knowledge and skills gained based upon a structured knowledge questionnaire and Objective Structured Clinical Examination (OSCE) respectively. The entire group will undergo knowledge assessment in the Seminar Room, after which a group of 4 learners will undertake skills assessment through OSCE, and this assessment will continue until all 16 learners have been assessed. The duration of each assessment will be 40 minutes, making the entire process of the knowledge and skills assessment 200 minutes in duration.

The facilitators may ask the Data Entry Operator (DEO) to supervise the administration of the structured knowledge questionnaire to one group while the facilitators are involved in the OSCE stations. The knowledge questionnaire is provided on the pen drive. The facilitator should use a different set of questionnaires for each batch of learners. During OSCE, each facilitator will be responsible for one OSCE station of the total of 4 OSCE stations for Basic and Add-on skills.

Use of the Skills Checklists

The checklists contain the steps or tasks performed on the mannequin/equipment. These serve as guides for the activities or tasks to be performed in a recommended sequence of standard practice.

The checklists are designed to be used for both teaching (demonstration on mannequin/equipment) and supervision of skill acquisition by the learner. The skills checklists can also be used as a peer learning tool, as a practice tool during supervised skills practice sessions and for the assessment of skills. At the end of the steps detailed in the skills checklists, key points relating to the skills are given. These are to be emphasised by the facilitators during demonstration and discussion.

Each skills checklist identifies critical steps. It is mandatory that each learner performs all the critical steps. After the completion of each skill station, the facilitator will sign the learning logbook for only those skills for which the learner has completed all the critical steps.



Evaluation Forms

EDD Weight and BP Measurement

Equipment: Weight scale, blood pressure machine, stethoscope, chair, role player, medical record

Scenario: A woman attends the antenatal clinic for the first time – you are the health professional. She states that she is approximately 3 months pregnant. The first day of her last menstrual period was 3rd January 2015. You will conduct her antenatal check.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Ask to calculate EDD (Answer: 10th October 2015)	2			
Explain and demonstrate the use of the weighing scales				
▪ Ensure scale is on flat and hard surface	1			
▪ Ensure scale is calibrated to zero	2			
▪ Read to nearest 100g	1			
▪ Record on MCP card	1			
Describe and demonstrate the measurement of BP				
▪ Ensure patient is sitting or lying down on her left side	1			
▪ Ensure sphygmomanometer is at level of heart. Note zero error.	1			
▪ Position cuff (3cm above elbow)	1			
▪ Increase cuff pressure until pulse disappears + 30mmHg	1			
▪ Put stethoscope on brachial artery	1			
▪ Slowly release pressure	1			
▪ Note the BP when the sound is heard (systolic) and when it disappears (diastolic)	2			
▪ Record on MCP card	1			
State normal weight gain				
9-11 kg	1			
How do you diagnose pre-eclampsia?				
▪ Hypertension	2			
▪ Albumin (+2) in urine				
What diastolic blood pressure indicates severe pre-eclampsia?				
110 mmHg	1			
Total score:	20			

Faculty Comments & Initials:

Abdominal Examination

Equipment: Abdominal mannequin, fetal stethoscope, tape measure, watch with second hand.

Scenario: A woman attends your antenatal clinic at 36 weeks gestation for routine antenatal care.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Please elaborate the steps before you carry out an abdominal examination/palpation				
▪ Ensure privacy of woman	1			
▪ Obtain verbal consent from woman	1			
▪ Check that she has emptied her bladder and instruct her to keep her legs and thighs in a semi-flexed position with thighs kept slightly open	1			
▪ Examine from the right-hand side	1			
▪ Centralize the uterus with one hand if it is tilted to one side	1			
Please demonstrate how to do an abdominal examination/palpation				
Here instructor would prompt: What do you look for on the abdomen?				
Visually assess:				
▪ scars	1			
▪ shape	1			
▪ size	1			
Measure fundal height:				
▪ Using ulnar border of left hand, start palpating gently from xiphisternum downwards till you meet the first resistance (fundus of the uterus)	1			
▪ Identify symphysis pubis	1			
▪ Measure the distance between symphysis pubis and fundus in cm with the tape face down	1			
Here the facilitator would prompt: What is the importance of this?				
▪ cm = approx. gestational age in weeks	1			

To be continued....

Palpation:				
▪ Fundal grip: Keep both hands over the fundus and try to palpate the part of the fetus at the upper pole of the uterus to identify head or breech	1			
▪ Lateral grip: Keep hand on one side of the abdomen and palpate other side of the abdomen with other hand and repeat the manoeuvre to identify which side is the back of the fetus and determine the lie	1			
Pelvic pole to confirm presenting part and determine engagement:				
▪ First pelvic grip : With the fingers and thumb of the right hand try to hold the part of the fetus at the lower pole of the uterus just above the symphysis pubis and identify it and move it to see if it is movable or fixed	1			
▪ Second pelvic grip: Turn towards the feet of the woman, slightly extend the woman's legs. Keep both hands on either side of the presenting part with fingers towards the pelvis	1			
Auscultate FH on spino-umbilical line at the side identified as back				
▪ For 60 seconds	1			
▪ Record findings	1			
▪ Explain to mother	1			
What is the normal FH range?				
120-160 beats/min regular	1			
Total score:	20			

Faculty Comments & Initials:

Hemoglobin Estimation

Equipment: Sahli's Haemoglobinometer, N/10 HCl, gloves, spirit swabs, lancet, distilled water and dropper, puncture proof container, 0.5% chlorine solution.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Perform Haemoglobin estimation with Sahli's Haemoglobinometer.				
▪ Keep all the necessary items ready	1			
▪ Wash hands and wear gloves	1			
▪ Clean the Hb tube and pipette	1			
▪ Fill the Hb tube with N/10 HCl up to 2g with the dropper	1			
▪ Clean tip of the person's ring finger with the spirit swab	2			
▪ Prick the ring finger with the lancet and discard the first drop of blood	2			
▪ Allow a large blood drop to form on the fingertip	1			
▪ Suctions it with the pipette up to 20 cu.mm mark. (Connect pipette to syringe and pull the barrel instead of mouth sucking by pipette)	2			
▪ Take care that air entry is prevented while suctioning the blood.	1			
▪ Wipe the tip of the pipette and transfer the blood to the Hb tube containing N/10 HCl	1			
▪ Rinse the pipette 2-3 times with N/10 HCl in the Hb Tube	1			
▪ Leave the solution in test tube for 10 minutes	1			
▪ After 10 minutes, dilute the acid by adding distilled water drop-by-drop and mix it with stirrer	1			
▪ Match with the colour of the comparator	1			
▪ Note down the reading (lower meniscus)	1			
▪ Dispose of the used lancet in a puncture proof container	1			
▪ Immerse the used gloves in 0.5% chlorine solution	1			
Total score:	20			

Faculty Comments & Initials:

Pregnancy Detection Test

Equipment: Pregnancy test kit with dropper, urine sample in container, watch or clock with second hand.

Scenario: 27 year old woman with missed period attends your health centre. She is otherwise fit and well.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
How would you confirm her pregnancy?				
▪ Explain what you are doing and why	1			
▪ Ask woman to collect her urine sample in the container	1			
▪ Check expiry date on test kit and read instructions	2			
▪ Take out the test card from packaging and place on flat surface	2			
▪ Use dropper to put 2–3 drops of urine in the correct place on the test kit	1			
How long should you wait?				
▪ As per manufacturer’s instructions	1			
How would you read the test?				
▪ 1 band = not pregnant	2			
▪ 2 bands = pregnant	2			
▪ 0 bands = test kit failed, try again with new test kit	2			
Test is positive – what would you do next?				
▪ Explain to the patient that she is pregnant	2			
▪ Encourage her to attend ANC	2			
▪ Register on MCP card/MCTS system	2			
Total score:	20			

Faculty Comments & Initials:

Urine Test

Equipment: Urine collection bottles, urine dipsticks, red disposal bin, and clock with second hand.

Scenario: 27 year old attending a routine antenatal check-up at 28 weeks of pregnancy.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Demonstrate how you would carry out a routine urine test for sugar and protein (albumin)				
▪ Explain to the patient what the test is for	1			
▪ Ask for a urine sample	1			
▪ Check expiry date on dipsticks and read instructions carefully	2			
▪ Remove one strip and close container tightly	2			
▪ Dip indicator side of the strip in the urine sample, remove it and tap at the edge of container to remove excess urine	2			
▪ Follow manufacturer's recommendations for when it is time to read the results	1			
▪ Compare the sugar reagent part with the sugar chart on the container	1			
▪ Compare the albumin reagent part with the albumin results chart on side of bottle	1			
▪ Discard used test stick in red bin (as per GoI protocol)	1			
▪ Explain results to the patient and record on MCP card	2			
Why is it important to test urine for the presence of protein?				
To detect pre-eclampsia	2			
Why do you test urine for glucose?				
To screen for gestational diabetes	2			
What will you do if test is positive for sugar?				
Refer to higher facility for further blood tests	2			
Total score:	20			

Faculty Comments & Initials:

Hand Washing

Equipment: Running water, soap, clean towel.

Scenario: You are going to carry out a routine neonatal examination.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Demonstrate how you would wash your hands				
Remove rings, bracelets and watches	2			
Wet hands with clean running water and apply soap	2			
Rub hands vigorously on both sides in the following order: <ul style="list-style-type: none"> ▪ Palms, fingers and web spaces ▪ Back of hands ▪ Fingers and knuckles ▪ Thumbs ▪ Fingertips and creases ▪ Wrist 	1			
	1			
	1			
	1			
	1			
	1			
Rinse thoroughly under clean running water	2			
Dry hands using clean towel or air-dry	2			
What could you do if there was no running water available?				
Use alcohol rub	2			
How would you use this?				
Rub both sides of hands for 30 seconds or until the solution is dry	2			
When would this not be appropriate?				
If hands are soiled or bloody	2			
Total score:	20			

Faculty Comments & Initials:

Preparation of 0.5% Chlorine Solution

Equipment: Plastic bucket with cover, plastic mug, wooden stirrer, 1L clean water, utility gloves, plastic apron, teaspoon, bleach powder in airtight container.

Scenario: You are working on the labour ward and have been asked to decontaminate instruments used at a birth.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
What would you use to carry out the primary decontamination of the gloves and instruments?				
0.5% chlorine solution	3			
Please demonstrate how to prepare 0.5% chlorine solution				
▪ Put on plastic apron and utility gloves	2			
▪ Pour 1 L of water into the plastic bucket	2			
▪ Take some water in the mug from the bucket, then add 3 level teaspoons of bleaching powder to it to make a thick paste	4			
▪ Add the paste to the 1 L of water in the bucket and mix with the wooden stirrer	2			
▪ Cover bucket	3			
How would you store the bleaching powder?				
Airtight container away from sunlight	2			
When do you need to change the solution?				
At least every 24 hours or if it becomes turbid due to multiple use	2			
Total score:	20			

Faculty Comments & Initials:

Personal Protective Equipment

Equipment: Waterproof apron, gown, cap, mask, eye cover, shoe covers.

Scenario: You are going to deliver a baby on the labour ward.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Demonstrate how you would use personal protective equipment to protect yourself and the patient				
▪ Shoe covers	1			
▪ Waterproof apron	1			
▪ Eye cover	1			
▪ Cap	1			
▪ Mask	1			
▪ Gown	1			
▪ Gloves	1			
Put on the sterile gloves using the following procedure:				
▪ Ask assistant to open the outer package of the gloves	1			
▪ Open the inner wrapper exposing the cuffed gloves with the palm facing upwards	1			
▪ Pick up the first glove by the cuff, touching only the inside portion of the cuff	1			
▪ Hold the cuff in one hand and slip the other hand into the glove ensuring that the fingers enter the corresponding finger of the glove	1			
▪ Pick up the second glove by sliding the fingers of the gloved hand under the cuff of the second glove	1			
▪ Put the second glove on the ungloved hand by maintaining a steady pull through the cuff until the fingers reach the end of the corresponding finger of the glove	1			
▪ Adjust the cuff until the gloves fit comfortably and cover both the wrists.	1			
After the procedure, how would you remove the contaminated gloves?				
▪ Grasp one of the gloves near the cuff and pull downwards towards the fingers	1			
▪ Grasp the second glove and pull downwards	1			
▪ Pull off the two gloves at the same time, being careful to touch only the inside surfaces of the gloves with your bare hands	1			
▪ Place them in a container of 0.5% chlorine solution	1			
What precautions should you take to avoid contaminating sterile gloved hands?				
▪ Don't touch unsterile items with gloved hands	1			
▪ Keep gloved hands above waist level	1			
Total score:	20			

Faculty Comments & Initials:

Cervical Dilatation

Equipment: Cervical Dilatation Model, Sterile, Gloves, bowl with cotton swabs, Antiseptic solution, Sponge Holder, 0.5% Chlorine Solution, Colour Coded Waste Disposal Bins, PPE, Kidney tray

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Ask the Participant to demonstrate the steps to assess Cervical effacement and dilatation inform that in woman has just urinated.				
▪ Wash hands	2			
▪ Wear HLD/sterilized gloves on both hands	2			
▪ Take an antiseptic solution swab in a sponge holder and clean both labia from above downwards.	2			
▪ Repeat the step again using another swab	2			
▪ Discard the swabs in the yellow bucket	1			
▪ Separate the labia, clean with a swab from above downwards	2			
▪ Insert index and middle finger to perform the vaginal examination	2			
▪ Rotate the hand 90 degrees so that the palm faces upwards and gently stretches the fingers till the rim of cervix is felt (usually at 3–9 o'clock position)	2			
▪ Assess cervical dilatation and informs in cms.	2			
▪ Feel the rim of the cervix with the index and middle finger	1			
▪ Assess the cervical effacement and informs (in %)	1			
▪ Remove the glove inside out and put in 0.5% chlorine solution	1			
Total score:	20			

Faculty Comments & Initials:

Normal Delivery

Equipment: Mannequin, baby, towels, gloves, antiseptic solution swabs, normal delivery set, and disposal bins. Plastic sheet is placed under buttocks and a clean towel on abdomen.

Scenario: A 21 year old primigravida, accompanied by her husband, is in active labour. You have ensured privacy and gained consent. You had prepared the room and she is about to deliver the baby. Demonstrate how you would conduct a normal vaginal delivery.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
How would you ensure the woman’s bladder is empty?				
Palpate the suprapubic region	1			
Which aseptic techniques are important?				
<ul style="list-style-type: none"> ▪ Wash hand and put on sterile gloves ▪ Clean the woman’s perineum 	1 1			
How do you control the birth of the head?				
<ul style="list-style-type: none"> ▪ Encourage the woman to make small pushes with contractions ▪ Control the birth of the head with fingers of one hand to maintain flexion ▪ Support the perineum with other hand using a clean pad 	1 1 1			
What do you do after the head has delivered?				
<ul style="list-style-type: none"> ▪ Allow the baby’s head to turn spontaneously ▪ Place hands on either side of baby’s head and deliver anterior shoulder ▪ Deliver posterior shoulder once axillary crease is seen by guiding head in an upwards direction ▪ Once delivery complete, place the baby on the mother’s abdomen ▪ Inform mother of sex of baby ▪ Delay cord clamping for 1–3 minutes ▪ Note time of birth, sex of baby on partograph 	1 2 2 1 1 1 1			
How would you care for the newborn baby?				
<ul style="list-style-type: none"> ▪ Dry the baby and mother’s abdomen with pre-warmed towels ▪ Cover the baby loosely with second pre-warmed towel from head to toe ▪ Simultaneously, check for crying/ breathing – if crying/ breathing, then go ahead with ENBC 	1 1 1			
If the baby is not breathing, what do you do?				
Cut the cord immediately and begin resuscitation	2			
Total score:	20			

Faculty Comments & Initials:

Partograph Details

A woman having her first baby was admitted to the labour ward from home in labour. Please plot the details below on the partograph.

Time	Cervical dilatation	Head descent (5ths)	Fetal heart rate (beats/min)	Membranes/ amniotic fluid	Contractions (duration)
10:00	5 cm	2	140	Membranes intact	3 (50 secs)
14:00	7 cm	2	130	Artificial rupture of membranes	2 (35 secs)
16:00	9 cm	1	155	Clear	3 (45 secs)

WHO Partograph

Name	Gravida	Para	Hospital number
Date of admission	Time of admission	Ruptured membranes	Hours

The partograph grid includes the following sections:

- Foetal heart rate:** A grid with a vertical axis from 80 to 200 bpm. A red horizontal line is drawn at 120 bpm.
- Amniotic fluid Moulding:** A 12-hour grid.
- Cervix (cm) [Plot x]:** A grid with a vertical axis from 0 to 10 cm. A red line starts at 5 cm at 10:00 and reaches 9 cm at 16:00. A label 'Abort' is placed above the line between 3 and 6 hours, and 'Action' is placed below the line between 4 and 10 hours.
- Descent of head [Plot o]:** A grid with a vertical axis from 0 to 10 hours. A red line starts at 2 at 10:00 and reaches 1 at 16:00.
- Contractions per 10 mins:** A grid with a vertical axis from 1 to 5. A legend indicates: white square for <20 Sec, grey square for 20-40 Sec, and black square for >40 Sec.
- Oxytocin IU/Litre drops/min:** A 12-hour grid.
- Drugs given and IV fluids:** A 12-hour grid.
- Pulse [Plot •]:** A grid with a vertical axis from 60 to 180 bpm.
- BP [Plot |]:** A grid with a vertical axis from 60 to 180 mmHg.
- Temp °C:** A 12-hour grid.
- Urine:** A grid with three rows for Protein, Acetone, and Volume.

Partograph

Equipment: Blank partograph and pen, question sheet.

Scenario: A primigravida woman was admitted to the labour ward from home in labour. Please plot the details on the question sheet onto the partograph.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
At 10:00				
▪ Allocate a mark for correct allocation of:				
◦ Time	1			
◦ Cervical dilation	1			
◦ Head descent	1			
◦ Fetal heart rate	1			
◦ Contractions	1			
▪ What is your assessment of the labour at this time?	1			
Answer: Normal				
At 14:00				
▪ Allocate a mark for correct allocation of:				
◦ Time	1			
◦ Cervical dilation	1			
◦ Head descent	1			
◦ Fetal heart rate	1			
◦ Contractions	1			
▪ What is your assessment of the labour at this time?	1			
Answer: Slow progress				
▪ What interventions would you make?	1			
Answer: Artificial rupture of membranes and augment labour				
▪ After how many hours would you reassess?	1			
Answer: After 2 hours				
At 16:00				
▪ Allocate a mark for correct allocation of:				
◦ Time	1			
◦ Cervical dilation	1			
◦ Head descent	1			
◦ Fetal heart rate	1			
◦ Contractions	1			
▪ What is your assessment of the labour at this time?	1			
Answer: Satisfactory				
Total score:	20			

Faculty Comments & Initials:

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Active Management 3rd Stage Labour

Equipment: Model of placenta, kidney tray, forceps, syringe of 'oxytocin', gloves, abdominal model (put placenta inside abdomen and hold until ready to deliver).

Scenario: The second stage of labour is over. The baby is well and breathing normally. Now demonstrate active management of the third stage of labour.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Before attempting delivery of the placenta, what should you check for?				
<ul style="list-style-type: none"> Exclude additional baby (babies) by palpating the mother's abdomen 	1			
Describe and demonstrate how you should actively manage the third stage of labour				
<ul style="list-style-type: none"> Administer inj. oxytocin (10 IU IM on anterolateral aspect of thigh) or misoprostol (600 mcg oral) 	2			
<ul style="list-style-type: none"> Palpate the uterus for contractions 	1			
<ul style="list-style-type: none"> Wait for the uterus to contract 	1			
<ul style="list-style-type: none"> Apply CCT with countertraction 	1			
Following delivery of the placenta, what action should you take?				
<ul style="list-style-type: none"> Massage fundus 	1			
<ul style="list-style-type: none"> Ensure uterus is well contracted 	1			
<ul style="list-style-type: none"> Examine placenta and membranes to ensure completeness 	1			
<ul style="list-style-type: none"> Put placenta in the yellow bag 	1			
<ul style="list-style-type: none"> Estimate blood loss 	1			
<ul style="list-style-type: none"> Complete records 	1			
Post-delivery, what would you check and how frequently?				
Uterine contraction and vaginal bleeding every 15 minutes for 2 hours, maternal pulse, and BP	4			
How long would you wait to deliver the placenta before referring to a higher facility?				
30 minutes	2			
When would you not perform CCT?				
<ul style="list-style-type: none"> When no contraction is present 	1			
<ul style="list-style-type: none"> Without applying counter traction above symphysis pubis 	1			
Total score:	20			

Faculty Comments & Initials:

Postpartum Haemorrhage

Equipment: MamaNatalie, IV arm, drip stand, BP apparatus, stethoscope, tourniquet, Catheterization model, iv set, inj. oxytocin, IV fluids, iodine solution, 0.5% chlorine solution, PPE, adhesive tape, long gloves, IV cannula, drip set.

Scenario: Following a prolonged labour, normal delivery of a healthy baby and AMTSL, you note there is profuse vaginal bleeding estimated at 1000ml. You have checked and found signs of shock.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Describe the steps you will take in this scenario				
▪ Shout for help	1			
▪ Reassure the woman	1			
Demonstrate management				
▪ Insert IV cannula (wide bore)	1			
▪ Take blood for cross-matching	1			
▪ Start IV fluids (1L RL)	1			
▪ Check whether oxytocin has been given in AMTSL. If not, give oxytocin 10 IU IM	1			
▪ Start oxytocin 20 IU in 500 ml of RL at 40–60 drops per minute	1			
▪ Wash hands	1			
▪ Wear gloves	1			
▪ Palpate and massage uterus to ensure well contracted	1			
▪ If atonic, start uterine massage	1			
▪ Check for soft-tissue trauma	1			
▪ Catheterize the bladder	1			
▪ Continue to massage the uterus if not contracted	1			
▪ Check placenta and membranes complete	1			
If bleeding has not stopped, what further management would you perform?				
Bimanual compression	1			
How do you reassess the woman once bleeding is under control?				
▪ Take pulse every 30 minutes	1			
▪ Take blood pressure every 4 hours	1			
▪ Assess urine output every 4 hours until > 30 ml/hour	1			
If bleeding does not settle what will you do?				
Refer to higher facility with complete referral note	1			
Total score:	20			

Faculty Comments & Initials:

Insertion of IV Line

Equipment: Arm model, swabs, IV cannula, spirit swabs, adhesive tape, 2 ml N/S gloves, syringe, tourniquet.

Scenario: A pregnant woman in your care requires IV antibiotics.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Describe and demonstrate what steps you would take to prepare and insert an IV cannula				
Assemble the necessary equipment:				
▪ Sterile cotton wool swabs and iodine/betadine	1			
▪ IV cannula	1			
▪ Saline flush	1			
▪ Gloves and splints/tourniquet	1			
▪ Blood sample bottles	1			
Identify the site of insertion	1			
Apply tourniquet proximal to vein	1			
Wash hands and put on gloves	1			
▪ Clean the site with alcohol	1			
▪ Wait for 30 seconds	1			
▪ Apply povidone iodine solution	1			
▪ Remove the povidone iodine using alcohol	1			
▪ Allow to air-dry for 30 seconds	1			
Insert cannula into vein (15-degree angle)	1			
When blood is seen, advance cannula whilst withdrawing the stylet	1			
Flush with 2 ml of NS to check for flow of the fluid	1			
Connect to IV fluids or put in stopper	1			
Secure cannula with adhesive tape	1			
Safe disposal of:				
▪ Stylet in puncture-proof container	1			
▪ Plastic waste in red bin	1			
Total score:	20			

Faculty Comments & Initials:

Catheterization

Equipment: Catheterization mannequin, Foleys catheter, 10CC syringe, 10ml distilled water, Cotton swabs, antiseptic solution, sponge holder, kidney tray, uro bag.

In the below evaluation list, both procedures carry 10 marks each.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Steps for catheterization:				
▪ Check the expiry date on the pack(16/18 F foley’s catheter)	1			
▪ Open the pack and leave it partially drawn out on the sterile tray	1			
▪ Hand wash and put on sterile gloves	1			
▪ Clean the vulva with wet cotton swabs soaked in cetrimide solution	1			
▪ Separate the labia majora and insert the tip of Foley’s catheter in the urinary meatus	1			
▪ Push the catheter and connect the other end of the catheter to the urobag	2			
▪ Check the flow of urine	1			
▪ Inflate the bulb of catheter with 10ml normal saline	2			
Steps for Removal of catheter				
▪ Put on sterile pair of gloves	2			
▪ Take 10 ml syringe and attach the barrel of the syringe to short end of catheter	2			
▪ Deflate the bulb by withdrawing normal saline with the help of syringe	2			
▪ Pull out the catheter and dispose catheter and urobag as per the guidelines	2			
Total score:	20			

Faculty Comments & Initials:

CAB Approach

Equipment: Sphygmomanometer, stethoscope, pulse-oximeter (if available), supplemental oxygen, oxygen face mask and tubing.

Scenario: A 25-year-old woman, unconscious, delivered at home 5 hours ago. The family said she lost a lot of blood at the time of delivery. The placenta has been delivered. She has been brought to your health centre. Examination on arrival shows a blood pressure of 90/55 mmHg, and pulse rate of 115 beats/min.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
What would you do first?				
▪ Shout for help	1			
▪ Insert 2 IV lines	1			
▪ Take blood and send it to lab	1			
▪ Start fluids at a rapid rate (1 L in 20 mins)	1			
What would you do next?				
▪ Assess airway patency (looking at chest movements, listening for and / or feeling air through nostrils)	1			
If the airway is not patent, what would you do?				
▪ Perform head tilt, chin lift and jaw thrust	1			
The woman is breathing. What would you do next?				
▪ Provide immediate management of shock	1			
What steps would you take to provide immediate management of shock?				
▪ Turn patient to left lateral position	1			
▪ Start oxygen @ 6–8 L/min	1			
▪ Keep the woman warm	1			
▪ Elevate her legs	1			
▪ Catheterize the woman	1			
▪ Monitor vital signs every 15 mins	1			
The woman is not breathing. Demonstrate what you would do				
▪ Suction only if vomit or blood present	1			
▪ Positioning	1			
▪ Insert airway	1			
▪ Give 30 chest compressions followed by 2 breaths @ 100 compressions/min	1			
▪ Press sternum vertically to depress it by 4–5 cm	1			
▪ Each breath should be provided for 1 second and should raise the chest	1			
You have successfully resuscitated the woman. What would you do next?				
▪ Find out the cause and manage accordingly	1			
Total score:	20			

Faculty Comments & Initials:

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IUCD

Equipment: Sponge-holding forceps, uterine sound, Sims speculum, vulsellum, Cu-IUCD, bowl with cotton balls, betadine solution, PPE, scissors, bucket with 0.5% chlorine solution, kidney tray.

Scenario: A woman comes to a clinic 6 weeks after the birth of her second baby, asking for contraception advice. After counselling she decides that an IUCD will be her best choice.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Demonstrate how you will insert an IUCD				
▪ Check the IUCD pack for expiry date and for tears in the pack	1			
▪ Read the instructions	1			
▪ Wear PPE. Wash the hands and wear 2 appropriate-sized gloves one on top of the other on each hand	1			
▪ Perform bimanual pelvic examination and note the size and position of the uterus	1			
▪ Remove the outer gloves and discard in the appropriate bin	1			
▪ Perform speculum examination and check cervix and vagina for signs of infection	1			
▪ Clean cervix and vagina with antiseptic solution	1			
▪ Hold the cervix by the anterior lip using vulsellum and pass uterine sound to assess depth of uterine cavity	1			
▪ Remove IUCD from the opened package and load plunger rod into the insertion tube	1			
▪ Set length-gauge at uterine length	1			
▪ Align the length-gauge and folded arms of the T to horizontal position	1			
▪ Insert IUCD into the cervical canal observing a non-touch technique	1			
▪ Advance until blue length-gauge comes into contact with the cervix, keeping it in a horizontal position	1			
▪ While holding the plunger rod, withdraw the insertion tube and gently push the insertion tube towards the fundus	1			
▪ Withdraw the insertion tube from the canal and locate the strings	1			
▪ Cut strings at 3 to 4 cm from the cervical os	1			
▪ Gently remove the speculum and the vulsellum	1			
▪ Put all used instruments in 0.5% chlorine solution for decontamination	1			
Can you name two complications the mother may experience and report back?				
Candidate needs to provide two of the answers below:	2			
▪ IUCD device is expelled				
▪ Heavy vaginal bleeding				
▪ Lower abdominal pain				
▪ Fever or purulent vaginal discharge				
Total score:	20			

Faculty Comments & Initials:

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Eclampsia

Equipment: IM Injection mannequin, Inj.50% MgSO₄ - 10 ampoules, Syringes (10 ml syringe and 22G needle)-2, Alcohol/Spirit swabs in a bowl, Kidney Tray, Knee Hammer, Ampoule of 10% Calcium gluconate, SS large tray-1.

Scenario: A woman is admitted to a basic facility at 38weeks having just had a fit. She is semi-conscious. Demonstrate the steps to be done by you.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
▪ Call for help	1			
▪ Check Circulation	1			
▪ Establish and maintain airway	1			
▪ Check Breathing	1			
▪ Place woman in left lateral position	1			
▪ Take the required number of MgSO ₄ and check the expiry date	1			
▪ Prepare two 10 ml syringes of 5 g (10 ml) 50% Magnesium Sulphate	1			
▪ Wash and dry hand	1			
▪ Wear gloves	1			
▪ Clean injection site with alcohol	1			
▪ Administer 5 g (10 ml) by DEEP IM injection in each buttock (upper outer quadrant)	1			
▪ Cut the needle with hub cutter	1			
▪ Dispose of used syringe in a proper disposal box	1			
▪ Records drug administration in woman's record	1			
Before administering Magnesium Sulphate to a woman who is conscious, what would you warn her about?				
She may experience a feeling of warmth/irritation along IV site	2			
Here the instructor would prompt : If the mother is not stabilized, what should you do next?				
Refer to a higher facility if treatment not available	2			
When transferring a woman with suspected eclampsia, what do you need to ensure is available?				
Basic life support -Patent IV line, airway and referral slip with documentation of all medication given	2			
Total score:	20			

Faculty Comments & Initials:

Newborn Care Corner

Equipment: Radiant warmer, bag and mask, suction machine, oxygen cylinder, newborn mannequin.

Scenario: A woman is in the second stage of labour and you are preparing the newborn care corner in case it is required. You have already cleaned the surfaces and replaced the towels.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Demonstrate how to use the radiant warmer				
▪ Connect plug to electricity supply	1			
▪ Switch on the radiant warmer	1			
▪ Check display for mode, air temperature and temperature bars	1			
▪ Check whether probe is attached to the machine	1			
▪ Identify servo and manual mode and select manual mode	1			
▪ Switch to servo mode and set temperature to 36.5°C	1			
▪ Identify and connect skin probe	1			
Demonstrate how to assemble bag and mask and how to use them				
▪ Connect mask to bag	1			
▪ Check bag by occluding patient outlet with palm and squeezing the bag	1			
▪ Check quick refilling of the bag	1			
▪ Check that the pop-up valve moves up and down with a hissing sound	1			
▪ Apply mask to mannequin – mouth and nose is covered, not the eyes	1			
▪ Connect oxygen source if required	1			
▪ Attach reservoir if oxygen source is connected (must be readily available/should ask for it if not, so that the skill develops to look for it)	1			
What size face mask do you use for preterm newborn?				
Size 0	1			
Demonstrate how to operate a foot-operated suction machine				
▪ Place foot suction on floor, bellows on right side and fluid collection jar on left side	1			
▪ Place right foot on bellows and press the foot down	1			
▪ Block the suction tubing, press the bellows	1			
▪ Check for suction pressure	1			
What is the maximum suction pressure that can be used safely in a newborn?				
100 mmHg	1			
Total score:	20			

Faculty Comments & Initials:

Essential Newborn Care

Equipment: Neonatal mannequin, 2 towels, cord clamp, ID band, scissors, cap, weighing machine, syringe, needle and injection of vitamin K.

Scenario: You have delivered a full-term newborn, no meconium, who cried at birth. Describe the steps you will take to provide essential newborn care.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Demonstrate immediate care				
▪ Call out time of birth	1			
▪ Receive in pre-warmed towels	1			
▪ Place on mother's abdomen in a prone position	1			
▪ Assess breathing	1			
▪ Dry baby with a pre-warmed towel	1			
▪ Discard wet towel	1			
▪ Cover with another pre-warmed towel and place between mother's breasts	1			
Baby is breathing normally – when would you cut the cord?				
▪ 1–3 minutes after birth	1			
What actions would you take now?				
▪ Place an identity wristband on the baby	1			
▪ Cover head with cap	1			
▪ Record the weight	1			
▪ Give injection of vitamin K to the baby	1			
▪ Initiate breastfeeding	1			
▪ Maintain skin-to-skin contact	1			
▪ Check for any congenital malformations	1			
Demonstrate the steps you would take to weigh a newborn				
▪ Place on a flat, stable surface	1			
▪ Place a towel on the pan	1			
▪ Adjust the scales to zero	1			
▪ Place baby in the weigh pan	1			
▪ Record your findings	1			
Total score:	20			

Faculty Comments & Initials:

Newborn Resuscitation

Equipment: Neonatal mannequin; neonatal bag and mask; towels x2; stethoscope.

Scenario: A woman (38 weeks pregnant) referred to your facility has been in labour for 17 hours. The baby is just delivered and passed to you. It is floppy, unresponsive and no meconium is visible.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Please demonstrate what you would do (Facilitator pass the baby to candidate)				
▪ Clamp and cut the cord immediately	1			
▪ Place under radiant warmer	1			
▪ Dry and wrap in a pre-warmed towel	1			
▪ Position baby in slight neck extension using a shoulder roll	1			
▪ Do not suction, as there is no meconium	1			
▪ Stimulate by rubbing the back	1			
▪ Assess breathing and heart rate.	1			
Baby is breathing, has a heart rate of 90 bpm and is blue. What would you do next, please demonstrate?				
▪ Choose correct size bag & mask and position correctly covering mouth and nose	2			
▪ Give 5 inflation breaths of 2-3 seconds each (chest must rise)	2			
▪ Reassess the heart rate and breathing	2			
The heart rate is now 70 bpm with little respiratory effort. What would you do, please demonstrate?				
▪ Continue bagging at a rate of 40-60 breaths/ min (candidate has to demonstrate)	2			
▪ Provide oxygen if available	1			
If oxygen and a pulse oximeter are available, what is the recommended oxygen saturation level?				
▪ 90-95%	1			
If baby is breathing well and HR > 100, what would you do?				
▪ Refer him for observational care	1			
If no improvement after effective ventilation, what would you do?				
▪ Continue bag and mask ventilation	1			
▪ Ask someone to prepare referral to appropriate centre	1			
Total score:	20			

Faculty Comments & Initials:

Inhaler and Nebulizer

Equipment: Nebulizer and multi-dose inhaler with spacer. Normal saline, multi-dose vials, syringes and needles. Mannequin/volunteer.

Scenario: A boy aged one and a half, a known asthmatic, arrives in your clinic. He is short of breath and wheezing.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Demonstrate the correct use of the nebulizer				
▪ Wash hands (participant has to mention it but doesn't have to do it)	1			
▪ Measure the correct dose of medication to be used in the nebulized chamber (specify the dose)	1			
▪ Add normal saline to make the volume up to 3 ml	1			
▪ Connect the nebulizer tubing to the port on the compressor	1			
▪ Turn on compressor and check the nebulizer for misting	1			
▪ Connect the mouthpiece or mask to the T-shaped elbow	1			
▪ Hold the nebulizer in an upright position	1			
▪ Ensure the mask is a good fit	1			
Your patient is now stabilized, How would you teach the parents how to use the multi-dose inhaler (MDI) with spacer? Please demonstrate your teaching				
▪ Check expiry date	1			
▪ Shake the container	1			
▪ Remove the cap from the inhaler	1			
▪ Insert the inhaler mouthpiece into the slot of the spacer	1			
▪ Attach mask to the mouthpiece of the spacer	1			
▪ Instruct the mother to hold the child in the proper position	1			
▪ Place the mask over the child's nose and mouth so that there is a good seal with the face	2			
▪ Press down on the inhaler canister to spray 1 puff of medicine into the spacer	1			
▪ Allow the child to breathe normally for 5 breaths	1			
Here the facilitator would prompt: How do you know the medicine is dispersed?				
▪ Momentary misting of the spacer and hissing noise	1			
When to administer next dose?				
▪ Wait for 2–3 minutes, shake the inhaler and repeat steps	1			
Total score:	20			

Faculty Comments & Initials:

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Kangaroo Mother Care

Equipment: Baby doll, baby clothes, bed sheet, blanket, volunteer mother if available.

Scenario: A woman has given birth in your maternity unit to a baby at 34 weeks gestation. The baby weighs 2 kg and is pink, active, stable and breathing normally.

Participant Name:	Facilitator name:
Pre course date:	Post course date:
Skills Lab Name:	District, State:

	Total Mark	Score		Remark
		Pre	Post	
Demonstrate how you would perform kangaroo mother care (give participant clothed baby)				
▪ Explain the procedure to the mother	1			
▪ Ensure privacy for the mother	1			
▪ Ensure the mother is sitting or reclining comfortably	1			
▪ Gently undress the baby except for cap, nappy and socks	1			
▪ Place baby prone on the mother's chest	1			
▪ In an upright position	1			
▪ Between her breasts, skin to skin	1			
▪ In a frog-like position (arms and legs flexed)	1			
▪ Turn baby's head to one side so airway is open	1			
▪ Support baby's bottom using appropriate sling or binder	1			
▪ Cover mother and baby with blanket or shawl	1			
▪ Ensure baby is breastfed frequently	1			
What should the ideal room temperature be?				
▪ 26-28°C	1			
What are the two key components of KMC?				
▪ Skin-to-skin contact	1			
▪ Exclusive breastfeeding	1			
What are the benefits of KMC?				
▪ Reduces risk of hypothermia	1			
▪ Promotes lactation	1			
▪ Promotes weight gain	1			
▪ Reduces infections	1			
▪ Improves bonding between mother and newborn	1			
Total score:	20			

Faculty Comments & Initials:

Role Plays

Conducting the session

1. The trainer should start the session by explaining the objectives (as described above) to the learners.
2. The learners should be divided into groups for conducting the role play, with one scenario being given to each group. Assigning the role plays to the different groups an evening before the session is desirable as it gives the team adequate preparatory time.
3. For each role play, the groups need to be explained the following:
 - Each person in the group can take up any one of the three possible roles
 - ◇ The client / patient
 - ◇ The service provider / counsellor
 - ◇ The observer (This person will observe the actors silently and note down his/her observations which will be shared later on)
 - The learners should try to ensure that they take up all of these roles at least once in different rounds of the role play.
 - The group needs to work on a role play that lasts for about 15 minutes.
 - The group needs to focus on both the counseling skills, using the GATHER approach (explained below) as well as the technical content of the counseling session
4. During the session, the various groups will be invited by the trainer to perform their role plays one by one.
 - The trainer may discuss the role play broadly with the group before they begin to ensure that they have understood and captured the main theme in their role play.
 - The group will be given about 15 minutes to act out the scenario
 - The trainer, the learners from other groups, as well as the appointed “observer” from the group which is performing will observe the role play and assess the same based on the checklist provided in Section IIB
 - Following the enactment, 10 minutes will be allotted for sharing of feedback, starting with the appointed “observer”, followed by the other learners. The trainer should facilitate a discussion and highlight key points.

Examples of possible role play scenarios that can be taken up during the training have been shared in following sections. Apart from the scenario, the example also describes the key discussion points that need to be captured during counseling.

Being assertive means expressing what we want or believe in and is an important part of clear communication.

Being passive means repressing the emotions, feelings, and thoughts that we have even if by doing so we feel uncomfortable and unhappy with ourselves.

Being aggressive means interacting with others without respect for their rights and/or feelings.

Being passive aggressive means displaying behavior in which feelings of aggression are expressed in passive ways as, for example, by stubbornness, sullenness, procrastination, or intentional inefficiency.

Check list

Use the following headings to guide comments on your observations:

Timing of Session

- Start time

- Finish time
- Time session took to complete
- Estimated time taken on each activity (specify for each)

Background information about the skilled attendants:

- Age
- Sex
- Qualifications
- Average number of monthly deliveries
- Setting of health centre - Rural or Urban
- Length of time working as a skilled attendant
- Length of time at this health facility/current position
- Previous training on counselling and communication skills

Comprehension

- Understanding of content
- Understanding of instructions for activities
- Difficulties encountered and how / (if) resolved

Process

- How was the session approached – individually or as a group?
- Was a facilitator or chair elected?
- Did they read through whole session before going back activities or did they work through section by section?
- Please describe any areas of consensus and disagreement and the process used to resolve.
- Observers’ opinion of comfort with self-learning approach vs. a facilitator?

Activities

- Were the activities completed?
- Problems with activities (what and why)
- Observers’ opinion – How well does the commentary (“Our view”, at the end of each activity) match with how the activity was carried out by the group? Does the commentary reinforce what they did?

Learning and Self-reflection

- Did the group members share ideas or previous experiences? Examples:
- Did the group members refer information in the handbook back to their own practice? Examples

Closure

- Ask participants their opinion about the session
- Were the objectives of the session met? Why or why not?
- What do they think about the self-learning approach?
- Did they find the activities useful?
- Do they have any suggestions to improve the session?

Thank the Participants for their Cooperation

Feedback Form

RMNCH+A Basic Skills Lab Training – Feedback Form

(To be filled by the Participant)

Please indicate only specific areas of improvement or issues to highlight in the relevant boxes below.

Participant Name:

Date:

District, State:

Day 1. Lectures and Breakout Stations

Day 2. Lectures and Breakout Stations

Day 3. Lectures and Breakout Stations

Day 4. Lectures and Breakout Stations

Day 5. Lectures and Breakout Stations

Day 6. Lectures and Breakout Stations

Faculty Feedback Form

Comments on structure and organization

Comments on Faculty

Comments on venue

Comments on skills and knowledge testing

Recommendations

Thank you

Annex

Certificate of Participation




राज्य स्तरीय कौशल प्रयोगशाला
“दक्ष”

स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार की सहभागिता में
STATE LEVEL SKILLS LAB
"DAKSH"
 Maternal Health Division, MoHFW, Govt

Certificate of Participation

This is to certify that Ms./Mr.....
 Posted at..... institution,
 Participated in the
 6 Days' Skills Lab Training at..... Skills Lab
 from to

DNO
 Skills Lab

Master Trainer
 Skills Lab

