**Helping Mothers Survive**

**Prolonged & Obstructed Labor**

**Trainer Evaluation**

Date \_\_\_\_\_\_\_\_\_\_\_\_

**Instructions**: For each question, circle the number that corresponds to how much you agree or disagree with the statement.

Please add any comments on the back of this form.

|  |  |
| --- | --- |
| **PLEASE EVALUATE EACH STATEMENT** | **Disagree Agree** |
| I am confident in my knowledge base for all subject matter in this module. | 1 2 3 4 5 |
| I am confident in my ability to provide all the care covered in this module. | 1 2 3 4 5 |
| I am confident in my ability to use the Flipbook to train providers. | 1 2 3 4 5 |
| I am confident in my ability to use the Action Plan. | 1 2 3 4 5 |
| I am confident in my ability to role model respectful maternity care. | 1 2 3 4 5 |
| I am confident in my ability to use role-plays, simulation, and hands-on practice during training. | 1 2 3 4 5 |
| I am confident in my ability to explain and demonstrate how to start and continue oxytocin infusion for augmentation of labor. | 1 2 3 4 5 |
| I am confident in my ability to demonstrate all maneuvers used to manage shoulder dystocia. | 1 2 3 4 5 |
| I am confident in my ability to demonstrate all maneuvers used to manage vaginal breech birth. | 1 2 3 4 5 |
| I am confident that I can explain the use of the Provider’s Guide to participants. | 1 2 3 4 5 |
| The goal and schedule of low-dose, high-frequency practice and QI activities are clear to me. | 1 2 3 4 5 |
| I believe that I can provide the HMS P&OL Champions course to train others. | 1 2 3 4 5 |