

**Helping Mothers Survive PE&E Champion Training**

**[Location]**

**[Date]**

**Goal:**

Build capacity of providers to detect and manage pre-eclampsia and eclampsia to save lives of women and newborns for (#X **target audience**) in order to implement (**X project**) in (**X location**).

 **Training Objectives:**

1. Explain the principles of HMS training.
2. Provide the HMS PE&E Champion Training to all participants.
3. Orient participants on simulation activities.
4. Explain the importance of low dose, high frequency (LDHF) practice at the facility after training.
5. Explain the role of facility based Practice Coordinators (PCs) who will help participants to do LDHF practice after training.

**Learning Objectives:**

At the end of the training day, **Providers** will:

1. Demonstrate correct classification of pre-eclampsia & eclampsia.
2. Demonstrate to standard the management of hypertensive disorders of pregnancy including:
	1. Initiation of loading dose of MgSO4
	2. Correct assessment for ongoing MgSO4 therapy
	3. Correct ongoing dosing of MgSO4
	4. Initiation and maintenance of antihypertensive medications
3. Explain the need for LDHF practice and the timing and how to use the Provider’s Guide to do practice after training.

**Pre-Training Day: (Date) HMS Preparation and Planning Day**

**Venue: (Insert)**

**Facilitators: HMS** **Trainers conducting workshop**

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| **4–8 hours as required based on the experience of the training team and the context** |
| The purpose of this day is to coordinate activities of the trainers, assign roles, procure any last minute items, print required documents (sign-in sheet, learner assessments, etc.) and manage logistics. Some of this can and should be done in advance, but often trainers are traveling to the training venue and will need to become familiar with the training site.**Tasks:** * Ensure 1 trainer for every 6 learners
* Review materials to ensure completeness
* Assign roles for welcome, role play, preparing stations, delivering content, running OSCEs, timekeeper, etc. **Bold** text in agenda denotes activities.
* Set up the training site with stations for practice complete with simulators, mock medication, Action Plan taped on wall or flip chart next to each station OR agree to meet ½–1 hour prior to the training to set up. Ensure materials are printed in advance of training day.
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**Workshop Day 1: (Date) PE&E Day 1 training for all participants**

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| **7:30–8:30 am—Set-up and Welcome** Ensure all supplies are set up and ready |
| **Time** | **Session Description** | **Materials** | **Facilitators** |
| 8:00-8:30Arrival | Welcome with brief instructions, have participants sign-in and begin filling out participant characteristics sheet and pre-confidence assessments as they arrive. | Participant characteristics& confidence assessment FlipbookPE&E Action Plan 1 for all sessionsPE&E Emergency Kit (page 19b)Supplies (page 2b) |  |
| 8:30-9:10Group | Give out knowledge pre-test collectively. When last knowledge test is collected, begin introduction to HMS (page 2b)**Opening Convulsion Emergency:** Flipbook page 2b. Either you or a preselected provider will come a 1-day postpartum woman complaining of a severe headache who begins to convulse and loses consciousness. If you are facilitating alone, ask a learner in advance to play the woman. Ask for help, but do not interfere. After role play, invite discussion around people’s experience of deaths or near misses. | Flipbook Printed Knowledge Pre-Test |   |
| 9:10-9:30Group | Key Themes (pages 3b – 4b) | Flipbook |  |
| 9:30-9:40Group | Hypertensive disorders of pregnancy (page 5b) | Flipbook |  |
| 9:40-9:50Group | Assess BP (page 6b)**Demonstration & Learning Activity:** Demonstrate proper technique to assess BP on a volunteer, and then ask participants to practice in pairs. | FlipbookBP supplies |  |
| 9:50-10:10Group & Stations | Assess Urine for Protein (page 7b)**Demonstration & Learning Activity**: Demonstrate to learners howto dip and take the reading of the dipstickaccording to package directions, and then ask all learners to practice. | FlipbookUrine Dipsticks Eggs |  |
| 10:10-10:20Group | Asses for Danger Signs (page 8b) Assess for Convulsions (page 9b) | Flipbook |  |
| 10:20-10:30Stations | **Role Play**: Classify Role Play, flipbook page 10b. Divide the group into pairs. Ask one learner to play the role of the woman. Ask the other learner to play the role of the provider. Have the “women” come to one side of the room to receive instructions privately. Ask them to bring paper and pencil to record their measurements. After role play, invite discussion. | FlipbookUrine Dipsticks EggsBP supplies |  |
| 10:30-10:45 | *Break* |
| 10:45-11:00Group | Reassess (page 11b) Do Labs (page 12b) | Flipbook |  |
| 11:00-11:15Group | Increase Follow up (page 13b)**Demonstration:** Demonstrate proper technique to check reflexes on a volunteer. | FlipbookReflex Hammer |  |
| 11:15-11:45Group | Confirm Gestational Age (page 14b)**Learning Activity:** Small group practice to calculate expected date of delivery and gestational age. | FlipbookMeasuring TapeCalendars |  |
| 11:45-12:00Group | Deliver at 37 Weeks (15b)Provide essential maternal and newborn care and monitor after birth (page 16b) | Flipbook |  |
| 12:00-1:00 | Lunch |
| 1:00-2:00Group | Mobilize team (page 17b)Give Loading Dose of MgSO4 (page 18b) Preparation and Admin of MgSO4 (page 19b)**Demonstration & Learning Activity:** Demonstrate preparing and administeringMgSO4, and then ask all participants practice preparing the complete MgSO4 loading dose using mock drugs in pairs.  | FlipbookMgSO4 prep and admin supplies |  |
| 2:00-2:15Group | Give medication to reduce severe BP (page 20b) | Flipbook |  |
| 2:15-2:30Group | Seek advanced care (page 21b) | Flipbook |  |
| 2:30-2:45 | Break |
| 2:45-3:15Stations | **Simulation:** PE/E Case Study, flipbook page 22b. | Flipbook |  |
| 3:15-4:45Individual | OSCE 1: Administering the loading dose of MgSO4 – 8 minutes for each personNote - the time it takes to do OSCE 1 for all participants depends on how many facilitators you have.  | OSCE 1 checklists |  |
| 4:45-5:00Group | Importance of LDHF practice\*For those only participating in Day 1, give Day 1 Knowledge post-test.Reflections on Day 1 | Provider’s Guide (page 58) |  |

**Workshop Day 2: (Date) PE&E Day 2 training for providers at referral facilities**

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| **7:30–8:30 am—Set-up and Welcome** Ensure all supplies are set up and ready |
| **Time** | **Session Description** | **Materials** | **Facilitators** |
| 8:30-8:45 | Recap- request a few learners share one new “pearl” learned on Day 1  | Flipbook Action Plans 1 & 2 (all day)PE&E Emergency Kit (page 19b)-Supplies (page 2b) |  |
| 8:45-9:00Group & Stations | Receive referral and reassess (page 23b)**Simulation:** Receive referral, flipbook page 24b. | Flipbook |  |
| 9:00-9:15Group | Continue MgSO4/ Continue Medication to Reduce Severe BP (page 25b) | Flipbook |  |
| 9:15-9:25Group | Continue Close Monitoring of Woman and Fetus (page 26b) | Flipbook |  |
| 9:25-9:40Group | Confirm Gestational Age (page 27b)If Pre-viable, End Pregnancy (page 28b)  | Flipbook |  |
| 9:40-9:50Group | If viable but less than 34 weeks, Give Dexamethasone (page 29b) | Flipbook |  |
|  9:50-10:00Group | If viable but less than 37 weeks, Admit Woman and Monitor Closely (page 30b) | Flipbook |  |
| 10:00-10:15Group | If unstable SPE, SPE ≥ 37 weeks 0 days, OR Any GA with Eclampsia Deliver (page 31b) | Flipbook |  |
| 10:15-10:30 | Break |
| 10:30-11:00Group & Stations | Provide Essential Maternal and Newborn Care and Continue to Monitor After Birth (page 32b)**Role Play:** If there are more than 5 participants, have learners break into groups of three. Have two be providers and one be the woman. Tell all “woman” actors privately to “convulse” for 20 seconds when the “provider” arrives then pretend to be unconscious. 15 minutes. | Flipbook |  |
| 11:00-11:15Group | **Learning Activity:** Knowledge Refresher (page 33b). Ask the participants to divide into 2 teams.Alternate questions between the teams. | Flipbook |  |
| 11:15-12:00Individual | Knowledge post-test for Days 1 & 2  | Day 1 & 2 Combo Knowledge Post-Tests  |  |
| 12:00-1:00 |  Lunch  |
| 1:00-2:30Individual | OSCE 2: Care during a convulsion – 4 minutes eachOSCE 3: Monitoring for MgSO4 toxicity and giving continuation dose - 4 minutes eachNote - the time it takes to do OSCEs 2 & 3 for all participants depends on how many facilitators you have.  | OSCE 2 & 3 checklists |  |
| 2:30-2:45Individual | Post Confidence & Course Evaluation | Post Confidence & Course Evaluation |  |
| 2:45-3:00Group | Wrap up and certificates/PG for participants Certificates for Master Trainers | Certificates |  |