**Helping Mothers Survive**

**Vacuum-assisted birth**

**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 for all subject matter in this module. | 1 2 3 4 5 |
| I am confident in my ability to provide all clinical 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 demonstrate all steps to confirm criteria for vacuum-assisted birth in women with indications for a vacuum-assisted birth. | 1 2 3 4 5 |
| I am confident in my ability to demonstrate all steps in performing a VAB from identifying the flexion point, choosing the cup, applying the cup, applying the vacuum, applying traction, assessing progress, and making a decision to stop using the vacuum. | 1 2 3 4 5 |
| I am confident in my ability to examine the woman and newborn for injuries due to the VAB and manage the injuries. | 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 VAB Champions course to train others. | 1 2 3 4 5 |