



Helping Mothers Survive Bleeding after Birth Complete Trainer Participant Evaluation



Date _____

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

PLEASE EVALUATE EACH STATEMENT	Disagree				Agree
	←	→	→	→	→
I am confident I can the use of the Flipbook to train providers.	1	2	3	4	5
I am confident I can use of the Action Plan.	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
I am confident I can role model respectful maternity care.	1	2	3	4	5
I am confident in the use of the simulator for use in training PPH and shock management scenarios.	1	2	3	4	5
I am confident in my ability to use role plays, simulation, and hand-son practice during training.	1	2	3	4	5
I understand the need in some cases to omit any of the following skills training if not appropriate to setting or audience: NASG (if not available), cervical laceration repair (if not sanctioned).	1	2	3	4	5
It is clear to me the goal and schedule of low-dose, high-frequency practice and quality improvement activities.	1	2	3	4	5
I am confident I can orient Practice Coordinators for HMS BABC.	1	2	3	4	5

Please provide any other comments: