



Helping Mothers Survive Bleeding after Birth Complete



Practice Coordinator Orientation 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				
	1	2	3	4	5
I understand the use of the Action Plan.	1	2	3	4	5
I understand how to use the Provider's Guide to help my peer practice.	1	2	3	4	5
I am confident in the use of the simulator for facilitating practice for HMS PPH and shock management scenarios.	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 facilitate practice for HMS at my facility.	1	2	3	4	5
This orientation was useful to me.	1	2	3	4	5

Comments: