

Mini-Modules

for Hands-on Workshop on Basic Skills for Labour & Delivery and Neonatal Care

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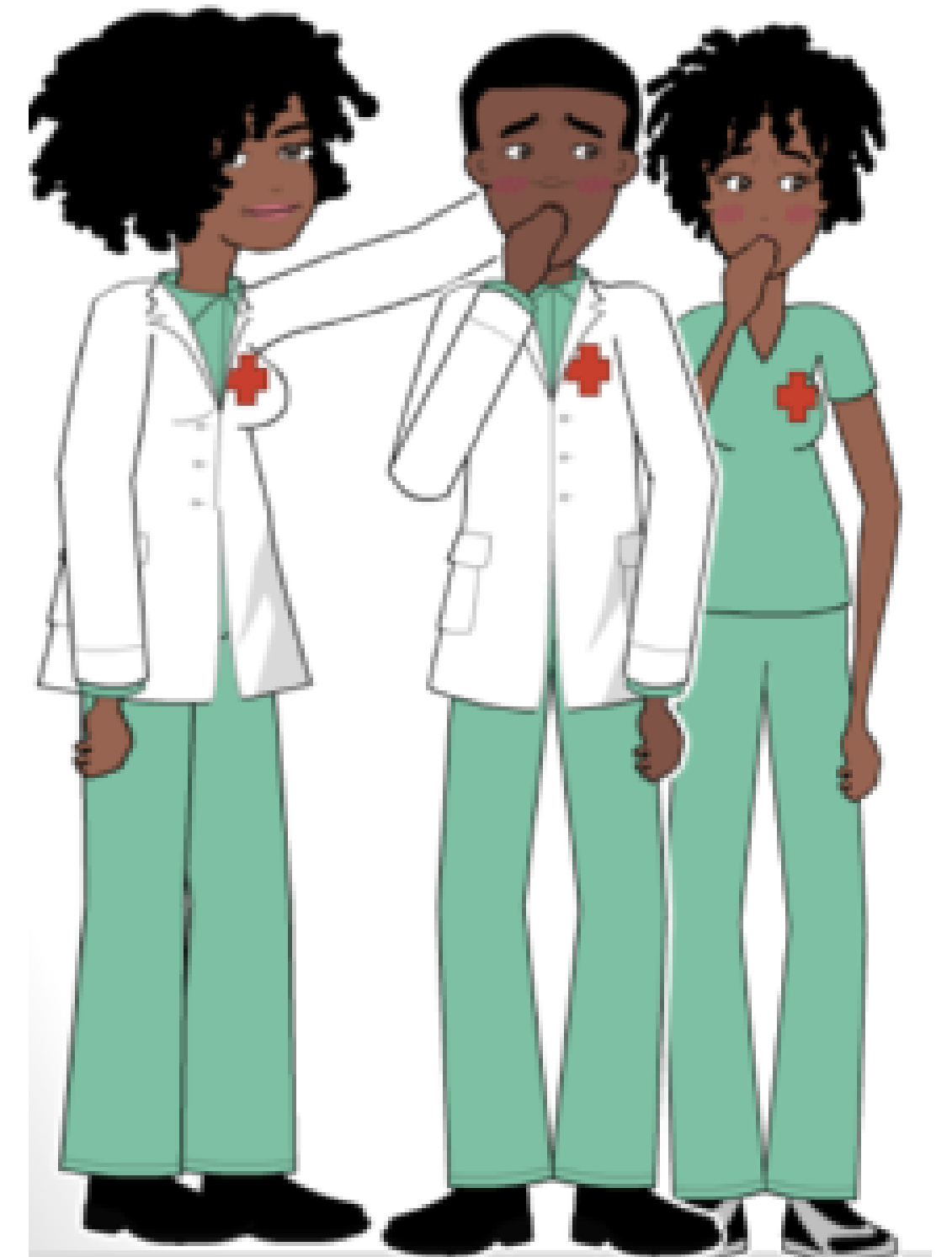
*Mini-module flipchart developed by the
Mama na Mtoto Initiative, Tanzania.*

Version 21 May 2018

This flipchart has been designed to accompany and provide important supplementary information and skills for the Hands-on Simulation Workshop on Basic Skills for Labour & Delivery and Neonatal Care.

Introduction to the Hands-on Simulation Workshop

- Introductions (Who are we, who are you?)
- Purpose of the training and approach used in training (What to expect?)
 - Invite Discussion, Demonstration, Practice, Feedback, Practice
- Learning objectives
- Ground rules for safe learning



Introduction to the Hands-on Simulation Workshop

Start with introductions.

Introduce facilitators – model name, role, place of work and one thing you want to learn over course. Ask participants to introduce themselves using the same approach.

- Record the learning objectives on a flipchart. Some may not fit with course and let learner know this when they are expressed- “Sorry that will not be covered in this course”. Refer back to list at end to see if expectations met.
- Note that participants are all trained clinicians who have some responsibility for providing care to pregnant or delivering women and to newborn babies. All will have covered this material as part of their pre-service training, or through refresher courses such as the BEmONC course.

Review the purpose and methodology of the training.

- The purpose is to refresh clinical knowledge and hands-on skills for basic ANC, L&D and NN care, and build more confidence with practical skills.

The workshop uses lots of demonstration and practice using manikins and cases. No PowerPoint, no lectures – instead, participants will be learning by doing.

What are some of the ground rules you would like to set for learning over the next 3 days?

Setting up expectations for interaction.

- Listen to each other
- Respect others for their point of view
- Don't interrupt others
- Cell phones - vibrate so they don't interrupt discussions

Basic Assumption: Everyone here is intelligent, motivated, caring, and here to do their best.

- Review the Basic Assumption: Everyone here is intelligent, motivated, caring and here to do their best so there must be something important in what they have to say for us to hear.
- Expectation that each participant will hold this about each other – even if they do not agree with them.

Workshop Agenda

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Mini-module	Simulation-based methodology	Respectful Care	Peer-to-peer learning	Implementing Change	Infection Prevention and Control I	Infection Prevention and Control II
AM	1. Pre-Eclampsia & Eclampsia 2. Antenatal Care	1. Antenatal Care 2. Pre-Eclampsia & Eclampsia	1. Bleeding After Birth 2. Helping Babies Breathe	1. Helping Babies Breathe 2. Bleeding After Birth	1. Normal Labour & Delivery 2. Essential Care for Every Baby	1. Essential Care for Every Baby 2. Normal Labour & Delivery
PM	1. Pre-Eclampsia & Eclampsia 2. Antenatal Care	1. Antenatal Care 2. Pre-Eclampsia & Eclampsia	1. Bleeding After Birth 2. Helping Babies Breathe	1. Helping Babies Breathe 2. Bleeding After Birth	1. Normal Labour & Delivery 2. Essential Care for Every Baby	1. Essential Care for Every Baby 2. Normal Labour & Delivery

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Simulation-Based Learning is Imitation of Real Practice to:



Improve skills and decision making without risk to real patients.

Make sure health provider are ready to manage rare cases like seizures and sepsis.

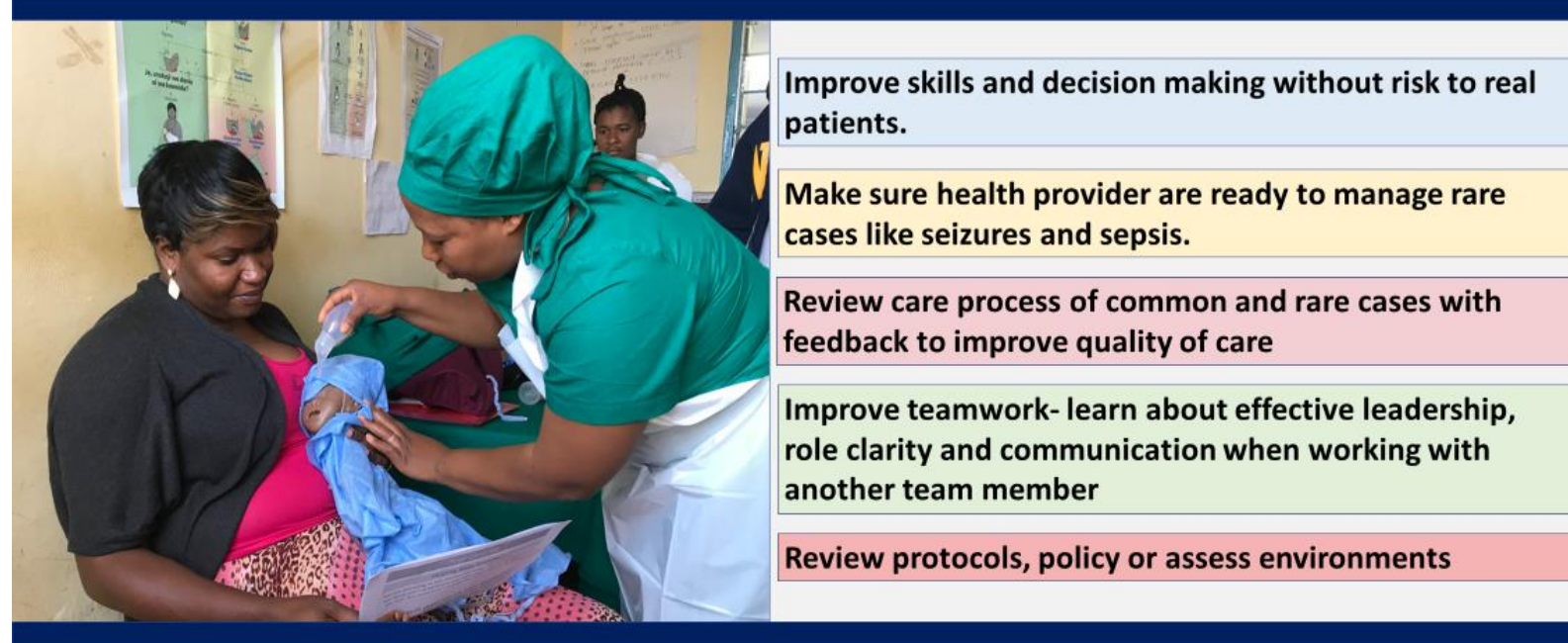
Review care process of common and rare cases with feedback to improve quality of care

Improve teamwork- learn about effective leadership, role clarity and communication when working with another team member

Review protocols, policy or assess environments

Simulation-Based Learning

Simulation-Based Learning is Imitation of Real Practice to:



Invite Discussion after Expert Model of Simulation

How did the observed case differ from past trainings you attended?

- 'Active' instead of passive learning.
- Hands-on learner involvement.
- Created a real-life like experience but did not involve real patients
- Equipment is same as used in facilities.
- Learner feedback provided in a constructive, respectful manner

Have you experienced simulation-based learning before?

What are potential strengths and challenges of the simulation approach?

How might simulation be used in your facility setting?

- Practice specific difficult cases encountered
- Practice skills that are rarely used
- Orientation staff to equipment and work environment
- Practice teamwork
- Others?

Facilitator's Notes:

Two facilitators role play a simulation case a simulation case using a peer card. Start with card 1, "Setting the stage". Include all steps. Provide feedback to the "learner" and give time for them to implement the suggestion. Use this expert model as a platform for participant discussion.

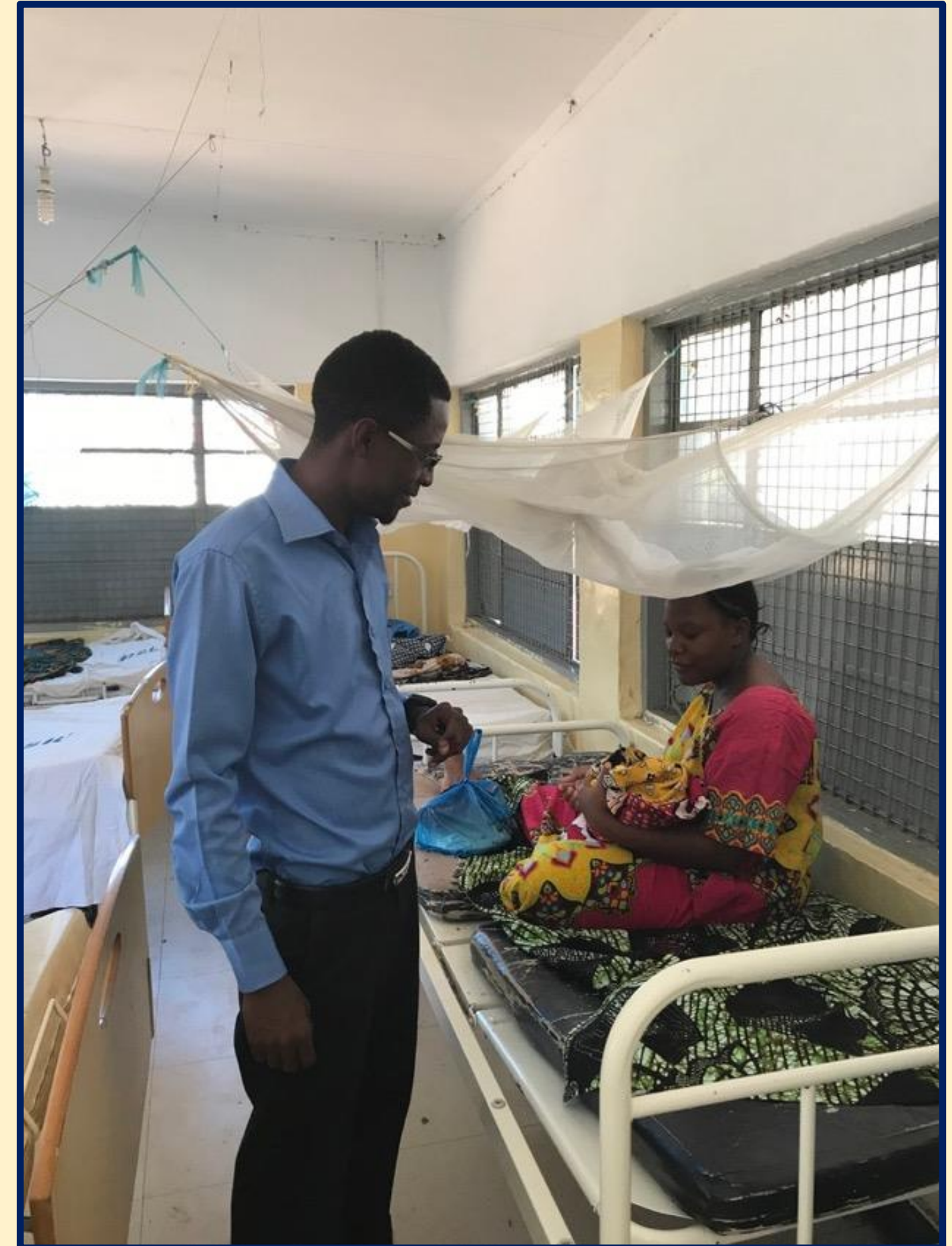
Quality Care for Women and Newborns

What is Respectful Care?

What is Gender Equality?

What is Health Equity?

Why are these issues important to health for women and newborns?



Quality Care for Women and Newborns

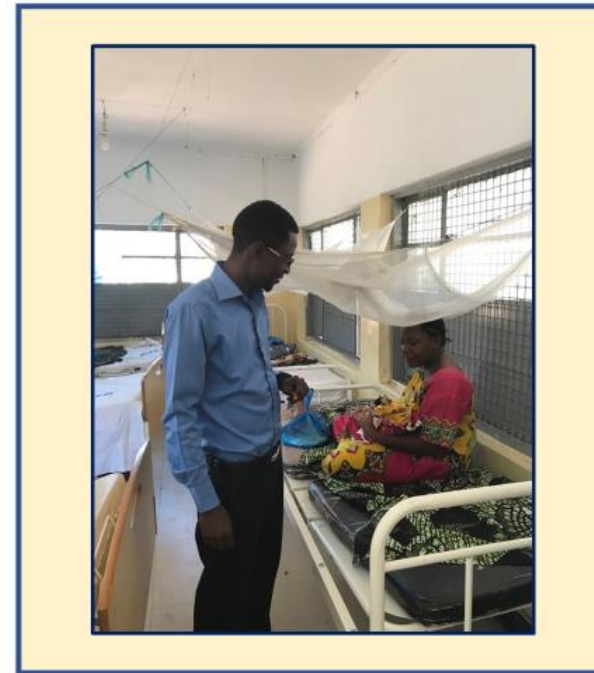
Quality Care for Women and Newborns

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Why are these issues important to health for women and newborns?



Invite Discussion

What is Respectful Care and why is it important to health?

- Respectful care ensures a woman's right to information, privacy, dignity, equity, support, autonomy and quality of care.
- Disrespectful care is a main barrier to accessing health services and may lead to poor outcomes

What is gender equality and why is it important to health?

- Gender equality ensures women and men can equally access health services, participate in decision-making and live healthy lives.
- Gender inequality may lead to differences between women's and men's health status and access to care.

What is health equity and why is it important?

- Health Equity means everyone has a fair opportunity to live a long, healthy life.
- Health Inequity occurs when health or care is compromised because of tribe, religion, education level, home location, income, age, etc.

Facilitator Notes:

Invite discussion as a group. Be sure to model respect with discussion giving each participant a chance to share. Reinforce the importance of acknowledging bias as the first step to managing it.

Quality Care for Women and Newborns

Challenge

Bias



Case 1: Maria, a Primip, arrives in late afternoon to deliver at a facility. She did not attend ANC.

The midwife has been up all night and is ready to go off shift. In front of others waiting for OPD, she scolds Maria for not attending ANC.

She is aggressive while examining Maria. She smacks Maria for crying in pain during labour. Now the midwife leaves Maria to attend another woman and ignores Maria's calls for help.



Quality Care for Women and Newborns

Quality Care for Women and Newborns



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Invite Discussion

What is the theme related to quality of care?

- Respectful Care

What are the behaviors that suggest a barrier to respectful care?

- Scolding – Not supportive
- Scolding in public- lack of privacy – Inappropriate- shameful
- Aggressive exam - undignified and improper care
- Ignore calls for help – not supported – discounted
- Maria was left alone -Care was not supportive
- Care was abusive physically and emotionally.

How could this care potentially impact health?

- Ignoring call for help may result in poor outcome.
- Maria may not stay for PNC and may not return for other health issues for herself and baby (or future issues).
- Maria may share her experience and discourage others from coming for care, potentially resulting in sub-optimal care.

Can you share an experience in your practice where behaviors threatened respectful care?

What can be done to create an environment of respectful care where you work?

Facilitator's Notes:

Facilitator Notes for all cases:

Have participants work in pairs or groups of 3 –use think, pair share

- Identify the theme of care at risk in each case
- Identify the behaviors that reinforce or threaten the theme of care

Share participant thoughts in the larger group

- Discuss participant practice settings- are these behaviors present and if so what can be done to engage quality care for all

Quality Care for Women and Newborns



Case 2: Julie arrives alone for ANC. She is early in her pregnancy and has been very nauseated. Despite this, she walks one hour during heavy rains. Her CHW told her that ANC prior to 12 weeks is important.

The clinic nurse arrives. She reorganizes the waiting women. A facility bylaw states women accompanied by male partners be seen first. Women with no partners must bring a letter from their VEO. Julie has a signed VEO note. Her partner is working in town during weekdays.

At 4pm, Julie has not received care. Many women arrived with partners and were seen. She is tired, hungry and feels unwell. She must return home to prepare dinner for her children and ill mother-in-law.

Quality Care for Women and Newborns

Quality Care for Women and Newborns



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Invite Discussion about Case 2.

What is the theme of care in this case?

- Gender Equality
- Review:
 - **Gender equality** ensures women and men can equally access health services, participate in decision-making and live healthy lives.
 - **Gender inequality** may lead to differences between women's and men's health status and access to care.

Can you identify a Gender Issue in this case?

- Facility bylaw biases against unaccompanied / unmarried women. Is care ever withheld from unaccompanied men?
- She must cook for her family rather than wait for ANC. What about the male partner?
- She must look after her ill mother in law? What about her son?
- She walked. Can she access transport/funds? Who decides?

How could this care potentially impact health?

- Will Julie receive early ANC today, even though she came early with a VEO note and feeling unwell (as recommended)?
- Will Julie return for future ANC this pregnancy?
- Will Julie deliver at a health facility? Attend in future?

Give an example of gender inequality from your own experience.

What can be done to create an environment of gender equality where you work?

Quality Care for Women and Newborns

Challenge Bias



Case 3: Clara is 42 years old. She is about to give birth for the 9th time. She arrives in labour following an uncomplicated pregnancy. She attended 2 ANC appointments.


A medical officer examines her but does not attend to her privacy. He scolds her for having so many babies. He speaks in Swahili which she does not understand well.

After birth, the nurses are angry at Clara. The sheet for the baby is stained. She does not have a change of clothes for herself.

Quality Care for Women and Newborns

Quality Care for Women and Newborns

Challenge Bias



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Invite Discussion about Case 3

What is the theme of care in this case?

- Health Equity
- Review: Health Equity means everyone has a fair opportunity to live a long, healthy life.
- Health Inequity occurs when health or care is compromised because of tribe, religion, education level, home location, income, age etc.

Can you identify examples of health inequity?

- Clara has many babies. Can she access family planning?
- Her privacy is ignored. Why? Does privacy vary with wealth or education of the mother?
- Clara has a stained baby cloth and no extra clothing for herself. Can she afford new cloth? Is this important to health?

How could this care potentially impact health?

- Clara doesn't fully understand the medical officer. Who is responsible for making sure the patient understands? Is Clara able to follow all instructions, even if she wants to?
- In future, will Clara deliver at the health facility? Attend ANC?
- What happens if Clara shares her story with others?

Give an example of a time you experienced or observed health inequity

What can be done to create an environment of health equity where you work?

Peer-to-Peer Learning



“Learning with and from each other as fellow colleagues”

“Learning anything requires commitment and the ability to push through the uncomfortable feeling of not being very good until reaching competency.”

Peer-to-Peer Learning

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"Learning with and from each other as fellow colleagues"
"Learning anything requires commitment and the ability to push through the uncomfortable feeling of not being very good until reaching competency."

Invite Discussion

What is Peer to Peer learning?

- Learn with and from each other
- Active and cooperative
- Learners control their own learning

Why use Peer to Peer learning?

- Fun
- Practice skills at work in only a few minutes
- Learners take ownership of learning
- Improve communication and teamwork
- Structured but flexible. Adapt sessions to available time. Practice relevant cases.
- No outside trainer required

Facilitator's Notes:

Show Peer-to-Peer learning cards to participants. Role play a case. You act as peer "leader" and assign one workshop participant to be the peer "learner".

Implementing Change



Two babies died last month at your facility. You suspect hypothermia was a factor in both deaths. You recently attended training about skin-to-skin care. Others did not receive training.

Yesterday, you saw a senior nurse wrap a small baby tightly in a cloth before handing to the mother. You discuss your observations with your In-Charge. She suggests you lead a team to address this.

Implementing Change

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Invite Discussion

Discuss this case.

- What might be next steps?
- What initiative could be tried? Would it be successful? Why or why not?

At your facility:

- Have you ever thought outcomes for women and newborns could be improved by small changes initiated within you facility?
- What would you like to see changed in your facility?
- Out of those, how will you decide which one to work on first?
- Is there a formal QI process or team? What tools are used?
- Have changes occurred as a result?
- What could create more change?

Facilitator's Notes:

This is meant to reinforce the importance of having a process for change in one's work place to address quality care for mothers and newborns. Currently in Tanzania most health providers have been introduced to Kaizen 5 S. Other models for change processes can support the QI process in Tanzania, such as EPIQ which is being used in other countries. The goal of this module is to get participants thinking and potentially engaged in change in their workplace.

Implementing Change: What is your process?



EPIQ	Kaizen
Step 1. Identify the problem	Step 1. Identify the problem (Select Kaizen theme)
Step 2. Select your team	Step 2, 4 & 5. Situation analysis of theme and target setting
Step 3. Brainstorm causes	Step 3. Root cause analysis
Step 4 & 5. Choose the priority, map the process	Step 2. Situation analysis of theme and target setting- determine counter measures
Step 6. Identify indicators	Step 6. Check effectiveness of counter measures
Step 7,8 & 9. Plan the change, engage partners, implement change	Step. 5. Implement counter measures
Step 10. Share results	Step 7. Standardize effective measures

Implementing Change

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Step 7,8 & 9. Plan the change, engage partners, implement change	Step. 5. Implement counter measures
Step 10. Share results	Step 7. Standardize effective measures

Invite Discussion

How do we use the 7 steps to address the issue in the previous case?

1. Identify the problem- skin to skin is not done right- baby's dying from hypothermia
2. Situation analysis of theme- where is this happening
3. Root cause analysis: why is this happening- not everyone in training
4. Target setting to determine counter measures- simulation to practice correct skin to skin

5. Implementation- conduct education sessions
6. Check effectiveness – audit skin to skin for next month
7. Standardize- if effective standardize approach- make a policy and procedure

If we use EPIQ what might be some of the 'Whys' in the previous case?

- Why are babies dying? Why.....
- Why are some health providers wrapping the babies tightly in a blanket before putting on mothers' chest?
- Why didn't everyone attend the training?

Which step has occurred in the EPIQ cycle?

- Identify the problem

What are next steps?

- Select a team and brainstorm causes

Infection Prevention and Control

Key Strategies

- Hand washing
- Personal Protective Equipment (PPE)
- Safe Equipment Reprocessing
- Safe Waste Disposal
- Antiseptic Use
- Facility Cleanliness



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What is PPE?

- Special equipment protects against infectious agents
- Creates barrier between a health provider and infectious agent

Why wear PPE?

- Protect provider, prevent illness transmission, protect patient/family, protect community area

Invite Discussion

Which of these are most important? Why?

Which are done well at your facility?

Which are done poorly?

Facilitator's Notes:

This module can be done in a few different ways.

1. Ask participants to pair up and review information on one of the cases and teach to others at the table
2. Just follow each page instructions and use interactive style to get information from participants. Use expert demonstration with as much as possible having participants demonstrate
3. Each table can be assigned to teach other tables one case- use simulation to demonstrate application of knowledge.

Infection Prevention and Control

Case 1: Talisha arrives at your facility and is fully dilated, about to deliver.

Demonstrate how you will prepare yourself.
Use the equipment provided.



Infection Prevention and Control

Infection Prevention and Control

Case 1: Talisha arrives at your facility and is fully dilated, about to deliver.

Demonstrate how you will prepare yourself.
Use the equipment provided.



Invite Discussion

What PPE did you use?

- Apron, shoes mask, goggles and double gloves

In what order do you put on PPE? Why?

- Apron → shoes → mask → goggles → gloves

In what order do you remove PPE? Why?

- Gloves → goggles → Apron → shoes → mask

Invite Discussion

Where do you remove PPE?

- Where there is no danger from infectious agent
- Where you will not contaminate a clean area

Key reminders:

- Use PPE for all deliveries.
- Always double glove.

Are there any limitations to PPE in your facility?

Facilitator's Notes:

Keep activity interactive and fun. After one person volunteer to demonstrate putting on PPE for delivery ask the other participants if they would use the same equipment and order and use this as a platform for discussion. Then you can have the person remove the equipment but to take some of the pressure off them have another participant instruct them on the order of removal. Again discuss as a group.

Infection Prevention and Control

Case 2: Talisha delivered safely. The baby initially required bag and mask ventilation but is now fine.

How will you dispose of the placenta?
Show how you will prepare the equipment for the next delivery.



Infection Prevention and Control

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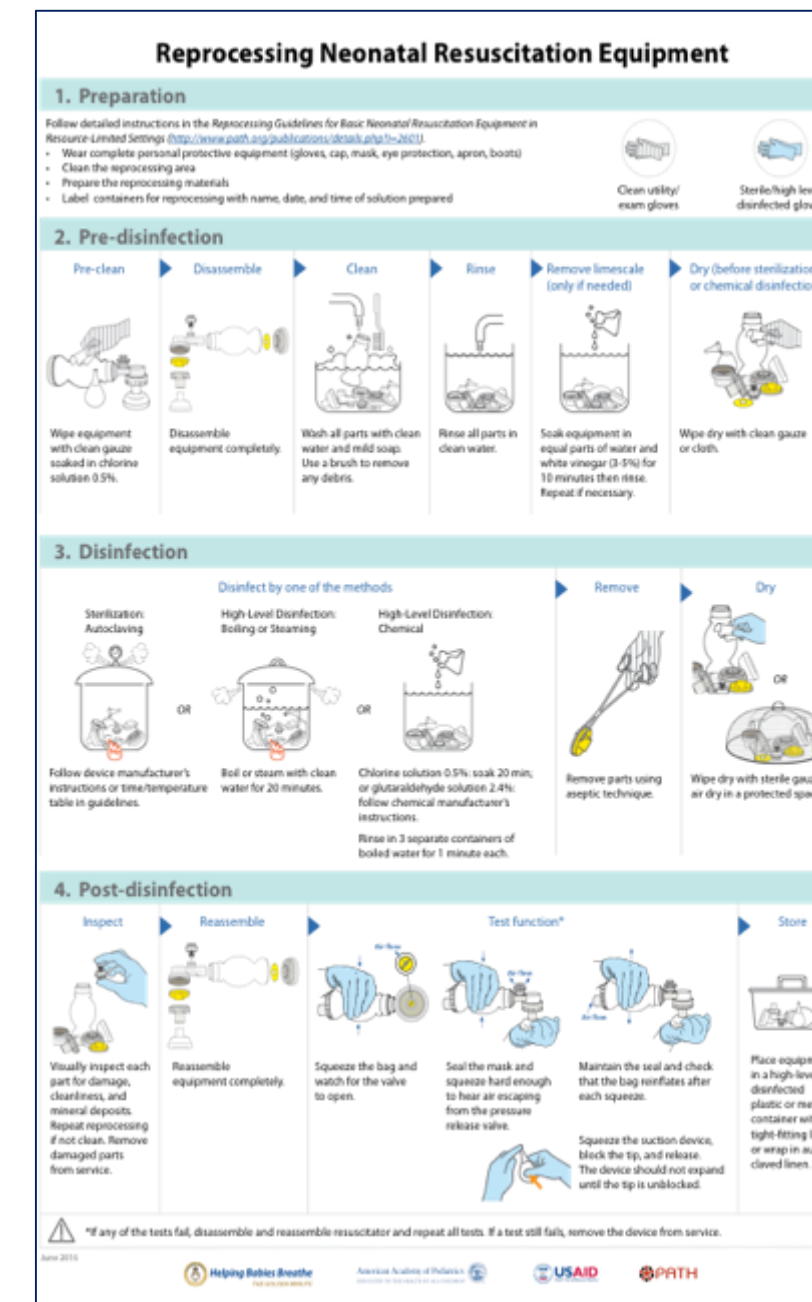
Invite Discussion

How would you dispose of the placenta?

- Placenta Disposal (Tissue Waste)
 - Initial disposal in Red Bin (Infectious waste).
 - Wear gloves, mask, boots and apron for handling
 - Must be incinerated or properly disposed in pit

How do you clean the equipment you used in your facility?

- How to you prepare equipment like forceps to be disinfected?
- How do you disinfect?
- What do you do with equipment after disinfection?



Reinforce Key Steps

Pre-Clean →

Disassemble →

Clean →

Rinse →

Chemical Sterilization →

Disinfect →

Let Dry →

Inspect →

Reassemble →

Test Function

Facilitator's Notes:

Have all equipment ready for reprocessing. Ask one volunteer to begin to demonstrate how they will clean the bag and mask. Pass equipment along to others—i.e. several volunteers share demonstration, one step at a time. You can help demonstrate correct technique.

Infection Prevention and Control

Case 3: Talisha and baby have done well.

Show how you will prepare for a final check of the baby before discharge.

How will you clean the mattress and floor

How will you dispose of a blanket Talisha left behind?



Infection Prevention and Control

Infection Prevention and Control

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Invite Discussion

What did you like about how they washed their hands?

Was there anything you would like to see done differently?

When should hands be washed?

- Before and after patient care
- Before and after contact with bodily fluid
- Before and after a procedure
- On arrival to work and before leaving work

Put on the PPE you would normally use to exam a newborn.

- For newborn exam you should use gloves and a mask—to protect newborn.

How will you clean the mattress and floor for the next patient?

- Surface Cleaning
 - Use rag to wipe visible body fluids. Next wipe surface with strong 0.5% Chlorine solution. For mattress let chlorine solution stand 15 minutes. Next wash with soapy water.

How do you prepare the disinfection solutions?

- **Chlorine solution:** Use 10 tablespoons (TBSP) Calcium Hypochlorite (HTH 70% chlorine) to 20 litres water in bucket or use 1 Presept tablet (2.5mg) in 10L water for work surfaces. Stir until dissolved. Let sit 30 minutes.
- **Soapy Water:** Use 5 TBSP soap powder to 20 litres water.

Facilitator's Notes:

Have one volunteer demonstrate how they will wash their hands prior to the newborn examination. Demonstrate proper technique. Then have another volunteer demonstrate the PPE they will use to exam the baby. Next have someone talk through how they will clean the mattress and floor for the next patient.

Infection Prevention and Control

Case 4: There has been an outbreak of Ebola in your village. So far no patients in the hospital have had any symptoms.

Demonstrate the IPC measures you will take to protect patients and staff in the hospital.



Infection Prevention and Control

Infection Prevention and Control

Case 4: There has been an outbreak of Ebola in your village. So far no patients in the hospital have had any symptoms.

Demonstrate the IPC measures you will take to protect patients and staff in the hospital.



Invite Discussion

How is Ebola spread?

- Contact with body fluids

What are the rules for preventing spread in the hospital?

- Protect yourself and protect patients- control traffic in hospital

Expectations:

- Wear full PPE with all care
- Screen patients for temperature- if temperature isolate them- wear PPE
- Set up one entrance for all patients to enter facility
- Post signage to guide patients
- Only patients enter triage- family members wait outside

Take a Good history:

- Ebola Symptoms- high fever ($\geq 38^{\circ}\text{C}$), headache, extreme tiredness, loss of appetite, nausea, stomach pain, sore throat, muscle and joint pain, red eyes, rash, hiccups, diarrhoea, vomiting and bleeding (in vomit, stool, urine, gums, nose, etc.), pregnancy loss (e.g., miscarriage), difficulty in breathing, drowsiness.
- History of contact with an Ebola patient

Avoid touch without precautions and keep 1 meter distance between patient with symptoms and staff

- 0.5% chlorine solution and disposable towels for table disinfection

Ensure proper alcohol hand wash solution or basin with soap and water

- Have thermometers, disposable gloves and a rubbish bin

Facilitator's Notes:

Use think-pair-share or have one group present a simulation to demonstrate management of outbreak. Patient arrives with temperature, fatigue, from village where her husband was just found dead and Ebola suspected.