SBBC 2 VAB MENTORSHIP CHECKLIST FORM

Vacuum-Assisted Birth and C-section (VAB) Mentorship checklist form.
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MENTORSHIP OBJECTIVES

1. Identify areas that need further training
2. Identify cases that qualify for VAB
3. Mentor during VAB (Be an observer and not a doer)
4. Assess documentation if not in place, assist with establishing a database (counter book)
5. Conduct at least three VAB scenarios
6. Ensure the criteria checklist is utilized
7. Ensure proper sterilization and storage of vacuum equipment
8. Compile a report for the mentorship conducted
9. Identify the names of individuals who begin practicing clinical mentoring according to the best practice.
10. Use Respectful Maternal Care (RMC checklist) to observe and verify its integration into day-to-day practice.
11. Observe and record whether there is a change in clinical assessment practice, specifically noting the shift from external assessment methods to vaginal assessment.
12. Observe how the trainers' advocacy ideas (e.g., posters, leaflets, Power Point Templates) are being applied in practice.

REGION, DISTRICT AND FACILITY NAME

Region:_____ District:_____ Facility:_____

Today's date:_____ Mentorship date:_____

Mentorship Team:_____

PARTICIPANTS

Total Participants:____ Gynaecologist:____ Pediatricians:____ Nurses:____

Medical attendants:____ Others:____

EQUIPMENT

1. How many Vacuum sets does the facility have:____ 2. How many are ready for use:____ (Sterile)

Comment:_____

3. Has the facility set aside a vacuum set for training at the learning corner? ☐ Yes ☐ No

Comment:_____

4. Does the facility have a MamaBirthie in the learning corner? ☐ Yes ☐ No

Comment:_____

5. How many delivery sets does the facility have? :____

EMERGENCY PREPAREDNESS

1. Does the facility have a resuscitation table and equipment? ☐ Yes ☐ No

Comment: _____

2. Does the facility have a complete PPH emergency tray? ☐ Yes ☐ No

Comment: _____

DELIVERY RECORDS

1. How many deliveries have there been in the past two weeks?: _____

2. How many c/s were conducted past two weeks?: _____

3. Does the facility have second-stage c/s? (Go through the case notes for the emergency c/s) ☐ Yes ☐ No

4. Has the facility conducted any VAB since facility training? ☐ Yes ☐ No

5. How many VAB were successful?: _____ How many failed?: _____

Why (if failed): _____

6. Where are the VAB documented? 1: _____

6. Where are the VAB documented? 2: _____

6. Where are the VAB documented? 3: _____

7. Does the facility have a VAB data base? ☐ Yes ☐ No

Comment (computer/ paper?) _____

TRAININGS

1. How many VAB simulations has the facility conducted since the facility training?: _____

Specify and quantity 1: _____

Specify and quantity 2: _____

Specify and quantity 3: _____

Specify and quantity 4: _____

CLINICAL RECORDS

1. Has the facility conducted any clinical debriefings on VAB since facility training? ☐ Yes ☐ No

Comment: _____

2. Has the facility documented any success stories on VAB? ☐ Yes ☐ No

(If yes) How many?: _____

STAFF MOTIVATION

How are staff motivated to conduct VAB?

- ☐ 1. Very motivated
- ☐ 2. Moderately motivated
- ☐ 3. Fairly motivated
- ☐ 4. Moderately demotivated
- ☐ 5. Very demotivated

STRENGTHS OBSERVED AT THIS FACILITY DURING THIS VISIT

Strength 1: _____

Strength 2: _____

Strength 3: _____

Strength 4: _____

Strength 5: _____

AREA FOR IMPROVEMENT OBSERVED AT THIS FACILITY DURING THIS VISIT

Area 1: _____

Area 2: _____

Area 3: _____

Area 4: _____

Area 5: _____

OPPORTUNITIES OBSERVED AT THIS FACILITY DURING THIS VISIT

Opportunity 1: _____

Opportunity 2: _____

Opportunity 3: _____

Opportunity 4: _____

Opportunity 5: _____

ACTION PLAN 1

Observed gap:

Cause:

Intervention:

Responsible person:

Time Frame:

ACTION PLAN 2

Observed gap:

Cause:

Intervention:

Responsible person:

Time Frame:

ACTION PLAN 3

Observed gap:

Cause:

Intervention:

Responsible person:

Time Frame:

ACTION PLAN 4

Observed gap:

Cause:

Intervention:

Responsible person:

Time Frame: