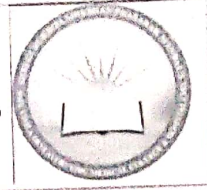




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SMT. VIMLADEVI AYURVEDIC MEDICAL COLLEGE & HOSPITAL  
WANDHARI, CHANDRAPUR



## Department of Prasutitantra SVAMCH SIMULATION TRAINING PROGRAM

Coordinator :-

○ Dr. Namrata Nandankar

Date: 9/02/2019

Place : SVAMCH Wandhari, Chandrapur

Proceedings:-

Strikog & Prasutitantra department has conducted a simulation program on date - 19 February 2019 in pter simulation lab for students and teaching staff. Simulation of vaginal examinations has been conducted on manequins, preserved specimens and models. The healthcare professional are trained through advanced educational technology. This program has increased skill and acquisition in obstetrics and gynaecological scenario. During the simulation participants made some mistakes as it was their first encounter with this type of experience. Errors identified during simulation were shown to skill retention and translation in practice.

*Dr.*  
HOD

Prasuti Tantra Dept.

HOD

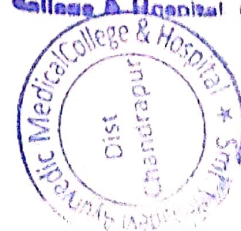
Department of Strikog & Prasutitantra  
SVAM College, Wandhari, Chandrapur

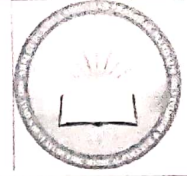
*J. Nandankar*  
Vice Principal  
vice Principal

Smt. Vimladevi Ayurvedic Medical  
College & Hospital Chandrapur

*B. B. Kulkarni*  
Principal  
Principal

Smt. Vimladevi Ayurvedic  
College & Hospital Chandrapur





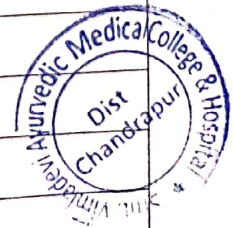
## Simulation Training Program

Department Of Strirog & Prasutitantra

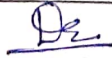
### Attendance Sheet

Date :- 9<sup>th</sup> February 2019

Sr. No.	Name of Student	Signature
1	Abha Wasudeo Bhilkar	P
2	Atram Sonal Manohar	P
3	Bhaisare Oshin Manoj	P
4	Chane Rupesh Devrao	P
5	Chittalwar Shivani Subhashrao	P
6	Dahekar Vibhav Kishor	P
7	Kurhewar Akhil Bhaskar	P
8	Landge Sharad Vitthalrao	P
9	Neha Arunrao Vaidya	P
10	Roshani Mohan Jiwane	P
11	Snehal Govardhan Thakare	P
12	Ainchwar Rutuja Prakash	P
13	Asati Prerna Mukesh	P
14	Atole Aishwarya Dnyaneshwar	P
15	Balage Rashmi Ramakant	P
16	Bhagat Prachi Anandrao	P
17	Bodkhe Shital Sanjay	P
18	Borkar Swati Ramesh	P
19	Chane Rupesh Devrao	P
20	Chate Komal Rajesh	P



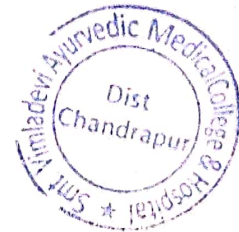
Sr. No.	Name of Student	Signature
21	Chittalwar Shivani Subhashrao	P
22	Dahiphale Nitin Sudhakar	P
23	Datir Dipika Vijayrao	P
24	Dhale Nagesh Gajananrao	P
25	Gokhale Mohnish Vijay	P
26	Gulhane Kalyani Dinesh	P
27	Himani Namdevrao Gabhane	P
28	Kadu Teena Waman	P
29	Kanchan Vilas Ballamwar	P
30	Katole Mahima Rajendra	P
31	Meshram Akanksha Yashwant	P
32	Patil Shrutika Natraj	P
33	Pawar Kishor Govinda	P
34	Rathod Ashwini Rajendra	P
35	Raut Dnyaneshwari Suryachandra	P
36	Sawarkar Pranali Gajanan	P
37	Shingade Ranu Bhaskar	P
38	Ugale Shraddha Ramesh	P
39	Dr. Anju Thaware	P
40	Dr. Jyoti Krushnarao Varthi	P
41	Dr. Gunja Kiran Dahikar	P

  
HOD

**Strirog & Prasutitantra**  
**Smt. Vimaladevi Ayurved Medical C**  
Chandrapur



**Principal**  
**Smt. Vimaladevi Ayurvedic**  
College & Hospital Chandrapur





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WANDHARI, CHANDRAPUR

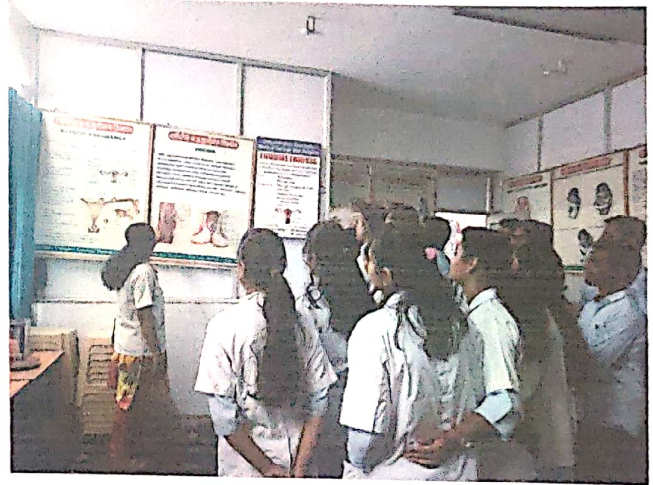


## Simulation Training Program

*Department Of Stree - Roga & Prasutitantra*

Date 19th February 2019

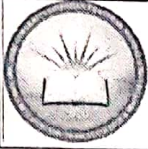
Place :- SVAMCH Wandhari, Chandrapur



*H. M. V. S.*

Principal  
Smt. Vimaladevi Ayurvedic  
College & Hospital Chandrapur





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SMT. VIMLADEVI AYURVEDIC MEDICAL COLLEGE & HOSPITAL  
WANDHARI, CHANDRAPUR

Department of Strirog & Prasutitantra

Simulation Training Program Feedback Form

Date :- 09/02/19

Topic :- Vaginal exam

Name :- Rupesh Chame

Sr. No.	Questions	Yes	No	Partially Yes	None of the above
1	How useful and educative was the training program for you?	✓			
2	Was the program duration sufficient?	✓			
3	Do you think this training Program add Impact on your Knowledge?	✓			
4	Did the training program adequately cover the theoretical & practical concept of the topic?	✓			
5	Were you satisfied with the subject knowledge of the facilitator	✓			
6	Was the simulation interactive & engaging, Active Participation & Learning?	✓			



Signature





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WANDHARI, CHANDRAPUR

Department of Strirog & Prasutitantra

Simulation Training Program Feedback Form

Date :- 09/02/19 .

Topic :- Vaginal Examination

Name :- Shivani Chittalwar

Sr. No.	Questions	Yes	No	Partially Yes	None of the above
1	How useful and educative was the training program for you?				
2	Was the program duration sufficient?				
3	Do you think this training Program add Impact on your Knowledge?				
4	Did the training program adequately cover the theoretical & practical concept of the topic?				
5	Were you satisfied with the subject knowledge of the facilitator				
6	Was the simulation interactive & engaging, Active Participation & Learning?				



Shivani Chittalwar  
Signature



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Department of Strirog & Prasutitantra

Simulation Training Program Feedback Form

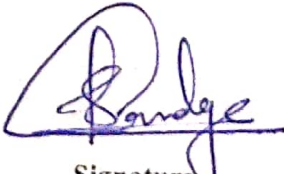
Date :- 09-02-2019

Topic :- Vaginal Examination

Name :- Sharad Landge

Sr. No.	Questions	Yes	No	Partially Yes	None of the above
1	How useful and educative was the training program for you?				
2	Was the program duration sufficient?				
3	Do you think this training Program add Impact on your Knowledge?				
4	Did the training program adequately cover the theoretical & practical concept of the topic?				
5	Were you satisfied with the subject knowledge of the facilitator				
6	Was the simulation interactive & engaging, Active Participation & Learning?				



  
Signature



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WANDHARI, CHANDRAPUR

Department of Strirog & Prasutitantra

Simulation Training Program Feedback Form

Date :- 9-2-19.  
Topic :- Vaginal Examination

Name :- Rashmi Balage

Sr. No.	Questions	Yes	No	Partially Yes	None of the above
1	How useful and educative was the training program for you?	/			
2	Was the program duration sufficient?	/			
3	Do you think this training Program add Impact on your Knowledge?	/			
4	Did the training program adequately cover the theoretical & practical concept of the topic?	/			
5	Were you satisfied with the subject knowledge of the facilitator	/			
6	Was the simulation interactive & engaging, Active Participation & Learning?	✓			

Signature







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WANDHARI, CHANDRAPUR

Department of Strirog & Prasutitantra

Simulation Training Program Feedback Form

Date :- 09/02/2019 .

Topic :- Vaginal Examination .

Name :- Aloha Bhilkar

Sr. No.	Questions	Yes	No	Partially Yes	None of the above
1	How useful and educative was the training program for you?	/			
2	Was the program duration sufficient?	/			
3	Do you think this training Program add Impact on your Knowledge?			/	
4	Did the training program adequately cover the theoretical & practical concept of the topic?	/			
5	Were you satisfied with the subject knowledge of the facilitator	/			
6	Was the simulation interactive & engaging, Active Participation & Learning?	/			



Signature

