



SGSPM's
SMT. VIMLADEVI AYURVEDIC MEDICAL COLLEGE & HOSPITAL
WANDHARI, CHANDRAPUR

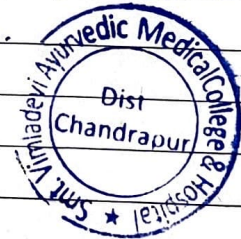


SIMULATION TRAINING PROGRAMME

Department :- Strirog & Prasutitantra department
Topic :- Binomial Examination & obstructed labour.
Date :- 25/02/20 to 27/02/20


Proceedings:-

Strirog & Prasutitantra department has conducted a simulation programs on 25/02/20 to 27/02/20 in PTSR simulation lab for students and teaching staff, simulation of conduct Binomial Examination & obstructed labour has been conducted on manequins, preserved specimens and models. The health care professionals 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.




MODERATOR
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Prasuti & Strirog Dept.


HOD
Strirog & Prasutitantra
Smt. Vimladevi Ayurved Medical C.
Chandrapur


PRINCIPAL
Principal
Smt. Vimladevi Ayurved
College & Hospital Chandrapur



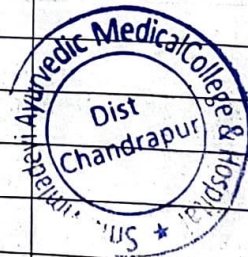
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WANDHARI, CHANDRAPUR

Attendance Sheet

Date: 25/02/2020

Subject: Bimanual Examination & Obstructed Labour

Sr. No.	Name	Signature
1	Diksha Matghare.	
2	Dipali Umak.	
3	Ajinkya gaulkar.	
4	Samruddhi Warkhade	
5	Shubhangi Mohitkar	
6	Diya Tembhone	
7	Dharmajyoti Wasnik	
8	Pashmi P. Lanjewar	
9	Pallavi S. Potrajwar	
10	Vaishnavi Mohitkar	
11	Astha Thakur	
12	Vaibhav Tidke	
13	Gaurav Chavhan	
14	Mayur Lakhe	
15	Sampada Ghatbandhe	
16	Dr. Namrata Nandankar	
17	Tarika Shree	
18	Madhuri Ingole	
19		
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27		
28		



Das
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WANDHARI, CHANDRAPUR

DEPARTMENT OF STRIROGA AND PRASUTITANTRA
SIMULATION TRAINING PROGRAMME

Date:-26/02/2020



M. M. Inamdar

Principal
Smt. Vimladevi Ayurvedic
College & Hospital, Chandrapur



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WANDHARI, CHANDRAPUR

Department of Strirog & Prasutitantra

Simulation Training Program Feedback Form

Date :- 15/02/2020

Topic :- Bimanual Examination of Obstructed Labour

Name :- Gaurav Chavhan

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?	✓			

Chavhan

Signature





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Department of Strirog & Prasutitantra

Simulation Training Program Feedback Form

Date :- 25-02-20
Topic :- Bimanual Examination of Obstetrical Labour.
Name :- Sameuddhi Wankhede

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 :- 25/02/20

Topic :- Binamual examination of Obstructed Labour.

Name :- Ajinkya Jaulkar.

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?	✓			



Ajinkya Jaulkar
Signature



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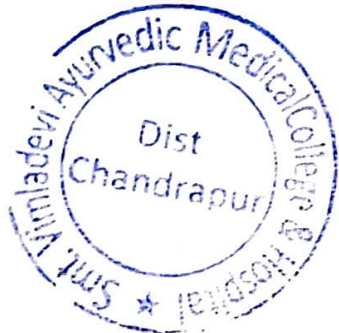
Simulation Training Program Feedback Form

Date :- 25/02/20

Topic :- Binomial Examination & Obstructed labour

Name :- Dipali Umak

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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Simulation Training Program Feedback Form

Date :- 25/02/20.

Topic :- Bimanual Examination of Obstructed Labour.

Name :- Diksha Motghare

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



Diksha Motghare
Signature