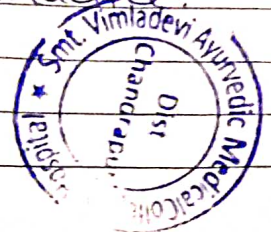



SIMULATION TRAINING PROGRAMME


Department :- Strirog & Prasutitantra Department
Topic :- Foetal Malpresentation & Breech Delivery.
Date :- 3/08/22 to 5/8/22


Proceedings:-

Strirog & Prasutitantra department has conducted a simulation program on 3/08/22 to 5/08/22 in PTSR simulation lab for students and teaching staff, simulation of Foetal malpresentation & Breech Delivery has been conducted on manequins, preserved specimen and models. The health care professionals are trained through advanced educational technology. This program has increased skill and acquisition in obstetrics and gynaecological scenarios. 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 transition in practice.




MODERATOR
Dr. Vaibhav P. Kulkarni
MBBS, MMS.
Strirog & Prasutitantra Dept


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


PRINCIPAL
Principal
Smt. Vimladevi Ayurvedic
Medical College & Hospital Chandrapur



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

Date: 03/8/2022

Attendance Sheet

Subject: Foetal malpresentation & Breech Delivery.

Sr. No.	Name	Signature
1	Bakshi Sneha Bhaskar.	
2	Rajshree Bhajare	
3	Vinay chaudhari	
4	omkar godhawali	
5	shraddha Dehankar	
6	Rupali Angalwan	
7	gaurav Raut	
8	Ayan Saha	
9	Mrunal zode	
10	glory Nayak	
11	Amushka Matte	
12	Vaidehi Madne	
13	Rahul kharat	
14	Rushikesh kadus	
15	Unnati kadave	
16	mahewari Kodape	
17	Tarika Shamkare	
18	Dr Vaibhav Khirodkar	
19	Dr Umesh Lunawat	
20	Dr Namrata Nandankar	
21		
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27		
28		

Dr. Vaibhav P. Khirodkar
BAMS., MS.
1-67643-A
Streerog & Prasutitantra Dept

HOD
Department of Streerog & Prasutitantra
SVM College, Wandhari, Chandrapur



Smt. Vimladevi Ayurvedic
College & Hospital, Chandrapur



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

DEPARTMENT OF STRIROGA AND PRASUTITANTRA
SIMULATION TRAINING PROGRAMME

Date:-04/08/2022



[Signature]
Smt. Vimladevi Ayurvedic
College & Hospital, Chandrapur



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

Department of Strirog & Prasutitantra

Simulation Training Program Feedback Form

Date :- 3/08/2022

Topic :- Fetal malpresentation & breech delivery.

Name :- Rajshree Bhojane.

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?	/			



Rajshree Bhojane
Signature



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SMT. VIHLADEVI AYURVEDIC MEDICAL COLLEGE & HOSPITAL
WANDHARI, CHANDRAPUR

Department of Striurog & Prasutitantra

Simulation Training Program Feedback Form

Date :- 03/08/22

Topic :- Foetal malpresentation & Breech delivery.

Name :- Rupali Angalwar

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?	/			

Rupali Angalwar
Signature



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SMT. VIMLADEVI AYURVEDIC MEDICAL COLLEGE & HOSPITAL
WANDHARI, CHANDRAPUR

Department of Strirog & Prasutitantra

Simulation Training Program Feedback Form

Date :- 03/08/22

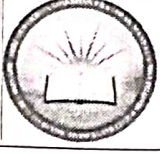
Topic :- Foetal malpresentation & Breech delivery

Name :- Shraddha Dehankar

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



Shraddha
Signature



SGSPM's
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WANDHARI, CHANDRAPUR

Department of Strirog & Prasutitantra

Simulation Training Program Feedback Form

Date :- 03/08/22

Topic :- Fetal Malpresentation & Breech delivery.

Name :- Mrunal Zode

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Do you think this training Program add Impact on your Knowledge?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>




Signature



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WANDHARI, CHANDRAPUR

Department of Strirog & Prasutitantra

Simulation Training Program Feedback Form

Date :- 03/08/22

Topic :- Foetal malpresentation & Breech Delivery.

Name :- Gaurav Raut

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?	/			



Gaurav Raut
Signature