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**Model Injection Centres (MICs):
A Program to Improve Injection Practices in the Country**

Process Assessment 2007

Observation Check-list for Training Session

State	
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District	
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PMC	
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Guide Lines for Observation

Please observe how the training session is being conducted with special emphasis on logistics, presentations and demonstration aspects, and fill up the schedule.

Orientation Session

Commencement Time: _____

Conclusion Time: _____

1. **Session** attended at:
 1. Hospital MIU
 2. CHC/PHC MIU

2. Is the **space adequate** to conduct MIC Orientation Sessions?
(1-Yes, 2-No)

3. Is the **room well furnished** to conduct MIC Orientation Sessions?
(E.g. table, chair, proper sitting arrangement) (1-Yes, 2-No)

4. Are the following **teaching aids** available to conduct the sessions?
 - a. White/ black board (1-Yes, 2-No)
 - b. Overhead Projector (OHP) (1-Yes, 2-No)
 - c. Multimedia Projector, Computer (1-Yes, 2-No)
 - d. Flip charts (1-Yes, 2-No)
 - e. Laser pointer/ stick (1-Yes, 2-No)

5. **Number of participants** in the training session

6. **Composition** of the group (Please write the numbers in the box)
 - a. Doctors
 - b. Nurses
 - c. Pharmacists/ Compounders
 - d. ANMs
 - e. Medical students
 - f. Nursing students

Demonstration Session

Commencement Time: _____

Conclusion Time: _____

15. The demonstration session was **conducted at:**
- 1. Immunization room (MIU)
 - 2. Injection room (MIU)
 - 3. In-Patient ward
16. How **far** is the **demonstration room** from the place where the orientation session was held?
(1-Near, 2-Some distance but convenient, 3-Very far, 4- Not applicable)
17. Is the **MIU set** according to the **guidelines** given in the training manual? (1-Yes, 2-No)
18. Are the following essential **equipments** available **for demonstration**?
- a. Syringes for injection (Sterile/ new) (1-Yes, 2-No)
 - b. Needles (Sterile/ new) (1-Yes, 2-No)
 - c. Swabs (Alcohol / spirit) (1-Yes, 2-No)
 - d. Vials/ ampoules (1-Yes, 2-No)
 - e. Diluents (1-Yes, 2-No)
 - f. Hub cutter/ needle destroyer (1-Yes, 2-No)
 - g. Gloves (1-Yes, 2-No)
 - h. Color coded bags/ buckets (1-Yes, 2-No)

Demonstration Process

19. Drawing up the medication

- a. Cutting open a glass ampoule (1-Yes, 2-No)
- b. Proper holding of ampoule/ vial (1-Yes, 2-No)
- c. Correct drawing of medication (1-Yes, 2-No)
- d. Aseptic precautions followed (1-Yes, 2-No)

20. Locating the injection sites

- a. Demonstrate/ explain all the injection sites (1-Yes, 2-No)
- b. Choose correct site for the given type of injection (1-Yes, 2-No)

21. Preparing the injection sites

- a. Rolling up of shirt / blouse sleeve (1-Yes, 2-No)
- b. Clean skin with spirit swab (1-Yes, 2-No)
- c. Clean skin with wet swab (1-Yes, 2-No)

22. Giving injection

- a. Intra-dermal (1-Yes, 2-No)
- b. Subcutaneous (1-Yes, 2-No)
- c. Intra-muscular (1-Yes, 2-No)

23. How do you rate the technique of giving injection?

(1-Satisfactory, 2-Partly satisfactory, 3-Not satisfactory)

24. Common errors were explained while giving injection?

(1-Yes, 2-No)

25. Handling injection related waste

Demonstrated the following:

- a. Hub cutting/ needle destroying (1-Yes, 2-No)
- b. Segregating injection related waste in to color coded bags (1-Yes, 2-No)
- c. Steps to prevent needle stick injuries (1-Yes, 2-No)
- d. Proper handling of waste containers (1-Yes, 2-No)

Visiting Investigator's Comments

26. Did the participants and resource person **re-assemble** for sessions on rationale and open questions? (1-Yes, 2-No)

27. Did the **participants** ask **questions**? (1-Yes, 2-No)

28. Did the resource person **answer the queries** /questions satisfactorily? (1-Yes, 2-No)

29. Were the **feedback forms** filled-up by participants? (1-Yes, 2-No)

30. How do you rate the **overall conduct** of the training session? (1-Very Good 2 – Good 3 – Average 4 – Bad 5 – Very bad)

Signature of the Visiting PI:

Date:

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