

How it's different from traditional training and how to plan for the unexpected

Helping Mothers Survive (HMS) and Helping Babies Survive (HBS) activities are designed to take place in or near the workplace in order to address local barriers and improve competency and confidence of the entire health care team. This includes both initial training and structured weekly practice sessions, which are facility-based, hands-on simulation to continue developing skills and improve clinical decision making. **Facility-based support for ongoing practice is vital to success of the program and is initiated by staff in the facility and may have various titles: Clinical Mentors or Peer-Practice Coordinators are two examples.** These are clinically active providers who facilitate and participate in weekly practice sessions. For the purposes of this brief we are using the term Practice Coordinator, but the term may change depending on the local context. Below are some points to keep in mind when planning for facility based training.

Facility-based Trainings

HMS and HBS provider courses generally occur at the health facility with the labor-ward team including skilled birth attendants, those who assist and those who are called to manage complications. After the initial course, Practice Coordinators arrange weekly, repeated practice sessions, simulations or other quality improvement activities with individual providers or small groups. A simulator must be left at the facility or easily shared between nearby facilities to allow for simulations and ongoing practice. If the simulator is left at the facility, practice should occur weekly. At the end of the 6-8 weeks, simulators can be rotated to other project facilities for further training roll out.

Practice Coordinator

Practice Coordinators are the key to promoting ongoing practice and skills retention in the HMS and HBS approach. Be sure to discuss beforehand that a Practice Coordinator is someone who is a clinically active peer (neither a supervisor nor the least experienced member on a team) and their role is to facilitate ongoing practice. Due to their importance, care should be taken when introducing this concept at the health facility. Have facility heads choose two candidates. Stress that if Practice Coordinators are supported by the facility, they will be more successful in coordinating practice after training and quality of care will improve.

Policy

It's important to follow country-specific protocols and to be aware of any unique practices or sensitivities. Make sure implementers understand the culturally-appropriate norms at the national and district level, and have engaged with the appropriate government Ministries ahead of time. Know who you need to contact before scheduling training and what processes to follow. Is it required to invite a local leader or officials to a launch event? Should they speak at this event? Can you start an event before they arrive? Also, be sensitive to the workforce dynamics at the facility. Providers may prefer to use a randomly assigned, confidential number instead of names on learning assessments if they are concerned about being penalized.

Timing

Trainings usually take longer when held in facilities rather than in a workshop setting. The cost in time is worth the better outcomes that occur when people learn at their workplace. Keep in mind that English (or French or Spanish, etc.) may not be the provider's first language. Therefore, knowledge and skills assessments may need to be translated or read aloud in the local language. Some providers may already be competent in the skills you are covering, while content may be new to others. Be flexible during the training day and adjust timing accordingly. Do not skip topics to make up time; *it is important to cover all of the content in the course!*

For more detailed information, please see the HMS website at helpingmotherssurvive.org and the HBS website at hbs.aap.org!

Balancing training with workload demands

HMS and HBS courses are usually delivered at the facility-level and participants may need to leave during parts of the training to provide direct client care. If a participant is absent for a majority of the course, complete the knowledge and OSCE assessments to gauge the provider's skills and develop a plan for follow up as needed. Solutions to consider: scheduling a separate time to review missed content or indicate which pages in the Provider's Guide s/he should review. Discuss how to incorporate extra practice with the Practice Coordinator for that participant.

Supplies

Simulating clinical scenarios is an essential component of the learning approach. Programs must arrange the materials listed in the **preparation checklist** for each simulation station. Many health facilities will already have the materials you need. However, some of these materials -such as gloves, blood pressure machines or newborn resuscitators- may be in short supply. When planning for a course, do an inventory check to see what materials are available. If necessary, budget for procuring extra supplies to use during the course and practice sessions so the health center can continue to provide services during and after the training.

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