



Trainers Manual

NURSING CARE SAVES LIVES

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Smile Train Nursing Care Saves Lives Workshop

TRAINER MANUAL

Purpose and Goal of the Workshop

The **purpose** of this course is to improve the safety and effectiveness of post-operative nursing care for children following cleft surgery. The course forms part of Smile Train's strategy to reduce sentinel events. There is a strong emphasis on respiratory monitoring and nursing interventions which reflects the high proportion of sentinel events which are related to aspiration and respiratory problems.

The course is delivered over 3 days to a group composed of 1 or 2 (or more) nurse representatives from active partner hospitals in a country. The course material is designed around specific learning outcomes and is presented in a variety of ways; PowerPoint presentations, practical demonstrations, group discussions, and scenario-based activities.

The **goal** of the training is that upon completion nurses will be confident, competent practitioners who are able to apply their knowledge and experience to deliver safe and effective nursing care to children undergoing cleft surgery.

The 3-day training is organized into a specific sequence to facilitate optimal learning, allow trainees to build on concepts and develop confidence in their skills, and allow opportunities for interactive learning. The sessions for each day outline specific learning objectives, activity details, strategies and methodologies, materials/handouts and duration.

Approach to Learning

An important principal underpinning the training is recognition of the need to empower nurses and raise belief in their capacity to improve nursing care. Poor standards of training, low professional status and poor working conditions mean that nurses often lack essential nursing skills and have a poor assessment of their contribution in improving outcomes. This course seeks to improve skills and understanding through a practical application of learning in the classroom so that nurses can deliver a higher standard of care in partner hospitals.

There is a strong focus on **practical and participatory learning**. The participatory approach focuses on interaction between trainer and trainees and allows participants to practice skills hands-on as a means of acquiring them. Unlike traditional lectures, the workshop will employ a variety of training methods including PowerPoint presentations, practical demonstrations, group discussions, and scenario-based activities.

A key goal of the workshop is to **empower nurses and raise their confidence** to deliver higher quality care for their patients. As a trainer, you are one of the most important aspects of this workshop. You have the opportunity to educate, inspire and empower the nurses you will be training. Respect for individual trainees is central to the course and sharing of experiences is encouraged throughout the workshop.

Another key element of the workshop is **training the nurses to effectively teach and disseminate their learning** upon returning to their hospitals. The principles of effective teaching are explored throughout the course

and there are opportunities to practice teaching others. At the start of the course, there is an emphasis on the importance of passing on newly acquired learning and skills. On the final day of training, each participant is expected to develop an individual action plan for a specific area of cleft nursing care that they intend to implement in their hospital.

During the training it is important to review learning so that trainees can recognize and retain the new information acquired during the workshop. This can be done in several ways:

- Asking participants to state something new which they have just learned
- Giving trainees a brief oral quiz of concepts that have been covered
- Providing opportunities for the trainees to use new skills/learning in practical scenario sessions; for example, asking, "How would you do this at your own hospital"

Learning during the training will vary depending on prior knowledge but it is intended that upon completion all participants will have grasped the "Key Concepts" which are essential, condensed information that is summarized at the back of the handouts.

Learning Outcomes

Following the Workshop, nurses will be able to:

1. Briefly outline the surgical management of cleft lip and palate
2. Outline the nurse's role in safe pre-operative preparation for cleft surgery
3. Outline the nurse's role in safe post-operative care following cleft lip and/or palate surgery
4. Describe in detail post-operative nursing interventions following cleft surgery
5. Demonstrate an understanding of potential complications and nursing interventions
6. Demonstrate competence in Basic Life Support
7. Demonstrate an understanding of the importance of monitoring vital signs and nursing assessment
8. Demonstrate an understanding of the possible causes of changes in vital signs appropriate nursing interventions
9. Outline the psychological care of the patient and their family
10. Describe appropriate pain assessment and management in children
11. Explain how nurses can support and ensure safe pre- and post-operative feeding
12. Outline how a child and his or her caregivers can be safely prepared for discharge
13. Outline the importance of and demonstrate appropriate use of nursing documentation
14. Disseminate information and implement changes in nursing practices to improve care

Selection of Participants

A maximum of 25 participants per training is recommended. This number allows for hands-on practical experience and supervision of basic life support teaching and ensures the involvement of all participants. Please confirm that there are enough infant and child resuscitation mannequins for all the trainees. It is recommended that there be 1 infant mannequin per 4-6 participants, and 1 additional child mannequin.

Due to the nature of the course it is most beneficial for nurses who are directly caring for or responsible for the care of post-operative cleft children. This will include both ward and recovery nurses. This information needs to be emphasized to partner hospitals before selection of participants, as although the course would be of interest to theatre nurses, application of learning will be limited.

Selection of a Training Venue

The venue needs to have a conference facility for 25 participants. Consistent power is essential for the workshop. A projector is required for every day. The venue should have desks or tables and chairs for participants to learn in a classroom environment. Ideally the training venue should include accommodation and dining facilities to ensure maximum attendance and prompt start times.

Materials Needed for the Training

Stationery (to be printed prior to course) – Please see “Items to be Printed” worksheet for more details

- Course Posters (5 per participant)
- Printed Nursing Care Saves Lives Flipcharts (1 per participant)
- Printed Nurse Intervention Plan (1 per participant)
- Printed Nursing Care Saves Lives Handout (spiral bound)
- Pre and Post Course test (1 per participant)
- Audit of partner hospitals (1 per participant)
- Course Timetable (1 per participant)
- Course Evaluation (1 per participant)
- Course Certificate (1 per participant)
- Scenario Plans (Laminated) (5 total)

Supplies

- FlipChart Stand/Easel
- FlipChart Paper
- FlipChart Pens
- Post-It (sticky) Notes
- Pens (at least 1 per participant)
- Name labels (1 per participant)
- Plastic straws 1 per participant
- Short pieces plastic hose 1 per participant (slightly larger in diameter than the plastic straws)
- Writing paper

Teaching Aids

- Infant Resuscitation Mannequins 4 total if 25 participants
- Pediatric Resuscitation Mannequins 1 total
- Pediatric Bag Valve Mask (AMBU bag) 5 total
- Oxygen Saturation Monitor 1 total

Trainer Key Qualities

Two trainers are required for this course and both should have direct experience in cleft care. Ideally, one trainer would have experience in cleft nursing and the other with experience in surgery or anesthesia related to cleft treatment. This course has been successfully delivered with translators supporting the training, however ideally trainers should be able to teach participants directly in their first language.

To be a successful Smile Train Nursing Care Saves Lives Workshop trainer you should:

- **Be knowledgeable** – please review all the materials prior to the course so you have a grasp of the individual sections and the flow of the entire 3-day course.
- **Be committed** – these materials have been prepared and tested to ensure that they are as effective as possible. Please ensure that the content of the materials and the schedule are followed as closely as possible.
- **Be patient** and have good listening skills – this is the best way to make sure your trainees are retaining information.
- **Be accepting** – nurses will have different backgrounds and different levels of experience, but please remember that they all are committed nurses caring for children with cleft.
- **Be a trainer of trainers** – another key element of the workshop is equipping participants to teach and disseminate what they have learned to their peers upon return to their hospital. Do your best to help trainees understand what it takes to be a good trainer and lead by example.

Role of Trainers

It is essential that trainers prepare before leading the training. The two trainers should designate who will teach which sessions depending upon their experience and background. Trainers should be very familiar with all slides in all presentations. If any of the information is unclear they should consult with a Smile Train representative. It is important that trainers practice presenting and are clear of all animations embedded in slides. It is useful for trainers to print out presentations in handout format (six slides per page). This copy can be used for familiarization of content and during presentations to ensure that they know which slide will come next. A plain blue slide within a presentation indicates a group activity.

Before and during the training trainers must plan and prepare ahead to ensure the smooth running of the program. Necessary preparations are included in this manual.

Trainers must act as role models as effective teachers. They should be: organized, prepared, punctual, professional, approachable, patient, interactive, humble, good communicators, engaging, sensitive, enthusiastic, kind, caring, good listeners.

While trainers must be prepared for the training, it is still possible that participants will ask them questions which they cannot answer. It is important that trainers acknowledge the limit of their understanding and admit when they do not know an answer. If this situation occurs, thank the participant for the question and promise to try to find out the answer either during or after the training. Smile Train expects both participants and trainers to be life-long learners.

During the training trainers will be busy preparing for and leading presentations and activities. However, it is also important to engage with participants to learn their names and socialize at break and meal times. This is an area where trainers can help participants feel relaxed and valued which will help their learning and sense of empowerment.

All participants must take part in a front of class activity during the training. This is one way of demonstrating learning and application of skills. It is important that trainers make the environment non-threatening and guide participants with gentle direction and encouragement. Trainers should record participation on the trainer record sheet.

Effective time management is essential to run this training. Trainers should aim to keep to times on the schedule. If a session overruns, be flexible and speed up another session or shorten a lunch break to aim to finish the day on time. Sometimes sessions over-run as participants have many questions, questions are encouraged but trainers also have to manage the program.

On completion of the training trainers must submit a training evaluation to Smile Train, a template can be found at the end of this manual.

Training Timetable

The workshop is designed to be delivered over 3 full days with participants arriving the evening before the training begins. Participants will need to be available for all 3 days, so it is suggested that those travelling for the workshop arrive the evening before the training begins and not depart until the evening the course is completed.

Smile Train Nursing Care Saves Lives Workshop			
DAY 1			
Time	Session	Required Materials for Session	Learner Activities
8.00	Registration	Sign-In Sheet Name Labels	
8.15-8.45	Welcome, introductions & expectations, ice breaker	Item 1.1 Training Evaluation Form Item 1.2 Timetable	Identify learning objective
8.45-9.15	Pre-course test	Item 1.3 Pre-Course Test	Complete MCQ 1
9.15-9.45	Course outline and purpose	Item 1.4 Why the Course PowerPoint Item 1.5 Spiral-Bound Nursing Care Saves Lives Handouts	
9.45-10.00	Role of the nurse in cleft care	Item 1.6 Role of the Nurse PPT	
10.00-10.30	BREAK		
10.30-11.00	Training your team (1)	Item 1.7 Training your Team Part (1) PPT Item 1.7(a) Instructions for Paper Airplane Folding Activity	Airplane training activity
11.00-12.00	Nursing assessment (1)	Item 1.8 Monitoring Vital Signs and Nursing Assessment in Children PPT O2 monitor	
12.00-13.15	Nursing assessment (2)	Plastic hose, drinking straw, O2 monitor	Straws and pipes team activity
13.15-14.00	LUNCH		
14.00-14.45	Overview of clefts and their management	Item 1.9 Overview of Clefts PPT	
14.45-15.15	Nursing documentation and the Nurse Intervention Plan	Item 1.10 Nursing Documentation PPT Item 1.11 Nursing Care Pathway Handout	
15.15-15.45	Nurse Intervention Plan scenarios	Item 1.12 Nursing Intervention Plan Scenarios PPT	Individual participation
15.45-16.15	Psychological care	Item 1.13 Psychological Care PPT	
16.15-16.30	Closing day 1		Remind trainees to review topics covered in day 1
16.30	Refreshments		

DAY 2			
Time	Session	Materials for Session	Learner Activities
8.00-8.30	Quick quiz (1)	Quick quiz questions, flip chart, markers	Team quiz
8.30-9.00	Pre-operative nursing care	Item 2.1 Pre-operative Nursing Care PPT	
9.00-10.15	Post-operative nursing care	Item 2.2 Post-operative Nursing Care PPT	Group-based care planning
10.15-10.45	BREAK		
10.45-11.45	Post-operative complications	Item 2.3 Post-operative Complications PowerPoint	
11.45-13.15	Post-operative complication scenarios	Item 2.4 Post-operative Complications Scenarios	
13.15-14.00	LUNCH		
14.00-14.30	Feeding children with clefts	Item 2.5 Feeding Cleft Lip and Palate Children PowerPoint Item 2.5(a) Feeding a Child with Cleft Palate Video	
14.30-15.00	Pain assessment and management	Item 2.6 Pain Assessment and Management	
15.00-15.15	Preparation for discharge	Item 2.7 Preparation for discharge PPT Item 2.7(a) Smile Train Post-Operative Discharge Checklist	
15.15-15.45	Journey of a child	Item 2.8 Video journey of a child undergoing cleft surgery	
15.45-16.00	Closing day 2		Remind to review topics covered in Day 1 and 2 for final MCQ test
16.00	REFRESHMENTS		

DAY 3			
Time	Session	Materials for Session	Learner Activities
8.00-8.30	Quick quiz 2	Quick questions, flip chart, markers	Team quiz revision
8.30-10.00	Pediatric BLS and practical	Item 3.1 Pediatric Basic Life Support PPT Infant and Pediatric manikins, Ambu bags	Practical experience using BLS manikins
10.00-10.30	BREAK		
10.30-11.00	Pediatric BLS scenarios	Item 3,2 Pediatric Basic Life Scenarios PPT, Infant and Pediatric manikins, Ambu bags, empty IV bottle, oxygen mask	Individual participation and demonstration of competency
11.00-11.30	Post-course test	Item 3.3 Post-course test	Complete post-course test
11.30-12.00	Post-course test marking	Item Post-course test answer sheet	
12.00-13.00	Training your team (2)	Item 3.4 Training Your Team (2) PPT Item 3.5 Nursing Care Saves Lives Flipchart	Preparation and demonstration of teaching skills
13.00-14.00	LUNCH		
14.00-14.15	Partner hospital audit	Item 3.6 Partner Hospital Nursing Audit	
14.15-15.15	What next? Action plans (collect evaluations)	Item 3.7 What Next (1) PPT	Partner hospital participants develop action plans to improve care
15.15-15.45	Questions, summing up What next? Presentation of certificates	Item 3.8 What Next (2) PPT Certificate of completion Set of Posters (1 per participant) Flipchart (1 per participant)	
16/00	Close and refreshments	Photos	

Curriculum Day 1

Preparation for sessions

Before the training begins it is the responsibility of the trainers to prepare the training room venue. Make sure that all materials and resources which are needed for day 1 are available. This includes:

- Participant sign in sheet
- Trainer record sheet
- Evaluation forms
- Timetables
- MCQ 1
- MCQ 1 Answers sheet
- Post-it notes
- Name labels or card for writing names on
- Tubes and straws
- Small prizes such as sweets for tubes and straws activity (if possible).
- Ensure that pens and water will be available for participants.

Check that projector is working, an extension cable is available and the laptop which will be used for presentations is compatible with the projector. Check that presentations will be visible on the screen for all participants and rearrange seating if necessary. Check if a presentation clicker is available.

Set up all resources including manikins, Ambu bags, Flip charts and posters. Be aware that posters cover information which is covered in MCQ, so these should not be too close to participant seating.

Give a timetable to the venue/catering manager and ensure that they are aware of break and lunch times and the need for punctuality.

If possible, all these preparations should be done the day before the training. On the day of the training trainers should arrive by 7.30 am to make final checks, set up the laptop, open all presentations for Day 1 and be ready to welcome participants.

Registration

8.00-8.15

Please greet all participants and have them sign-in using the "Sign-In Sheet".

Total Time: 15 minutes Materials Needed: Sign-In Sheet; Name Labels

Welcome, Introductions & Expectations, Ice Breakers

8.15-8.45

Trainers should welcome the participants and introduce themselves. It is also recommended that each participant introduce themselves to the group and state where they work. Participants and trainers should write their names on labels which they will wear throughout the workshop.

During this session trainers should provide participants with their expectations for the training including: timeliness, mobile phones should be shut off, need for trainee participation, freedom to ask questions, respect and support for one another, listening to others, and sharing new skills/information with nurses upon returning to their partner hospitals. Trainers should also explain that participants will be asked to perform practical activities in front of the group and emphasize that this is a safe environment in which to practice and learn from mistakes. Trainers should note that nurses are life-long learners and that the training is an opportunity to continue this learning and learn from one another.

Trainers should ask participants to write one personal learning objective they have for the training; these can be

written on post-it notes and displayed in the training room. A quick ice breaker activity can be included in the session (time permitting).

Trainers should provide each participant with an evaluation form, explain the importance of completing these forms and that they will be collected at the end of the final day of training. Trainers should also mention that trainees will receive an additional evaluation form at the contact information they provided on the sign-in sheet approximately 3 months after they have completed the course. This evaluation form will help Smile Train understand how the trainees are using the skills they learned during the course when they return to their hospitals and whether they are able to teach these skills to other nurses practicing at their hospital.

The goal of this session is to set standards and expectations but also to create a relaxed learning environment for participants.

Total Time: 30 minutes

Materials Needed: Post-it Notes, Name Labels, Training Evaluation Form

Pre-Course Test

8.45-9.15

A multiple choice, pre-course test should be provided to each participant to assess their knowledge at the start of the workshop. It is important to introduce the test, explain that there are 20 stem questions each with 5 answers (A-E). Participants must answer True or False for each A-E statement so there are 100 questions in total. Trainers must emphasize that the purpose of the test is not to highlight areas of weakness or compare them to other participants, but to enable participants to see their progress during the training. The tests should be completed independently by each participant without consulting anyone else or any outside materials. Pre- and post-course tests are included in the course materials packet provided to the trainer. The pre-course test should be marked by the trainer and returned to the participant around lunchtime on Day 1 of training.

Total Time: 30 minutes

Materials Needed: 1 Pre-Course Test per participant

Course Outline and Purpose (Overview)

9.15-9.45

The trainer should distribute a set of spiral bound handouts to each participant and then instruct the session using the PowerPoint presentation “Why the Course”.

Intended learning outcomes – by the end of the session, participants will be able to:

- Explain the meaning of the term “sentinel event”
- List the most common sentinel events
- Explain the intended purpose of this training

Emphasize: The causes and timing of common sentinel events; to expect the unexpected and always be ready to act; “Assess, Decide, React” are the 3 vital nursing skills that save lives.

Total Time: 30 minutes

Materials Needed: Spiral-Bound Handouts (1 per participant); “Why the Course” PowerPoint

Role of the Nurse in Cleft Care

10.00-10.15

The trainer should instruct the session using the PowerPoint presentation “Role of the Nurse”.

Intended Learning Outcomes – by the end of the session, participants will be able to:

- Understand the role nurses play in the care of a child undergoing surgery for cleft lip or palate
- Explain why nurses are best placed to ensure the safety of children undergoing cleft surgery

Emphasize:

- Expecting the unexpected – nurses must always be ready to act
- Assessing, deciding, reacting are 3 vital nursing skills that save lives

Total Time: 15 minutes

Materials Needed: "Role of the Nurse" PowerPoint

Training your Team (1)

10.30-11.00

This is the first of 2 sessions focused on how nurses can pass on the knowledge they learn during the workshop. The trainer should instruct the session using the PowerPoint presentation "Training your Team Part 1" and the printed instructions for the paper airplane folding activity.

At Slide 6 in the PowerPoint presentation divide the participants into 3 groups for an **activity**. The purpose of the activity is to enable participants to experience the difficulties of trying to learn a new skill using only verbal instructions, and the *advantages of using a combination of verbal, written, demonstration and practical approaches*. Group 1 is given verbal instructions (lecture style) on how to make a paper airplane. Read the instructions from the Paper Airplane Folding Activity only once (no repetition is allowed) and tell Group 1 to follow them. Do not tell them what they are making. Group 2 should be given the same verbal instructions, repetition is allowed but the group may not ask any questions for clarification and should not be told what they are making. Group 3 is given the same verbal instructions, but also told what they are making and may be given additional instructions for clarification. This group should be coached as needed to ensure success. After the activity all groups should be encouraged to share their experiences and challenges with the activity.

Resume the presentation at slide 7, brainstorm as a group the traits of an effective teacher and record on a flipchart. Save this flipchart page to review on day 3 during Training your Team (2). At Slide 11 in the PowerPoint presentation, divide the participants into 2 groups for an additional **activity**. Ask Group 1 to discuss and identify from their experiences the traits/characteristics of a poor teacher; ask Group 2 to discuss and identify the traits/characteristics of an effective teacher (allow 3 minutes for discussion). Then ask the groups to share their findings with all participants and record the findings on a Flip Chart.

Intended Learning Outcomes – by the end of the session, participants will be able to:

- Explain the purpose of the training
- Explain problems faced when training adults
- Describe how adults learn best
- Describe traits of an effective trainer
- Describe how individuals learn
- Identify learner styles

Emphasize:

- The purpose of the course is to "pass-on" learning
- Teaching using multiple styles and learning by doing increase the success of training

Total Time: 30 minutes

Materials Needed: Training your Team Part (1) PowerPoint presentation, Instructions for Paper Airplane Folding Activity; Flip Chart

Nursing Assessment (1) and (2)

11.00-13.15

This is a key session within the training – it is essential that all participants are alert and engaged throughout this session and the activity.

The Nursing Assessment presentation contains a lot of information and is intended to be given with an **activity** in the middle. To provide trainer variety and improve participant concentration, it is best for trainers to take different sections of the presentation and swap in and out. First begin to instruct the session using the Monitoring Vital Signs and Nursing Assessment in Children PowerPoint Presentation. The activity occurs at blue slide 32 at the end of the section on respiratory related assessment, and acts as an energizer which promotes experiential learning. For the activity ask all participants in the group to stand in a circle and give each participant a straw. Ask them to make a small paper bullet to blow through the straw, attempting to get their bullet into a central waste basket “goal”. After everyone has aimed several paper bullets at the goal, give everyone a piece of plastic tubing and ask them to shoot at the goal by blowing the paper bullet through the plastic tubing. The purpose of the activity is to help participants understand the diameters of an infant and adult airway and to consider how easily an infant’s airway can be obstructed.

Intended learning objectives – by the end of the session participants will be able to:

- Understand the importance of patient assessment
- State normal ranges of vital signs for different ages
- Describe changes which may be observed in vital signs following surgery
- Describe essentials of respiratory assessment
- Understand concepts of oxygen saturation monitoring
- Briefly explain the importance of AVPU system for assessment of patient responsiveness

Emphasize:

- The difference between simply recording vital signs and a thorough nursing assessment
- The need to ask questions when performing nursing assessment to try and identify the cause(s) of changes
- Key Slide 30 – differentiate between signs of a child in respiratory distress and a child in respiratory failure
- Oxygen saturation should be 94% or above. The monitor measures oxygenation, not ventilation (demonstrate by asking a participant to hold their breath and watch the saturation remain unchanged). There is a delay before the reading changes; oxygen saturation monitoring does not replace respiratory assessment.

Total Time: 135 minutes

Materials Needed: Monitoring Vital Signs and Nursing Assessment in Children PowerPoint; Plastic hose (1 piece each per participant), Drinking Straw (1 each per participant); Oxygen saturation monitor

Overview of Clefts and their Management

14.00-14.45

Instruct the session using the PowerPoint Presentation “Overview of Clefts”. This session is helpful in answering common questions about feeding, hearing, the timing of surgery, genetics, and is helpful in addressing some of the myths about the causes of cleft. The trainer should note that hospitals have different protocols and that it is important to remember that we can learn from each other’s experiences.

Intended learning outcomes – by the end of the session, participants will be able to:

- Explain what a cleft is
- Explain how clefts occur
- Give examples of different clefts and syndromes
- Explain what problems are associated with clefts

Total Time: 45 minutes

Materials Needed: Overview of Clefts PowerPoint Presentation

Nursing Documentation and the Nurse Intervention Plan Nursing Intervention Plan Scenarios

14.45-15.15

15.15-15.45

This should be given as one session. First instruct the session using the Nursing Documentation PowerPoint Presentation. For the **activity** ask for 5 volunteers to come forward individually and demonstrate using the Nurse Intervention Plan in response to the PowerPoint scenario questions; this provides an opportunity to link theory and practice. Remind participants that everyone will participate in an activity at some point during the training. For this session, each volunteer is encouraged to rely upon the Nurse Intervention Plan to guide their decision on action in response to the scenario. Record participation on the trainer record sheet.

Intended learning objectives – by the end of the session participants will be able to:

- Explain the importance of nursing documentation
- Describe what a Nursing Care Pathway entails
- Explain the benefits of using a Nursing Care Pathway to guide nursing care
- Demonstrate appropriate use of the Nurse Intervention Plan

Emphasize: Documentation is an essential element of nursing care. Timely, appropriate nursing interventions save lives.

Total Time: 60 minutes

Materials Needed: Nursing Documentation PowerPoint Presentation; Nursing Care Pathway Handout; Nursing Intervention Plan Scenarios PowerPoint

Psychological Care

15.45-16.15

Instruct the session using the PowerPoint Presentation “Psychological Care”.

Intended learning outcomes – by the end of the session participants will be able to:

- Discuss commonly held beliefs related to the causes of cleft lip and palate
- Discuss possible ways a family may react to the birth of a child with a cleft
- Discuss how these reactions may affect the care of a child with a cleft.

Total Time: 30 minutes

Materials Needed: Psychological Care PowerPoint Presentation; Smile Train Post-Operative Discharge Checklist

Closing Day 1

16.15-16.45

At the end of day 1, encourage participants to identify something they have learned and will take forward with them in their practice of nursing care. Remind them to complete relevant parts of the evaluation form and to read through their handouts and review the sessions that were covered during the day prior to the following morning. Inform participants that Day 2 will begin with a quick quiz based on information taught in Day 1 sessions.

Inform participants of evening meal arrangements, breakfast time and Day 2 start time (8.00).

Total Time: 15 minutes

Materials Needed: None

Curriculum Day 2

Preparation for sessions

Trainers need to be in the training venue by 7.30 to ensure that the room is ready for the day. Ensure that water is available for participants and set up the laptop; open all presentations for day 2.

Make sure all materials and resources required for day 2 are available. This includes:

- Quick quiz questions and answers
- Flipchart paper and pens
- Post-operative complication scenario cards for participants
- Post-operative complication scenario answers for trainers
- 1 Manikin for feeding presentation
- Journey of a child video with portable speaker if possible
- Smile Train discharge and feeding handout

In preparation for the post-operative nursing care session, it is useful for the trainers to write the 4 or 5 care plan problem headings on flipchart paper as shown below (1 problem per sheet). Continue with the following problems: Risk of bleeding; Risk of cardiovascular/neurological instability following surgery; Risk of inadequate hydration/nutrition following surgery; Risk of trauma to wound site. Risk of Fever/hypothermia will be completed by the whole group as a demonstration; remaining problems/needs will be covered in other parts of the training.

Problem 1: Risk of respiratory compromise following surgery	
Goal: Child will maintain an effective breathing pattern	
Nursing Intervention	Rationale

Quick Quiz

8.00-8.30

The trainer should prepare 10 questions based on any topics covered in Day 1 (see sample questions in Trainer Manual Appendix) and should pose these questions to the participants. Divide participants into 2 teams and having them compete against each other. Teams should sit together; encourage team discussion before teams answer. Any participant can answer, and it may be encouraging to give small prizes for correct answers.

Total Time: 30 minutes

Materials Needed: None

Pre-Operative Nursing Care

8.30-9.00

Instruct the session using the PowerPoint Presentation "Pre-Operative Nursing Care". Intended learning outcomes:

- Discuss the importance of physical and psychological preparation of a child and their caregiver for cleft lip and/or palate surgery
- Describe in detail pre-operative nursing interventions and rationale

Emphasize:

- Safe pre-operative care is an important element of surgical care
- The nursing process as one way to organize and deliver nursing care

Total Time: 30 minutes

Materials Needed: Pre-Operative Nursing Care PowerPoint

Post-Operative Nursing Care

9.00-10.15

Instruct the session using the PowerPoint Presentation “Post-Operative Nursing Care”. The nursing process is used as a way to consider the holistic care of a child undergoing cleft surgery. The nursing process may not be familiar to all participants. This part of the training should help participants consider all of the problems a child may experience following cleft surgery, and to know what nursing actions they can take to identify or solve those problems.

After presenting the Post-Operative Nursing Care PowerPoint divide the participants into approximately 8 groups (each group should have 2-3 participants) for an **activity**. Give each group a potential problem or need which a child may experience after cleft surgery. Instruct each group to write on a piece of Flip Chart paper the goal of care and the nursing interventions which are specific to their problem or need. (It may be helpful to re-project Slide 14 of the PowerPoint presentation which shows a chart of potential problems and needs). Give each group 15 minutes to complete the task and then ask them to present their findings to the entire group. Note – this is an opportunity for the trainer to sensitively correct misconceptions and inappropriate care suggestions. (Since patient discharge and pain management are covered in separate sessions, these problems can be omitted from the activity).

Intended learning outcomes – by the end of the session participants will be able to:

- Discuss the importance of safely retrieving a patient from recovery
- Describe the initial nursing priorities when a child returns to the ward
- Describe in detail post-operative nursing interventions and rationale following surgery

Emphasize:

- The essential equipment which should be available on the ward before a child returns from surgery
- The 7 criteria which must be checked before it is safe to take a child from recovery to the ward

Total Time: 75 minutes

Materials Needed: Post-Operative Nursing Care PowerPoint, Flip Charts

Post-Operative Complications

10.45-11.45

Post-Operative Complication Scenarios

11.45-13.15

This should be given as one session, with the Post-Operative Complications PowerPoint Presentation being presented first, followed immediately by a series of scenarios that will enable participants to apply their learning to practical, real-world situations. First, instruct the session using the Post-Operative Complications PowerPoint. Next, divide the participants into 5 groups for an **activity**. Give each group a copy of a Scenario Slide and ask them to consider/discuss the information provided (for 10 minutes). Each group should then decide the following questions and present their decisions to the other groups. One person from each group who has not already presented should represent their group. Record participation on the trainer record sheet. A trainer needs to play an interactive role as the group leader presents guiding them with further information to enable them to decide on appropriate action. It is important that the trainer is familiar with all the scenarios and the complications which they represent.

1. What has happened to the vital signs?
2. What other information would you like to have?
3. What is the problem?
4. What will you do?

Intended learning objectives – by the end of the session participants will be able to:

- Use the WHO Surgical Safety Checklist to confirm that essential safety actions have been completed before, during and after surgery
- Explain the purpose of the recovery ward
- Describe the common respiratory post-operative complications and their management
- Demonstrate appropriate decision making in response to changes in a child's condition

Emphasize: The simple ABC management of airway obstruction and the ability to act to save a life even if you are not entirely sure of the diagnosis.

Total Time: 150 minutes

Materials Needed: Post-Operative Complications PowerPoint Presentation; Post-Operative Complications Scenarios (1 set printed and laminated); WHO Surgical Safety Checklist

Feeding Children with Clefts

14.00-14.30

Instruct the session using the PowerPoint Presentation “Feeding Cleft Lip & Palate Children. After the presentation, play the Smile Train video “Feeding a Child with a Cleft Palate”. During the PowerPoint Presentation a trainer may wish to use one of the infant resuscitation mannequins to demonstrate possible feeding positions. Intended learning outcomes:

- Describe feeding difficulties that children with cleft may encounter
- Describe pre-operative nursing goals and specific interventions related to feeding
- Describe post-operative feeding care and advice for caregivers

Emphasize:

- Post-operative feeding must not commence until the child is awake, responsive and protecting their airway.
- First post-operative feeding should take place in the presence of and under supervision of a nurse or medical professional.

Total Time: 45 minutes

Materials Needed: Feeding Children with Clefts PowerPoint Presentation; Feeding a Child with a Cleft Palate Video; Infant Resuscitation Mannequin (optional)

Pain Assessment and Management

14.30-15.00

Instruct the session using the PowerPoint Presentation “Pain Assessment and Management”.

Intended learning outcomes – by the end of session participants will be able to:

- Explain how infants respond to pain
- Describe how to assess pain in children
- Discuss non-pharmacological pain management
- Discuss pharmacological pain management

Total Time: 60 minutes

Materials Needed: Pain Assessment and Management PowerPoint

Preparation for Discharge

15.00-15.15

Instruct the session using the PowerPoint Presentation “Preparation for Discharge”. Distribute one copy of the Smile Train Post-Operative Discharge Checklist to each participant. Discuss the usefulness of this checklist as a reference when preparing patients for discharge. Intended learning outcomes:

- Describe the importance of preparing caregivers for discharge
- Describe the important elements of discharge preparation
- Use the Smile Train post-operative discharge checklist to ensure that cleft patients receive safe, quality care even after discharge

Total Time: 15 minutes

Materials Needed: Preparation for Discharge PowerPoint; Smile Train Post-Operative Discharge Checklist

Journey of a Child Undergoing Cleft Surgery

15.15-15.45

Play the 23-minute Smile Train video “A Child’s Journey through Cleft Surgery.” Pause the video as necessary to explain aspects of care being provided and summarize skills utilized by nurses in the video. After the video ask participants if they have comments or questions, and if any care provided on the video is different to what they have seen in their hospital. Emphasize that each Smile Train partner hospital may have slightly different practices.

Total Time: 60 minutes

Materials Needed: A Child’s Journey through Cleft Surgery Video

Closing Day 2

15.45-16.00

At the end of day 2, encourage participants to identify something they have learned and will take forward with them in their practice of nursing care. Encourage participants to read through their handouts, review the sessions, and discuss what they have learned together. Remind them to complete relevant parts of the evaluation form. Inform participants that Day 3 will begin with a quick quiz and later in the day they will take post-course test MCQ2.

Although questions are encouraged throughout the training, sometimes participants do not feel confident enough to raise questions in front of the group. To overcome this issue, it may help to provide an opportunity to raise questions anonymously. Tell participants that on day 3 there will be an envelope for questions if they have any unanswered questions that they wish to submit anonymously, these will be answered on the close of day 3.

Close by congratulating participants on their commitment and engagement and remind them of the 8.00 start time for Day 3.

Total Time: 15 minutes

Materials Needed: None

Curriculum Day 3

Preparation for sessions

After closing on day 2, trainers will need to prepare resource packs for participants to use on day 3 and take home with them. These will include posters, handouts and Nursing Care Saves Lives Flipchart (one per partner).

Trainers need to be in the training venue by 7.30 to ensure that the room is ready for the day. Ensure that water is available for participants and set up the laptop; open all presentations for day 3. Place an envelope in a prominent place for anonymous questions.

Day 3 includes Basic Life Support (BLS) training. If possible, set up 4 BLS stations with manikins, Ambu bags and flipcharts open to the BLS summary page on tables. If this is not possible without disrupting the training space, have BLS equipment ready to set up quickly after the quiz.

Check with participants have not yet participated in an activity and ensure they do so on day 3.

Make sure all materials and resources required for day 3 are available. This includes:

- Quick quiz questions and answers
- Flipchart paper and pens
- Post-course test MCQ2
- Post-course test answers
- Manikins
- Ambu bags
- Empty IV bottle and oxygen mask
- Partner Hospital Nursing Audit form
- Prizes for quick quiz (if desired)
- Resource packs for participants
- Certificates

Quick Quiz

8.00-8.30

The trainer should prepare 10 questions based on any topics covered in Day 1 (see sample questions in Trainer Manual Appendix) and should pose these questions to the participants. Divide participants into 2 teams and having them compete against each other. Teams should sit together; encourage team discussion before teams answer. Any participant can answer, and it may be encouraging to give small prizes for correct answers.

Total Time: 60 minutes

Materials Needed: None

Pediatric Basic Life Support Presentation and Practical Pediatric Basic Life Support Scenarios

8.30-10.00

10.30-11.00

This should be given as one session. While one trainer leads the BLS presentation the second trainer demonstrates the BLS sequence on a manikin practically as each slide is shown (both trainers should practice this session together before delivering it). At the end of the presentation the second trainer demonstrates a real time BLS sequence. Next all participants practice the BLS sequence using resuscitation models and Ambu bags (4 groups) working at the same time. Encourage one participant to read the BLS sequence prompts from the flip chart while another participant follows the instructions, this helps participants to memorize the sequence. If possible both baby and junior manikins should be available. If more practice time is required, participants can be encouraged to utilize some of the break time for this under trainer supervision.

After the break use the BLS scenario slides. There are 5 scenarios, select one participant to lead each scenario at the front of the class using a manikin and Ambu bag, other participants can assist in a support role. The purpose of the activity is to apply newly acquired skills into 'real life' situations. At the close of this session ask for volunteers to demonstrate a real time BLS sequence. By the end of this session all participants except 4 should have participated in a front of class activity.

During the practical session trainers should move between groups checking and guiding participants on airway opening techniques, mask seal, ventilation rate, hand/finger placement, compression rate and depth. Ensure that participants follow the sequence correctly.

Intended learning objectives – by the end of the session participants will be able to:

- Define the term “Basic Life Support” (BLS)
- Identify signs of impending cardiorespiratory arrest in a child
- Understand the nurse’s role in BLS
- Demonstrate how to assess and recognize an infant or child who requires BLS
- Demonstrate how to perform BLS on an infant and a child
- Demonstrate appropriate decision making and action in response to changes in a child’s condition

Emphasize: Seconds count and the need to always be prepared for and to expect the unexpected

Total Time: 90 minutes

Materials Needed: Pediatric Basic Life Support PowerPoint Presentation; Pediatric Basic Life Support Scenarios; Infant and Pediatric Resuscitation Mannequins, AMBU Bags

Post-Course Test

11.00-11.30

Post-Course Test Marking

11.30-12.00

All participants should complete a post-course test under testing conditions and given 30 minutes to complete it. After completing the test, papers should be exchanged, and the test is marked as a group. The trainer must record the scores on the trainer record sheet before returning the papers.

Total Time: 60 minutes

Materials Needed: MCQ2 and Answer Key

Training Your Team (2) Presentation and Practical

12.00-13.00

This session is a continuation of the introduction to passing on knowledge that participants received on Day 1. First instruct the session using the Training Your Team 2 PowerPoint Presentation; ensure the presentation does not last more than 15 minutes so there is sufficient time for the practical activity. After the presentation, give each participant a Nursing Care Saves Lives Flip Chart and then divide the participants into 4 groups for the **activity**. Assign each group a different presentation from the Flip Chart, either:

1. Pediatric Basic Life Support,
2. Post-Operative Nursing Care for a Child Following Cleft Lip/Palate Surgery,
3. Monitoring Vital Signs and Nursing Assessment in Children, or
4. Post-Operative Complications

One person from each group (the one person who has not yet completed an activity) will be chosen to be the “trainer” and the remainder are the “trainees” for this simulation. The group will plan a brief, 5-minute training covering an element of one of the topics. The group will have 15 minutes to plan as a team, but only one person will present. During the 15-minute planning time trainers must spend time with each group to ensure they fully understand the instructions and select an appropriate short topic for the 5-minute presentation. Encourage groups to consider the attributes of an effective trainer, different ways to present information, and ways to test understanding of the materials taught. After the break, each group will give a 5-minute presentation to all other participants, and afterwards will receive evaluation and constructive feedback from the group.

Intended learning objectives – by the end of the session participants will be able to:

- Explain how to plan a training session
- Demonstrate leading a training session using the Smile Train Nursing Care Saves Lives Flip Chart

Total Time: 60 minutes

Materials Needed: Training Your Team 2 PowerPoint Presentation; Flip chart pages from day 1 outlining the brainstormed attributes of an effective trainer; 4 Nursing Care Saves Lives Flip Charts.

Audit of Partner Hospitals

14.00-14.15

Distribute 1 Partner Hospital Nursing Audit sheet to each participant and ask them to complete it as honestly and thoroughly as possible. Clearly state that this information will be used by Smile Train to improve their quality of care and it will not be used in any way to judge a hospital establishment. The purpose of this audit is to identify what basic equipment is available at Smile Train partner hospitals including the availability of oxygen saturation monitoring, oxygen and pediatric AMBU bags in the operating theater, recovery ward and post-operative ward. Participants are also asked to state any particular challenges they face when caring for children following cleft surgery.

Emphasize: This information is useful for Smile Train to continue to improve the quality of care and it *will not* be used in any way to judge a hospital establishment.

Total Time: 15 minutes

Materials Needed: Partner Hospital Nursing Audit (1 per participant)

What Next? (1)

14.15-15.15

This session along with the “Training you Team” sessions are intended to equip participants to lead step down training and initiative improvements in the nursing care of cleft children. The “What Next? (1)” presentation includes steps to assist participants as they consider how to develop an action plan to implement one aspect of this training in their own workplace.

The trainer should the ask participants to turn to the action plan template on page 33 of their Nursing Care Saves Lives Handout and think about a change they would like to introduce in their own workplace. For example, a participant may choose to teach a colleague BLS, how to use the Nurse Intervention Plan, or the importance of vital sign monitoring. Emphasize that they must choose an activity that is achievable (e.g. not recruiting more staff). Each participant must then tell the trainer and the rest of the group the what, why, how, and when of the change they hope to make. The trainer(s) need to record the commitments made by each trainee and include them in the training report. Each participant should understand that they are committing to implement this change upon return to their hospital and that Smile Train is making note of their intentions.

Intended learning objectives – by the end of the session participants will be able to:

- Identify aspects of cleft nursing care that could improve in their hospital
- Understand the principles of managing change
- Explain how they could initiate a change in nursing practice in their workplace

Emphasize that Smile Train is unable to train every nurse who is involved in cleft care, but that by implementing change and leading step-down training participants can improve the care in their hospital and save lives.

Total Time: 60 minutes

Materials Needed: What Next? (1) PowerPoint Presentation; What Next 2 PowerPoint Presentation; Flip Chart; Partner Hospital Nursing Audit Sheets (from Day 1); Nursing Care Saves Lives Handout

Questions and Summing up: Close the training by asking participants to state one thing they learned during the training. Review the learning objectives participants listed on day 1 and check that they have been covered during the training. Ask if any unanswered questions exist, or if any questions were submitted anonymously answer them or indicate you will determine the answer and follow-up with participants. Provide an opportunity for participants to give any verbal feedback they may wish to share.

What Next (2): Give the “What Next? (2) presentation. This is mainly visual and intended to encourage participants to make a difference. Participants should be reminded of the vital role nursing plays in caring for children with cleft and that proper nursing care does save lives. Recognize that nurses do and will face challenges in their workplace but encourage them to strive to provide safe, quality care and initiate change. Reiterate Smile Train’s expectation that all participants will share their learning with others, use the training resources they have been given, and implement change in their work place to influence safer patient care.

Closing Ceremony: Identify a place where presentation of certificates and photographs can take place. Present each participant with a course certificate, a set of posters, and a flip chart (one for each partner represented). Photograph each participant receiving their certificate.

Evaluate the training: Different methods should be used to evaluate the training. The evaluation form will gauge trainee satisfaction and how useful participants have found elements of the training. The pre- and post-course test will provide insight into prior and acquired levels of understanding. The practical scenario-based sessions provide the opportunity for trainers to observe participants demonstrating their learning. Additionally, trainers can assess the engagement, interest, and responsiveness of participants during the training. On completion of the training, trainers should submit a written evaluation to Smile Train. See the Trainer Manual Appendices for a blank template for evaluating the training.

It is vital that trainers or Smile Train representatives communicate with partner hospitals and inform them of the action points which nurses have committed to implement after the training. 2-3 months later trainers or regional representatives will check progress on implementation. Although time consuming this communication and monitoring will ensure that partners and participants appreciate that the training is not just for individual professional development but rather that action and change are expected results. This process is an additional evaluation tool which can be used to assess the lasting impact of the training. Trainers or Smile Train representatives should similarly

We wish you every success as you support and train nurses to save lives!

Total Time: 30 minutes

Materials Needed: What Next? (2) PowerPoint Presentation; Certificates; Anonymous questions envelope

Thank you for all of your help in ensuring children with cleft lip and palate have access to safe nursing care. We wish you ever success as you support and train nurses to save lives!

Nursing Care Saves Lives

APPENDIX

Quick Quiz Questions and Answers Day 2

1	What the three essential nursing skills?	Assess Decide React
2	What is acceptable oxygen saturation?	94% or above
3	List 8 challenges for children with cleft lip and or palate?	Feeding Swallowing Speech Hearing Dental Facial growth Cosmetic Emotional/psychological
4	What are the 6 signs of a child in respiratory failure (Red box)?	Decreasing responsiveness Apnea/reduced respiratory rate Increased/decreased work of breathing Bradycardia Cyanosis Low SPO ₂
5	What is the normal respiratory rate range for a 4-year-old child?	25-30
6	At what SpO ₂ will cyanosis be visible?	85% or less
7	What is the normal heart rate range for a 3-year-old child?	95-140
8	What do the letters AVPU stand for?	Awake, Voice, Pain, Unresponsive
9	List 4 causes of increased respiratory rate post operatively?	Respiratory distress Bleeding Pain Pyrexia Fluid volume excess
10	By how many weeks gestation is the development of the face complete	10-12 weeks
11	Tie break if needed What is a normal capillary refill time?	< 2 seconds

Quick Quiz Questions and Answers Day 3

1	What equipment must be by the bedside before a child returns from theatre after cleft surgery?	Oxygen AMBU bag Oxygen saturation Stethoscope
2	What does the FLACC stand for?	Face Legs Activity Cry Consolability
3	According to Smile Train NBM recommendations when can a child last drink water?	2 hours pre-operatively
4	List 3 goals of pre-operative feeding?	Meet nutritional needs Promote breast feeding where possible Find a position that maximizes suction Reduce regurgitation Achieve a safe pre-operative weight
5	What are the 6 signs of a child in respiratory distress (blue box)?	Alert but tired Tachypnea Increased work of breathing Tachycardia Cyanosis (late sign) Decreasing SPO ₂
6	Which 4 vital signs should be recorded 1 hourly post operatively?	Respiratory rate Oxygen saturation Heart rate AVPU
7	List 6 possible causes of airway obstruction following cleft surgery?	Laryngeal edema Laryngospasm Aspiration Residual sedation Bleeding Forgotten pack
8	Before collecting a child from recovery after cleft surgery what 7 things must a nurse check?	Protecting their airway Awake/easily awakened Not bleeding Not in obvious discomfort Not vomiting Observations stable Documentation complete
9	What fluid and how much will you give as fluid resuscitation?	20mls/kg Ringers lactate or normal saline, stat
10	When is it safe to feed a child post-operatively (list all 3)?	When they are: Fully awake Responsive Protecting their airway
11	Tie break if needed Following cleft palate surgery list 3 pieces of advice to tell carers when preparing them for discharge?	Give soft/sloppy food for 3 weeks Avoid hard rough food Feed small quantities initially Feed propped upright Avoid straws, Use care with spoons



Nursing Care Saves Lives Workshop
Pre-Course Test

Name: _____
Hospital: _____

Please circle T (true) or F (false) for each lettered answer.

Note: there may be multiple true or false answers for each question.

1. The respiratory rate in a 6 month old baby:
 - a. Is normally 50-60 breaths per minute **T F**
 - b. Is the same as in a 2 year old child **T F**
 - c. Increases with morphine **T F**
 - d. Is normally 30-40 breaths per minute **T F**
 - e. Is not a good indicator of postoperative complications **T F**
2. The heart rate of a 2 year old:
 - a. Is normally 95-130 beats per minute **T F**
 - b. Will increase with blood loss **T F**
 - c. Will increase with pain **T F**
 - d. Will increase with hypoxia **T F**
 - e. Will be increased by atropine **T F**
3. The *first* sign of hypoxia in a 4-month old baby is:
 - a. Cyanosis **T F**
 - b. Tachycardia **T F**
 - c. Bradycardia **T F**
 - d. Hypotension **T F**
 - e. Prolonged capillary refill **T F**
4. The blood volume of a 5kg baby is about:
 - a. 125-150ml **T F**
 - b. 400-425ml **T F**
 - c. 300-325ml **T F**
 - d. 200-250ml **T F**
 - e. 500-525ml **T F**
5. The maximum oral dose of paracetamol in a 4kg baby is:
 - a. 360mg in 24 hours **T F**
 - b. 30 mg/kg 6 hourly **T F**
 - c. 125mg 6 hourly **T F**
 - d. 10-15mg/kg 6 hourly **T F**
 - e. 5mg/kg 8 hourly **T F**
6. In hypovolaemia in infants:
 - a. It may present with agitation **T F**
 - b. Hypotension is an early sign **T F**
 - c. Capillary refill is usually normal **T F**
 - d. 5% dextrose is a good resuscitation fluid **T F**
 - e. 5ml/kg of fluid should be given stat **T F**
7. In Pediatric Basic Life Support:
 - a. The ratio is 2 breaths to 15 compressions **T F**
 - b. The first thing to do is check blood glucose **T F**
 - c. Start chest compressions if the heart rate is below 60 **T F**
 - d. If the child stops breathing run for help **T F**
 - e. Never use a jaw thrust to open the airway in a cleft child **T F**
8. Cleft lip or palate:
 - a. Is a rare congenital abnormality **T F**
 - b. Can be associated with congenital heart defects **T F**
 - c. Rarely causes problems with breastfeeding **T F**
 - d. Is more common in Africans than Caucasians **T F**
 - e. Happens in the first 12 weeks of intrauterine life **T F**
9. Pulse oximetry:
 - a. Measures pulse rate and oxygen saturation **T F**
 - b. 90% is an acceptable postoperative reading in a child **T F**
 - c. Will provide an early warning of hypoxia **T F**
 - d. May not function well in a hypovolaemic child **T F**
 - e. The probe can be put across the lip or tongue **T F**
10. Airway obstruction
 - a. May be caused by a forgotten pack **T F**
 - b. May cause paradoxical chest movement **T F**
 - c. May be improved with a nasopharyngeal airway **T F**
 - d. Will cause hypoxia **T F**
 - e. May cause stridor **T F**
11. Following cleft palate surgery feeding should be recommended:
 - a. If the child is crying **T F**
 - b. According to medical instructions and the child's condition **T F**
 - c. When the child is awake, responsive and protecting the airway **T F**
 - d. ½ hour after the child returns to the ward **T F**
 - e. Immediately **T F**

12. A nine month old boy returns to the ward following cleft palate surgery, post-operative observations should be recorded:
- a. 4 hourly for the first 12 hours **T F**
 - b. 6 hourly for 24 hours **T F**
 - c. Whenever possible **T F**
 - d. 1 hourly for the first 24 hours **T F**
 - e. 2-4 hourly for 6 hours **T F**
13. A child's oxygen saturation is 87% 1 hour after returning to the ward, you should:
- a. Give 5 rescue breaths **T F**
 - b. Recheck reading 3 times over 5 minutes **T F**
 - c. Check airway **T F**
 - d. Recheck reading after 1 hour **T F**
 - e. Commence oxygen 2 lpm via a mask or nasal specs **T F**
14. A child in pain may:
- a. Appear lethargic/flaccid if very sick **T F**
 - b. Appear flushed **T F**
 - c. Have a decreased heart rate **T F**
 - d. Drop their oxygen saturations **T F**
 - e. Thrash their limbs **T F**
15. You are monitoring a 10 month old post-operative child. You notice she is not breathing, you should:
- a. Give oxygen using nasal specs **T F**
 - b. Shout for help from your colleagues **T F**
 - c. Stay with the child **T F**
 - d. Go to fetch a doctor **T F**
 - e. Open the child's airway **T F**
16. In a 6 month old child the heart rate:
- a. Should be recorded using the radial pulse **T F**
 - b. May fall as an early sign that the child is bleeding **T F**
 - c. Should be counted using a stethoscope **T F**
 - d. Can be reliably measured using an oxygen saturation monitor **T F**
 - e. Should be counted for 15 seconds and multiplied by 4 **T F**
17. When giving discharge advice following cleft palate surgery, the nurse should advise the carer to:
- a. Feed soft/sloppy food for 3 weeks **T F**
 - b. Feed the child whatever food he likes in small quantities **T F**
 - c. Avoid hard foods for the first 2 days **T F**
 - d. Feed the child laying down **T F**
 - e. Avoid using straws **T F**
18. Children with cleft lip and palate may commonly experience:
- a. Hearing loss **T F**
 - b. Speech defects **T F**
 - c. Poor sight **T F**
 - d. Dental problems **T F**
 - e. Emotional difficulties **T F**
19. Regarding respirations:
- a. Stridor if present is usually heard on inspiration **T F**
 - b. A rate of 26 breaths per minute is normal for a 4 year old **T F**
 - c. Reduced respiratory rate is an early sign of hypovolaemia **T F**
 - d. Children under 10 years are predominantly abdominal breathers **T F**
 - e. Respiration rate is usually the first vital sign to change when the child deteriorates **T F**
20. Bradycardia in an infant:
- a. Is a very late sign of shock **T F**
 - b. Shows the child is not in pain **T F**
 - c. May indicate impending cardiopulmonary arrest **T F**
 - d. Is defined as a heart rate of less than 50 beats per minute **T F**
 - e. May be due to pyrexia **T F**



Please circle T (true) or F (false) for each lettered answer.
Note: there may be multiple true or false answers for each question.

1. Hypovolemia in infants:
 - a. Will cause an increase in heart rate **T F**
 - b. Will cause reduced respiratory rate as an early sign **T F**
 - c. If severe, will cause bradycardia **T F**
 - d. Will prolong capillary refill time to >2 seconds **T F**
 - e. 20ml/kg Ringers lactate should be given **T F**
2. A child can safely return to the ward from recovery if:
 - a. Their AVPU score is A and respiratory rate is 48 bpm **T F**
 - b. They appear to be bleeding **T F**
 - c. Recovery staff say child is ready but they are agitated **T F**
 - d. Awake, protecting airway, stable, not bleeding **T F**
 - e. If their AVPU score is P **T F**
3. In pain management and assessment:
 - a. Neonates do not experience pain **T F**
 - b. If paracetamol is not effective, it should be stopped and codeine given instead **T F**
 - c. A FLACC score of 3 indicates mild pain **T F**
 - d. NSAIDs are not advised in babies <1 year **T F**
 - e. A side effect of morphine is increased respiratory rate **T F**
4. Pulse oximetry:
 - a. Measures ventilation NOT oxygenation **T F**
 - b. Requires adequate perfusion **T F**
 - c. Accurate readings may be affected by movement **T F**
 - d. A reading of 92% is acceptable **T F**
 - e. Can be used instead of respiratory monitoring **T F**
5. In a 3-month-old 4kg baby:
 - a. 5% dextrose is the ideal resuscitation fluid **T F**
 - b. 34mls of blood loss represents a 10% loss of blood volume **T F**
 - c. For fluid resuscitation 80mls is the recommended amount **T F**
 - d. A heart rate of 90 bpm is normal **T F**
 - e. A respiratory rate of 46 is normal **T F**
6. In post-operative monitoring:
 - a. If temperature is >37.5°C it should be rechecked in 4 hours **T F**
 - b. Respiratory rate should be assessed hourly **T F**
 - c. If respiratory rate is 45, no intervention is needed **T F**
 - d. If heart rate is raised, capillary refill time should be checked **T F**
 - e. If AVPU is U, you should begin BLS **T F**
7. In Pediatric Basic Life Support:
 - a. Chest compressions should compress ¼ of the chest **T F**
 - b. Signs of life include coughing and movement **T F**
 - c. When opening an infant's airway, the head should be in a neutral position **T F**
 - d. A child is between 1 year and puberty **T F**
 - e. Commencing Basic Life Support is a nursing intervention **T F**
8. Post-operative feeding:
 - a. Should begin if the child is crying **T F**
 - b. Should begin if a child is responding to pain **T F**
 - c. Should begin when a child is awake, responsive and protecting their airway **T F**
 - d. Is according to doctor's instructions regardless of child's level of responsiveness **T F**
 - e. Must be given/supervised by a nurse initially **T F**
9. Bradycardia in an infant:
 - a. Is likely to be caused by hypoxia **T F**
 - b. Of less than 60 bpm is an indication for Basic Life Support in unresponsive child **T F**
 - c. Is an early sign of respiratory obstruction **T F**
 - d. Is an early sign of bleeding **T F**
 - e. May be due to pyrexia **T F**
10. Post-operative observations:
 - a. Require 1 hourly temperature monitoring **T F**
 - b. Should be recorded 2 hourly **T F**
 - c. 1 hourly for the first 6 hours, then 2 hourly **T F**
 - d. 1 hourly for 24 hours **T F**
 - e. Include AVPU score **T F**

11. Airway obstruction:
- a. May be caused by bleeding **T F**
 - b. May be silent **T F**
 - c. Should be suspected in an agitated child **T F**
 - d. Will decrease respiratory rate initially **T F**
 - e. Is not an emergency **T F**
12. An increased respiratory and heart rate:
- a. Are signs of respiratory failure **T F**
 - b. Are signs of hypovolemia **T F**
 - c. Are signs of airway obstruction **T F**
 - d. Could be due to fever **T F**
 - e. Could be due to pain **T F**
13. A child in respiratory failure
- a. Will have an increased respiratory rate **T F**
 - b. Will be alert **T F**
 - c. May be bradycardic **T F**
 - d. Will be cyanosed **T F**
 - e. Is an emergency situation and may require basic life support **T F**
14. A child in pain may:
- a. Appear lethargic/flaccid **T F**
 - b. Appear flushed **T F**
 - c. Have a decreased heart rate **T F**
 - d. Drop their oxygen saturations **T F**
 - e. Thrash their limbs **T F**
15. A child is unresponsive and taking occasional gasps you should:
- a. Give oxygen using a mask and wait to observe for improvement **T F**
 - b. Shout for help from your colleagues **T F**
 - c. Open the child's airway and give 5 rescue breaths using an Ambu bag **T F**
 - d. Leave the child and go fetch a doctor **T F**
 - e. Continue with other observations before taking action **T F**
16. In an infant with post-operative airway obstruction:
- a. Calling for help, airway check and oxygen are the first nursing interventions **T F**
 - b. Bradycardia is a late sign **T F**
 - c. May present with tracheal tug **T F**
 - d. May be caused by laryngeal edema **T F**
 - e. Wheezing may indicate a forgotten pack **T F**
17. Feeding advice following cleft palate surgery:
- a. Feed soft/sloppy food for 3 weeks **T F**
 - b. Feed the child whatever food he likes in small quantities **T F**
 - c. Avoid hard foods for the first 5 days **T F**
 - d. Feed the child laying down **T F**
 - e. Avoid using straws **T F**
18. A child in respiratory distress will:
- a. Be tachycardic **T F**
 - b. Have a reduced level of consciousness **T F**
 - c. Require airway check, oxygen and review by a doctor **T F**
 - d. Have a reduced respiratory rate **T F**
 - e. Be cyanosed as a first sign **T F**
19. Regarding respirations:
- a. Stridor if present is usually heard on expiration **T F**
 - b. A rate of 40bpm is normal for an 18-month-old **T F**
 - c. A low respiratory rate is an early sign of hypovolemia **T F**
 - d. Tracheal tug is a form of recession **T F**
 - e. Rate changes may be a late sign of a deteriorating child **T F**
20. An increased heart rate in an 9-month-old:
- a. May be caused by medication **T F**
 - b. May be due to bleeding **T F**
 - c. Is a sign of respiratory failure **T F**
 - d. Is defined as a heart rate >100bpm **T F**
 - e. May be due to pyrexia **T F**

Pre- and Post-Test Answer Sheet

Answers to Pre-course test

	a	b	c	d	e
1	F	F	F	T	F
2	T	T	T	F	T
3	F	F	T	F	F
4	F	T	F	F	F
5	F	F	F	T	F
6	T	F	F	F	F
7	T	F	T	F	F
8	F	T	F	F	T
9	T	F	T	T	T
10	T	T	T	T	T
11	F	T	T	F	F
12	F	F	F	T	F
13	F	T	T	F	T
14	T	T	F	T	T
15	F	T	T	F	T
16	F	F	T	F	F
17	T	F	F	F	T
18	T	T	F	T	T
19	T	T	F	F	T
20	T	F	T	F	F

Answers to Post- course test

	a	b	c	d	e
1	T	F	T	T	T
2	F	F	F	T	F
3	F	F	T	F	F
4	F	T	T	F	F
5	F	T	T	F	F
6	F	T	F	T	T
7	F	T	T	T	T
8	F	F	T	F	T
9	T	T	F	F	F
10	F	F	F	T	T
11	T	T	T	F	F
12	F	T	T	T	T
13	F	F	T	T	T
14	T	T	F	T	T
15	F	T	T	F	F
16	T	T	T	T	F
17	T	F	F	F	T
18	T	F	T	F	F
19	F	F	F	T	F
20	T	T	F	F	T



Nursing Care Saves Lives
Trainer Evaluation

Name:	_____
Venue:	_____
Dates:	_____

Thank you for serving as a trainer during a Smile Train Nursing Care Saves Lives training workshop. To assess the impact of the training program and satisfaction of trainers and trainees, please complete this form in its entirety. Please be honest in your assessments and answer the questions as fully as possible. Your feedback will be carefully reviewed and used by the course organizers to inform future trainings and curriculum adjustments, as needed.

Summary

1. Please list the number of participants. Attach a list with attendee names and Smile Train partner hospitals represented.
2. Please list the language(s) in which the training was provided. Were translators used?'
3. Comment on the interaction and engagement of participants. Please provide specific examples.

Pre- and Post-test courses

4. Please record pre- and post-test score information in the following chart:

	Pre-Course Test	Post-Course Test
Average of Scores		
High Score		
Low Score		
Average increase of scores		
Highest improvement from pre- to post-test		
Lowest improvement from pre- to post-test		

- Please provide any other insights or comments on the tests

Materials

- Please list the materials given to participants during the training.

Trainee Evaluations

- All trainees completed a post-course evaluation where they rated elements of the program from 1 to 6. Please complete the table below with information synthesized from the completed trainee evaluations.

Please provide the average score for all evaluations:	
Please list the session that that participants rated most useful:	
Please list the 3 sessions that participants rated the most highly:	
Number of participants who felt more competent recognizing and managing a deteriorating child at the end of the course:	
Comment on course timing (too long, too short, just right)	

- Please provide any other relevant information listed in the evaluations.

Nursing Audit Responses

- Please provide a list of equipment availability and nursing challenges by partner as reported on the Nursing Audit Forms

Follow-up Action Plans

10. Please list examples of action plan topics developed by participants to implement in their hospitals to improve an aspect of cleft care.

Changes/Suggestions

11. Did you make any changes to this training when it was delivered? If so, please list them below.

12. Please provide suggestions for future trainings