




Assessors' Training Program Policies and Procedures Manual

National System Health Resource Centre

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Training Manual Revision History

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Removed Page No.	Inserted		Amendment Date	Nature of Change	Signature from approval authority
	Page No.	Rev No.			
NA	5	01	11 th March 2018	Goals and objectives of the assessor's training program	
NA	6	02	7 th June 2018	Competencies of the assessors were introduced	
NA	7 & 34	03	24 th March 2019	Introduced principles of Adult learning, document control policy	
NA	15, 18, 19, & 25	04	24 th March 2020	Protocols for conduct of virtual trainings was introduced, learning objectives of newly introduced sessions, appeal policy	
NA	43	05	24 th March 2021	Revision of training and technical resources required to conduct training	
NA	20, 26	06	18 th November 2021	Introduction of Risk Management Framework, Organogram and revision as per the revised operational guidelines	

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1. Introduction

1.1 Background

National Quality Assurance Program for Public Healthcare facilities has been launched by Ministry of Health & Family Welfare (MoHFW), Government of India in 2013. The aim of program is to improve the quality of services provided in Public healthcare institutions and ensure they meet defined set of standards.

For this purpose, National Quality Assurance Standards (NQAS) have been defined by the National Health Systems Resource Center (NHSRC), an apex technical institution of the MoHFW, in due consultation with ministry, technical experts & other stakeholders. NHSRC, has also being given mandate, as nodal agency for implementation of quality standards in public healthcare institutions across the country as well as establishment of certification system for National Quality Assurance Standards.

Quality Certification program requires creation of a pool of competent and credible assessors those will be utilized for internal and external assessments of hospitals. To fulfil the purpose Assessor's training program has been designed to train prospective internal and external assessors through a rigorous process of assessor selection, skill enhancement and evaluation. This document defines the critical policy , processes and procedures for organising Internal and External Assessor Training under National Quality Assurance Program.

1.2 Definition

Training : The organized procedure by which people learn knowledge and/or skill for a definite purpose.

Assessor : A person that has been trained and certified to carry out assessment activities using the assessment tools in designated healthcare facilities on behalf of health department or certification agency

2. Goal, Methods, Competencies and learning objectives

2.1 Purpose of the Manual

The manual outlines following trainings under National Quality Assurance Program.

- Internal Assessor training,
- External assessor training, and

2.2 Goal of Assessor's Trainings

The overall goal of assessor training program is to create an adequate pool of assessors those can assist health care facilities to assess their quality objectively against National Quality Assurance Standards (NQAS) as well as assist certification unit (NHSRC) in verification of meeting the certification criteria through independent external assessment.

- The aim of the Internal Assessor's Training is to develop Internal Assessors within hospitals and helping them to work towards implementation of quality, patient safety, achieving and maintaining the NQAS certification.
- The aim of External Assessor's Training is to develop External Assessor in states for conducting National Level assessments, state level surveillance audits of certified facilities & function as trainer for NQAS & related Quality programs.

2.3. Objectives of Assessor Training Program

- To make prospective assessors aware of national quality assurance program for public health facilities
- To impart in-depth understanding of requirements National Quality Assurance Standards
- To provide understating of quality measurement system for NQAS.
- To impart knowledge regarding fundamental principles for assessment and global best practices.
- Understanding of Area of Concern wise standards and measurable elements for different levels of healthcare facilities.
- To provide hands on training and proficiency in using departmental assessment tools, assessment methods, gathering evidence and scoring .
- To ascertain the desired proficiency and competence of prospective assessors through objective evaluation and feedback
- To instigate and strengthen the behavioural and attitudinal values of an independent assessor
- To impart necessary skills for professional report writing
- To create system and provision for ongoing leaning of assessors.

- To provide working knowledge for using IT enabled tools for assessment.

2.4 Expected Competences of Assessors

Assessor competencies can be further explained as Knowledge, Skills and Behaviour. Following are the expected competencies from an assessor-

Knowledge

K1. Appreciation of Indian Public Health system, different level of health care facilities and programs.

K2. Understanding basics of terms, approaches and principles of quality management.

K3. In-depth understanding of requirements of National Quality Assurance Standards at various level of healthcare facilities.

K4. In-depth understanding of different components of Quality Measurement System , NQAS scoring system and certification criteria

K5. Understanding of Area of concern wise standards and measurable elements.

K6. Appreciation of various programs using NQAS platform such as Kayakalp

K7. Appreciation of department specific requirement of NQAS such as Operation Theatre, Labour room, ICU and Laboratories.

K8. In-depth understanding of risks in healthcare, types of risk and mitigation of risk and up-dation of risk plan/register

K9. Understanding of ethical dilemmas/issues confronted while providing the services at public health facilities

Skills

S1. Proficiency in using NQAS assessment checklists for different departments of healthcare facilities.

S2. Proficiency in applying assessment methods and means of verifications for gathering evidences.

S3. Proficiency in assigning the assessment observations to specific areas of concern, standards & Measurable elements.

S4. Skill in preparing assessment plans and schedules for internal and external assessments.

S5. Skills in compiling the assessment findings and drafting assessment report

S6. Basic skills for written and electronic communication.

S7. Proficiency in using Information Technology based applications (Gunak App) for assessments

S8. Proficiency in using 07 basic tools of quality and their usability (where they can be used) along with their interpretation

S9. Skills in evaluating the identified risks, its analysis and calculation of risk identification probability number through tool/matrix

S10. Basic skills to assess the competence and performance of clinical and paraclinical staff.

Behavioural

B1. Maintaining integrity, confidentiality & objectiveness during the assessment

B2. Conducting effective opening and closing meetings

B3. Managing conflicts, variation in responses and external parties such as media agents

B4. Maintaining independence, transparency and professionalism

B5. Effective communication, courtesy and consent

B6. Continuous learning and skill enhancement

B7. Managing ethical dilemmas confronted during the delivery of services at public health facilities

2.5 Process Efficiency Criteria

Efficiency of assessor’s training programme is evaluated in terms of achievement of goals, objectives and assessor competencies based on certain process efficiency criteria.

S. No	Efficiency criteria	Target
1	Percentage of participants satisfied with the training	At least 80% or above
2	Percentage of participants attended training for all days	At least 95% or above
3	Percentage of trainers attained at least 3.5 or more score (Likert scale) from the trainees	At least 80% or above
4	Percentage of participants attained more than 75% marks in group work/individual exercise	At least 70% or above
5	Percentage of external trainers satisfied with the training	At least 80% or above
6	Percentage of participants qualified the post training evaluation exam	More than 50%
7	Overall training score	At least 4 or above on a scale of Likert

2.6 Methodology of Training

A comprehensive methodology has been evolved to ensure expected competencies in the prospective assessors based on expert advice, best practices, review of literature and feedback of stakeholders. Methodology of assessor training is based on anagogical principles of adult learning acknowledging the trainees are self-directed, goal oriented,

relevancy oriented and has acquired practical knowledge. Motivating factors for adult learning has been built in assessor training program to stimulate optimal learning and acquisition of necessary skills.

Following features has been kept in training to make a time life learning experience-

1. Trainees mix is kept from diverse geographical and professional background to stimulate social relationship.
2. Quiz, Session Evaluations and group competitions have been kept between the sessions to motivate trainees through external expectations.
3. Inaugural talk emphasize the role of quality assurance system in improving the public health system and social welfare.
4. Assessor Certificate from Ministry of Health provided to successful trainees, which helps them in personal advancement in their carrier.
5. Games, group works and role plays have kept in each of day of training to provide escape from routine class room sessions and stimulate learning.
6. Case studies, illustrations and filed visits have been adequately placed to stimulate cognitive interest.

Training methodology uses judicious mix of Motivation, reinforcement, retention and transference strategies to ensure optimal learning. The formal sessions are supported by array of learning activities to facilitate adult learning. This includes:

- Lecture method,
- Case studies,
- Demonstration,
- Experience sharing
- Brainstorming
- Quizzes & Brainteasers
- Small group and individual exercises
- Small group discussions
- Presentations
- Gap spotting
- Simulations including role play,
- Practical exposure through field visit to identified hospital

To promote active learning, all the participants are distributed in 5-6 groups, each group has around 8-9 participants. Every group is formed in a heterogenous fashion, envisaging the principles of ethnicity, equal geographical distribution and diversity. Each group is allocated one moderator to facilitate the exercises. Apart from this it is also ensured that, each day moderator of the respective group is also changed to encourage collaborative relationship between learners and trainers for productive learning.

2.7 Session wise Learning objectives

S. No	Training Session	Skills and Competencies	Learning Objectives
1.	Overview of Public Health System & programs in India	K1. Appreciation of Indian Public Health system, different level of health care facilities and programs.	After attending this session trainee should be able to <ul style="list-style-type: none"> • Acquire conceptual clarity of how the health system is organized in India. • Analyse importance of National Health Mission, Identify healthcare facilities at primary, secondary and tertiary care • Recognise public health programs for Maternal & Child Health and disease control. • Appraise the major challenges for public health system • Evaluate finding of recent (71st Round) of health sector survey conducted by NSSO.
2.	Introduction to Quality Assurance Program for Public Health Facilities	K2. Understanding of basics of terms, approaches and principles of quality management.	After attending this session trainee should be able to <ul style="list-style-type: none"> • Comprehend various definitions of Quality • Distinguish between service and technical quality • Critically analyse various approaches to quality such as quality control, quality assurance, quality improvement and quality management system • Appraise the Donabedian model of Structure, Process and Outcomes • Recall the history of quality in health care globally and in India • Understand PDCA • Recognise the specific requirements for quality systems in public hospitals • Explain the genesis and various components of National Quality Assurance Program for Public Health Facilities
3.	Measurement System and	K4 In-depth understating of different components of Quality	After attending this session trainee should be able to

	Assessment Protocol	Measurement System, NQAS scoring system and certification criteria	<ul style="list-style-type: none"> • Know the architecture and arrangements of different components of NQAS • Explain Area of Concern, standards, Measurable Elements and checkpoints. • Distinguish between different methods of Assessment- Observation, Record Review, Staff Interview and Patient Interview • Interpret and apply scoring rules • Explain with assessment protocols • Apply discretion on How, when and where to use specific method of Assessment • Distinguish between full compliance, partial compliance and Non-compliance
4.	National Quality Assurance Standards for Public Health Facilities	K3 In-depth understanding of requirements National Quality Assurance Standards various level of healthcare facilities.	<ul style="list-style-type: none"> • Identify and enumerate eight area of concerns sequentially • Recognise standards within each area of concern • Evaluate weightages of each area of concern? • Recognise the requirements of each area of concern • Identify standard by their number and codes
5.	Assessment of Area of Concern 'A& B' (Service Provision & Patient Rights)	K5. Understanding of Area of concern wise standards and measurable elements. S3. Proficiency in assigning the assessment observations to specific areas of concern, standards & Measurable elements.	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Understanding of the standards under "Service Provision" and "Patient Rights" • Appraise how standards are distributed in different departmental checklists. • Distinguish between availability, accessibility and acceptability of services. • Describe, "Service provision" of a District Hospital. • Distinguish between availability of inputs and availability of services • Explain Patients' rights in a public hospital.

			<ul style="list-style-type: none"> • Know the Free services and financial entitlements of patients in a public hospital. • Appraise requirements for privacy, confidentiality and dignity standards
6.	Assessment of Area of Concern 'C' - Inputs	<p>K5. Understanding of Area of concern wise standards and measurable elements.</p> <p>S3. Proficiency in assigning the assessment observations to specific areas of concern, standards & Measurable elements</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Describe Infrastructure, space and layout requirements of Hospital and its departments. • Enumerate components of physical safety • Describe measures for fire safety • Explain requirements of HR, Drugs and consumable • Evaluate staff competence
7.	Assessment of Area of Concern 'D' – Support Services	<p>K5. Understanding of Area of concern wise standards and measurable elements.</p> <p>S3. Proficiency in assigning the assessment observations to specific areas of concern, standards & Measurable elements.</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Explain the standards under “Support Services”. • Appraise how these standards are distributed in different checklists. • Distinguish between availability of support services and quality of support services <ul style="list-style-type: none"> ○ Explain requirements of following support services of Equipment maintenance ○ Inventory management ○ Safety and security related issues in a hospital. ○ Facility management and its upkeep ○ Water and electricity supply ○ Kitchen and dietary services. ○ Laundry services. ○ Community monitoring and role of Rogi Kalyan Samitis. ○ Financial Management ○ Adherence to statutory and legal compliances ○ HR and Contract Management
8.	Assessment of Area of Concern 'E' - General	<p>K5. Understanding of Area of concern wise standards and measurable elements.</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Explain of the standards under “Clinical Services”.

	Clinical Services (E1 to E9)	S3. Proficiency in assigning the assessment observations to specific areas of concern, standards & Measurable elements	<ul style="list-style-type: none"> • Appraise how these standards are distributed in different checklists. • Apply assessment methods to collect information regarding clinical processes • Explain the requirement of following clinical processes <ul style="list-style-type: none"> o Registration, Consultation and Admission process. o Clinical assessment and reassessment of patients o Continuity of care and referral system o Nursing care, 5 Rs of Nursing o Management of High Risk and Vulnerable patients. o Use of Generic drugs and adherence to Standards Treatment Guidelines. o Safe drug administration o Medical records management o Discharge/Referral/LAMA process.
9.	Assessment of Area of Concern 'F'- Infection Control	<p>K5. Understanding of Area of concern wise standards and measurable elements.</p> <p>S3. Proficiency in assigning the assessment observations to specific areas of concern, standards & Measurable elements</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Explain of the standards under "Infection Control". • Appraise how these standards are distributed in different checklists. • Apply assessment methods to gather information regarding infection control practices • Explain the requirements of following infection control practices <ul style="list-style-type: none"> o Hand Hygiene: Steps of hand washing/hand scrub, moments of hand washing. o Availability and correct use of Personal protective equipment (PPES) o Instrument processing: HLD, Autoclaving, Liquid sterilization. o Environmental control for infection control. o Biomedical waste management: Segregation, collection, Storage, Transport and disposal

<p>10.</p>	<p>Assessment of Emergency, ICU, OT Clinical Services</p>	<p>K7 Appreciation of department specific requirement of NQAS such as Operation Theatre, Labour room, ICU and Laboratories.</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Explain the requirements of Standard E10 (intensive care), E11 (emergency Services & Disaster Management), E14, (anaesthesia services) and E 15 (OT services). • What is the importance of these standards • Clear and complete understanding and ability to assess the following: <ul style="list-style-type: none"> o OT: Zoning, Sterilization, Autoclaving, Scheduling, Infection control, Air exchanges, surgical errors etc. o Accident and Emergency: CPR, Triage, Disaster Management, Medico legal case (MLC) infrastructure, Equipment, drugs, consumables, protocols, o ICU: Errors, Protocols, Isolation room, positive pressure, mechanical ventilation, equipment, drugs, consumable, restraint, pain management etc.
<p>11.</p>	<p>Assessment of Maternal Health Services & Family Planning Services</p>	<p>K1. Appreciation of Indian Public Health system, different level of health care facilities and programs. K7 Appreciation of department specific requirement of NQAS such as Operation Theatre, Labour room, ICU and Laboratories.</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Explain Standard E 17 (Antenatal care), E 18 (Intranatal care), E 19(Post-natal care) and E 21 (Family Planning) • Appraise the importance and weightage of these standards • Apply assessment methods to gather information regarding clinical processes related Maternal Health and Family Planning Services • Clear and complete understanding and ability to assess the following: <ul style="list-style-type: none"> o 5 X 5 Matrix for RMNCH+A Intervention. o Free Drugs, diagnostics, Blood, Diet and transport.

			<ul style="list-style-type: none"> o Antenatal Care: Registration, Counselling, standards and protocols, identification of high-risk pregnancies. o Intranatal care: Labour room protocols, SOPs, newborn care corner, vaginal and assisted delivery, partograph, Active management of Third stage of labour. o Post-natal care: stabilization/ treatment/referral of post-natal complication, o Family Planning: Counselling, Abortion, Sterilization services, FP Indemnity committee
12.	Assessment of Area of concern G Quality Management	<p>K5. Understanding of Area of concern wise standards and measurable elements.</p> <p>K2. Understanding basics of terms, approaches and principles of quality management.</p> <p>S3. Proficiency in assigning the assessment observations to specific areas of concern, standards & Measurable elements</p> <p>S8. Proficiency in using 07 basic tools of quality and their usability (where they can be used) along with their interpretation</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Explain the standards under “Quality Management” • Appraise how these standards are distributed in different checklists. • Appraise the importance and weightage of these standards • Apply assessment Methods to gather information regarding quality management processes • Clear and complete understanding and ability to assess the following: <ul style="list-style-type: none"> o Quality Team and its functionality. o Patient Satisfaction Survey and Employee satisfaction surveys and their analysis o Internal and external Quality Assurance program including EQAS for Laboratory. o SOP-documentation, review and adequacy o Process mapping and process improvement. o Prescription Audit, medical audit, internal assessment and their analysis. o Defined Mission, Values, Quality policy and objectives o Quality methods and tools: PDCA, 5S, mistake proofing, Six Sigma, Pareto, Control charts.

			o Risk management
13.	Assessment of New-born & Child Health Services	<p>K1. Appreciation of Indian Public Health system, different level of health care facilities and programs.</p> <p>K7 Appreciation of department specific requirement of NQAS such as Operation Theatre, Labour room, ICU and Laboratories.</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Explain the requirements of Standard E10 (intensive care), E11 (emergency Services & Disaster Management), E14, (anaesthesia services) and E 15 (OT services). • Applying assessment methods • Clear and complete understanding and ability to assess the following: <ul style="list-style-type: none"> o Essential newborn care. o Newborn resuscitation. o Kangaroo Mother care o Vaccination. o Stabilization/treatment /referral of childhood illnesses
14.	GUNAK – Mobile Application for NQAS and KAYAKALP	S7. Proficiency in using Information Technology based applications (Gunak App) for assessments	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Recognise Advantages of using IT ‘Application” for assessment and reporting. • Demonstrate following: <ul style="list-style-type: none"> o How to download app? o How to use app-search, score and analyse. o How to make reports using app. o Skill, competence and confidence to use the application for assessment. o Assessment and reporting using “Gunak” app.
15.	Assessment of checklist “General Administration”	<p>K5. Understanding of Area of concern wise standards and measurable elements.</p> <p>S3. Proficiency in assigning the assessment observations to specific areas of concern, standards & Measurable elements</p> <p>S1. Proficiency in using NQAS assessment checklists for different departments of healthcare facilities.</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Understand peculiarities of Gen Admin checklist • How, When and Where to use this checklist • Special skills required for assessing checkpoints of this checklist • Skills, Competence and Confidence to use checklist especially: <ul style="list-style-type: none"> o Cross cutting issues of hospitals

			<ul style="list-style-type: none"> ○ Policy level issues ○ Statutory and regulatory compliances ○ Leadership ○ Risk Management
16.	Area of Concern H and Key Performance Indicators	<p>K5. Understanding of Area of concern wise standards and measurable elements.</p> <p>S3. Proficiency in assigning the assessment observations to specific areas of concern, standards & Measurable elements</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Understanding of the standards under “outcome”. • Relevance and importance indicators and information. • Analysis and use of information for improvement • Describe and explain Productivity, Efficiency, Clinical Care & Safety and Service quality indicators. • How to calculate these indicators • Analysis of data using quality tools • Benchmarking
17.	Standards for Laboratory Services	<p>K7 Appreciation of department specific requirement of NQAS such as Operation Theatre, Labour room, ICU and Laboratories.</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Understanding of Standard E12 • What is the importance of Laboratory services and diagnostics? • Things to be kept in mind while assessment of these standards. • Clear and complete understanding and ability to assess the following: Pre-analytic: Preparation of patient, sample collection, • Analytic: identification, Reagents, Calibrators, controls, testing procedures/instrument, • Post Analytic: Transcription, Reporting, retention and disposal of samples
18.	Standards for Blood Bank Services	<p>K7 Appreciation of department specific requirement of NQAS such as Operation Theatre, Labour room, ICU and Laboratories.</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Understanding of Standard E13 • What is the importance of these standards • Things to be kept in mind while assessment of these standards.

			<ul style="list-style-type: none"> • Clear and complete understanding and ability to assess the following: <ul style="list-style-type: none"> ○ Donor selection ○ Collection of blood ○ Preparation of blood components ○ Labelling and identification ○ Storage of blood ○ Compatibility testing ○ Monitoring and reporting of transfusion reactions
19.	Operational issues under Certification Process and Role Play	<p>B1. Maintaining integrity, confidentiality & objectiveness during the assessment</p> <p>B3. Managing conflicts, variation in responses and external parties such as media agents</p> <p>B4. Maintaining independence, transparency and proffer</p> <p>B5. Effective communication, courtesy and consent</p> <p>Professionalism</p> <p>B2. Conducting effective opening and closing meetings</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Explain about certification process • Dos & Don'ts for assessors • Tips for conflict resolution <p>Importance of maintaining professionalism, confidentiality & unbiased during of assessment process</p> <ul style="list-style-type: none"> • Clarity and knowledge about assessment process and able to: <ul style="list-style-type: none"> Conduct independent assessment • Manage conflicts • Able to tackle pressure from assesses & their stakeholders • Keep transparency & confidentiality in assessment process • Confidence, competence and skills to conduct external assessment
20.	Protocols of External Assessment & Certification	<p>S4. Skill in preparing assessment plans and schedules for internal and external assessments.</p> <p>B2. Conducting effective opening and closing meetings</p>	<p>After attending this session trainee should be able to-</p> <ul style="list-style-type: none"> • Enumerate and explain criteria for certification. • Conditionalities for certification • Surveillance and recertification • Guiding principles of assessment • Role of assessors • Confidence, competence and skills to conduct external assessment • Do's and don'ts of assessment • Code of conduct-External assessors.

			<ul style="list-style-type: none"> • Review of documents • Planning and preparation for assessment • Conducting assessment: Opening meeting, collecting information, communication, Closing meeting and submission of report.
21.	Kayakalp – Rejuvenation of Public Healthcare facilities	<p>K6 Appreciation of various programs using NQAS platform such as Kayakalp</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Explain about Clean India Mission Importance of Kayakalp Award scheme • Understanding about criteria used for assessment • Understanding about assessment process • Confidence, competence and skills to conduct Kayakalp assessments • Clarity about similarities and variation in NQAS & Kayakalp program
22.	Risk Management in Healthcare	<p>K8. In-depth understanding of risks in healthcare, types of risk and mitigation of risk and up-dation of risk plan/register</p> <p>S9. Skills in evaluating the identified risks, its analysis and calculation of risk identification probability number through tool/matrix</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Types of risks in healthcare • Different components of Risk Management Process • Challenges of Risk Management • Risk identification tools • Types of risk analysis and their advantages <ul style="list-style-type: none"> ○ Qualitative Analysis ○ Quantitative Analysis • Understanding of Failure Mode Effect Analysis (FMEA)
23.	Medical ethics and ethical dilemmas: an overview	<p>B3. Managing conflicts, variation in responses and external parties such as media agents</p> <p>B5. Effective communication, courtesy and consent</p> <p>K9. Understanding of ethical dilemmas/issues confronted while providing the services at public health facilities</p> <p>B7. Managing ethical dilemmas confronted during the delivery</p>	<p>After attending this session trainee should be able to</p> <ul style="list-style-type: none"> • Principles of medical ethics • Importance of medical ethical codes and medical staff's adherence to ethical norms • Understanding of ethical issues while providing care at public health facilities • Planning and preparation for ethical management framework • Roles and responsibilities of ethical committee's members

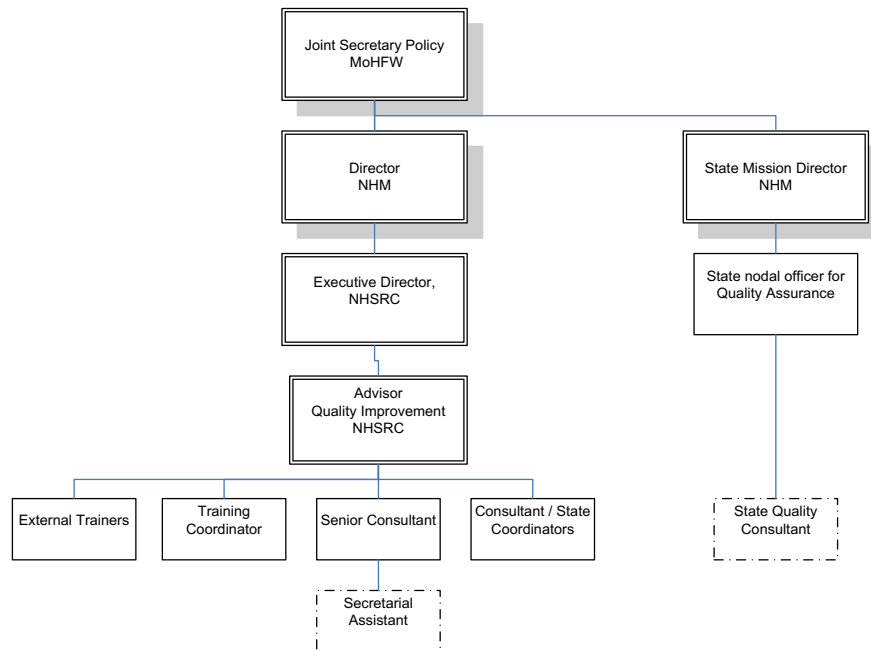
		of services at public health facilities	
24.	Competency assessment of Health care providers	S10. Basic skills to assess the competence and performance of clinical and paraclinical staff.	After attending this session trainee should be able to <ul style="list-style-type: none"> • What is competency, its features • Competence vs Performance • Criteria's for Competency Assessment and Performance Evaluation • Competency Continuum by identifying training needs • Methods of Competency Assessment
25.	Overview of Quality Assurance in Labour room and OT	K6 Appreciation of various programs using NQAS platform such as Kayakalp	After attending this session trainee should be able to <ul style="list-style-type: none"> • Explain about rapid improvement events • Importance of quality assurance program in Labour room and Maternity OT • Importance of Respectful Maternity Care in Labour Room • Understanding about critical components of Labour room
26.	Field Visit	S2. Proficiency in applying assessment methods and means of verifications for gathering evidence. S4. Skill in preparing assessment plans and schedules for internal and external assessments. B5. Effective communication, courtesy and consent B3. Managing conflicts, variation in responses and external parties such as media agents B2. Conducting effective opening and closing meetings S1. Proficiency in using NQAS assessment checklists for different departments of healthcare facilities.	After attending this session trainee should be able to <ul style="list-style-type: none"> • Provide practical exposure of assessment • Provide impression about assessment process • Understanding the gap area in knowledge • Understanding dynamics of team management • Impression about how to arrive at scores while getting different responses from varied sources • Understand how to schedule, conduct & conclude assessment within stipulated time. • Confidence, competence and skills to conduct assessments • Team and time management • Conduct independent assessment • Keep transparency & confidentiality in assessment process

27.	Analysis, Scoring & Report Writing	<p>S6. Basic skills for written and electronic communication.</p> <p>S7. Proficiency in using Information Technology based applications (Gunak App) for assessments</p> <p>S5. Skills in compiling the assessment findings and drafting assessment report</p>	<ul style="list-style-type: none"> • Understanding about how to generate scores using excel sheets as well as through app • Practical experience about uses of Gunak app & hard copies • Understanding about how to identify gaps • Understanding parts of report writing & importance of report writing • Skills to use hard copy for assessment • Skill to use excel sheets and generate scores • Skill to use Gunak app & generate scores • Skill to write reports within defined timeframe
28.	Presentations & Discussions	<p>B6. Continuous learning and skill enhancement</p> <p>B5. Effective communication, courtesy and consent</p> <p>B3. Managing conflicts, variation in responses and external parties such as media agents</p>	<ul style="list-style-type: none"> • Identification of gaps in knowledge • Evaluation about understanding of measurement system • Develop skills to communicate the discrepancies identified against standards • Confidence, competence and skills to present the assessment findings • Skill to communicate their findings courteously • Manage pressure from different stakeholders
29.	Quiz	<p>S2. Proficiency in applying assessment methods and means of verifications for gathering evidence.</p>	<ul style="list-style-type: none"> • Understanding of NQAS Measurement system • Knowledge about how to identify standards, measurable element & checklists • Understanding about assessment method • Knowledge about importance & use of means of verification • Ability to use checklist • Able to generate scores independently • Ability to apply knowledge in new setting • Develop aptitude to brake myths based on older knowledge.

3. Organising Assessors' Training

3.1 Organogram

Organization flow Chart for Assessor Training Program National Health Mission



3.2 Planning

Quality assurance program has been adopted by all the states and union territories of India. State require internal and external assessor for carrying out their routine quality assurance and certification activities. In addition NHSRC has to keep a pool of National level external assessors and augment it as per the load of application of National Quality Certification. To insure adequate number assessors in state and national quality assurance system, assessors' trainings has to be meticulously planned.

Planning for Number of Trainings-

Planning at State level – State Quality Assurance Units are responsible for planning for assessor training in their respective states. The state nodal officer of state maps requirement of no. of internal and external assessors based on the number health facilities are planned to covered under quality assurance program and yearly targets for state level quality certification. In principle SQAU should ensure that there are at least two staff trained as internal assessor at all health facilities. Larger facilities such as district hospitals may even have up to 5-10 assessors depending upon the size of the

hospital. In addition all technical staff of quality assurance units at different level (state, district, division, block etc) should also be trained as internal assessors. State may also plan to train selected cadres health administrators and program officers. States planning for large number for state level quality certification may also plan for an external assessor training to address the demand for external assessors. Once the number of assessors is estimated number of training required is planned accordingly. 40 participants is the optimal batch size for assessor training. In no case the batch size should exceed 60. State may also plan for refresher/ booster trainings to update the skills of existing assessors. The planning for training should with along with planning process of preparing program implementation plan (PIP) under National Health Mission.

Planning at National Level – NHSRC is responsible for training of external assessors at National Level. No of training are planned according to expected load of National Level Certification applications and available resources available with NHSRC. These trainings are included in the annual work plan of the NHSRC and submitted to MoHFW for approval

Planning of the training-

- Planned well in advance as per ongoing national programs.
- QA trainings are indicated in the annual PIP for implementation and rolling out of QA program in the state.

3.3 Choosing of the Venue

a) Physical training

- Location should not pose any security issue for the participants and trainers.
- It should be easily accessible by local transport.
- Physical space appropriate for a participatory training process (e.g., tables & chairs be moved around to accommodate group activities).
- Training venue should have adequate access facilities for person with disabilities.

b) Virtual training

While conducting virtual training, if a common training venue is decided by the state all the underlying principles of physical training venue will be applicable here. If it is not so, then participants and trainers need to log-in from their respective place at least 15 minutes before the training went air.

3.4 Selecting Participants-

Internal Assessors- Internal Assessors training participants are selected by state quality assurance committee as annual plan prepared under NHM. Broadly these subject state preference that what all cadre of staff they want to train. These may include clinical and para clinical staff at healthcare facilities, members of district quality assurance committees, facility and program managers and quality consultants under NHM. There

are no qualification or experience criteria for Internal Assessor training, but the person must be working of Public Health Systems. State QA nodal officers, after due approval from competent authority sends official communication to Chief Medical Officer at districts to nominate candidates as per training plan. In due course CMO nominates and relieves the candidates for assessor training.

External Assessor Training – External Assessor trainings are organized for government and non-government participants. NHSRC has a separate selection process for government and non-government participants.

a) For government:

A formal letter is shared by the MOHFW to all the states/UTs for nominating candidates (as per allocated seats) for external assessor training. The scrutiny is done as per criteria mandated in operational guidelines for quality Assurance in public health facilities. This include-

- Qualification – Medical/ Nursing/ Hospital Administration Degree by a recognized university
- Experience – At least 10 year of experience in Health Care
- Age – 40 years & Above

b) For non-government

- One month prior to the training, an official notice is posted on NHSRC website.
- Candidates interested in attending training are asked to share their CV.
- These CVs are collected and scrutinized by training coordinator at NHSRC as per the selection criteria.

S.NO	Criteria	Marks	
1	Total Number of year experience after basic qualification	Year of experience considered as no. of marks	
2	Worked/ working in Quality Assurance	<u>Years of experience</u> 0-5 years >5-10 years >10 years	<u>Marks given</u> 2 marks 4 marks 6 marks
3	Quality Course from reputed Institute	4 marks	
4	Quality course from TISS Mumbai	4 marks	
5	Having certificate of NABH Assessor	4 marks	
6	Having Certificate of NQAS Internal Assessor	6 marks	
	Total Weightage	Total Marks	
<i>Final selection as per Ranking from higher weightage* to lower for available no of seats</i>			
<i>*if weightage score for two participants is equal, preference is given as per following parameter (First preference is given as per the order)</i>			
I.	Certificate of NQAS Internal Assessor		
II.	Quality Course from reputed institute		
III.	Total no of year experience after basic qualification		
IV.	Age of the applicant		

The candidates those qualify these criteria are listed and submitted to Advisor QI for final approval. Once approved the formal communication is sent to respective candidates for attending the training.

3.5 Maintaining Access, equity, diversity and inclusivity-

NHSRC/ Ministry of Health & Family Welfare ensures that participation assessor training programs are equally accessible to all eligible candidates and follows the principle of equity , diversity and inclusivity. Following provisions have been factored in selection process to ensure the above state principles-

- To give equal opportunity to all states the available seats for external assessor trainings are proportionally distributed amongst the state based on their size. A letter from Joint Secretary , Ministry of Health & Family Welfare to their state counterparts stating allocated seats is sent at least fifteen days prior to training. This also ensures geographical diversity in the training.
- Advertisement for assessor training is prominently posted at NHSRC website so all interested individuals can access the information and apply.
- No additional weightage has been kept based on seniority, years of experience and clinical qualifications. Nurses and quality professionals are equally encouraged to apply for assessor training.
- Minimum Twenty Five present seats have been reserved for female candidates
- There is no application or training fee for either external or internal assessor training program. This provides equal opportunity all eligible candidates without any financial constraints. All trainings a funded by government.
- Similarly for internal assessor trainings at state level all the district given seat quota. Hospitals are encouraged to send para clinical and non-clinical staff too for participating in training.
- While selecting the venue for training it taken in consideration that venue is easily accessible and has no physical barrier.
- Participation status of different categories is analysed and mentioned in Training Report. This includes
- There is no relaxation in eligibility criteria for current or former NHSRC /Ministry of Health staff.
 - State wise participation
 - Gender wise participation
 - Cadre wise participation
 - Experience wise participation

3.6 Selecting Trainers

Internal Trainers –

- Advisor Quality Improvement division allocates the resource for the training. Coordinator for the state is usually the part of a resource pool, in case the state coordinator is on leave an QI advisor allocates the responsibility to other consultant.

External Trainers -

- A pool of trainers is created at the central level (after completion of training all the participants are asked to give their reference and contact details if they want to be a part of emplaned external assessors pool).
- Those candidates who had shown interest in being a part of trainers and have successfully cleared the exams pertaining to those training are contacted for signing of MOU.
- Later on the selected candidates those who have signed MOU are contacted at the time of training, initially as a visitor and then as a trainer in trainings.
- It is ensured that one of the trainers is well versed with the local language of the states, so help the participants those cannot comprehend sessions in English.

At state level the list of cleared participants are shared and they are contacted by state officials for imparting further trainings.

3.7 Funding arrangements

Funding for all these activities are approved annually in advance in PIP plan of the state.

3.8 Logistic arrangements

a) Physical training

- Transport arrangement for all the participants and faculty members are made by the state as per the state policy.
- Boarding/ Loading arrangements for all the participants and faculty are made by the state as per the state policy.
- Information Technology support which includes laptop, projector, screen, mike system, slide changer shall be provided for facilitation of easy training and are checked prior to the training.
- Print out of the stationary material shall be provided to the participants at the time of registration.
- Operational guidelines along with assessor guidebook and other study material are sent , as per the number of participants to the state at least 15 days prior to the training or as soon as the state confirm the dates for training these books are distributed during the training.
- Course material , training schedule and training course evaluation is shared a week prior to the training so that the participants may also have an overview about the content that will be discussed and are prepared for it.

b) Virtual training

COVID-19 crisis has challenged the traditional learning and training system and open avenues to an online/virtual mode of teaching. NHSRC has also opted for training on virtual platform. This platform could be used not only in such pandemic crisis but also could be used in other exceptional circumstances. Logistic arrangements required are mentioned below:

⇒ By training coordinator at the State/UT

- The State will depute one training co-ordinator from the state/UT who act as Co-host during the training while state in-charge/training coordinator at NHSRC as Host
- Both training co-ordinators will mutually agree upon the IT platform and venue for training's conduction
- State training co-ordinator will ensure
 - List of Participants along with their valid email ids shared with NHSRC in advance (before the start of the training course)
 - Make a WhatsApp group of the participants and will add the NHSRC resource person in that group
 - Arrangement of Audio-Visual system for the participants to attend the training
 - Pre-installation of requisite IT platform like Cisco WebEx, Zoom, Google meet, Microsoft, etc.
 - Demo session to be conducted so that participants are familiar with the use of IT platform operations and Google form
 - Check the AV system for its appropriateness 30 mins before the start of training
 - Initiate training 15 mins before the actual session and the same may be communicated to the participants too, in case they are joining from their respective place
 - Participants may attend the training via their own laptop/tablet/PC.
 - Share the training agenda, resource material, group exercises in advance (soft and hard copy, if feasible) with the participants, as and when shared by the coordinator at NHSRC
 - Keep a record and share the attendance of the participants on daily basis with training coordinator at NHSRC

⇒ By training coordinator at NHSRC

- Course material, training agenda and group exercises are shared a week prior to the training
- Training login information (like links, password) shared with the training coordinator at the state/UT 4-5 days prior to the training
- Information Technology support which includes access to internet, training login information, laptop with audio-video system, slide changer, subscribed IT software access (like Cisco WebEx, Zoom) shall be provided for facilitation of easy training and are checked prior to the training

- Presentations used to deliver the sessions are shared at the end of the day with the state training coordinator
- Google form for online assessment of the participants will be shared at the end of each day and participants are mandatory to fill the form and submit it to NHSRC on next day before the commencement of the training for that day
- Google forms for the feedback will be shared with the participants at the end of the training.

3.9 Training Resource

The assessor training is conducted with help assessor guidebook. The training coordinator ensures that adequate number of assessor guidebooks is available for training. Apart from guidebooks printout of case studies, group works and exercise formats are taken as per number of participants. States are encouraged to translate the training material in their local language of think English is a language barrier. A master folder of soft copy of all training material has been created. In case of training conducted in the state , this folder is shared with the state training coordinator with instructions for printouts and distribution training material. Training resource material includes:

- Assessor Guidebook for quality assurance in District Hospitals vol I
- Assessor Guidebook for quality assurance in District Hospitals vol II
- Operational Guidelines for improving quality in public healthcare facilities 2021
- National Quality Assurance Standards 2020
- Training manual for implementation of National Quality Assurance Standards at public health facilities

3.10 Technological Resources

For effective delivery of training sessions, technological resources such as computer, projector and audio system has been defined and listed in annexure 5

3.11 Conducting the Workshop

A short description of the overall aim and content of the module is provided in the beginning of the workshop. All the participants are given an opportunity to introduce themselves and the facilitators also introduce the faculty with the participants.

Clear procedural instructions are provided for each of the activities to help structure the work with the participants. Participants are encouraged and engaged in the training process in order to provide them an opportunity to take part in different aspects of the workshop delivery.

Some of these include:

- Different methods of demonstration

- Presentations
- Group activity
- Discussion
- Carrying out recaps
- Sharing on-field experiences both by participants and trainers
- Preparing flipcharts and assisting in other aspects of the training
- Conducting various exercised relevant to the module session

3.12 Criteria for Attendance Record

Attendance is recorded at the registration counter before the beginning of the session on all days by the state training coordinator. A copy of attendance sheets is also shared with the team of trainers.

3.13 Post Training Evaluation

The purpose of conducting this examination is to understand the effectiveness of training program and also to understand that whether the objectives of the training are achieved or not. Through this questionnaire the participants reflect on their level of learning & understanding. Post training evaluation is conducted only in Internal & external Assessor training. OMR sheet is distributed along with Question paper. All the instructions are written in sheet and also explained at the beginning of the test. It is an open book exam with a mix of multiple-choice Questions, case studies, descriptive questions, gap spotting, etc. Passing marks for exam is 60% in Internal Assessor training & 70% marks in External Assessor training.

3.14 Repository of the Post Training Evaluation sheets

The question paper along with OMR sheets are collected after the stipulated time of exam. Total number of the question paper collected by training coordinator at the centre is tallied with the total number of participants those who attended training. In case of any discrepancy the training in charge of the state or training coordinator is informed.

3.15 Feedback & follow up

The purpose of feedback process is to ascertain that learning objectives have been satisfactorily achieved for each session. Training feedback form is circulated at starting of each day with. Trainees are requested to assign scores on trainers knowledge, delivery style, interaction on a five point Likert scale. Feedback recorded is analysed and findings are included in training report including extent to which training objectives were met for each session. Feedback is also taken from trainers and analysed for improving the trainings. The format for same is given in annexure 4.

3.16 Competence Assessment

Assessment Criteria- Competence assessment is done though concurrent assessment and post training evaluation.

Concurrent Assessment- Each session/ Group of sessions is followed learning exercise such as case study, group work, gap spotting, field work, document review and report writing. Each of these activities is evaluated based individual/ group performance and scores are assigned. Training coordinator keeps the records of these scores. This contains around 17% Weightage.

Post Training evaluation is done through standardized questionnaire. A question bank has been created at NHSRC. For each training requisite question are selected from this question bank, ensuring representative questions from each session has got space in final questionnaire. Different sets of are questionnaire are prepared by altering the sequence of question paper. In the second half of the last of training all trainees are required to appear in post training evaluation.

Post training evaluation questionnaire are assessed with utmost importance. For Internal Assessor Training the evaluation papers are checked by respective state coordinators*/ coordinator of the training and for external assessors the only the senior consultants in NHSRC have been authorized to assess and check their evaluation sheets. Rechecking of the External Assessment Post training evaluation questionnaire is also ensured to avoid any errors. Later on the marks obtained is listed in excel sheet and shared with the state quality nodal officer.

The results when finalized are shared with training coordinator for preparation of certificates and dispatch.

3.17 Result declaration

The internal assessor result is declared in 15 days of the training and in with in 1 month of the external assessor training. Candidates those who have successfully cleared the Post training Assessment examination with are awarded with the certificates. Certificate of participation is awarded in case the post-training evaluation exam is not cleared by the candidate. In case of internal assessment training, the list of successful candidates along with certificates is dispatched to the respective state quality assurance units. For National level training the cert are directly dispatched to individuals. NHSRC do not publish the list of successful trainees and marks obtained. This list is kept in confidential records with training coordinator. Verbal feedback to the trainees is given after each assessment activities except written exams.

In case any participant could con complete the training because of unforeseen circumstances such as illness, he/she is offered opportunity to attend the next training.

3.18 Report Preparation

After the compilation of the result the training reports are prepared. The report contains the complete information about the training that includes the list of participants, brief about all the session conducted, list of pass candidates and complied feedback of the

training. The report is prepared within 1 week of declaration of the result and submitted to the designated person for central storage. The training reports are uploaded on NHSRC website under training section.

3.19 Assessor Certification

- **Internal Assessor:** A consultant in the quality improvement team is assigned with a responsibility of collating and preparing a centralized repository bank of all the pass candidates per training. All the candidates are allocated with a specific certificate number which is recorded in the central repository, these certificates are dispatched to the MD NHM office within one month of result declaration.
- **External Assessor:** The training coordinator is assigned to undertake this task. After the result declaration, all the candidates are allocated with a specific certificate number which is recorded in the central repository and also marked on the external assessor's certificate along with the validity period. These certificates are then dispatched to the residential address of the empanelled external assessor.

3.20 Trainee feedback process

Trainees are informed about their performance in evaluation through the following means –

1. The list of successful trainees is not posted on NHSRC website or not published in any of the public domain
2. Individual trainee is informed about his/her performance through email mentioning their overall score and performance in the training.
3. Group wise activities are evaluated concurrently and final aggregate scores are shared with all the participants at the end of the day. Best performer group is given awards

3.21 Records of Training

Training records play an increasingly important part in the accomplishment of the entire training process. These records require a high degree of confidentiality and good maintenance of data. NHSRC maintains a sheer confidence level in revealing the results. After the preparation of the results, the hard copies of OMR sheets and questionnaires are stored in the storage area with non-negotiable protection to these documents. These are in safe custody but are easily retrievable in a manner as and when required.

3.22 Repository of Training records

All the records of the trainings are stored in centralized compiled excel sheets by a designated consultant in the team. The various records can be retrieved -

- Total Number of Trainings conducted till date.
- Total Number of trainings conducted in month / year.
- Number of trainings conducted per state.
- Type of Training imparted per state.
- Resource persons allocated to the trainings.
- Compiled training reports.

The data provides an overview of the entire spectrum of trainings at a glance.

*Note – In case state coordinator is not present for training, advisor QI depute other consultant as training coordinator for specific training.

3.23 Retention Period

All hard copies of physical and virtual training records are kept for two years. While, soft copies of physical and virtual training report and evaluations sheets are preserved for indefinite time.

3.24 Ongoing Assessor Development Program

It is anticipated that there will be attrition in skills and knowledge with time if assessors are not adequately utilised. Moreover assessors should be updated for changes in the standards, assessment protocols, scoring system or introduction of new provisions. An ongoing assessor development program has been formalised for the purpose. This includes following provisions-

1. Assessor certificate is valid for three years only. Before completion of three years assessor must participate in one for the refresher trainings followed by post training evaluation. The extension of assessor certification will be done only after verification of attendance and evaluation records. The training and evaluation will be administrated through online platform. Timely reminder mail will be sent by the certification coordinator to assessors whose certificates are going to expire within 6 months.
2. Any revision in standards or assessment protocols is communicated to all the assessors through email. A master list of email addresses of assessors is maintained by certification coordinator at NHSRC.
3. NHSRC will develop online training modules that can be accesses by assessors any time to refresh or updated their knowledge. These modules will be hosted in a dedicated
4. sections of quality assurance program's website. All assessors will be required to attend the video module at least once in a year. A automated certificate will be generated after completion of training sessions.
5. States are encouraged include a session on standards and assessment protocols in ongoing training on quality management to update the knowledge and skills external assessors.
6. District Quality Assurance officers will be instructed organise a one day refresher training for all internal assessors in the district at least once in year.

3.25 Process Flow

The State Quality Nodal Officer sent a written request to the advisor NHSRC for the requirement of training. The request clearly state about the type of training required.

All the states are distributed amongst the quality improvement division for the ease of implementation of the QA program. The advisor Quality Improvement division forwards the written request to the concerned consultant. Meanwhile the state seeks the written approval for training. As per the availability of the trainer at NHSRC, the dates are confirmed to the states (dates are decided

The consultant looking after the particular state becomes the training coordinator of the training. In case of his absence the training coordinator is allocated by advisor QI. Books are dispatched to states after the number of participants confirmation (15 days prior to training/ as soon as date of training is confirmed).

The training coordinator shares the itinerary details of the faculty team along with the pre requisite requirement of training (Agenda, Course training module, Print out of the exercises) with the state training coordinator a week prior to training.

Training is imparted as per the schedule and Post training assessment questionnaires are served. After the completion of the program, the feedback and papers are collected back. The papers are tallied with the attendance list and any discrepancy is reported.

Feedback is entered in excel sheet and shared with the team of trainers. Examination papers are evaluated and result is shared with state quality nodal officer and designated QI consultant for certificate preparation.

Successful candidates those who have cleared exams and meeting criteria of empanelment are awarded with certificates.

Training Report prepared & submitted. Hard copies of OMR sheets and question paper are sealed and sent to Central Storage area in external assessor training and is kept with training coordinator in IA training.

3.26 Appeal Policy

The assessment of trainees is done through an established framework in an objective and fair manner. Still some participant may not agree with the outcome of their assessment may like to appeal for reassessment. Following are policy and process regarding appeal for reassessment.

- 1.** Any trainee who has failed in the assessment process may appeal to Advisor, Quality Improvement, NHSRC in writing through email or physical letter quoting the context and reason for reassessment.
- 2.** The appeal will be taken only for the candidates who have failed in the assessment. No appeal for reassessment from successful candidates.
- 3.** Appeals would be entertained within 60 calendar days of declaration of result of assessor training.
- 4.** Appeals should be submitted by trainee itself. No appeal from representative will be undertaken.
- 5.** The appeal regarding reassessment of written evaluation can be undertaken. For other activities such as group work and case studies it could not be possible to reassessment.
- 6.** A 5 member appeal committee has been constituted under the ambit of Central Quality Supervisory (CQSC) for entertaining appeal applications regarding quality certification. The same committee will also entertain application for reassessment for trainee evaluation.
- 7.** On receipt of appeal for reassessment, Advisor QI forwards the application to training coordinator for screening of applications. The training coordinator matches application with the appeal criteria mentioned above. If not appeals fails to meet the appeal criteria, the appeal is rejected. A communication of same intent is sent to the appellant trainee through Advisor QI.
- 8.** If the application meets the appeal criteria, the application with a covering note is forwarded to appeal committee along with the trainees' assessment records. The appeal committee will examine the assessment records and tally it with the outcome. The appeal committee decision is communicated to trainee through Advisor QI. If appeal committee find sufficient evidence to reverse the assessment results a assessor Certificates is issued to trainee
- 9.** If the assessment results are not reversed because of not meeting the criteria or opinion of appeal committee, the trainee is advised to appear in the next training evaluation subject to attendance criteria are met.
- 10.** All the records pertaining to appeals are maintained by training coordinator. A dedicated folder for same is maintained with the training coordinator.
- 11.** The information regarding appeal policy and process is shared with the trainees on the first day of training through trainee information sheet.

3.27 Job Description

Advisor – Quality Improvement –

1. To finalize and approved training plan for training to be conducted by NHSRC.
2. To sort and schedule the training request from states and other concerned stakeholders.
3. To depute the NHSRC resource person for state level trainings
4. To authorize the empanelment of external trainers.
5. To approve the travel plan of NHSRC trainers
6. To approve the modifications in training delivery, agenda, resource etc.
7. To sign the assessor certificate along with Ministry Officials.
8. To approve allocation of financial resources for training related activities
9. To receive and route appeals regarding reassessment.

Training coordinator –

1. To identify and select the training venue.
2. To ensure training information is disseminated through all channels.
3. To prepare the training budget and submit it for approval.
4. To ensure that training material in adequate quantity reaches the training venue at one day prior.
5. To prepare the training agenda in consultation with trainers
7. To address all travel and accommodation regarding queries of trainers and trainees
8. To ensure that participant receives all pre training information as per set procedures
9. To coordinate between trainers for timely and effective delivery of sessions
10. Floor Management and Time keeping during the training
11. To arrange logistics such as stationary, seating arrangement, discipline during the post training evaluation.
12. To coordinate and collect the training feedback.
13. To analyse the training evaluation and feedback
14. To prepare and dispatch the assessor certificate
15. To maintain the training related records such as attendance, evaluation scores
16. To prepare the training report
17. To coordinate the complaint, appeal or any such communication with relevant stakeholders

Consultants –

1. To facilitate planning of assessor training in their respective states.
2. To support state in developing a training calendar
3. To follow-up with state for organization of training as per training calendar
4. To identify and deploy training resources for planned training
5. To ensure that training material has been dispatched to training venue in the state.
6. To evaluate the post training evaluation and prepare the list of list of successful candidates

7. To prepare and dispatch the certificates along with list of successful candidates.
8. To analyse the training feedback
9. To prepare the Training report and share with the stakeholders

Senior Consultants –

1. To analyse the trends from training feedback and evaluation from various trainings to understand improvement opportunities in training program.
2. To redesign/ modify the training curriculum based on feedback and evaluation findings.
3. To develop training course material, presentations and case studies.
4. To evaluate the performance for various trainers and give them timely feedback for improvement
5. To liaison with the existing trainers for deputation in various trainings
6. To identify, training and develop master trainers as per training load.
7. To prepare and track quality improvement plan for assessor training

3.28 Document review Process of Training Manual

(a) Introduction of new document/ Modification in existing document:

A written request for document modification/ new document is made in Form no. F/MCS-02/05 by training coordinator to the DCI for introducing a new procedure / form etc.

Any change or modification in an existing document can be requested for by any user of the document due to:

- Change of organization setup.
- Change in methods and means of carrying out an activity, which may arise due to changes in system, personnel or technology.
- Change required due to problems discussed in the system like complaint redressal mechanism, feedbacks or in course of audits etc.
- Changes arising out of corrective and preventive action.
- Change of acceptability standards.
- Felt need by ED for the change.

(b) Documents Modification & Dissemination Process

Any request for minor modification in the existing document (such as correction of certain lines, words, numerical values and typographical errors and addition or deletion of contents) is made in the same modification request form F/MCS-02/05 and sent to Document Control In-charge. Addition or replacement of a sheet is duly identified on the top right hand of that sheet.

On receiving a document modification note, Document Control In-charge carries out the following process:

- fills in the amendment number, amendment date and page number on the modification request cum record form F/MCS-02/05

- enters the distribution list in the form F/MCS-02/04
- updates the computer files and updates revision record sheet, which is a part of that manual, that documents pertains
- prints the required number of copies of the amendment sheets and stamp as “Controlled Copy” in blue colour.
- issues the controlled copies to designated copyholders as specifically mentioned in the distribution list and gets their signature on the Form No. F/MCS-02/04

(C) Frequency for review of training Manual:

All the QMS documents are reviewed at defined intervals. Training Manual is revised annually.

(d) Training Manual Review Process:

- Training manual review request is raised by the Advisor-QI in Form no. F/MCS-02/05.
- On receipt of request, Document Control cum Internal Auditor In charge shares soft copy of old training manual to the training coordinator
- Training coordinator analyse all the feedback and comments that are received from stakeholders during trainings
- After feedback analysis, training coordinator discusses all points that needs to be revised in the manual with the Advisor-QI and submitted for approval.
- After approval, the training manual is printed by Document Control cum Internal Auditor In charge and necessary signature of Advisor QI & Management Representative is obtained.
- The duly signed copy becomes the original.

Reference:

1. Quality System Manual, QSM: 01
2. Document control Management : SOP.MCS.01

4 Training Modules

4.1 Internal Assessor Training

Purpose: To acquaint trainees with standards, measurable elements, departmental checklist and scoring system and how to use them.

Duration: 2 day (21 sessions)

Target Audience:

- Members of state and district quality assurance units
- Members of facility level Quality assurance teams.

Selection Criteria:

Participants are selected by State Nodal Officer, preferably by those facilities which are going for certification and accreditation in current financial year.

Topics included:

S. No.	Topic	Session brief
1	Overview of National Quality Assurance Standards	This session covers the concepts, dimensions and approaches towards Quality, it outlines about development of National Quality Assurance Program and also brief about its 8 areas of concern along with its Key features. Session also describes about the proposed organization structure required at state and district level for effective implementation of program.
2	Measurement System and Assessment Protocols	This session elaborates the measurement system and the differentiation of the system at PHC, DH level. It also gives an overview of 8 Area of Concerns and its Standards. A detailed discussion about 18 checklists of District Hospital Level is done during the session. This session also entails about scoring & methodology used in the system.
3	Standards for Service Provision	Session covers an elaborative discussion about the availability of services in the facility which include curative service, RMNCH+A services, Support Services, National Health Program, diagnostic services & services as per community needs.
4	Standards for Patient Rights	It includes thorough understanding about patient rights. The major component of this session focuses on availability, accessibility, affordability & quality of services provided in dignified manner for its acceptance by clients (patients). This also includes ethical issues confronted by the service providers at health facilities.
5	Standards for Inputs	This session focuses on availability & adequacy of infrastructure, human resource and their training, competencies & also availability of consumables & drugs are covered in this section.

6	Standards for General Clinical Services	Session includes importance of clinical services as well as discussion on 9 standards of Clinical services which includes assessment of Quality of registration, admission, consultation services, assessment & reassessment of in patients, their care during transfer & referral. It also includes discussion about nursing care, drug administration, use of STG's, patient record maintenance and discharge process etc.
7	Standards for Specific Clinical Services	Session include discussion about assessment of quality of specific clinical services like provided in various departments like Emergency, ICU/SNCU, OT, anaesthetic services, diagnostic services, blood bank as well as end of life care.
8	Standards for RMNCH+A	Session describes about RMNCHA services which include Antenatal, intra-natal & Postnatal care as well as family planning & ARSH services. It also elaborates on national health program standards.
9	Standards for Support Services	Session Include importance of support services in public healthcare facilities as well as detailed discussion on 12 standards of Support services. It also includes detailed discussion on Maintenance of equipment, calibration, inventory management, dietary services, Laundry services, Security services, Community participation, financial management, contract management & Statutory requirement etc.
10	Standards for Infection Control	Session includes 6 main standards described in the program that followed with the detailed discussion about standards precautions as well as infection control committee. It includes elaborative details on how to assess the infection control practices at public health care facilities.
11	Standards for Quality Management	Session provides the insight about the 8 standards that provides a holistic view about PDCA cycle. Eight Standards are divided into PDCA cycle for better understanding. "Plan" included standards on organizational framework, Quality policy and objectives & -SOP's, "Do" included process approach, Patient and employee satisfaction, "Check" include patient and employee satisfaction, Internal and external QA programs and "Act"- Tools and methods of Quality improvement. Session also briefs about the rest 2 standards that describes the planning and implementation design of risk management framework at public health facilities
12	Standards for Outcome (Key Performance Indicators)	This session includes discussion on 30 KPIs. It also includes how to calculate & reporting mechanism of KPI at facility, district & state level.
13	Inventory management	This session covers discussion on principles and techniques of inventory management to minimise the stock-out rate. Session also covers role of Drugs and Vaccine Distribution Management System (DVDMS) in inventory management

14	Internal assessment and gap identification	This session covers systematic understanding of the principles of internal assessment for gap identification, followed by prioritization. It also includes discussion on development of a time-bound action plan and its execution followed by corrective and preventive measures for removal of gaps.
15	Patient Satisfaction Survey/Mera-Aspataal Overview	This session covers methodology and rationale for conducting Patient Satisfaction Survey followed by data analysis and identification of lowest performing attribute. It also covers improvement efforts taken to prepare time-bound corrective and preventive action plan for gap closure. It also covers overview of Mera-Aspataal, an IT application that captures patient feedback in a short time on the services received at public hospitals.
16	Internal and External Quality Assurance Program	Session includes basics of internal quality assurance and external quality assurance programme. It also covers methods to interpret results obtained through internal and external quality assurance programme followed by identifying opportunity for action planning and continuous improvement.
17	Documentation in Quality Management	This session covers importance of documentation in health system. Session includes key concept, importance, and methods to define/formulate Vision, Mission, Quality Policy, Objectives and Standard Operating Procedures.
18	Introduction to Quality tools	This session covers 07 basic tools of quality and their usability scenarios (where they can be used). It also covers how to interpret the obtained results by giving on-site exercises to the participants.
19	Improving the quality through audits	This session covers audits (prescription/clinical/death) conducted at public health facilities. Including a step-by-step process from undertaking the audit to improvement and sustaining the changes.
20	Process Mapping	This session covers the concept of process mapping and methods to do it. Session includes guidance for identification of non-value added activities, wastes in the process and measure undertaken to remove the wastes.
21	Road map ahead	Session includes compilation of all standards & step need to take for assessment as well as guideline for implementation after gap finding. It also includes guidance about activities that can be started at facility along with assessment process.

Post training Assessment:

- Post training evaluation is conducted by using Questionnaire method.
- 60% of the marks is the passing percentage required to be an assessor.

Feedback :

- Compiled data is analysed sent to Advisor QI and team members

4.2 External Assessor Training

Purpose: Aim of the five day training is to strengthen the knowledge, skills and Assessment capacities on Operational Guidelines for Quality Improvement.

The specific objectives are as follows-

- To equip participants with knowledge of key concepts, tools and methodologies of quality improvement.
- To develop skills and acumen to carry out Assessment as per the National Accreditation System proposed under Quality Assurance Programme.

Duration: 5 days (26 sessions)

Target Audience:

- Assessors who conduct Certification/Certification audits (organized at the National level by Government of India or technical resource institutions)

Selection Criteria:

- Public Health Professionals with 10 or above years of experience in public health sector.
- Age limit – 40 years & above, it can be relaxed for suitable candidates.

Field Visit:

Field visits are planned for half day on 4th day of External Assessor Training for the participants to provide an overview of the practical approach of using Departmental checklist. The participants are divided into batches and each batch is allocated with a set of departments that need to be assessed on predefined checklists.

Planning of field visit:-

1. Two 100 bedded multispecialty hospitals are selected with the consensus of QI team members.
2. The training coordinator communicates with the state officials about the requirement of field visit in the hospitals and about the hospitals selected for visit.
3. The state official confirms for the same and the training coordinator sends a written letter about field visit requirement and details of all the departments that will be assessed.
4. The state official confirms the same and communicates about the field visit to the Medical Suptt. of the hospital. The Medical Suptt. assign a contact person for the entire visit.

5. Quality Improvement team consultants are deputed with each group of the participants and on the day of visit the QI consultants facilitate the visit in the hospitals and in the departments.
6. The state officials share the contact person details with training coordinator.
7. A day prior to field visit, quality improvement consultant confirm their visit in their respective hospitals, by talking to their contact person.
8. On the day of visit the deputed QI consultant ensure that all the participants reach facility on time and are sent in batches along with them in their respective departments of assessment.

S. No.	Topic	Session brief
1	Overview of National Quality Assurance Program	This session covers the basic principles of quality assurance. PDCA cycle and Donabedian model of quality is also discussed during the session. Trainees are acquainted with the NQAS in this session.
2	Key concepts and Definitions in Quality	This session covers the introductory part of Quality where differentiation amongst various terminologies of quality including quality control, quality assurance, quality improvement and certification and accreditation was given. PDCA cycle is explained in detail with examples.
3	Measurement System for Quality Assurance	Relationship between the area of Concern, Standards & Measurable element, Checkpoint and approaches for assessment is explained. Scoring patterns and the method to obtain the cumulative hospital score card Along with introduction of all the eighteen checklists in NQAS is also shared.
4	Overview of National Quality Assurance Standards	Snapshot of all eight area of concerns and the standards pertaining them. This may provide the participants a feel to acquaint themselves with the newly introduced national quality assurance standards.
5	Group Activity on Standards – Finding Key words	Key words are distributed to find the area of concern and standards related to them. Groups are formed as per the Areas of concern and a team leader is selected who explains about the importance of the area of concern pertaining to the group.
6	Assessment of Area of Concern 'A' – Service Provision	Area of concern A by giving detailed explanation about all the standards, measurable elements and checkpoints covered are covered under this session.
7	Assessment of Area of Concern 'B'- Patient Rights	This session details about the various aspects of patient rights that includes accessibility, affordability, Quality through pictorial representations. This also includes ethical issues confronted by the service providers at health facilities.
8	Exercise on Patient Rights	This activity is performed to make participants engage themselves into the program and get themselves acquaint more into patient rights standards.
9	Assessment of Area of Concern 'C'- Input	Session includes importance of clinical services as well as discussion on 9 standards of Clinical services which includes assessment of Quality of registration,

		admission, consultation services, assessment & reassessment of in patients, their care during transfer & referral. It also includes discussion about nursing care, drug administration, use of STG's, patient record maintenance and discharge process etc.
10	Assessment of Area of Concern 'D'- Support Services	Session Include importance of support services in public healthcare facilities as well as detailed discussion on 12 standards of Support services. It also includes detailed discussion on Maintenance of equipment, calibration, inventory management, dietary services, Laundry services, Security services, Community participation, financial management, contract management & Statutory requirement etc.
11	Exercise on Area of Concern 'D'	A case study based on hypothetical situation is given to participants and they are asked to give a rating in checklist as per the case available.
12	Assessment of Area of Concern 'E'- General Clinical Services	Session includes importance of clinical services as well as discussion on standards of Clinical services which includes assessment of Quality of registration, admission, consultation services, assessment & reassessment of in patients, their care during transfer & referral. It also includes discussion about nursing care, drug administration, use of STG's, patient record maintenance and discharge process etc.
13	Exercise on Area of Concern 'E'	A case study based on hypothetical situation is given to participants and they are asked to give a rating in checklist as per the case available.
14	Assessment of Area of Concern 'E' - ICU, Emergency and OT	Assessment of quality of specific clinical services like provided in various departments like Emergency, ICU/SNCU, OT, anaesthetic services, diagnostic services, blood bank as well as end of life care is discussed in this session.
15	Assessment of Area of Concern 'F'- Infection Control	Session includes 6 main standards described in the program that followed with the detailed discussion about standards precautions as well as infection control committee. It includes elaborative details on how to assess the infection control practices at public health care facilities.
16	Assessment of Laboratory and Blood Bank Services	This session was mainly focussed on the day to day quality practices that should be followed in laboratory. Detailed explanation about the standards/checkpoints related to laboratory and blood bank which cut across all the area of concerns.
17	Assessment of RMNCHA Services (E17-E22)	Session describes about RMNCHA services which include Antenatal, intra-natal & Postnatal care as well as family planning & ARSH services. It also elaborates on national health program standards. Use of partograph and how to assess standards pertaining to these practices is shared in this session.
18	Exercise on the Assessment	This exercise is more focused on gap finding activity, where pictures are depicted, and the participants are asked to find a gap and relate it to standard and its measurable element. This exercise may help the

		participants to be more acquainted with the standards.
19	Assessment of Area of Concern 'G'- Quality Management	This session includes the holistic view about PDCA cycle. All eight standards of quality management are discussed. For easy understanding & remembrance the standards are distributed into PDCA format. Session also briefs about the rest 2 standards that describes the planning and implementation design of risk management framework at public health facilities
20	Exercise of Area of Concern 'G'- (General Checklist)	This activity is performed to make participants engage themselves into the program and get themselves acquaint more into patient rights standards.
21	Standards for Primary Health Care	Brief session on all the six checklists under the NQAS for PHC namely OPD, Labour room, IPD, lab, general admin and National Health Programs is discussed in this session.
22	Assessment Team formation and Instructions for Field Visit & Field Visit	Field Visit are conducted in District Hospital, Participants were divided into teams with approximately 4-5 members per team. Teams are sent to DH for assessment of various departments. Each team is given one checklist of their respective department for assessment. All the teams were supposed to conduct assessment and then prepare a presentation enumerating the gaps. This field visit gives a great exposure to the participants, giving them an opportunity for practical application.
23	Key Performance Indicators under National Quality Assurance Program	This session includes discussion on 30 KPIs. It also includes how to calculate & reporting mechanism of KPI at facility, district & state level.
24	Analysis and Presentation of Scores – Learning from Assessment of 20 District Hospitals	This session briefs the participants about the analysis arrived after doing the base line assessment of 20 hospitals across the nation. Both positive and negative experiences during the assessments are shared. Participants were given hospital score comparison for all 20 district hospitals in a dashboard format.
25	Standard Operating Procedure for External Assessment & Certification	This session explains about the Do's and Don'ts during assessment and the protocol to undergo External Certification.
26	Feedback & Valedictory	Vote of thanks for participants & trainers.

Post training Assessment:

- Post training evaluation is conducted by using Questionnaire method.
- 70% of the marks is the passing percentage required to be an assessor.

Feedback :

- Compiled data is analysed sent to Advisor QI and team members.

4.3 Risk Management Framework

Uncertainty is at the heart of risk. Like any other project or process, it is inevitable to avoid the occurrence of risks in a training program. Therefore, it is imperative to prepare a risk management framework keeping in mind the context and environment. The training coordinator should prepare a comprehensive list of risks that may happen before, during the conduct of the training followed by preparation of the risk management plan.

A. Risk identification

NHSRC has implemented Quality Management System in accordance to ISO 9001: 2015 and follows risk assessment and management procedures. Followings risk are identified for training programs –

1. No show by one of the trainers at scheduled time
2. Poor quality of delivery
3. Poor Time management
4. Less than expected trainees
5. Poor outcome of training
6. Financial resources are insufficient
7. Training demand exceeds NHSRC training capacity
8. Rude behaviour/ conflict during training
9. Support equipment such Computer projector malfunction
10. Delay in reaching the training material
11. Language Barrier
12. Copyright infringement /Plagiarism
13. Last minute cancellation / postponement of scheduled training
14. Internet problem
15. Unreliable digital collaboration platforms

B. Risk analysis

All risks can be assessed qualitatively and quantitatively. Risk could be analysed based on two parameters, one is likelihood of the occurrence and outcome of the risk. These two parameters could be used to calculate risk probability number (RPN).

Risk Ranking Matrix

Outcome	High (3)	3	6	9	MAJOR RISK
	Medium (2)	2	4	6	
	Low (1)	1	2	3	MODERATE RISK
		Unlikely (1)	Potential (2)	Likely (3)	Likelihood of occurrence

C. Risk identification and mitigation plan

The essential components of an effective risk mitigation strategy are identifying likely risks, prioritizing risks based on the risk probability number, preparation and responses, and monitoring and updating the risk mitigation plan. A detailed mitigation plan followed by improvement plan is given in Annexure-6.

Agenda of Training Schedules

Internal Assessor Training on National Quality Assurance Standards Draft Agenda

Day-1		
Time	Topic	Resource Person
1:00 PM - 1:15 PM	Registration	
1:15 PM - 2:00 PM	Key Concepts and Principles of Quality	
2:00 PM - 3:15 PM	Overview of Quality Assurance Standards and Checklist	
3:15 PM - 4:15 PM	Measurement System and Assessment Protocols	
4:15 PM - 5:30 PM	Quality Assurance in Labour Room and OT	
Day-2		
1:00 PM - 1:15 PM	Recap	
1:15 PM - 2:00 PM	Patient Satisfaction Survey	
2:00 PM - 3:00 PM	Improving the quality through Audits	
3:00 PM - 4:00 PM	Process Mapping	
4:00 PM - 5:30 PM	Tools for Quality Improvement	
Day-3		
1:00 PM - 1:15 PM	Recap	
1:15 PM - 2:15 PM	Key Performance Indicators	
2:15 PM - 3:30 PM	Internal and External Quality Assurance	
3:30 PM - 4:30 PM	Infection Control & Bio-Medical Waste Management	
4:30 PM - 5:30 PM	PDCA cycle	
Day-4		
1:00 PM - 1:15 PM	Recap	
1:15 PM - 2:15 PM	Internal Assessment and Gap Analysis	
2:15 PM - 3:00 PM	Prioritization and Action Planning	
3:00 PM - 4:15 PM	Documentation in Quality Management	
4:15 PM - 5:00 PM	Roadmap for Quality Certification	
5:00 PM - 5:30 PM	Feedback and valedictory	

Annexure 2

External Assessor Training on National Quality Assurance Standards Draft Agenda

Time	Topic	Resource Person
Day 1		
08:30 AM-08:45AM	Registration	
08:45 AM-09:00AM	Pre-training Evaluation	
09:00AM-09:05AM	Aims and Objectives	
09:05AM-09:15AM	Welcome Address	
09:15AM-09:30AM	Inaugural Address	
09:30AM-10:10AM	Introduction of Participants	
10:10AM-10:15AM	Vote of Thanks	
10:15AM-10:45AM	Group Photography followed by tea break	
10:45AM- 11:45AM	Quality in Public Health System: An Overview	
11:45AM -1:00 PM	An introduction to National Quality Assurance Standards including intent of the Area of Concerns	
01:00PM-02:00PM	Lunch	
2:00PM- 3:00 PM	Measurement System under National Quality Assurance Standards	
03:00PM-03:15PM	Brief and Objectives of the Exercise	
03:15PM-04:30PM	Exercise on Intent of Area of Concern & Discussion with Moderator	
04:30PM-04:45PM	Tea	
04:45PM-05:30PM	Exercise on Measurement System & Discussion with Moderator	
Day 2		
09:00AM-09:15AM	Recap	
09:15 am-11: 00 am	Standards for Quality Management System & Outcome Indicators including exercise	
11:00AM-11:15AM	Tea Break	
11:15am-12:30 pm	Clinical Services under NQAS (Specific & RMNCHA Clinical Services)	
12:30pm-01:15pm	NQAS Assessment for Infection Prevention	
	Lunch	
02:00PM- 03:00PM	Clinical Services under NQAS (General Clinical Services)	
03:00PM- 04:30 PM	Exercise on Area of Concern (A & B) & its Discussion	
4:30PM-04:45PM	Tea Break	
04:45PM- 05:30PM	Exercise on Area of Concern (C & D) & its Discussion	
Day 3		
09:00AM-09:15AM	Recap	

09:15 am-11: 00 am	Standards for Quality Management System & Outcome Indicators including exercise	
11:00AM-11:15AM	Tea	
11:15am-12:30 pm	Clinical Services under NQAS (Specific & RMNCHA Clinical Services)	
12:30pm-01:15pm	NQAS Assessment for Infection Prevention	
01:15pm-02:15 pm	Lunch	
02:15pm-03:15pm	Assessment of National Health Programs under the NQAS	
03:15pm-04:15pm	Exercise on Area of Concern (E) – Primary Care Services & Discussion	
04:15 pm-04:30pm	Tea	
04:30pm- 05:00 pm	Exercise on Area of Concern (E) – Secondary Care Services & Discussion	
05:00 pm-05:30 pm	Briefing about the field visit & Report Writing	
05:30 PM -5:40 PM	IT Initiative under NQAS Platform (GUNAK)	
Day 4		
9.00 am - 1.00 pm	Field Visit	
1:00 pm - 2.00 pm	Lunch	
2.00 pm - 3.30 pm	Analysis, Scoring and Report Writing of the Field Visit	
3.30 pm - 4.15 pm	Presentations & Discussions	
4.15 pm - 4.30 pm	Tea	
4.30 pm - 5.45 pm	Presentations & Discussions	
Day 5		
08:30 AM-09:30 AM	Recap & revision of National Quality Assurance Standards	
09:30AM -10:30 AM	An Overview of Maternal Health Initiative under NQAS	
10:30 AM -11:30 AM	An Overview of Child health Initiative under NQAS	
11:30AM - 11:45AM	Tea	
11:45 AM-12:15PM	Principles of NQAS Assessment	
12:15PM-01:00PM	Conduct of Physical & Virtual Assessment	
01:00 PM-02:00PM	Lunch	
02:0PM-02:20PM	NQAS Assessment Challenges & its Solutions	
02:20PM-02:30PM	Briefing about Post Training evaluation	
02:30PM-04:30PM	Post Training evaluation	
04:30PM-04:45PM	Tea	
04:45 PM -05:00 PM	Role Play	
05:00PM-6:00PM	Feedback & Valedictory	

IA Assessor's Training on National Quality Assurance Standards-Feedback Form

- Please fill in this form to provide the training team with feedback about the course. This would help us in improving the future trainings.
- Please note that all data will be kept anonymously and there is no link to your identity, organisation or location.

Feedback Form					
Name of the trainer			Session conducted		
Trainers Attributes	Poor-1	Average-2	Good-3	Very Good-4	Excellent-5
Trainer's competency, proficiency and knowledge of subject matter					
Ability to explain and illustrate concepts with relevant topics					
Ability to answer questions and clear doubts of participants completely					
Ability to keep session interactive and participative					
What specifically did trainer do well					
What recommendation do you have for trainers to improve?					
Did trainer enable you to achieve the learning objectives of sessions? Please mention unaddressed issue if any?					

External Assessor's Training on National Quality Assurance Standards-Feedback Form

Please fill in this form to provide the NHSRC -QI team with feedback about the External Assessor Training. This would help us in improving the future trainings.

Name of Trainer:

Session/s taken:

Feedback Form					
Attributes	Poor-1	Average-2	Good-3	Very Good-4	Excellent-5
Ambience of training venue					
Connectivity to training venue					
Timeline followed as per agenda					
Availability of IT equipment viz. laptop, slide changer, pen drive etc.					
Availability of Audio/Visual aids viz. speakers, projector, mic.					
Response & participation of audience					
Food & Snacks – _Hygiene, taste, servings etc.					
Overall rating of the Training.					
What did you most like about the training?					
What can be improved with regard to the structure, format, method and/or materials of Training?					

THANK YOU FOR YOUR VALUABLE FEEDBACK

INFORMATION TECHNOLOGY ESSENTIALS FOR TRAINING

Computer Hardware and Accessories	Usage	Specifications
Desktop computer and monitor	For PPTs & word documents	Processor - dual core @ 2.4 GHz (i5 or i7 Intel processor or equivalent AMD) RAM - 8 GB. Hard Drive - 320 GB 5400 RPM hard drive
Laptop	For Speakers presentations	Processor - dual core @ 2.4 GHz (i5 or i7 Intel processor or equivalent AMD) RAM - Min. 8 GB or higher Hard Drive - 250 GB
Printer	For paper prints, feedback forms, post training evaluation etc.	Printing method. On-demand ink jet. Nozzle configuration. Black: 96 nozzles x 2 (Black 1 and Black 2) Colour: 96 nozzles x 5 (cyan, magenta, yellow, light cyan, light magenta) ...
Modem	For Wi Fi	Maximum Rate: 150 Mbps downstream / 3Mbps upstream)
PowerPoint projector	For Display of Presentations	Type of display, Poly-silicon TFT active matrix. Resolution, Bright Link 480i: 1024 × 768 pixels (XGA). Bright Link 475Wi/485Wi: 1280 × 800 pixels (WXGA). Lens, F= 1.80. Focal length: 3.71 mm. Colour reproduction, Full colour, 16.77 million colours. Brightness, Bright Link 475Wi: Normal Power Consumption mode: White light
Digital camera	To take photographs of sessions	Min. 13 megapixels
Scanner	To scan papers / letters	Scanner type: Flatbed colour Output resolution: 50 to 6400, 9600, and 12800 ... Scanning resolution: 6400 dpi (main scan); 96... Photoelectric device: Colour CCD line sensor
Slide Changer		50 ft range & battery operated
Computer Software	Usage	Specifications
Microsoft processing software		Active
Virus protection software		Active
Communications	Usage	Specifications
Telephone / Mobile		Active-Android/Apple
Internet connection		IP Based
Cisco WebEx/any platform approved by state government	Virtual Trainings	Active subscription to conduct WebEx events

Risk Register

S. No.	Risk	Likelihood	Outcome	RPN	Category
1	No show by one of the trainers at scheduled time	1	1	1	
2	Poor quality of delivery	1	3	3	
3	Poor Time management	2	2	4	
4	Less than expected trainees	1	2	2	
5	Poor outcome of training	1	3	3	
6	Financial resources are insufficient	1	3	3	
7	Training demand exceeds NHSRC training capacity	1	1	1	
8	Rude behaviour/ conflict during training	1	2	2	
9	Support equipment such Computer projector malfunction	1	3	3	
10	Delay in reaching the training material	1	3	3	
11	Language Barrier	1	3	3	
12	Copyright infringement /Plagiarism	1	3	3	
13	Last minute cancellation / postponement of scheduled training	1	3	3	
14	Internet problem	2	3	6	
15	Unreliable digital collaboration platforms	1	3	3	

Risk Mitigation and Improvement Plan

S. No.	Risk	Mitigation plan	Responsibility	Improvement made
1	No show by one of the trainers at scheduled time	A trainer is kept as back-up	Training coordinator	No risk
2	Poor quality of delivery	Action plan is prepared based on feedback analysis	Master trainers	
3	Poor Time management	Presentation timer is set	Training coordinator	
4	Less than expected trainees	Absent participants will not be allowed to attend next batch	Advisor	No risk
5	Poor outcome of training	Action plan is prepared based on feedback analysis	Master trainers	

6	Financial resources are insufficient	Budget sheet is prepared in advance	Secretarial Assistant and training coordinator	
7	Training demand exceeds NHSRC training capacity	Training need are identified beforehand and approved in annual plan of NHSRC	Advisor	No risk
8	Rude behaviour/ conflict during training	Counselling on communication skills	Advisor	No risk
9	Support equipment such Computer projector malfunction	Technical resources are kept in back-up	IT team	
10	Delay in reaching the training material	Soft copy of training material is shared in advance	Training coordinator	
11	Language Barrier	Arrangement of language translator	Training coordinator	
12	Copyright infringement /Plagiarism	Training material is given ISBN number	Knowledge management division and IT team	
13	Last minute cancellation / postponement of scheduled training	Training calendar is prepared	Advisor	
14	Internet problem	Modem is installed with Maximum Rate: 150 Mbps downstream / 3Mbps upstream)	IT team	
15	Unreliable digital collaboration platforms	Active subscription to conduct WebEx events	IT team	