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an affiliate of Johns Hopkins University

Providing Contraceptive Implants

*Interim Version – Updated to Reflect 2015 World Health
Organization Medical Eligibility Criteria*

Course Handbook for Learners

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Course Handbook for Learners

Jhpiego is an international, non-profit health organization affiliated with The Johns Hopkins University. For more than 40 years, Jhpiego has empowered frontline health workers by designing and implementing effective, low-cost, hands-on solutions to strengthen the delivery of health care services for women and their families. By putting evidence-based health innovations into everyday practice, Jhpiego works to break down barriers to high-quality health care for the world's most vulnerable populations.

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PREFACE

The purpose of this learning resource package (LRP) is to provide health workers with a consolidated source for essential information on safe use of contraceptive implants, specifically on Jadelle, Sino-implant (II), Implanon, and Implanon NXT (also known as Nexplanon).

The Course Handbook for Learners was designed for use alongside the “Providing Contraceptive Implants” Reference Manual and Course Notebook for Trainers. Please refer to these documents for more information on contraceptive implants and implementing trainings using this LRP.

This LRP was updated in 2015 to reflect revisions to the World Health Organization’s Medical Eligibility Criteria for Contraceptive Use, 5th Edition, that have implications for contraceptive implant use.

The main objectives of this LRP are to enable and empower providers to:

1. Explain to a client how implants prevent pregnancy.
2. Inform a client about the most common side effects of two-rod and one-rod implants.
3. Screen clients requesting implants and determine whether further medical evaluation is needed.
4. Counsel a client interested in using implants as a contraceptive method.
5. Insert two-rod and one-rod implants through simulation using the training arm model before moving to clinical practice with clients.
6. Provide post-insertion counseling on care and follow-up.
7. Use recommended infection prevention practices that minimize the risk of post-insertion/post-removal infections and transmission of serious diseases.
8. Remove two-rod and one-rod implants through simulation using the training arm model before moving to clinical practice with clients.
9. Manage common side effects and other health problems and be able to explain when to remove implants.
10. Develop an action plan to implement high-quality contraceptive implant services at the learner’s facility.

INTRODUCTION

COURSE DESIGN

This clinical training course is designed to produce qualified service providers of contraceptive implants. The course builds on each learner's knowledge and takes advantage of her/his high motivation to accomplish the learning tasks in the minimum time. Training emphasizes doing, not just knowing, and uses competency-based evaluation of performance.

The training course covers both knowledge and clinical skills:

- **Precourse Questionnaire:** To identify individual and group learning needs, for example: the delivery and management of implants services.
- **Classroom and clinic sessions:** Counseling of clients, infection prevention measures, how to provide services, and management of side effects/other health problems.
- **Clinical skills training:** Includes demonstrations and simulated practice on anatomic arm models using clinical checklists that list the key steps in insertion and removal of contraceptive implants. This will be complemented by hands-on clinical practice under supervision of a clinical trainer. In this way, learners master the skills needed to insert and remove implants in a standardized way. Learners will also have clearer performance expectations with the same checklist used both for practice and assessment. Clinical trainers who are also proficient service providers will assist in the learning process.
- **Post-course questionnaire:** Used near the end of the clinical training to measure progress in the learning of information. This course will use a standardized written knowledge assessment questionnaire.
- **Assessment of skills acquired:** Each learner's performance is assessed by a trainer using competency-based checklists during simulation and practice with clients.

Successful completion of the course is based on mastery of both the knowledge and skills components, as well as satisfactory overall performance in providing contraceptive implants to clients.

Contraceptive implant service delivery is a team effort, requiring the knowledge and skill of trained clinicians (physicians, nurses, and midwives) and other types of health professionals, such as counselors.

EVALUATION

This clinical training course is designed to produce qualified contraceptive implant service providers. Qualification is a statement by the training institution(s) that the learner has met the requirements of the course in knowledge, skills, and practice. Qualification does **not** imply certification. Personnel can be certified only by an authorized organization or agency.

Qualification is based on the learner's achievement in three areas:

1. **Knowledge**—A score of at least 85% on the Mid-/Post-course Questionnaire
2. **Skills**—Satisfactory performance of contraceptive implants counseling and clinical skills
3. **Practice**—Demonstrated ability to provide contraceptive implants services in the clinical setting

Responsibility for the learner becoming qualified is shared by the learner and the trainer.

Evaluation methods used in the course are:

- **Course Questionnaire**
- **Provision of services (practice)**
- **Checklists for Implants Counseling and Clinical Skills**

In determining whether the learner is qualified, the clinical trainer(s) will observe and rate the learner's performance for each step of the skill or activity. The learner must be rated "satisfactory" in each skill or activity to be evaluated as qualified.

Within 3 to 6 months of qualification, it is recommended that graduates be observed and evaluated working in their institutions by a course trainer using the same counseling and clinical skills checklist.

COURSE SYLLABUS

Course Description

This 4-day clinical training course is designed to prepare the learner to counsel individuals concerning the use of contraceptive implants as a contraceptive method and to become competent in inserting and removing contraceptive implants and in managing side effects and other health problems associated with their use.¹

Course Goals

To give learners the capacity to provide quality contraceptive implant services.

Learning Objectives

By the end of the training course, the learner will be able to:

1. Explain to a client how implants prevent pregnancy.
2. Inform a client about the most common side effects of two-rod and one-rod implants.
3. Screen clients requesting implants and determine whether further medical evaluation is needed.
4. Counsel a client interested in using implants as a contraceptive method.

¹ Depending on the needs of the learners, the course may be given over a longer period (5 to 8 days). For example, additional sessions may be needed on counseling, infection prevention practices, or other aspects of implants service delivery.

5. Insert two-rod and one-rod implants through simulation using the training arm model before moving to clinical practice with clients.
6. Provide post-insertion counseling on care and follow-up.
7. Use recommended infection prevention practices that minimize the risk of post-insertion/ post-removal infections and transmission of serious diseases.
8. Remove two-rod and one-rod implants through simulation using the training arm model before moving to clinical practice with clients.
9. Manage common side effects and other health problems and be able to explain when to remove implants.
10. Develop an action plan to implement high-quality contraceptive implant services at the learner's facility.

Training/Learning Methods

This training uses a variety of training and learning methods, which are outlined in the model course outline. These include:

- Illustrated lectures and group discussions
- Individual and group exercises
- Role plays
- Simulated practice with the Jadelle Subdermal Implant Training model or Reproductive Implant Training Arm (RITA)
- Guided clinical activities (counseling and contraceptive implants insertion and removal)

Training Materials

This Course Handbook for Learners is designed to be used with the following materials:

- Reference Manual: "Providing Contraceptive Implants: Reference Manual"
- Training aid PowerPoint presentations and videos
- Jadelle subdermal implant training model or RITA
- Implants insertion and removal instruments kits and placebo implants

Learner Selection Criteria

Learners for this course should be clinicians (physicians, nurses or midwives, or other country-specific designated mid-level providers) working in a health care facility (clinic or hospital) that provides family planning and/or women's health services.

Methods of Evaluation

■ Learner

- Pre- and Post-Course Questionnaires
- Checklists for Implants Counseling and Clinical Skills (Insertion and Removal)

■ Course

- Course Evaluation (to be completed by each learner)

Course Duration

Eight sessions in a 4-day sequence

Suggested Course Composition

- 10 Health care professionals²
- 2 Clinical trainers

² The course size will be limited by the available space (classroom and demonstration areas/rooms) at the training facility and the number of potential implant clients.

COURSE SCHEDULE

MODEL IMPLANTS COURSE SCHEDULE (Standard Course: 4 days, 8 sessions)			
DAY 1	DAY 2	DAY 3	DAY 4
<p>Morning [0830–1230]</p> <p>CLASSROOM</p> <p>Opening</p> <ul style="list-style-type: none"> Welcome Learner expectations <p>Objectives and Course Materials</p> <ul style="list-style-type: none"> Overview of course Approach to training Review of course materials <p>Precourse Questionnaire</p> <p>Identify individual and group learning needs</p> <p>Illustrated Lectures</p> <ul style="list-style-type: none"> Overview of Contraceptive Implants Balanced Counseling Strategy <p>LUNCH</p> <p>Afternoon [1330–1730]</p> <p>CLASSROOM</p> <p>Illustrated Lectures</p> <ul style="list-style-type: none"> Implant Insertion Implants Clinical and Counseling Skills Checklist: Insertion <p>Demonstration and Simulated Practice of Implant Insertion</p> <p>Review of the Day’s Activities</p> <p>ASSIGNMENT</p> <p>Read Chapters 1–5, 8, Appendix A</p>	<p>Morning [0830–1230]</p> <p>CLINIC <i>Meet at clinical site per instructions provided the day before</i></p> <p>Trainer Demonstration</p> <ul style="list-style-type: none"> Implant counseling and insertion with a client <p>Clinical Practice</p> <p>CLASSROOM</p> <p>Clinical Conference</p> <ul style="list-style-type: none"> Review experience in clinical setting <p>Illustrated Lecture</p> <ul style="list-style-type: none"> Infection Prevention <p>Trainer Demonstration</p> <ul style="list-style-type: none"> Infection prevention practices <p>LUNCH</p> <p>Afternoon [1330–1730]</p> <p>CLASSROOM</p> <p>Classroom Practice</p> <ul style="list-style-type: none"> Skills lab on infection prevention <p>Illustrated Lectures</p> <ul style="list-style-type: none"> Removal of Contraceptive Implants <p>Simulated Practice in Classroom</p> <ul style="list-style-type: none"> Counseling and clinical skills <p>Review of the Day’s Activities</p> <p>ASSIGNMENT</p> <p>Read Chapters 6–9, perform removals on training arm</p>	<p>Morning [0830–1230]</p> <p>CLINIC <i>Meet at clinical site per instructions provided the day before</i></p> <p>Trainer Demonstration</p> <ul style="list-style-type: none"> Implant counseling and removal/ with a client <p>Clinical Practice</p> <p>CLASSROOM</p> <p>Clinical Conference</p> <ul style="list-style-type: none"> Review of experience in clinical setting <p>Small Group Work</p> <ul style="list-style-type: none"> Managing side effects and problems <p>LUNCH</p> <p>Afternoon [1330–1730]</p> <p>CLASSROOM</p> <p>Assessment: Course Questionnaire</p> <p>Illustrated Lectures</p> <ul style="list-style-type: none"> Organizing Implant Services <p>Small Group Work</p> <ul style="list-style-type: none"> Creating action plans <p>ASSIGNMENT</p>	<p>Morning [0830–1230]</p> <p>CLINIC <i>Meet at clinical site per instructions provided the day before</i></p> <p>Assessment: Competency-Based Evaluation by Trainer Using Checklist</p> <p>CLASSROOM</p> <p>Clinical Debrief</p> <p>Review Answers to Questionnaire</p> <p>LUNCH</p> <p>Afternoon [1330–1730]</p> <p>CLASSROOM</p> <p>Small Group Work</p> <ul style="list-style-type: none"> Creating and presenting action plans <p>Closing</p> <p>ASSIGNMENT</p>

Counseling Role Play Scenarios for Day 1 Counseling Activity

1. You are a 23-year-old married woman who has two young children. You want to wait 2 to 3 years before getting pregnant again. Your husband is not interested in family planning. You have not used modern contraceptive methods before. Your last child is 5 months old, and you are breastfeeding. You are very worried about using the IUD and refuse it if offered. You are not sure of your HIV status, but think your husband had many partners before marriage. You have never been screened for cervical cancer.
2. You are a 26-year-old woman who gave birth a week ago. You mix feed because you are at work during the day and do not have enough milk to express. You previously used a 3-month injectable but now want to change to a different method since you are tired of an injection. You are on anti-hypertensive medication and your blood pressure is controlled.
3. You are an 18-year-old girl. You started your menstrual bleeding 6 days ago. You are sexually active and have a boyfriend. You want to avoid getting pregnant and want something easy to use to prevent pregnancy. Neither you nor your boyfriend wants to use condoms. Later on in the consultation you reveal that you had unprotected sex 2 days ago. You have a slight vaginal discharge.
4. You are a 30-year-old married woman who does not want to have any more children. You already have four (your latest child is 3 months old) and are tired and fed up with being pregnant. Your partner is interested in more children. Your husband likes having sex frequently and does not like using condoms. You are afraid of injections. You have had mild seizures in the past and took medicine for them, but not since after your second pregnancy. Your husband travels occasionally and you are not sure if he is faithful.

**ACTION PLAN TO ADD CONTRACEPTIVE IMPLANTS SERVICES (ILLUSTRATIVE)
FOR ACTION PLANNING ACTIVITIES ON DAYS 3 AND 4**

ACTIVITY	WHO IS RESPONSIBLE	DATE THIS ACTIVITY IS COMPLETED	RESOURCES NEEDED TO ACHIEVE THIS ACTIVITY	ACCOMPLISHED AND VERIFIED
Provide debrief on training with supervisor			Training materials Summary of training	
Share checklist and WHO MEC on contraceptive implants			WHO MEC Checklist for counseling, insertion, and removal	
Ensure that facility has space and materials for safe and high-quality implant services			Reference manual Chapter 9	
Review infection prevention standards and practices			Reference manual Chapter 4	
Staffing			Reference manual Chapter 9	
Logistics			Reference manual Chapter 9	
On-the-job training			Reference manual Chapters –1–4 Counseling and clinical skills checklist	

**ACTION PLAN TO ADD CONTRACEPTIVE IMPLANT SERVICES (BLANK FOR LEARNERS TO USE)
FOR ACTION PLANNING ACTIVITIES ON DAYS 3 AND 4**

ACTIVITY	WHO IS RESPONSIBLE	DATE THIS ACTIVITY IS COMPLETED	RESOURCES NEEDED TO ACHIEVE THIS ACTIVITY	ACCOMPLISHED AND VERIFIED

PRECOURSE QUESTIONNAIRE

HOW THE RESULTS WILL BE USED

The main objective of the **Precourse Questionnaire** is to assist both the **clinical trainer** and the **learner** as they begin their work together in the course by assessing what the learners, both individually and as a group, know about the course topic. Providing the results of the precourse assessment to the learners enables them to focus on their individual learning needs. In addition, the questions alert learners to the content that will be presented in the course.

The questions are presented in the multiple-choice format. A special form, the **Individual and Group Assessment Matrix**, is provided to record the scores of all learners. Using this form, the trainer and learners can quickly chart the number of correct answers for each of the 25 questions. By examining the data in the matrix, the group members can easily determine their collective strengths and weaknesses and jointly plan how best to use the course time to achieve the desired learning objectives.

For the clinical trainer, the questionnaire results will identify particular topics that may need additional emphasis during the learning sessions.

For the learners, the learning objective(s) related to each question and the corresponding chapter(s) in the reference manual are noted beside the answer column. To make the best use of the limited course time, learners are encouraged to address their individual learning needs by studying the designated chapter(s).

The course questionnaire will be distributed and administered by the trainer.

PRECOURSE QUESTIONNAIRE

Instructions: Write the letter of the single **BEST** answer to each question in the blank next to the corresponding number on the attached answer sheet.

Counseling

1. For a woman in good health, a contraceptive method is BEST selected by the:
 - a. Woman herself
 - b. Physician providing health services to the woman
 - c. Woman's husband
2. Which of the following is the MOST important component of contraceptive counseling?
 - a. Identifying and addressing the client's contraceptive concerns
 - b. Obtaining formal consent for the procedure from the client
 - c. Describing adverse side effects to the client
3. Which of the following may help a woman feel more confident about using contraceptive implants?
 - a. Telling her that you think it's the best method
 - b. Comparing the effectiveness and side effects of contraceptive implants to other methods
 - c. Stating that 98% of women using contraceptive experience no side effects and the continuation rate is also over 90%
4. If inserted within the first days of menses, contraceptive implants are effective in preventing pregnancy:
 - a. Within 24 hours
 - b. Within 7 days
 - c. After the next menstrual period

Indications, Precautions, and Client Assessment

5. Contraceptive implants are a preferred method for a woman who:
 - a. Wants to become pregnant in a couple of years or more
 - b. Does not want any more children
 - c. Is reassured by having regular menstrual cycles indicating that she is not pregnant
6. A woman who has a past history of deep vein thrombophlebitis:
 - a. Cannot use contraceptive implants (Category 4)
 - b. Can use contraceptive implants if there are no other available FP options (Category 3)
 - c. Can use contraceptive (Category 2)

7. Which of the following is a condition requiring further evaluation before inserting contraceptive implants?
 - a. Diabetes (controlled)
 - b. Hypertension (on medication)
 - c. Unexplained vaginal bleeding
8. Which of the following **MUST** be included with screening a potential contraceptive implants client?
 - a. A complete medical history, general examination, and pelvic examination
 - b. A pelvic examination only if indicated, for example, to rule out pregnancy
 - c. Basic laboratory tests for hemoglobin, total lipids, and liver function tests

Infection Prevention

9. In order to reduce the risk of infection, prior to insertion or removal of contraceptive implant:
 - a. Prepare the surgical site with antiseptic only
 - b. Clean the surgical site with soap and water followed by antiseptic
 - c. Prepare the site with an antiseptic and give a 3-day course of antibiotics
10. Other than sterilization, another acceptable method for processing surgical (metal) instruments used for contraceptive implants removal is:
 - a. Decontaminate, clean, and then boil for 30 minutes
 - b. Soak for 20 minutes in Chlorhexidine (e.g., Savlon®)
 - c. Decontaminate, wash and scrub instruments, then boil them for 20 minutes
11. Which of the following steps **MUST** be completed **FIRST** in order to minimize the risk of staff contracting hepatitis B or HIV/AIDS during the cleaning process?
 - a. Rinse in water and scrub with a brush before disinfecting by boiling
 - b. Soak in 0.5% chlorine solution for 10 minutes before cleaning
 - c. Soak overnight in 8% formaldehyde

Method Provision (Insertion and Removal)

12. After completing insertion of Jadelle implants, you are able to see the tip of one rod at the incision. Which of the following actions are **MOST** important under these circumstances?
 - a. Remove that rod and close the incision
 - b. Close the incision tightly over that rod
 - c. Remove that rod and reinsert it

13. Contraceptive implants that have been inserted into the fat under the skin:
 - a. May be easier to remove
 - b. May be less effective because the hormone is released more slowly from the implants
 - c. May be difficult to remove
14. A woman who has used Jadelle implants for 5 years wants another set inserted. The first set of implants was inserted close to her left elbow. During removal you find thick, fibrous tissue sheaths around them. Which of the following steps is MOST appropriate under these circumstances?
 - a. Tell her that she cannot use Jadelle implants again
 - b. Place the two new rods in the other arm
 - c. Place the two new rods in the same site where you removed the old implants
15. What is the MOST important first step to do to facilitate removal of implant(s) after counseling the client?
 - a. Advise her to thoroughly wash her arm that has the implant
 - b. Provide 5 cc of local anesthesia over the implants
 - c. Palpate her arm that has the implant(s) and mark where the tips of the rods are felt
16. Implanon implants are effective for:
 - a. 3 years
 - b. 5 years
 - c. 7 years
17. What is one of key step in preparation for Implanon insertion?
 - a. Ensure that sterile gloves are available in the correct size
 - b. Visually verify the presence of the Implanon tip inside the needle
 - c. Carefully load the Implanon rod into the needle respecting sterile technique
18. When inserting the Implanon NXT needle, the angle must be:
 - a. 30°
 - b. 25°
 - c. Not more than 20°
19. What is the next step during Implanon insertion after the rod is inserted under the skin?
 - a. Remove the needle while applying pressure on the rod
 - b. Verify the presence of the rod under the skin though gentle palpation
 - c. Break the seal of the obturator and turn it 90°
20. Jadelle implants are effective for:
 - a. 3 years
 - b. 5 years
 - c. 7 years

Follow-Up, Side Effects, and Other Problems

21. A woman who has used contraceptive implants for 2 months has had irregular bleeding during this time. She asks you what to do. Which of the following counseling statements is BEST under these circumstances?
 - a. Have the implants removed to stop the bleeding, and put her on oral contraception to provide normal cycles
 - b. Reassure her that irregular bleeding is common and usually becomes less of a problem over time
 - c. Do tests for hemoglobin and hematocrit, and provide her with ferrous sulfate and monthly injections of B12 for 3 months
22. A potential side effect of contraceptive implants use is:
 - a. Heavy vaginal discharge between menstrual periods
 - b. Amenorrhea or spotting for 3 months or longer
 - c. Increased risk of developing diabetes
23. What is a common menstrual change with Implanon users?
 - a. Amenorrhea in about 20% of users
 - b. Irregular menses in the first 3 months of use but then return to regular cycles
 - c. Dysmenorrhea increases among 77% of users
24. The contraceptive implants user MUST return to the clinic if she has:
 - a. Pus and bleeding at the insertion site
 - b. Weight gain of more than 4 kg.
 - c. Irregular bleeding or spotting
25. Which drug MAY reduce effectiveness of contraceptive implants?
 - a. Erythromycin
 - b. Phenytoin (Dilantin)
 - c. Thorazine

QUESTIONNAIRE ANSWER SHEET

Counseling

1. ____
2. ____
3. ____
4. ____

Indications, Precautions, and Client Assessment

5. ____
6. ____
7. ____
8. ____

Infection Prevention

9. ____
10. ____
11. ____

Method Provision (Insertion and Removal)

12. ____
13. ____
14. ____
15. ____
16. ____
17. ____
18. ____
19. ____
20. ____

Follow-Up, Side Effects, and Other Problems

21. ____

22. ____

23. ____

24. ____

25. ____

CONTRACEPTIVE IMPLANTS TRAINING COURSE: INDIVIDUAL AND GROUP ASSESSMENT MATRIX

COURSE: _____ DATES: _____ CLINICAL TRAINER(S): _____

Question Number	CORRECT ANSWERS (Learners)																						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
1.																							
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CHECKLISTS FOR IMPLANTS COUNSELING AND CLINICAL SKILLS

USING THE CHECKLISTS

The **Checklists for Implants Counseling and Clinical Skills** focus only on the key steps in the **entire** procedure. As the learner progresses through the course and gains experience, dependence on the checklist decreases and the learner becomes more competent. And as learning progresses, the checklist will be used by the new learner to guide each step, by trainers and peers in coaching learners, and by trainers in evaluating each learner's performance during and at the end of the course. The checklist can also be used by learners when they are providing services in a clinical situation, to rate one another's performance. The rating scale used is described below.

More information about the skills can be found in the Providing Contraceptive Implants: Reference Manual (**Chapter 2:** Counseling, **Chapter 5:** Insertion, **Chapter 8:** Removal, **Appendix A:** the Balanced Counseling Strategy) as well as in the training DVD. This facilitates learner review of essential information.

There are four checklists which can be utilized as part of this learning resource package:

- Checklist for Jadelle and Sino-implant (II) Implants Counseling and Clinical Skills: *Insertion*
- Checklist for Implanon Implants Counseling and Clinical Skills: *Insertion*
- Checklist for Implanon Implants NXT Counseling and Clinical Skills: *Insertion*
- Checklist for Implants Counseling and Clinical Skills: *Removal*

The checklists here in the learner's handbook are the same as the checklists provided in the trainer's notebook. The clinical trainer will use them evaluate each learner's performance at the end of the course.

CHECKLIST FOR TWO-ROD IMPLANTS [JADELLE AND SINO-IMPLANT (II)] COUNSELING AND CLINICAL SKILLS: *INSERTION*

Rate the performance of each step or task observed using the following rating scale:

Place a “Y” in the case box if step/task is performed satisfactorily, an “N” if it is not performed satisfactorily, or “X” if not observed.
Satisfactory Perform the step or task according to the standard procedure or guidelines
Unsatisfactory Unable to perform the step or task according to the standard procedure or guidelines
Not Observed Step, task, or skill not performed by the learner during evaluation by clinical trainer

CHECKLIST FOR TWO-ROD IMPLANTS [JADELLE AND SINO-IMPLANT (II)] COUNSELING AND CLINICAL SKILLS: <i>INSERTION</i>					
STEP/TASK	CASES				
PRE-INSERTION COUNSELING					
1. Greet the client respectfully and with kindness.					
2. Rule out pregnancy by asking the six questions to be reasonably sure that the woman is not pregnant.					
3. Display the Balanced Counseling cards, and if the client has already identified a method, provide focused counseling on that method. Otherwise, ask the following four questions and eliminate cards according to the client’s response: <ul style="list-style-type: none"> - Does the client want more children in the future? - Is she breastfeeding an infant < 6 months? - Will her partner use condoms? - Has she not tolerated an FP method in the past? 					
4. Continue with Balanced Counseling, using the cards to: <ul style="list-style-type: none"> - Give information about the methods on the cards that are left. - Discuss side effects and efficacy. - Help the client to choose a method. - Confirm method choice. 					
5. Review medical eligibility: <ul style="list-style-type: none"> - Read from the client brochure in language the client understands (e.g., “Method not advised if you ...”). 					
6. Review Client Screening Checklist to determine if two-rod implants are an appropriate choice for the client.					
7. Perform (or refer for) further evaluation, if indicated.					
8. Assess the woman’s knowledge about implants’ major side effects: <ul style="list-style-type: none"> - Confirm that the client accepts possible menstrual changes with implants. 					
9. Describe insertion procedure and what to expect.					
INSERTION OF TWO-ROD IMPLANTS					
Getting Ready					
1. Determine that required sterile or high-level disinfected instruments and two implant rods are present.					
2. Wash hands thoroughly and dry them.					
3. Check to be sure that the client has thoroughly washed and rinsed her entire arm.					
4. Tell the client what is going to be done and encourage her to ask questions.					
5. Position the woman’s arm and place a clean, dry cloth under her arm.					
6. Mark position on arm for insertion of rods 6 cm to 8 cm above the elbow folder (this should form a “V” pattern).					
7. Put on sterile pair of hand gloves.					

CHECKLIST FOR TWO-ROD IMPLANTS [JADELLE AND SINO-IMPLANT (II)] COUNSELING AND CLINICAL SKILLS: <i>INSERTION</i>					
STEP/TASK	CASES				
<i>Pre-Insertion Tasks</i>					
1. Set up sterile field and place implant rods and trocar on it.					
2. Prep insertion site with antiseptic solution.					
3. Place sterile or high-level disinfected drape over arm (optional).					
4. Inject 2 ml of 1% lidocaine applied just under the skin, raising a wheal at the insertion point and advancing up to 5 cm along the insertion track. Gently massage the area of infiltration.					
5. Advance needle about 4–5 cm and inject 1 ml of local anesthetic in each of two subdermal tracks.					
6. Check for anesthetic effect before making skin incision.					
<i>Insertion</i>					
1. Insert trocar directly subdermally superficially.					
2. While tenting the skin, advance trocar and plunger to mark (1) nearest hub of trocar.					
3. Remove plunger and load first rod into trocar with gloved hand or forceps.					
4. Reinsert plunger and advance it until resistance is felt.					
5. Hold plunger firmly in place with one hand and slide trocar out of incision until it reaches plunger handle.					
6. Withdraw trocar and plunger together until mark (2) nearest trocar tip, just clear of incision (do not remove trocar from skin).					
7. Move tip of trocar away from end of rod and hold rod out of the path of the trocar.					
8. Redirect trocar about 15° and advance trocar and plunger to mark (1).					
9. Insert the second rod using the same technique.					
10. Palpate rods to check that two rods have been inserted in a V-distribution.					
11. Palpate incision to check that both rods are 5 mm clear of incision.					
12. Remove trocar only after insertion of second rod.					
13. Optionally ask the client to palpate the two rods prior to dressing.					
<i>Post-Insertion Tasks</i>					
1. Remove drape and wipe the client's skin with alcohol.					
2. Bring edges of incision together and close it using surgical tape, then cover it with a Band-Aid or tape on a sterile gauze (2x2).					
3. Apply pressure dressing snugly.					
4. Before removing gloves, dispose materials by: <ul style="list-style-type: none"> - Placing used needle (without capping) and trocar in sharps container, and - Placing waste materials in leak-proof container or plastic bag. 					
5. Remove gloves by turning inside out and place in leak-proof container or plastic bag.					
6. Wash hands thoroughly and dry them.					
7. Complete client record, including drawing position of rods.					

CHECKLIST FOR TWO-ROD IMPLANTS [JADELLE AND SINO-IMPLANT (II)] COUNSELING AND CLINICAL SKILLS: <i>INSERTION</i>					
STEP/TASK	CASES				
POST-INSERTION COUNSELING					
1. Instruct the client regarding wound care and make return visit appointment, if necessary.					
2. Discuss what to do if the client experiences any problems following insertion or side effects.					
3. Assure the client that she can have rods removed at any time if she desires.					
4. Ask the client to repeat instructions and answer the client's questions.					
5. Complete client card indicating which implant she received and by when she needs to return for removal.					
6. Observe the client for at least 15–20 minutes before sending her home.					

Comments:

Observation Summary (Tick as appropriate):

Model practice satisfactory Yes ___ No ___ NA ___	Clinical practice satisfactory Yes ___ No ___ ___
Competent in two-rod implants _____	Not competent in two-rod implants _____
Action Plan – Check all that apply	
___ Could become competent with additional experience (more cases) supervised by a competent provider/trainer	
___ Follow-up visit in 3–6 months	
___ Other (specify)	
Assessor's name	
Assessor's signature	Date

CHECKLIST FOR ONE-ROD (IMPLANON) IMPLANTS COUNSELING AND CLINICAL SKILLS: *INSERTION*

Rate the performance of each step or task observed using the following rating scale:

Place a “Y” in the case box if step/task is performed satisfactorily, an “N” if it is not performed satisfactorily, or “X” if not observed.
Satisfactory Perform the step or task according to the standard procedure or guidelines
Unsatisfactory Unable to perform the step or task according to the standard procedure or guidelines
Not Observed Step, task, or skill not performed by the learner during evaluation by clinical trainer

CHECKLIST FOR ONE-ROD (IMPLANON) IMPLANTS COUNSELING AND CLINICAL SKILLS: <i>INSERTION</i>				
STEP/TASK ACTIVITYSTEPS	CASES			
PRE-INSERTION COUNSELING				
1. Greet the client respectfully and with kindness.				
2. Rule out pregnancy by asking the six questions to be reasonably sure that the woman is not pregnant.				
3. Display the Balanced Counseling cards, and if the client has already identified a method, provide focused counseling on that method. Otherwise, ask the following four questions and eliminate cards according to the client’s response: <ul style="list-style-type: none"> - Does the client want more children in the future? - Is she breastfeeding an infant < 6 months? - Will her partner use condoms? - Has she not tolerated an FP method in the past? 				
4. Continue with Balanced Counseling, using the cards to: <ul style="list-style-type: none"> - Give information about the methods on the cards that are left. - Discuss side effects and efficacy. - Help the client to choose a method. - Confirm method choice. 				
5. Review medical eligibility: <ul style="list-style-type: none"> - Read from the client brochure in language the client understands (e.g., “Method not advised if you”). 				
6. Review Client Screening Checklist to determine if a one-rod implant is an appropriate choice for the client.				
7. Perform (or refer for) further evaluation, if indicated.				
8. Assess the woman’s knowledge about implants’ major side effects. <ul style="list-style-type: none"> - Confirm that the client accepts possible menstrual changes with implants. 				
9. Describe insertion procedure and what to expect.				
INSERTION OF ONE-ROD IMPLANT				
Getting Ready				
1. Determine that required materials and the one-rod implant are present.				
2. Wash hands thoroughly and dry them.				
3. Check to be sure that the client has thoroughly washed and rinsed her arm.				
4. Tell the client what is going to be done and encourage her to ask questions.				
5. Position the woman’s arm and place a clean, dry cloth under her arm.				
6. Mark position on arm for insertion of rod 6-8 cm above the elbow fold.				
7. Put on a pair of clean examination gloves.				

CHECKLIST FOR ONE-ROD (IMPLANON) IMPLANTS COUNSELING AND CLINICAL SKILLS: INSERTION				
STEP/TASK	ACTIVITY	STEPS	CASES	
Pre-Insertion Tasks				
1.	Prep insertion site with antiseptic solution.			
2.	Inject 1 ml of 1% lidocaine applied just under the skin, raising a wheal at the insertion point and advancing up to 5 cm along the insertion track. Gently massage the area of infiltration.			
3.	Check for anesthetic effect before applying the sharp needle.			
Insertion				
1.	Using no-touch technique, remove the sterile disposable one-rod implant applicator from its blister pack and remove the needle shield. (Make sure not to touch the part of the needle to be introduced into the body.)			
2.	Visually verify the presence of the implant inside the metal part of the needle.			
3.	Stretch the skin around the insertion site with thumb and index finger or alternatively , stretch the insertion site skin by slightly pulling with thumb.			
4.	Using the needle, puncture the skin at a 20° angle and insert only up to the bevel of the needle.			
5.	Release the skin. Lower the applicator to a horizontal position.			
6.	Gently advance, while lifting the skin, forming a tent, until inserting the full length of the needle without using force. Keep the applicator parallel to the surface of the skin.			
7.	Break the seal of applicator. Turn the obturator 90 degrees.			
8.	Fix the obturator with one hand against the arm and with the other hand slowly pull the needle out of the arm; never push against the obturator.			
9.	Remove the needle, and apply pressure to the opening site.			
10.	Palpate to check that the rod is in place. Optionally ask the client to palpate the implant prior to dressing.			
Post-Insertion Tasks				
1.	Wipe the client's skin with alcohol.			
2.	Bring edges of incision together and close it using surgical tape, then cover it with a Band-Aid or tape on a sterile gauze (2x2).			
3.	Apply pressure dressing snugly.			
4.	Before removing gloves, dispose materials by: <ul style="list-style-type: none"> - Placing used needle (without capping) and trocar in sharps container, and - Placing waste materials in leak-proof container or plastic bag. 			
5.	Remove gloves by turning inside out and place in leak-proof container or plastic bag.			
6.	Wash hands thoroughly and dry them.			
7.	Complete client record, including drawing position of rod.			
POST-INSERTION COUNSELING				
1.	Instruct the client regarding wound care and make return visit appointment, if necessary.			
2.	Discuss what to do if the client experiences any problems following insertion or side effects.			
3.	Assure the client that she can have implant removed at any time if she desires.			
4.	Ask the client to repeat instructions and answer client's questions.			
5.	Complete client card indicating which implant she received and by when she needs to return for removal.			
6.	Observe the client for at least 15–20 minutes before sending her home.			

Comments:

Observation Summary (Tick as appropriate):

Model practice satisfactory Yes ___ No ___ NA ___	Clinical practice satisfactory Yes ___ No ___ ___
Competent in one-rod implants (Implanon) _____	Not competent in one-rod implants (Implanon) _____
Action Plan – Check all that apply	
___ Could become competent with additional experience (more cases) supervised by a competent provider/trainer	
___ Follow-up visit in 3–6 months	
___ Other (specify)	
Assessor's name	
Assessor's signature	Date

CHECKLIST FOR ONE-ROD (IMPLANON NXT) IMPLANTS COUNSELING AND CLINICAL SKILLS: *INSERTION*

Rate the performance of each step or task observed using the following rating scale:

<p>Place a “Y” in the case box if step/task is performed satisfactorily, an “N” if it is not performed satisfactorily, or “X” if not observed.</p> <p>Satisfactory Perform the step or task according to the standard procedure or guidelines</p> <p>Unsatisfactory Unable to perform the step or task according to the standard procedure or guidelines</p> <p>Not Observed Step, task, or skill not performed by the learner during evaluation by clinical trainer</p>

CHECKLIST FOR ONE-ROD (IMPLANON NXT) IMPLANTS COUNSELING AND CLINICAL SKILLS: <i>INSERTION</i>				
STEP/TASK	CASES			
PRE-INSERTION COUNSELING				
1. Greet the client respectfully and with kindness.				
2. Rule out pregnancy by asking the six questions to be reasonably sure that the woman is not pregnant.				
3. Display the Balanced Counseling cards, and if the client has already identified a method, provide focused counseling on that method. Otherwise, ask the following four questions and eliminate cards according to the client's response: <ul style="list-style-type: none"> - Does the client want more children in the future? - Is she breastfeeding an infant < 6 months? - Will her partner use condoms? - Has she not tolerated an FP method in the past? 				
4. Continue with Balanced Counseling, using the cards to: <ul style="list-style-type: none"> - Give information about the methods on the cards that are left. - Discuss side effects and efficacy. - Help the client to choose a method. - Confirm method choice. 				
5. Review medical eligibility: <ul style="list-style-type: none"> - Read from the client brochure in language the client understands (e.g., “Method not advised if you”). 				
6. Review Client Screening Checklist to determine if two-rod implants are an appropriate choice for the client.				
7. Perform (or refer for) further evaluation, if indicated.				
8. Assess the woman's knowledge about implants' major side effects. <ul style="list-style-type: none"> - Confirm that the client accepts possible menstrual changes with implants. 				
9. Describe the insertion procedure and what to expect.				
INSERTION OF ONE-ROD IMPLANT				
<i>Getting Ready</i>				
1. Determine that required materials and the one-rod implant are present.				
2. Wash hands thoroughly and dry them.				
3. Check to be sure that the client has thoroughly washed and rinsed her arm.				
4. Tell the client what is going to be done and encourage her to ask questions.				
5. Position the woman's arm and place a clean, dry cloth under her arm.				
6. Mark position on arm for insertion of rod 6–8 cm above the elbow fold.				
7. Put on a pair of clean examination gloves.				

CHECKLIST FOR ONE-ROD (IMPLANON NXT) IMPLANTS COUNSELING AND CLINICAL SKILLS: INSERTION				
STEP/TASK	CASES			
Pre-Insertion Tasks				
1. Prep the insertion site with antiseptic solution.				
2. Inject 1 ml of 1% lidocaine applied just under the skin, raising a wheal at the insertion point and advancing up to 5 cm along the insertion track. Gently massage the area of infiltration.				
3. Check for anesthetic effect before applying the sharp needle.				
Insertion				
1. Using no-touch technique, remove the sterile disposable one-rod implant applicator from its blister pack and remove the needle shield. (Make sure not to touch the part of the needle to be introduced into the body.)				
2. Hold the applicator just above the needle at the textured surface area and remove the transparent protection cap from the needle containing the implant.				
3. Visually verify the presence of the implant inside the metal part of the needle.				
4. Stretch the skin around the insertion site with thumb and index finger, <i>or alternatively</i> , stretch the insertion site skin by slightly pulling with thumb.				
5. Using the needle, puncture the skin at a 30° angle and insert only up to the bevel of the needle.				
6. Lower the applicator to the horizontal position so that it is parallel to the surface of the skin while continuing to tent or lift the skin with the needle tip.				
7. While lifting the skin with the tip of the needle, slide the needle to its full length toward the guide mark. Make sure that the entire length of the needle is inserted under the skin.				
8. While keeping the applicator in the same position and the needle inserted to its full length with one hand, unlock the purple slider by pushing it slightly down using the other free hand.				
9. Move the slider fully back until it stops, leaving the implant now in its final subdermal position and locking the needle inside the body of the applicator.				
10. Remove the applicator.				
11. Palpate to check that one rod is in place. Optionally ask the client to palpate the implant prior to dressing.				
Post-Insertion Tasks				
1. Wipe the client's skin with alcohol.				
2. Bring edges of incision together and close it using surgical tape, then cover it with a Band-Aid or tape on a sterile gauze (2x2).				
3. Apply pressure dressing snugly.				
4. Before removing gloves, dispose materials by: <ul style="list-style-type: none"> - Placing used needle (without capping) and trocar in sharps container, and - Placing waste materials in leak-proof container or plastic bag. 				
5. Remove gloves by turning inside out and place in leak-proof container or plastic bag.				
6. Wash hands thoroughly and dry them.				
7. Complete client record, including drawing position of rod.				
POST-INSERTION COUNSELING				
1. Instruct the client regarding wound care and make return visit appointment, if necessary.				
2. Discuss what to do if the client experiences any problems following insertion or side effects.				
3. Assure the client that she can have implant removed at any time if she desires.				
4. Ask the client to repeat instructions and answer client's questions.				

CHECKLIST FOR ONE-ROD (IMPLANON NXT) IMPLANTS COUNSELING AND CLINICAL SKILLS: INSERTION				
STEP/TASK			CASES	
5.	Complete client card indicating which implant she received and by when she needs to return for removal.			
6.	Observe the client for at least 15–20 minutes before sending her home.			

Comments:

Observation Summary (Tick as appropriate):

Model practice satisfactory Yes ___ No ___ NA ___	Clinical practice satisfactory Yes ___ No ___ ___
Competent in one-rod implants (Implanon NXT) _____	Not competent in one-rod implants (Implanon NXT) _____
Action Plan – Check all that apply	
___ Could become competent with additional experience (more cases) supervised by a competent provider/trainer	
___ Follow-up visit in 3–6 months	
___ Other (specify)	
Assessor's name	
Assessor's signature	Date

CHECKLIST FOR IMPLANT COUNSELING AND CLINICAL SKILLS: *REMOVAL*

Rate the performance of each step or task observed using the following rating scale:

Place a “Y” in the case box if step/task is performed satisfactorily, an “N” if it is not performed satisfactorily, or “X” if not observed.
Satisfactory Perform the step or task according to the standard procedure or guidelines
Unsatisfactory Unable to perform the step or task according to the standard procedure or guidelines
Not Observed Step, task, or skill not performed by the learner during evaluation by clinical trainer

CHECKLIST FOR IMPLANT COUNSELING AND CLINICAL SKILLS: <i>REMOVAL</i>					
STEP/TASK	CASES				
PRE-REMOVAL COUNSELING					
1. Greet the client respectfully and with kindness.					
2. Listen carefully to the client’s response for reason for removal to determine if she wants another method, is hoping to get pregnant, or wants to replace her implant.					
3. Confirm with the client what her intentions are. Provide FP counseling if appropriate.					
4. Describe the removal procedure and what to expect. If she intends to have another implant, discuss with her where it will be inserted.					
5. Ensure that the client is not allergic to the topical antiseptic or the local anesthetic that is available.					
REMOVAL OF IMPLANT ROD(S)					
<i>Getting Ready</i>					
1. Determine that sterile instruments and other required materials for removal are available. Make sure a new implant is available if reinserting a new implant.					
2. Check that the client has thoroughly washed and rinsed her arm.					
3. Tell the client what is going to be done and encourage her to ask questions.					
4. Position the woman’s arm and place a clean, dry cloth under her arm.					
5. Palpate the rod(s) to determine point for removal.					
6. With a waterproof marker, mark the client’s arm where the tip of the rod(s) is palpated.					
<i>Pre-Removal Tasks</i>					
1. Wash hands thoroughly and dry them.					
2. Put sterile gloves on both hands.					
3. Arrange instruments and supplies.					
4. Prep removal site with antiseptic solution twice.					
5. Inject small amount of local anesthetic (1% without epinephrine) at the incision site and under the end of the rod(s).					
6. Check for anesthetic effect before making skin incision.					
<i>Removal</i>					
1. Push down the proximal end of the implant to stabilize it; a bulge may appear indicating the distal end of the implant.					
2. Make a small (2 mm) incision below ends of rod(s).					
3. Push end of rod toward the incision to remove it.					
4. Grasp end of rod with curved (mosquito or Crile) forceps.					

CHECKLIST FOR IMPLANT COUNSELING AND CLINICAL SKILLS: REMOVAL					
STEP/TASK	CASES				
5. Clean off fibrous tissue sheath that covers tip of rod with sterile gauze (or scalpel—dull side).					
6. Grasp exposed end of rod with second forceps, gently remove and inspect to ensure that the rod is intact before placing rod in bowl containing 0.5% chlorine solution for decontamination.					
7. Ensure that the complete rod has been removed; show to the client.					
8. If this is a two-rod system, repeat steps 1–7.					
Re-Inserting Implant (one or two rods)					
1. The new implant rod(s) can be re-inserted along the same track as the recently removed implant (if the woman chose to have a new implant inserted).					
2. Provide additional local anesthesia by infiltrating 1% lignocaine along the track(s) of the previously removed implant(s).					
3. Wait for 1-2 minutes for the anesthetic to take effect.					
4. Insert the one- or two-rod implant as per insertion steps (including post-insertion steps and post-insertion counseling).					
Post-Removal Tasks					
1. Wipe the client's skin with alcohol.					
2. Bring edges of incision together and close it using surgical tape, then cover it with a Band-Aid or tape on a sterile gauze (2x2).					
3. Apply pressure dressing snugly.					
4. Before removing gloves, dispose materials by: - Placing used needle (without capping) and trocar in sharps container, and - Placing waste materials in leak-proof container or plastic bag.					
5. Remove gloves by turning inside out and place in leak-proof container or plastic bag.					
6. Wash hands thoroughly and dry them.					
7. Complete client record.					
POST-REMOVAL COUSELING					
8. Instruct the client regarding wound care and make return visit appointment, if needed.					
9. Discuss what to do if any problems occur and answer any questions.					
10. Counsel the client regarding new contraceptive method and provide one, if desired.					
11. Observe the client for at least 15–20 minutes before sending her home.					

Comments:

Observation Summary (Tick as appropriate):

Model practice satisfactory Yes ___ No ___ NA ___	Clinical practice satisfactory Yes ___ No ___ ___
Competent in implants removal _____	Not competent in implants removal _____
Action Plan – Check all that apply	
___ Could become competent with additional experience (more cases) supervised by a competent provider/trainer	
___ Follow-up visit in 3–6 months	
___ Other (specify)	
Assessor's name	
Assessor's signature	Date

CONTRACEPTIVE IMPLANTS COURSE EVALUATION

Please indicate your opinion of the course components using the following rate scale:

5-Strongly Agree 4-Agree 3-No Opinion 2-Disagree 1-Strongly Disagree

COURSE COMPONENT		RATING
1	The Precourse Questionnaire helped me to study more effectively.	
2	The role play sessions on counseling skills were helpful.	
3	There was sufficient time scheduled for practicing counseling through role play and with clients and volunteers.	
4	The training slide set and DVD/video helped me get a better understanding of implants procedures prior to practicing with the training arm.	
5	The practice sessions with the training arm made it easier for me to perform contraceptive implants insertion and removal with clients.	
6	There was sufficient time scheduled for practicing implants insertion and removal with clients.	
7	The interactive training approach used in this course made it easier for me to learn how to provide implants services.	
8	Four days were adequate for learning how to provide contraceptive implants services.	
9	I feel confident in contraceptive implants insertion and removal.	
10	I feel confident in using the infection prevention practices recommended for implants.	

ADDITIONAL COMMENTS (use reverse side if needed)

1. What topics (if any) should be **added** (and why) to improve the course?

2. What topics (if any) should be **deleted** (and why) to improve the course?

