Providing Contraceptive Implants

Course Notebook for Trainers

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

Published by:
Jhpiego Corporation
Brown’s Wharf
1615 Thames Street
Baltimore, Maryland 21231-3492, USA
www.jhpiego.org

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ACKNOWLEDGMENTS

This learning resource package (LRP) was developed by Jhpiego, an affiliate of Johns Hopkins University, to meet the growing need of family planning trainers and service providers for a consolidated source of concise, up-to-date information on contraceptive implants. Some of the material was adapted from prior publications by Jhpiego and a number of other organizations, including Bayer Pharma AG (Bayer) and Merck & Co, Inc. (MSD). Throughout this LRP, reference to non-Jhpiego documents is specifically cited within the text or acknowledged at the end of the manual, organized by chapter. Jhpiego would like to extend a special thank you to Bayer for access to its existing Jadelle training materials, MSD for access to selected Implanon materials, to John Snow, Inc. for their contributions to the commodities and logistics section, to FHI 360 for their pregnancy checklist and quick reference eligibility guide, and to Population Council for their balanced counseling strategy materials. Jhpiego would also like to extend appreciation to the World Health Organization for their globally recognized Medical Eligibility Criteria materials.

Gratitude is also extended to EngenderHealth and the following agencies for participating in a pre-publication technical review of this package: Clinton Health Access Initiative; John Snow, Inc.; Marie Stopes International; Population Services International; FHI 360; Abt Associates; Population Council; Pathfinder International; IntraHealth International; Management Sciences for Health; University Research Co., LLC; and the United States Agency for International Development.

Barbara Deller, Dr. Ricky Lu, Holly Blanchard, and Dr. Willy Shasha of Jhpiego are the primary editors of this LRP. Other Jhpiego contributors include Elaine Charurat, Dana Lewison, Megan Christofield, Rehana Gubin, Nancy Kiplinger, and Sarah Ju.

Finally, sincere thanks to the Jhpiego publications staff who directed the assembly and production of this LRP.

Funding for this LRP was generously provided by the Bill & Melinda Gates Foundation through Global Development Grant Number OPP1088815, Accelerating Scale-up of Implants to Expand Access to Long-Acting and Permanent Methods of Family Planning Services. The views expressed herein are those of Jhpiego and do not necessarily reflect those of the Bill & Melinda Gates Foundation.
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, Sinoin-implant (II), Implanon, and Implanon NXT (also known as Nexplanon).

The Trainer’s Notebook was designed for use alongside the “Providing Contraceptive Implants” Reference Manual and Learner’s Handbook. Please refer to these documents for more information on 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.
OVERVIEW

BEFORE STARTING THIS TRAINING COURSE
This clinical training course will be conducted in a way that is different from traditional training courses. First of all, it is based on the assumption that people participate in training courses because they:

- Are interested in the topic
- Wish to improve their knowledge or skills, and thus their job performance
- Desire to be actively involved in course activities

For these reasons, all of the course materials focus on the learner. The course content and activities are intended to promote learning, and the trainer will use the activities to engage the learners actively in learning.

Second, in this training course, the trainer and the learner are provided with a similar set of educational materials. The clinical trainer by virtue of her/his previous training and experiences works with the learners as an expert on the topic and guides the learning activities. In addition, the trainer helps create a comfortable learning environment and promotes those activities that assist the learner in acquiring the new knowledge, attitudes, and skills.

Finally, the training approach used in this course stresses the importance of the cost-effective use of resources and application of relevant educational technologies including humane training techniques. The latter encompasses the use of anatomic models, such as the Reproductive Implant Training Arm (RITA) model, to minimize client risk and facilitate learning.

COMPONENTS OF THE CONTRACEPTIVE IMPLANTS LEARNING RESOURCE PACKAGE
This clinical training course is built around use of the following components:

- Need-to-know information contained in a reference manual*
- A Course Handbook for Learners containing a course schedule and validated questionnaires and checklists, which break down the skills or activities (e.g., counseling, contraceptive implant insertion or removal) into their essential steps
- A Course Notebook for Trainers, which includes questionnaire answer keys and detailed information for conducting the course
- PowerPoint presentation slides to aid in trainings
- Well-designed training aids, such as videos and anatomic models
- Competency-based performance evaluation

*The reference manual recommended for use in this course is Providing Contraceptive Implants. It is organized into nine chapters and six appendices and contains essential information on the following topics: counseling, indications and precautions for use, client assessment, recommended
infection prevention practices, implant insertion and removal, follow-up care, management of side effects, organization of services, and more.

**USING THE CONTRACEPTIVE IMPLANTS LEARNING PACKAGE**

In designing the training materials for this course, particular attention has been paid to making them “user-friendly” and to permitting the course learners and clinical trainer the widest possible latitude in adapting the training to the learners’ (group and individual) learning needs. For example, at the beginning of the course an assessment is made of each learner’s knowledge and clinical skills, as well as those of the group as a whole. The results of this precourse assessment are then used jointly by the learners and clinical trainer to adapt the course content as needed so that the training focuses on acquisition of **new** information and skills.

A second feature relates to the use of the reference manual and Course Handbook for Learners. The **reference manual** is designed to provide all of the essential information needed to conduct the course in a logical manner. Because it serves as the “text” for the learners and the “reference source” for the clinical trainer, special handouts or supplemental materials are not needed. In addition, because the reference manual only contains information that is consistent with the course goals and objectives, it becomes an integral part of all classroom exercises—such as giving an illustrated lecture or providing problem-solving information.

The **Course Handbook for Learners**, on the other hand, serves a dual function. First and foremost, it is the “road map” that guides the learner through each phase of the course. It contains the course syllabus and course schedule as well as selected supplemental printed materials (checklists and course evaluation) needed during the course.

The **Course Notebook for Trainers** contains the same material as the Course Handbook for Learners in the first section, as well as material for the trainer. This includes guidance for preparing for the course, an expanded model course outline, knowledge assessment questionnaire and answer key, competency-based qualification checklists, and a section on tips for conducting a training course.

In keeping with the training philosophy on which this course is based, all training activities, whether in the classroom or clinic, will be conducted in an interactive, participatory manner. To accomplish this requires that the role of the clinical trainer continually change throughout the course. For example, s/he is an **instructor** when presenting a classroom demonstration; a **trainer** when conducting small group discussions or using role plays; and shifts to the role of **coach** when helping learners practice a procedure. Finally, when objectively assessing performance, s/he serves as an **evaluator**.
INTRODUCTION

COURSE DESIGN
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 services to clients.

This training course differs from traditional courses in several ways:

- During the morning of the first day, learners are briefly tested (Pre/Post-Course Questionnaire) to determine their individual and group knowledge of the management of contraceptive implants services. The results are then reviewed as a group to identify major areas for focus of the training.
- Classroom and clinic sessions focus on key aspects of service delivery (e.g., counseling of clients, how to provide services and manage side effects and other health problems).
- Progress in knowledge-based learning is measured from before to after the course using a standardized written assessment (Pre/Post-Course Questionnaire).
- Clinical skills training builds on the learners’ previously mastered skills. Learners first practice on the anatomic models using a checklist that describes the key steps in insertion and removal of implants. In this way, they acquire the skills needed later to insert and remove implants with clients in a standardized way.
- Progress in learning new skills is documented using the counseling and clinical skills checklist.
- Each learner’s performance is assessed by a clinical trainer using competency-based skills checklists.

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

All learners should be provided the opportunity to observe and perform all of the skills/activities associated with the safe delivery of implants services.

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 implant 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.

The evaluation methods used in the course are described briefly below:

- **Pre/Post-Course Questionnaire.** Give the assessment in the beginning of the course, then again when all subject areas have been presented (suggested on Day 3 of 4). A score of 85% or more correct indicates knowledge-based mastery of the material presented in the reference manual. For those scoring less than 85% on their first attempt, the clinical trainer should review the results with the learner individually and guide her/him on using the reference manual to learn the required information. Learners scoring less than 85% can take the Course Questionnaire again at any time during the remainder of the course. Also, the trainer may decide to have an individual meeting with the learner to discuss knowledge areas that need strengthening.

- **Provision of Services (Practice).** During the course, it is the clinical trainer’s responsibility to observe each learner’s overall performance in providing contraceptive implants services using the checklists. The trainer will also use this opportunity to observe how each learner approaches client care. Providing client-centered care in a caring manner is a critical component of quality service delivery.

- **Checklists for Implants Counseling and Clinical Skills.** The clinical trainer will use these checklists to evaluate each learner as s/he counsels clients and inserts or removes contraceptive implants with clients. Evaluation of the counseling skills of each learner may be done with clients; however, it may be accomplished at any time during the course through observation during role plays using learners or volunteers. Evaluation of the clinical skills usually will be done on the last day of the course (depending on class size and client caseload). There are two types of checklists, one covering counseling and clinical skills for insertion, and another for counseling and clinical skills for removal. These types exist for each contraceptive implant product, whether Jadelle or Sino-implant (II) (two-rod implants), Implanon (one-rod implant), or Implanon NXT (one-rod implant).

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.

The course trainer should observe and evaluate graduates within 3–6 months of qualification, while they are working in their institution, using the same counseling and clinical skills checklist. (At the very least, a skilled provider should observe the graduate after completing training.) This post-course evaluation is important for several reasons. First, it not only gives the graduate direct feedback on her/his performance, but also provides the opportunity to discuss any startup problems or constraints to service delivery (e.g., lack of instruments, supplies, or support staff). Second, and equally important, it provides the training center, via the clinical trainer, key information on the adequacy of the training and its appropriateness to local conditions. Without this type of feedback, training easily can become routine, stagnant, and irrelevant to service delivery needs.
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 family planning method and to become competent in inserting and removing 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.
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

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.
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 Notebook for Trainers is designed to be used with the following materials:
- 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 professionals
- 2 Clinical trainers

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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 Outline

The course outline presented here is a model plan of the training to be delivered. It presents the learning methods needed to accomplish the learning objectives described in the course syllabus. For each enabling objective, there are suggestions regarding appropriate activities and needed resources and materials. The trainer may develop other practice activities and prepare case studies, role plays, or other learning situations that are specific to the country or group of learners.

The course outline is divided into four columns:

- **TIME.** This section of the outline indicates the approximate amount of time to be devoted to each learning activity.

- **LEARNING OBJECTIVES.** This column notes the learning objectives being worked towards for this activity.

- **LEARNING ASSESSMENT METHODS.** This column describes the various methods, activities and strategies to be used to deliver the content and skills related to each enabling objective.

- **ACTIVITIES.** This column lists the learning activities. The activities (introductory activities, small-group exercises, clinical practice, breaks, etc.) outline the flow of training.

- **RESOURCES/MATERIALS.** The fourth column in the course outline list the resources and materials needed to support the learning activities.

A Few Important Notes:

- Because the course outline is based on the course schedule, changes or modifications to the schedule should be reflected in the outline as well (and vice versa). Many of the materials mentioned in the outline are also available as handouts on the CD (in the Supplemental Resources folder) or listed as resources on the ReproLinePlus site (http://reprolineplus.org/resources/implants-LRP).
# MODEL COURSE OUTLINE

## MODEL CONTRACEPTIVE IMPLANTS COURSE OUTLINE (STANDARD COURSE: 4 DAYS, 8 SESSIONS)

<table>
<thead>
<tr>
<th>TIME</th>
<th>LEARNING OBJECTIVES</th>
<th>LEARNING ASSESSMENT METHOD</th>
<th>ACTIVITIES</th>
<th>RESOURCES/MATERIALS</th>
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<tr>
<td>30 minutes</td>
<td>Opening Welcome Introductions, Expectations, Logistics, Training Norms Orientation to training materials</td>
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<td>Ask learners to pair up with their neighbor to find out her name, where she works, and her thoughts about long-acting reversible contraception. Prepare several flip charts with the following headings: Expectations, Training Norms, and the last 2 pages are the Training Goal and Objectives that are in the beginning of the Trainer's Notebook. The trainer will ask a volunteer to write down expectations and norms. Then, compare expectations to goal and learning objectives.</td>
<td>Equipment for the Course: Laptop/desktop computer; multimedia projector; blackboard/chalk (or flip chart/markers); videotape or DVD player</td>
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<td>Prepared flip chart</td>
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<td>Reference Manual</td>
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<td>Course Handbook for Learners</td>
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<td>30 minutes</td>
<td>• Assess learners' pre-course knowledge.</td>
<td>Results on Course Questionnaire (same questionnaire used for pre-assessment as post-assessment)</td>
<td><strong>Complete Course Questionnaire</strong></td>
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<td>• Identify individual and group learning needs.</td>
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<td><strong>Exercise:</strong> Group grades questionnaires and completes Individual and Group Assessment Matrix.</td>
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<td>30 minutes</td>
<td>• Contributes to Training Objectives 1 and 2</td>
<td>Responses from learners in interactive discussion Course questionnaire (section: indications, precautions, and client assessment)</td>
<td><strong>Interactive Discussion:</strong> Asking learners about key points</td>
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<td><strong>Key Points:</strong></td>
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<td>• Efficacy of implants &gt; 99%</td>
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<td>• Effective for 3–5 years (depending on product)</td>
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<td>• Common side effects</td>
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<td>30 minutes</td>
<td>• Contributes to Training Objective 3</td>
<td>Interactive discussion responses from learners on WHO MEC for implants</td>
<td><strong>Interactive Discussion of Key Points:</strong></td>
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<td>• WHO MEC are evidence-based, citing safety of providing implants for women who have medical conditions or special circumstances.</td>
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<td>• Contraceptive implants are safe and effective for most women.</td>
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<td>15 minutes</td>
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**Session One [Day 1, Morning (0830–1230)]**

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<th>TIME</th>
<th>LEARNING OBJECTIVES</th>
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*Providing Contraceptive Implants – Course Notebook for Trainers*
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<th>ACTIVITIES</th>
<th>RESOURCES/MATERIALS</th>
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<tr>
<td>60 minutes</td>
<td>• Contributes to Training Objectives 3 and 4</td>
<td>Observation of role plays using checklist Steps 1–9</td>
<td>Group Activity: Play the “telephone” game, which demonstrates that listening to complicated information is difficult to retain. Clients are more likely to retain information that is relevant to them. Have the group sit in a circle and state that the rules are that the whisperer can make the statement only once, and then the listener has to pass on what s/he hears to the next person. The trainer then whispers “People remember 25% of what they hear; 45% of what they hear and see; and 70% or more of what they hear, see, and experience on their own.”</td>
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<td>Course questionnaire (section: counseling)</td>
<td>Discussion Key Points: On how the message could have been communicated more effectively:</td>
<td>Reference Manual:</td>
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|           |                                                                                     |                                                              | • Show the bar graph—that could be a job aid now during the discussion (hide during the activity).                                | Chapter 2
|           |                                                                                     |                                                              | • Information is relevant to their needs today.                                                                         | Annex A: Counseling Guidelines
|           |                                                                                     |                                                              | • Client or learner is actively engaged in the discussion—not just listening.                                             | Attachment:
|           |                                                                                     |                                                              | Discussion: Trainer asks a learner to play the role of a client interested in implants and DMPA. The trainer demonstrates steps 1–5 on the algorithm.                                                  | • BCS counseling cards*
|           |                                                                                     |                                                              | Role Play: Each pair of 2 learners partners to role play provider and client through Steps 1–5, and then reverses roles.                                                                                       | • BCS Methods brochures*
|           |                                                                                     |                                                              | Demonstration: Trainer asks a learner to play the role of a client interested in implants who is breastfeeding her 6-month-old and the trainer demonstrates Steps 6–12 on the algorithm. | • BCS Algorithm
|           |                                                                                     |                                                              | Role Play: Every 2 learners partner to role play provider and client through steps 6–12, and then reverse roles. Invite several learners to present their role plays (steps 1–12) for group feedback. Allow the learners doing the role play to provide their own feedback first, then the rest of the learners provide feedback, starting with what was done well and then areas for improvement.   | Learner’s Handbook: Counseling Role Play Scenarios
|           |                                                                                     |                                                              |                                                                                                                                                                                                      | Bar graph that trainer has made to represent 25% of what is heard, 45% what is heard and seen, and 70%+ what is heard, seen, and experienced. Make sure that the trainer has enough copies of the cards, brochures, and algorithms for all learners.
<p>|           |                                                                                     |                                                              |                                                                                                                                                                                                      | *Remove methods that are not available in that country. |</p>
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<tr>
<th>TIME</th>
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<td>Session Two [Day 1, Afternoon (1330–1730)]</td>
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<td>30 minutes</td>
<td>• Contributes to Training Objective 5</td>
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<td>Demonstration: Jadelle and/or Implanon implants insertion method using video and RITA training arm model. Introduce the checklist and refer to it throughout the demonstration. Invite a learner to read out the steps in the checklist as the trainer demonstrates. Also use the animated video showing insertion.</td>
<td>Reference Manual: Chapter 5 Learner’s Handbook: Contraceptive Implants Clinical and Counseling Skills: Insertion Videos, screen, laptop, and multimedia projector</td>
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<tr>
<td>60 minutes</td>
<td>• Contributes to Training Objectives 4–6</td>
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<td>Simulated Practice in Small Group Work: Divide the learners into groups of 3, one is the client, another is the observer (reading the checklist), and the third is the provider. Ensure that there are 4–5 “stations” set up for learners to practice with model arms, handwashing materials, instruments, gloves, sharps containers, and decontamination pails. If there are more learners than stations, learners can practice counseling and then move on to insertion practice on the model arms.</td>
<td>Stations with model arms, syringes, needles, antiseptic solution, sterile gloves, gally pot, forceps, pick-ups, cotton balls, implants (outdated ones or placebo implants), surgical tape, bandage to wrap after insertion, a method of hand hygiene, sharps container, and decontamination bucket Reference Manual: Chapters 2 and 4 Appendix A, and the attached BCS algorithm, cards, and brochures Learner’s Handbook: Implants Clinical and Counseling Skills: Insertion</td>
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<td>10 minutes</td>
<td></td>
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<td>Break</td>
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</tr>
<tr>
<td>60 minutes</td>
<td>Continue exercise from before the break</td>
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<tr>
<td>10 minutes</td>
<td>• Review the day’s activities</td>
<td></td>
<td>Ask the learners for key aspects of counseling and providing contraceptive implant services. (Instructor will need to provide structure for this.) Briefly, tell learners about next day’s activities. Learners complete short evaluation form.</td>
<td>Short evaluation form, to be filled out anonymously and handed in; instructor reviews feedback after the group has left for the day.</td>
</tr>
<tr>
<td>End-of-Day</td>
<td>Ask learners to write one thing that was helpful and one thing that needs to be improved. Provide suggestions and give them a piece of paper—learners’ names should not be on their papers. Assignments: Learners are asked to skim Chapter 1 and focus on Chapters 2–5 and 8. They should also review BCS cards, especially cards 13–18 if they are relevant to their work. Remind learners that tomorrow morning’s session starts in the clinical setting and they should come in clinic-appropriate attire and bring identification (if necessary). Trainers debrief for 30 minutes.</td>
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</table>
### Session Three

#### Day 2, Morning (0830–1230)

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<thead>
<tr>
<th>TIME</th>
<th>ACTIVITIES</th>
<th>RESOURCES/MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td><strong>Demonstration (trainer): Implants insertion with a client. Learners follow procedure using checklist.</strong></td>
<td>Checklist</td>
</tr>
<tr>
<td>120 minutes</td>
<td><strong>Clinical Practice: Divide into smaller groups.</strong> <strong>Competency-Based Evaluation in Simulated Setting</strong></td>
<td>White lab coat</td>
</tr>
<tr>
<td>15 minutes</td>
<td><strong>Return to classroom and break</strong></td>
<td>Learner's Handbook: Implants Clinical and Counseling Skills: Insertion</td>
</tr>
<tr>
<td>30 minutes</td>
<td><strong>Clinical Conference: Learners present their clinical cases in regards to counseling, infection prevention practices, clinical insertion, and post-insertion counseling.</strong></td>
<td>Reference Manual: Chapter 4 Appendices D and E</td>
</tr>
<tr>
<td>60 minutes</td>
<td><strong>Discussion on infection prevention practices needed for method-specific counseling and client instructions following insertion or removal.</strong></td>
<td>Reference Manual: Appendix E Materials for demonstration WHO handrub DVD</td>
</tr>
</tbody>
</table>

- The trainers may need to divide the group so that those who demonstrated competency on the model remain at the clinical setting with a trainer while the others remain in the classroom practicing. Depending on the number of trainers and clinical settings, a second group of learners can go to another clinical site.
<table>
<thead>
<tr>
<th>TIME</th>
<th>LEARNING OBJECTIVES</th>
<th>LEARNING ASSESSMENT METHOD</th>
<th>ACTIVITIES</th>
<th>RESOURCES/MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 minutes</td>
<td>• Contributes to Training Objective 7</td>
<td>Competency-based evaluation in skills lab by trainer using checklist</td>
<td>Classroom Practice: Learners practice IP practices through skills lab.</td>
<td>Reference Manual: Chapter 4 Appendices D and E</td>
</tr>
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<td></td>
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<td></td>
<td>Skills lab set up of above demonstrations on IP practice on decontamination, washing, and HLD, and making alcohol handscrub:</td>
<td>Materials for Skills Lab: 3 pails, chlorine bleach (note concentration to make correct dilution), measuring cup to make correct chlorine solution, scrub brush, water-impermeable apron, household gloves, face shield, alcohol at 60% (enough so that each learner can make his own alcohol handrub in 100 ml containers), enough 100 ml containers with securely closed tops, sharps box</td>
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<td></td>
<td>• Station 1: Handwashing: water, soap, and paper towel. Handrub (learners can make their own: 2 ml of glycerin in 100 ml of 60–90% ethyl or isopropyl alcohol) and containers</td>
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<td>• Station 2: Putting on sterile gloves; have several packs of sterile gloves of different sizes (7–8).</td>
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<td></td>
<td>• Station 3: 2 pails decontamination, wash with scrub brush, and personal protective gear (waterproof apron, heavy duty gloves and face shield). Learners will make correct chlorine solution so make sure to have chlorine, measuring cup, and water to make a 5% solution (formula: total parts water+%(concentrate/percent dilute)-1)</td>
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<td><a href="http://reprolineplus.org/resources/reference-manual-infection-prevention-guidelines-healthcare-facilities-limited-resources">http://reprolineplus.org/resources/reference-manual-infection-prevention-guidelines-healthcare-facilities-limited-resources</a></td>
<td></td>
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<tr>
<td>15 minutes</td>
<td></td>
<td></td>
<td>Break</td>
<td>Reference Manual: Chapter 8</td>
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<tr>
<td>30 minutes</td>
<td>• Contributes to Training Objective 8</td>
<td>Competency-based evaluation in a simulated setting by trainer using removal checklist</td>
<td>Interactive Presentation: Use video presentation to discuss removal procedure.</td>
<td>Video showing removal of Jadelle and/or Implanon</td>
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<td>Jadelle Subdermal Implant Training Model or RITA (training arm) with trocar, insertion/removal kit, and placebo rods</td>
</tr>
<tr>
<td>TIME</td>
<td>LEARNING OBJECTIVES</td>
<td>LEARNING ASSESSMENT METHOD</td>
<td>ACTIVITIES</td>
<td>RESOURCES/MATERIALS</td>
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<tr>
<td>90 minutes</td>
<td>• Contributes to Training Objective 8</td>
<td>Competency-based evaluation in a simulated setting by trainer using removal checklist.</td>
<td>Clinical Practice: Implants removal on the training arm while the other assesses performance using the checklist; switch roles. Counseling on procedure, follow-up, and if client desires another FP method or is desiring another pregnancy.</td>
<td>Reference Manual: Chapter 8 Appendix A Learner's Handbook: Checklist for Implants Counseling and Clinical Skills: Removal</td>
</tr>
<tr>
<td>15 minutes</td>
<td>• Review the day’s activities</td>
<td></td>
<td>Discussion</td>
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<tr>
<td>End-of-Day</td>
<td><em>Ask learners to write one thing that was helpful and one thing that needs to be improved. Provide suggestions and give them a piece of paper—learners’ names should not be on the paper. Give Assignment: Learners are to practice removals on the training arm in the evening (one model per team of two learners) and perform a minimum of 10 removals. Reading Assignment: Reference Manual: Chapters 6–9; Remind them to meet at the clinic in the morning. Trainers debrief for 30 minutes.</em></td>
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<td>Session Five [Day 3, Morning (0830–1230)]</td>
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<tr>
<td>30 minutes</td>
<td>• Contributes to Training Objective 8</td>
<td></td>
<td>Meet at clinical site per instructions provided the day before. Ensure no more than 5 learners per trainer. <strong>Demonstration</strong> (trainer): implants removal with a client. Learners follow procedure using checklist.</td>
<td>White lab coat Learner's Handbook: Checklist for Implants Counseling and Clinical Skills: Removal</td>
</tr>
<tr>
<td>120 minutes</td>
<td>• Contributes to Training Objectives 5, 6, and 8</td>
<td>Competency-based evaluation in clinical setting by trainer using checklists</td>
<td><strong>Clinical Practice</strong>: Provide implant services to available clients under supervision of the trainer.</td>
<td>Learner's Handbook: Checklist for Implants Counseling and Clinical Skills: Insertion Checklist for Implants Counseling and Clinical Skills: Removal</td>
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<tr>
<td>30 minutes</td>
<td></td>
<td></td>
<td><strong>Clinical Conference</strong>: Learners discuss their clinical experience in terms of counseling, infection prevention practices, and clinical skills.</td>
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</table>
## MODEL CONTRACEPTIVE IMPLANTS COURSE OUTLINE (STANDARD COURSE: 4 DAYS, 8 SESSIONS)

<table>
<thead>
<tr>
<th>TIME</th>
<th>LEARNING OBJECTIVES</th>
<th>LEARNING ASSESSMENT METHOD</th>
<th>ACTIVITIES</th>
<th>RESOURCES/MATERIALS</th>
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</thead>
<tbody>
<tr>
<td>60 minutes</td>
<td>• Contributes to Training Objective 9</td>
<td>Group presentation</td>
<td><strong>Small Group Work:</strong> Divide the group into 5 small groups and ask each</td>
<td>Reference Manual:</td>
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<tr>
<td></td>
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<td>Course questionnaire</td>
<td>group to use the reference manual to look up their assigned side effects or</td>
<td>Chapter 7</td>
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<td></td>
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<td>(section: Follow-Up,</td>
<td>other problems:</td>
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<td></td>
<td>Side Effects, and Other</td>
<td>• <strong>Group 1:</strong> Menstrual changes</td>
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<td></td>
<td></td>
<td>Problems)</td>
<td>• <strong>Group 2:</strong> Lower pelvic pain</td>
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<td>• <strong>Group 3:</strong> Vaginal discharge</td>
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<td>• <strong>Group 4:</strong> Weight gain</td>
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<td>• <strong>Group 5:</strong> Other health problems</td>
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<td>They have 30 minutes **to develop a response, then each group has 5</td>
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<td>minutes to present.</td>
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<td><strong>60-MINUTE LUNCH</strong></td>
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### Session Six [Day 3, Afternoon (1330–1730)]

<table>
<thead>
<tr>
<th>TIME</th>
<th>LEARNING OBJECTIVES</th>
<th>LEARNING ASSESSMENT METHOD</th>
<th>ACTIVITIES</th>
<th>RESOURCES/MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 minutes</td>
<td>Evaluate class understanding</td>
<td>Course Questionnaire</td>
<td><strong>Administer Course Questionnaire:</strong> Post-test questionnaire: Instruct</td>
<td>Trainer’s Notebook:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(use questionnaire now</td>
<td>learners to put their number on the questionnaire and not their name.</td>
<td>Course questionnaire</td>
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<td></td>
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<td>for end-of-training</td>
<td>One co-trainer will need to score the questionnaires. One of the trainers</td>
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<td></td>
<td></td>
<td>assessment)</td>
<td>will need to meet with any learner that did not score 85% or above and</td>
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<td>review the gap. The trainer needs to present the information so that the</td>
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<td>learner understands and succeeds.</td>
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<tr>
<td>60 minutes</td>
<td>• Contributes to Training Objective 10</td>
<td>Interactive discussion</td>
<td><strong>Managing Forecasting and Resupply</strong> registers (for review and discussion</td>
<td>Reference Manual:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>on why monitoring and</td>
<td>by the group)</td>
<td>Chapter 9</td>
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<tr>
<td></td>
<td></td>
<td>evaluation is important;</td>
<td>Examples of local facility data collection tools and forecasting/supply</td>
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<td></td>
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<td>brainstorm on how to</td>
<td>registers</td>
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<td>report on reasons clients</td>
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<td>request early removal.</td>
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<tr>
<td>60 minutes</td>
<td>• Contributes to Training Objective 10</td>
<td>Interactive Discussion:</td>
<td><strong>Learner’s Handbook:</strong></td>
<td>Reference Manual:</td>
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<td></td>
<td></td>
<td>Ask the learners how they</td>
<td>Blank Action Plan</td>
<td>Chapter 9</td>
</tr>
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<td></td>
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<td>plan to bring what they</td>
<td>Illustrative example of Action Plan</td>
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<td>have learned in the</td>
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<td>training to their facility.</td>
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<td><strong>Small Group Work:</strong></td>
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<td>Divide learners up so that</td>
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<td>they are in a small group</td>
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<td>with other learners from</td>
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<td>the same facility, district,</td>
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<td>or similar type grouping.</td>
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<td>Ask them to use the</td>
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<td>illustrative action plan</td>
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<td>and blank template to</td>
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<td>plan for contraceptice</td>
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<td>implant service provision</td>
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<td>at their facility.</td>
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</table>

### End-of-Day

Ask learners to write one thing that was helpful and one thing that needs to be improved. Provide suggestions and give them a piece of paper—learners’ names should not be on the paper. Give Reading Assignment: Review Reference Manual for possible questions about setting up implants services and others. Remind them to meet at the clinic in the morning. Trainers debrief for 30 minutes.
<table>
<thead>
<tr>
<th>Time</th>
<th>Learning Objectives</th>
<th>Learning Assessment Method</th>
<th>Activities</th>
<th>Resources/Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session Seven [Day 4, Morning (0830–1230)]</strong></td>
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</tr>
</tbody>
</table>
| 120 minutes  | • Contributes to Training Objectives 4–8                                              | Competency-based evaluation in clinical setting by trainer using counseling, insertion and removal checklists | Learners practice counseling, insertion, and removal of implants on clients under supervision of trainers. | Trainer's Notebook: Checklist for Implants Counseling and Clinical Skills: *Insertion*  
Checklist for Implants Counseling and Clinical Skills: *Removal* |
| 60 minutes   |                                                                                      |                                                                                             |                                                                                                 |                                                          |
| 30 minutes   |                                                                                      |                                                                                             |                                                                                                 |                                                          |
| **Session Eight [Day 4, Afternoon (1330–1730)]** |                                                                                      |                                                                                             |                                                                                                 |                                                          |
| 60 minutes   | • Contributes to Training Objective 10                                               | Interactive discussion: Each group presents Action Plan (5 minutes) and allows feedback from co-learners and trainers. | Small Group Work: Divide learners up so that they are in a small group with other learners from the same facility, district, or similar type grouping (continuation of the Action Plan started on Day 3). | Learner's Handbook: Blank Action Plan  
Illustrative example of Action Plan  
Reference Manual: Chapters 9 |
| 60 minutes   |                                                                                      |                                                                                             |                                                                                                 |                                                          |
| 60 minutes   | Recognition of learners' progress and hard work                                       |                                                                                             |                                                                                                 | Certificates of completion                               |
| 60-MINUTE LUNCH |                                                                                      |                                                                                             |                                                                                                 |                                                          |
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.
ILLUSTRATIVE ACTION PLAN TO ADD CONTRACEPTIVE IMPLANT SERVICES
FOR ACTION PLANNING ACTIVITIES ON DAYS 3 AND 4

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>WHO IS RESPONSIBLE</th>
<th>DATE THIS ACTIVITY IS COMPLETED</th>
<th>RESOURCES NEEDED TO ACHIEVE THIS ACTIVITY</th>
<th>ACCOMPLISHED AND VERIFIED</th>
</tr>
</thead>
</table>
| 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 |

*Providing Contraceptive Implants – Course Notebook for Trainers*
# Action Plan to Add Contraceptive Implant Services (Blank for Learners to Use)

For Action Planning Activities on Days 3 and 4

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>WHO IS RESPONSIBLE</th>
<th>DATE THIS ACTIVITY IS COMPLETED</th>
<th>RESOURCES NEEDED TO ACHIEVE THIS ACTIVITY</th>
<th>ACCOMPLISHED AND VERIFIED</th>
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</table>
KNOWLEDGE ASSESSMENT

HOW THE RESULTS WILL BE USED

Precourse
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).

Mid- or Post-Course
The same questionnaire used in the beginning of the course will be used later in the course to assess knowledge acquisition. The questionnaire may be administered at the end of Day 3, so that the trainer has opportunity to further address content that learners need to study further. Or, the questionnaire may be administered at the end of the course for a final assessment of learners’ knowledge. Prior to dispensing the mid-course or end-course questionnaires, the trainer should develop a key that has the learners’ names and a randomly assigned number for each learner. This key is only for the trainers. Give the learners their randomly assigned numbers with instructions to keep their numbers to themselves. The learners will write their numbers on both the pre- and post-course questionnaires rather than their names. In this way, the learners can keep their questionnaire results confidential.
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 rod(s) 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. $30^\circ$
   b. $25^\circ$
   c. Not more than $20^\circ$

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 $90^\circ$

20. Jadelle implants are effective for:
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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. __
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22. ___
23. ___
24. ___
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## CONTRACEPTIVE IMPLANTS TRAINING COURSE: INDIVIDUAL AND GROUP ASSESSMENT MATRIX

**COURSE:** 

**DATES:** 

**CLINICAL TRAINER(S):**

| Question Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | CATEGORIES |
|------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------|
| 1.               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |   | COUNSELING |
| 2.               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |   | INDICATIONS, PRECAUTIONS, AND CLIENT ASSESSMENT |
| 3.               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |   | INFECTION PREVENTION |
| 4.               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |   | METHOD PROVISION (INSERTION AND REMOVAL) |
| 5.               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |   | FOLLOW-UP, SIDE EFFECTS, AND OTHER PROBLEMS |
| 6.               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |   | |
| 7.               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |   | |
| 8.               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |   | |
| 9.               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |   | |
| 10.              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |   | |
| 11.              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |   | |
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| 25.              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |   | |
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 six 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 Contraceptive Implants Counseling and Clinical Skills: Removal

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

The learner is not expected to perform all of the steps or tasks correctly the first time s/he practices them. Instead, the checklists are intended to:

- Assist the learner in learning the correct steps and sequence in which they should be performed (skill acquisition)
- Measure progressive learning in small steps as the learner gains confidence and skill (skill competency)

Prior to using the Checklists for Implants Clinical Skills, the clinical trainer will review the entire process for counseling, insertion, and removal with the learners using the training slide set. In addition, each learner will have the opportunity to witness a counseling demonstration session, contraceptive implants insertion and removal using a training arm model and/or to observe the activity being performed in the clinic with a client. Thus, by the time the group breaks up into teams to begin practicing and rating each other’s performance, each learner should be familiar with the processes for counseling and inserting and removing contraceptive implants.
Used consistently, the checklists and practice checklists enable each learner to chart her/his progress and to identify areas for improvement. Furthermore, the checklists are designed to make communication (coaching and feedback) between the learner and clinical trainer easier and more helpful. When using a checklist, the learner and clinical trainer should work together as a team. For example, before the learner attempts the skill or activity (e.g., Jadelle implants insertion) for the first time, the clinical trainer (or person rating the learner, if not the clinical trainer) should briefly review the steps involved and discuss the expected outcome. In addition, immediately after the skill or activity has been completed, the clinical trainer or rater should meet with the learner. The purpose of this meeting is to provide positive feedback regarding learning progress and to define the areas (knowledge, attitude, or practice) where improvement is needed in subsequent practice sessions.
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

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

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRE-INSERTION COUNSELING</strong></td>
<td></td>
</tr>
<tr>
<td>1. Greet the client respectfully and with kindness.</td>
<td></td>
</tr>
<tr>
<td>2. Rule out pregnancy by asking the six questions to be reasonably sure that the woman is not pregnant.</td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
</tr>
<tr>
<td>- Does the client want more children in the future?</td>
<td></td>
</tr>
<tr>
<td>- Is she breastfeeding an infant &lt; 6 months?</td>
<td></td>
</tr>
<tr>
<td>- Will her partner use condoms?</td>
<td></td>
</tr>
<tr>
<td>- Has she not tolerated an FP method in the past?</td>
<td></td>
</tr>
<tr>
<td>4. Continue with Balanced Counseling, using the cards to:</td>
<td></td>
</tr>
<tr>
<td>- Give information about the methods on the cards that are left.</td>
<td></td>
</tr>
<tr>
<td>- Discuss side effects and efficacy.</td>
<td></td>
</tr>
<tr>
<td>- Help the client to choose a method.</td>
<td></td>
</tr>
<tr>
<td>- Confirm method choice.</td>
<td></td>
</tr>
<tr>
<td>5. Review medical eligibility:</td>
<td></td>
</tr>
<tr>
<td>- Read from the client brochure in language the client understands (e.g., “Method not advised if you ….”).</td>
<td></td>
</tr>
<tr>
<td>6. Review Client Screening Checklist to determine if two-rod implants are an appropriate choice for the client.</td>
<td></td>
</tr>
<tr>
<td>7. Perform (or refer for) further evaluation, if indicated.</td>
<td></td>
</tr>
<tr>
<td>8. Assess the woman’s knowledge about implants’ major side effects:</td>
<td></td>
</tr>
<tr>
<td>- Confirm that the client accepts possible menstrual changes with implants.</td>
<td></td>
</tr>
<tr>
<td>9. Describe insertion procedure and what to expect.</td>
<td></td>
</tr>
</tbody>
</table>

**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.
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Pre-Insertion Tasks</strong></td>
<td></td>
</tr>
<tr>
<td>1. Set up sterile field and place implant rods and trocar on it.</td>
<td></td>
</tr>
<tr>
<td>2. Prep insertion site with antiseptic solution.</td>
<td></td>
</tr>
<tr>
<td>3. Place sterile or high-level disinfected drape over arm (optional).</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>5. Advance needle about 4–5 cm and inject 1 ml of local anesthetic in each of two subdermal tracks.</td>
<td></td>
</tr>
<tr>
<td>6. Check for anesthetic effect before making skin incision.</td>
<td></td>
</tr>
<tr>
<td><strong>Insertion</strong></td>
<td></td>
</tr>
<tr>
<td>1. Insert trocar directly subdermally superficially.</td>
<td></td>
</tr>
<tr>
<td>2. While tenting the skin, advance trocar and plunger to mark (1) nearest hub of trocar.</td>
<td></td>
</tr>
<tr>
<td>3. Remove plunger and load first rod into trocar with gloved hand or forceps.</td>
<td></td>
</tr>
<tr>
<td>4. Reinsert plunger and advance it until resistance is felt.</td>
<td></td>
</tr>
<tr>
<td>5. Hold plunger firmly in place with one hand and slide trocar out of incision until it reaches plunger handle.</td>
<td></td>
</tr>
<tr>
<td>6. Withdraw trocar and plunger together until mark (2) nearest trocar tip, just clear of incision (do not remove trocar from skin).</td>
<td></td>
</tr>
<tr>
<td>7. Move tip of trocar away from end of rod and hold rod out of the path of the trocar.</td>
<td></td>
</tr>
<tr>
<td>8. Redirect trocar about 15° and advance trocar and plunger to mark (1).</td>
<td></td>
</tr>
<tr>
<td>9. Insert the second rod using the same technique.</td>
<td></td>
</tr>
<tr>
<td>10. Palpate rods to check that two rods have been inserted in a V-distribution.</td>
<td></td>
</tr>
<tr>
<td>11. Palpate incision to check that both rods are 5 mm clear of incision.</td>
<td></td>
</tr>
<tr>
<td>12. Remove trocar only after insertion of second rod.</td>
<td></td>
</tr>
<tr>
<td>13. Optionally ask the client to palpate the two rods prior to dressing.</td>
<td></td>
</tr>
<tr>
<td><strong>Post-Insertion Tasks</strong></td>
<td></td>
</tr>
<tr>
<td>1. Remove drape and wipe the client’s skin with alcohol.</td>
<td></td>
</tr>
<tr>
<td>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).</td>
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<td>3. Apply pressure dressing snugly.</td>
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<td>4. Before removing gloves, dispose materials by:</td>
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<td>- Placing used needle (without capping) and trocar in sharps container, and</td>
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</tr>
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<td>- Placing waste materials in leak-proof container or plastic bag.</td>
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<tr>
<td>5. Remove gloves by turning inside out and place in leak-proof container or plastic bag.</td>
<td></td>
</tr>
<tr>
<td>6. Wash hands thoroughly and dry them.</td>
<td></td>
</tr>
<tr>
<td>7. Complete client record, including drawing position of rods.</td>
<td></td>
</tr>
</tbody>
</table>
### CHECKLIST FOR TWO-ROD IMPLANTS [JADELLE AND SINO-IMPLANT (II)] COUNSELING AND CLINICAL SKILLS: INSERTION

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<tr>
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</tr>
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<td>1. Instruct the client regarding wound care and make return visit appointment, if necessary.</td>
<td></td>
</tr>
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<td>2. Discuss what to do if the client experiences any problems following insertion or side effects.</td>
<td></td>
</tr>
<tr>
<td>3. Assure the client that she can have rods removed at any time if she desires.</td>
<td></td>
</tr>
<tr>
<td>4. Ask the client to repeat instructions and answer the client’s questions.</td>
<td></td>
</tr>
<tr>
<td>5. Complete client card indicating which implant she received and by when she needs to return for removal.</td>
<td></td>
</tr>
<tr>
<td>6. Observe the client for at least 15–20 minutes before sending her home.</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

__________________________

__________________________

__________________________

**Observation Summary (Tick as appropriate):**

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<tr>
<th>Model practice satisfactory</th>
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<th>No</th>
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<th>Yes</th>
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<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
<td>Competent in two-rod implants</td>
<td></td>
<td></td>
</tr>
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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:

- **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: INSERTION |
|-------------------------------|---------------|
| **STEP/TASK ACTIVITY**        | **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:  
  - 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:  
  - 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:  
  - 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.  
  - 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

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<tr>
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<tr>
<td>1. Prep insertion site with antiseptic solution.</td>
<td></td>
</tr>
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<td>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.</td>
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<tr>
<td><strong>Insertion</strong></td>
<td></td>
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<tr>
<td>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.)</td>
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</tr>
<tr>
<td>2. Visually verify the presence of the implant inside the metal part of the needle.</td>
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</tr>
<tr>
<td>3. Stretch the skin around the insertion site with thumb and index finger or <strong>alternatively</strong>, stretch the insertion site skin by slightly pulling with thumb.</td>
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<td>4. Using the needle, puncture the skin at a 20° angle and insert only up to the bevel of the needle.</td>
<td></td>
</tr>
<tr>
<td>5. Release the skin. Lower the applicator to a horizontal position.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>7. Break the seal of applicator. Turn the obturator 90 degrees.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>9. Remove the needle, and apply pressure to the opening site.</td>
<td></td>
</tr>
<tr>
<td>10. Palpate to check that the rod is in place. Optionally ask the client to palpate the implant prior to dressing.</td>
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<td><strong>Post-Insertion Tasks</strong></td>
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<td>1. Wipe the client’s skin with alcohol.</td>
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<td>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).</td>
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<tr>
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**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:

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

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- 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:  
- 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:  
- 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.  
- Confirm that the client accepts possible menstrual changes with implants. | |
| 9. Describe the 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. | |
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<td>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.</td>
<td></td>
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<td>3. Visually verify the presence of the implant inside the metal part of the needle.</td>
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<td>4. Stretch the skin around the insertion site with thumb and index finger, or alternatively, stretch the insertion site skin by slightly pulling with thumb.</td>
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<td>5. Using the needle, puncture the skin at a 30° angle and insert only up to the bevel of the needle.</td>
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<tr>
<td>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.</td>
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</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
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<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>10. Remove the applicator.</td>
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<td>11. Palpate to check that one rod is in place. Optionally ask the client to palpate the implant prior to dressing.</td>
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<td><strong>Post-Insertion Tasks</strong></td>
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CHECKLIST FOR ONE-ROD (IMPLANON NXT) IMPLANTS COUNSELING AND CLINICAL SKILLS:

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<tr>
<td>5. Complete client card indicating which implant she received and by when she needs to return for removal.</td>
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**Comments:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Observation Summary (Tick as appropriate):**

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<tr>
<td>Competent in one-rod implants (Implanon NXT)</td>
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**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

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<td><strong>STEP/TASK</strong></td>
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### 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)

**Getting Ready**

1. Determine that sterile instruments and other required materials for removal are available. Make sure a new implant is available if reinstalling 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.

**Pre-Removal Tasks**

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.

**Removal**

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

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<tr>
<td>5. Clean off fibrous tissue sheath that covers tip of rod with sterile gauze (or scalpel—dull side).</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>7. Ensure that the complete rod has been removed; show to the client.</td>
<td></td>
</tr>
<tr>
<td>8. If this is a two-rod system, repeat steps 1–7.</td>
<td></td>
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</table>

### 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 COUNSELING

1. Instruct the client regarding wound care and make return visit appointment, if needed.
2. Discuss what to do if any problems occur and answer any questions.
3. Counsel the client regarding new contraceptive method and provide one, if desired.
4. Observe the client for at least 15–20 minutes before sending her home.

**Comments:**

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**Observation Summary** *(Tick as appropriate):*

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**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:

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

**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?
How Do Contraceptive Implants Prevent Pregnancy?

- With all implants, pregnancy is prevented through a combination of mechanisms. The two primary means are:
  - Production of thick cervical mucus, which prevents sperm penetration, and
  - Inhibition of ovulation.

What Are Contraceptive Implants?

- Hormonal implants are a progestin-only product; they contain no estrogen.
- The rods are inserted just under the skin (subdermally) on the inner side of a woman’s upper arm by means of a minor surgical procedure with local anesthetic.
- They come in one-rod and two-rod variations, depending on the product. The main difference between products is their effective life, and the way in which you insert the rods.

Effective Life

- If inserted anytime before the expiration date (shelf life), a set of Jadelle rods is effective for 5 years, and a set of Sino-implant (II) rods is effective for 4 years. Implanon and Implanon NXT are each effective for 3 years.
- The rods should be removed by the end of the final year of effective life.
- If desired, a new set of rods may be inserted in the same location immediately following removal.

How Effective Are They?

- One of the most effective and long-lasting methods:
  - Less than 1 pregnancy per 100 women using implants over the first year (5 per 10,000 women).
- Implants start to lose effectiveness sooner for heavier women:
  - For women weighing 80 kg or more, Jadelle implants become less effective after 4 years of use. These users may want to replace their implants sooner.
  - One can extrapolate the same of other implants, and may elect to remove them one year earlier than their effective life.
  - (Note that the protection afforded by the final year of a contraceptive implant in a heavier woman is still much more effective than most other methods.)
- Return of fertility after implants are removed: No delay.
Providing Contraceptive Implants – Course Notebook for Trainers

Page 1

Common Side Effect: Irregular Vaginal Bleeding

First several months:
- Lighter bleeding and fewer days of bleeding
- Irregular bleeding
- Infrequent bleeding
- No monthly bleeding

After about 1 year:
- Lighter bleeding and fewer days of bleeding
- Irregular bleeding
- Infrequent bleeding

Page 2

What Are the Advantages of Contraceptive Implants?

- Very effective
- Easy to use
- Provide continuous protection for up to 3–5 years (depending on product)
- Convenient, comfortable, and reversible
- Immediate return to fertility
- Side effects resolve immediately after removal
- Few complications
- Suitable for nearly all women
- High continuation rates

Page 3

Complications

Uncommon:
- Infection at insertion site (most infections occur within the first 2 months after insertion).
- Difficult removal (rare if properly inserted and provider is skilled at removal).

Rare:
- Expulsion of implant (expulsions most often occur within the first 4 months after insertion).
- Adverse events are very rare.

Page 4

Implants and STIs

Note: Because implants do not protect women from hepatitis B, AIDS, and other sexually transmitted infections (STIs), clients at risk for STIs should be encouraged to use a condoms in addition to their hormonal contraception method. This combination of barrier and hormonal contraception constitutes “dual protection” against unplanned pregnancy and STIs/HIV.

Page 5

Side Effects of Contraceptive Implants

<table>
<thead>
<tr>
<th>Method</th>
<th>Cumulative Percentage of Women</th>
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</thead>
<tbody>
<tr>
<td>Vaginal discharge</td>
<td>24.3</td>
</tr>
<tr>
<td>Headaches</td>
<td>23.5</td>
</tr>
<tr>
<td>Pelvic pain</td>
<td>16.7</td>
</tr>
<tr>
<td>Weight increase</td>
<td>12.0</td>
</tr>
<tr>
<td>Blisters</td>
<td>10.7</td>
</tr>
<tr>
<td>Breast pain</td>
<td>8.3</td>
</tr>
<tr>
<td>Genital itching</td>
<td>8.3</td>
</tr>
<tr>
<td>Nervousness</td>
<td>7.7</td>
</tr>
<tr>
<td>Cervicitis</td>
<td>7.6</td>
</tr>
<tr>
<td>Nausea</td>
<td>6.7</td>
</tr>
</tbody>
</table>

Note: Women reported more than one condition.


Page 6

How to Prevent Client Dissatisfaction with Side Effects

- Side effects may cause concern among clients and cause early removal.
- Good counseling before insertion increases clients satisfaction and continuation rates.
- Careful explanation of the side effects before inserting implant rods, as well as reassurance that rarely are they a health risk, helps in decreasing concerns.

Page 7

Side Effects of Contraceptive Implants

Method

Jadelle (n = 600)

Table:

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</tbody>
</table>
When to Begin

Women can begin using implants:
- Without a pelvic examination
- Without any blood tests or other routine laboratory tests
- Without cervical cancer screening
- Without a breast examination
- Even when a woman is not having monthly bleeding at the time, if it is reasonably certain she is not pregnant

Correcting Misunderstandings

Implants:
- Stop working once they are removed. Their hormones do not remain in a woman’s body.
- Can stop monthly bleeding, but this is not harmful. Blood is not building up inside the woman.
- Do not make women infertile.
- Do not move to other parts of the body.
- Substantially reduce the risk of ectopic pregnancy.

Who Can and Cannot Use Implants

Nearly all women can use implants safely and effectively, including women who:
- Have or have not had children
- Are not married
- Are of any age, including adolescents and women over 40 years old
- Have just had an abortion, miscarriage, or ectopic pregnancy
- Smoke, regardless of age or number of cigarettes
- Are breastfeeding (6 weeks after childbirth)
- Have anemia now or in the past
- Have varicose veins
- Are living with HIV
WHO Medical Eligibility Criteria and Contraceptive Implants

Presenters:
Date:

Objectives
- By the end of the session, learners will be able to understand who can use contraceptive implants based on WHO Medical Eligibility Criteria (MEC).
- Use the job aid: Quick Reference Chart Job Aid (FHI 360), full WHO MEC 2015.

What are the WHO Medical Eligibility Criteria?
- MEC identify which contraceptive method can be safely used in the presence of a given individual characteristic or medical condition.
- The MEC give guidance to providers for clients with medical conditions or special circumstances.

What is the Purpose of the WHU MEC?
- Guide health workers to provide family planning on the best available evidence.
- Address and change misconceptions about who can safely use a family planning method.
- Reduce medical policy and practice barriers that are not evidence-based.
- Improve quality, access, and use of family planning services.

WHO Medical Eligibility Criteria Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Clinical Judgment</th>
<th>United Clinical Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A condition for which there may be argument for the use of long-acting reversible methods.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A condition where the health benefits of using the method generally outweigh the theoretical risks. Generally use, the advantages outweigh the disadvantages.</td>
<td></td>
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</table>

Review of Quick Reference Chart

(Note: The quick reference chart below has not yet been updated to reflect the 2016 WHO MEC.)
Case Studies: Use the WHO MEC Quick Reference Chart

- B.H. is a 22-year-old P1 who has a 4-month-old breastfeeding baby. She wants to avoid another pregnancy for at least 2 more years. She requests FP implants. Can she use them? Why or why not?
- F.D. is a 20-year-old nulligravida who wants to avoid pregnancy. Her last period was 2 weeks ago and she requests FP implants. Can she use them? Why or why not?
- R.T. is a 30-year-old P2 who is living with HIV and requests FP implants. Can she use them? Why or why not?
- J.E. is a 35-year-old P4 who is currently on DMPA. She is requesting another DMPA but her BP is 160/100. Is she a candidate for implants?
- L.S. is a 24-year-old P1 who has a seizure disorder and is taking anticonvulsant medication. She requests FP implants. Can she use them? Why or why not?
CREATING A POSITIVE LEARNING ENVIRONMENT

In addition to taking responsibility for the organization of the course, the trainer must be able to give presentations, conduct demonstrations, and lead other course activities—effectively and efficiently—which requires:

- Careful preparation;
- Timely execution of a plan for course preparation, as discussed in this section;
- Ensuring that the physical classroom and clinical environment are well suited to learning, as discussed in this section; and
- Effective training/facilitation skills on the part of the trainer, further discussed in the next section.

Well-planned and well-executed classroom and clinical sessions help to create a positive learning environment. And a positive learning environment, as is further discussed throughout this section, is critical to learning.

BEING AN EFFECTIVE CLINICAL TRAINER

Equally important as careful planning and preparation to creating a positive learning environment is skilled facilitation. Health professionals conducting clinical skills courses are continually changing roles. They are most like traditional instructors when presenting illustrated lectures (graphics slides presentations) and giving classroom demonstrations. Once they have demonstrated a clinical procedure, they shift to the role of the coach as the learners begin practicing. Throughout the course, they act as trainers—especially when conducting small group discussions and using role plays, case studies and clinical simulations—helping learners move toward greater independence and confidence in developing the desired competencies.

Creating an Environment Where Learning Is Easy (or Easier)

The environment within which learning occurs has a tremendous impact on the quality of the learning experience. A positive learning environment maximizes the effectiveness of training, thereby helping learners to achieve the course objectives. Because the clinical trainer sets the tone for the course, how she/he delivers information is the key to establishing and maintaining a positive learning environment during training—how something is said is as important as what is said. The effective trainer creates an atmosphere of capability, one that supports the learners’ sense that they cannot only build competence in the new knowledge, skills, and attitudes being taught, but that they can ultimately master them and apply them in their work to provide improved services to the communities they serve. Learners need to feel that they can achieve, and the trainer helps to build that feeling by creating and maintaining a positive learning environment—largely through effective facilitation.
Characteristics of an Effective Trainer and Coach

An effective trainer:

- Is proficient in the skills to be taught.
- Encourages learners in learning new skills.
- Promotes open (two-way) communication.
- Provides immediate feedback:
  - Informs learners whether they are meeting the course objectives.
  - Does not allow a skill or activity to be performed incorrectly (i.e., gently guides the learner toward the correct way to do something as soon as she/he begins to make mistakes).
  - Gives positive feedback as often as possible.
  - Avoids negative feedback and instead offers specific suggestions for improvement.
- Seeks and is able to receive feedback:
  - **Asks for it.** Talk to clinical skills trainers who will be direct with you—and learners—about your performance. Ask them to be specific and descriptive about ways you can be more effective.
  - **Directs it.** If you need additional information/input to answer a particular question or pursue a learning goal, ask for it. For example, during a demonstration, you might ask: “Does everyone have a clear view of how I am holding the instrument?”
  - **Accepts it.** Do not defend or justify your behavior. Listen to what people have to say and thank them. Use what is helpful; quietly discard the rest.
- Recognizes that training can be stressful and knows how to manage learner as well as trainer stress:
  - Uses appropriate humor.
  - Observes learners and watches for signs of stress.
  - Provides regular breaks.
  - Provides changes in the training routine when needed.
  - Focuses on learner successes as opposed to failures.
- **Coaching** is a training technique in which the trainer:
  - Describes the skills and client interactions that the learner is expected to learn;
  - Demonstrates (models) the skill in a clear and effective manner using learning aids, such as slide sets, videos and anatomic models; and
  - Provides detailed, specific feedback to learners as they practice the skills and client interactions, using the anatomic model and actual instruments (if appropriate), in a simulated clinical setting and as they provide services to actual clients during practicum.
The characteristics of an effective coach are basically the same as those of an effective trainer; the characteristics especially important for the coach include:

- Being patient and supportive.
- Providing praise and positive reinforcement.
- Correcting learners’ errors while maintaining learners’ self-esteem.
- Listening and observing.

**Understanding How People Learn**

Being an effective clinical skills trainer also depends on understanding how adults learn. The trainer must have a clear understanding of what the learners need and expect, and the learners must have a clear understanding of why they are there. Adults who attend courses to acquire new knowledge, attitudes and skills share the characteristics described below:

Require learning to be **relevant**. The trainer should offer learners learning experiences that relate directly to their current or future job responsibilities. At the beginning of the course, the objectives should be stated clearly and linked to job performance. The trainer should take time to explain how each learning experience relates to the successful accomplishment of the course objectives.

Are highly **motivated** if they believe learning is relevant. People bring high levels of motivation and interest to learning. Motivation can be increased and channeled by the trainer who provides clear learning goals and objectives. To make the best use of a high level of learner interest, the trainer should explore ways to incorporate the needs of each learner into the learning sessions. This means that the trainer needs to know quite a bit about the learners, either from studying background information about them or by allowing learners to talk early in the course about their experience and learning needs.

Need **participation** and **active involvement** in the learning process. Few individuals prefer just to sit back and listen. The effective trainer will design learning experiences that actively involve the learners in the training process. Examples of how the trainer may involve learners include:

- Allowing learners to provide input regarding schedules, activities, and other events
- Questioning and feedback
- Brainstorming and discussions
- Hands-on work
- Group and individual projects
- Classroom activities
Desire a **variety** of learning experiences. The trainer should use a variety of learning methods including:

- Audiovisual aids
- Illustrated lectures
- Demonstrations
- Brainstorming
- Small group activities
- Group discussions
- Role plays, case studies and clinical simulations

**Desire positive feedback.** Learners need to know **how they are doing,** particularly in light of the objectives and expectations of the course. Is their progress in learning clinical skills meeting the trainer’s expectations? Is their level of clinical performance meeting the standards established for the procedure? **Positive feedback provides this information.** Learning experiences should be designed to move from the known to the unknown, or from simple activities to more complex ones. This progression provides positive experiences and feedback for the learner. To maintain positive feedback, the trainer can:

- Give verbal praise either in front of other learners or in private.
- Use positive responses during questioning.
- Recognize appropriate skills while coaching in a clinical setting.
- Let the learners know how they are progressing toward achieving learning objectives.

Have **personal concerns.** The trainer must recognize that many learners fear failure and embarrassment in front of their colleagues. Learners often have concerns about their ability to:

- Fit in with the other learners.
- Get along with the trainer.
- Understand the content of the training.
- Perform the skills being taught.

Need an **atmosphere of safety.** The trainer should open the course with an introductory activity that will help learners feel at ease. It should communicate an atmosphere of safety so that learners do not judge one another or themselves. For example, a good introductory activity is one that acquaints learners with one another and helps them to associate the names of the other learners with their faces. Such an activity can be followed by learning experiences that support and encourage the learners.
Need to be recognized as individuals with unique backgrounds, experiences and learning needs. A person’s past experiences is a good foundation upon which the trainer can base new learning. To help ensure that learners feel like individuals, the trainer should:

- Use learners’ names as often as possible.
- Involve all learners as often as possible.
- Treat learners with respect.
- Allow learners to share information with others during classroom and clinical instruction.

Must maintain their self-esteem. Learners need to maintain high self-esteem to deal with the demands of a clinical training course. Often the clinical methods used in training are different from clinical practices used in the learners’ clinics. It is essential that the trainer shows respect for the learners, no matter what practices and beliefs they hold to be correct, and continually support and challenge them. This requires the trainer to:

- Reinforce those practices and beliefs embodied in the course content.
- Provide corrective feedback when needed, in a way that the learners can accept and use it with confidence and satisfaction.
- Provide training that adds to, rather than subtracts from, their sense of competence and self-esteem.
- Recognize learners’ own career accomplishments.

Have high expectations for themselves and their trainer. People attending courses tend to set high expectations both for the trainers and for themselves. Getting to know their trainers is a real and important need. Trainers should be prepared to talk modestly, and within limits, about themselves, their abilities and their backgrounds.

Have personal needs that must be taken into consideration. All learners have personal needs during training. Taking timely breaks and providing the best possible ventilation, proper lighting, and an environment as free from distraction as possible can help to reduce tension and contribute to a positive learning atmosphere.

**SKILL DEVELOPMENT AND ASSESSMENT: THE COACHING PROCESS**

No matter what type of skill the trainer is demonstrating—whether a psychomotor or hand skill, a clinical decision-making skill or a communication skill—the coaching methodology for skill development includes these steps or phases:

- **Demonstration** of the clinical skill by the trainer, using models, simulations, and an assessment tool (usually a checklist) to outline critical steps. For clinical decision-making, a “demonstration” of the skill entails explaining to learners the rationale for each decision made. In this way, learners are “walked through” the thought process of a provider who is proficient in clinical decision-making.
- **Practice** of the skill by the learner (using the same checklist) with feedback from the trainer, first in simulation and then with clients.

- **Assessment** of the learner’s skill competency by the trainer in simulation and then with clients (using the same checklist).

These three phases can be broken down further into the following steps:

- First, during interactive classroom presentations, **explaining** the skill or activity to be learned.

- Next, using a video or slide set, showing the skill or activity to be learned.

- Following this, **demonstrating** the skill or activity using an anatomic model (if appropriate), role play (e.g., counseling demonstration), or clinical simulation.

- Then, allowing the learners to **practice** the demonstrated skill or activity with an anatomic model or in a simulated environment (e.g., role play, clinical simulation) as the trainer functions as a coach.

- After this, **reviewing** the practice session and giving constructive feedback.

- After adequate practice, **assessing** each learner’s performance of the skill or activity on models or in a **simulated situation**, using the competency-based checklist.

- After a certain level of competence is gained with models or **practice** in a simulated situation, having learners begin to practice the skill or activity with clients under a trainer’s guidance.

- Finally, **assessing** the learner’s ability to perform the skill according to the standardized procedure, as outlined in the competency-based checklist.

During initial skill acquisition, the trainer demonstrates the skill as the learner observes. As the learner practices the skill, the trainer functions as a coach and observes and assesses performance. When demonstrating skill competency, the learner is now the person performing the skill as the trainer evaluates performance.

- **Assessment is a continuous process**: The results of assessment should be used both formatively (to help develop learner competence) and summatively (to help evaluate and make decisions about learner competence).

- In **formative assessment**, the focus is on giving feedback to learners, helping them to improve their performance and prepare for later assessments. Formative assessment has been described as “assessment FOR learning.”

- In **summative assessment**, the results are recorded and used to determine whether the learner should move on to a next phase in the course (such as from working with models to working with actual clients) and, ultimately, pass the course. Summative assessment is sometimes described as an “assessment OF learning” and is used to formally assess and document learner progress at specific times.

**Note:** Assessment tools such as written knowledge assessments, skills checklists, and performance standards should not be modified by trainers. These tools have been created and validated by a group of experts to ensure that skills are developed and assessed in a standardized manner, and that the tools provide an accurate means of measuring learner competency and ultimately determining qualification.
Using Effective Presentation Skills

It is also important to use effective presentation skills. Establishing and maintaining a positive learning climate during training depend on how the trainer delivers information because the trainer sets the tone for the course. In any course, how something is said may be just as important as what is said. Some common techniques for effective presentations are listed below:

- **Follow a plan and use trainer’s notes**, which include the session objectives, introduction, body, activity, audiovisual reminders, summary, and evaluation.

- **Communicate in a way that is easy to understand.** Many learners will be unfamiliar with the terms, jargon, and acronyms of a new subject. The trainer should use familiar words and expressions, explain new language, and attempt to relate to the learners during the presentation.

- **Maintain eye contact with learners.** Use eye contact to “read” faces. This is an excellent technique for establishing rapport and getting feedback on how well learners understand the content.

- **Project your voice** so that those in the back of the room can hear clearly. Vary volume, voice pitch, tone, and inflection to maintain learners’ attention. Avoid using a monotone voice, which is guaranteed to put learners to sleep!

- **Avoid the use of slang or repetitive words, phrases, or gestures** that may become distracting with extended use.

- **Display enthusiasm about the topic and its importance.** Smile, move with energy and interact with learners. The trainer’s enthusiasm and excitement are contagious and directly affect the morale of the learners.

- **Move around the room.** Moving around the room helps ensure that the trainer is close to each learner at some time during the session. Learners are encouraged to interact when the trainer moves toward them and maintains eye contact.

- **Use appropriate audiovisual aids** during the presentation to reinforce key content or help simplify complex concepts.

- **Be sure to ask both simple and more challenging questions.**

- **Provide positive feedback** to learners during the presentation.

- **Use learners’ names as often as possible.** This will foster a positive learning climate and help keep the learners focused on the presenter.

- **Display a positive use of humor** related to the topic (e.g., humorous stories, cartoons on transparency or flip chart, cartoons for which learners are asked to create captions).

- **Provide smooth transitions between topics.** Within a given presentation, a number of separate yet related topics may be discussed. When shifts between topics are abrupt, learners may become confused and lose sight of how the different topics fit together in the bigger picture. Before moving on to the next topic, the trainer can ensure that the transition from one topic to the next is smooth by:
  - Providing a brief summary;
- Asking a series of questions;
- Relating content to practice; or
- Using an application exercise (case study, role play, etc.).

**Be an effective role model.** The trainer should be a positive role model in appearance (appropriate dress) and attitude (enthusiasm for the course), and by beginning and ending the session at the scheduled times.

### Teaching Clinical Decision-Making

Clinical decision-making is the systematic process by which skilled providers make judgments regarding a client’s condition, diagnosis, and treatment. Although the process can be difficult to teach, it can be broken down into a series of steps to facilitate discussion and learning, as shown below. As the trainer facilitates learning activities and assessments, she/he should identify—and encourage learners to try to identify—“where they are” in the clinical decision-making process. And depending on where they are, the trainer can employ a range of strategies to bring learners into, and help them navigate through, the clinical decision-making process.

**Assessment or gathering information**—In providing implant services, this step in the process may occur during counseling (e.g., learning about the couple’s fertility intentions) or screening (e.g., identifying any medical reasons why the method should be withheld).

**Diagnosis or interpreting the information**—In providing implant services, this step in the process may occur after the counseling and screening are completed (e.g., determining that a woman who has chosen the implant can safely have one inserted).

**Implementation**—Beginning with ensuring that the woman has been properly counseled and screened and confirming her choice, continuing with the actual insertion, and ending with post-insertion counseling. *(Is this method her choice? Is she having any problems?)*

**An important strategy in teaching clinical decision-making is to be sure that learners are aware of this step-by-step process and what occurs in each step.** They also must understand that, although there is a sequence of steps for clinical decision-making, movement through the steps is rarely linear or sequential. Rather, it is an ongoing, circular process in which the provider moves back and forth between the steps as the clinical situation changes and different needs or problems emerge.

**Another key strategy in teaching clinical decision-making is to provide as much experience and practice in decision-making as possible.** This experience, together with clinical knowledge, is a key component of successful decision-making. Teachers should:

- Expose learners to as many and as wide a variety of clients as possible.
- Put learners in the clinical setting as early as possible and provide careful guidance as they gain their experience.
- Give learners as much structured independence as possible; they must be given the opportunity and time to draw their own conclusions and consider their own decisions.
provide learners with a forum, for example, case studies, for comparing their decisions with the decisions made by others.

Finally, the trainer should give learners feedback on how the clinical decision-making process was applied in a given situation. This will strengthen future performance more effectively than focusing on whether or not the “correct answer” was identified. In fact, a wrong answer for the right reason should receive more positive feedback than a right answer for the wrong reason.

Tools for teaching clinical decision-making, such as job aids, are presented throughout this learning resource package. The role plays have been designed to facilitate the teaching of decision-making by reinforcing the steps involved in the process. Tools alone, however, will not effectively teach clinical decision-making. The trainer must take an active role in discussing, questioning, explaining, and challenging the learners about how decisions are being made each time one of these tools is used—for example, “What were you thinking when you asked the client that question?” “Why did you advise the client that the implant was not a good choice for her?” And this kind of interaction must continue as the learners move into the clinical setting to work with clients.

CONDUCTING LEARNING ACTIVITIES

Every session (or learning activity) conducted during a course should begin with an introduction to capture learner interest and prepare the learner for learning. After the introduction, the trainer may deliver content using an illustrated lecture, demonstration, small group activity or other learning activity. Throughout the presentation, questioning techniques can be used to encourage interaction and maintain learner interest. Finally, the trainer should conclude the presentation with a summary of the key points or steps.

Delivering Interactive Presentations

Introducing Presentations

The first few minutes of any presentation are critical. Learners may be thinking about other matters, wondering what the session will be like, or have little interest in the topic. The introduction should:

- Capture the interest of the entire group and prepare learners for the information to follow.
- Make learners aware of the trainer’s expectations.
- Help foster a positive learning climate.

The trainer can select from a number of techniques to provide variety and ensure that learners are not bored. Many introductory techniques are available including:

- Reviewing the session objectives. Introducing the topic by a simple restatement of the objectives keeps the learner aware of what is expected of her/him.
- **Asking a series of questions about the topic.** The effective trainer will recognize when learners have prior knowledge concerning the course content and encourage their contributions. The trainer can ask a few key questions, allow learners to respond, discuss answers and comments, and then move into the body of the presentation.

- **Relating the topic to previously covered content.** When a number of sessions are required to cover one subject, relate each session to previously covered content. This ensures that learners understand the continuity of the sessions and how each relates to the overall topic. Where possible, link topics so that the concluding review or summary of one presentation can introduce the next topic.

- **Sharing a personal experience.** There are times when the trainer can share a personal experience to create interest, emphasize a point, or make a topic more job-related. Learners enjoy hearing these stories as long as they relate to the topic and are used only when appropriate.

- **Relating the topic to real-life experiences.** Many training topics can be related to situations most learners have experienced. This technique not only catches the learners’ attention, but also facilitates learning because people learn best by “anchoring” new information to known material. The experience may be from the everyday world or relate to a specific process or piece of equipment.

- **Using a case study, clinical simulation, or other problem-solving activity.** Problem-solving activities focus attention on a specific situation related to the training topic. Working in small groups generally increases interest in the topic.

- **Using a video/DVD or other audiovisual aid.** Use of appropriate audiovisuals can be stimulating and generate interest in a topic.

- **Giving a classroom demonstration.** Most clinical training courses involve equipment, instruments and techniques that lend themselves to demonstrations, which generally increase learner interest.

- **Using a game, role play, or simulation.** Games, role plays, and simulations generate tremendous interest through direct learner involvement and therefore are useful for introducing topics.

- **Relating the topic to future work experiences.** Learners’ interest in a topic will increase when they see a relationship between training and their work. The trainer can capitalize on this by relating objectives, content and activities of the course to real work situations.

### Using Questioning Techniques

Questions can be used at any time to:

- Introduce a topic.
- Increase the effectiveness of the illustrated lecture.
- Promote brainstorming.
- Supplement the discussion process.
Use a variety of questioning techniques to maintain interest and avoid a repetitive style.

- **Ask a question of the entire group.** The advantage of this technique is that those who wish to volunteer may do so; however, some learners may dominate while others may not participate.

- **Target the question to a specific learner by using her/his name prior to asking the question.** The learner is aware that a question is coming, can concentrate on the question, and respond accordingly. The disadvantage is that once a specific learner is targeted, other learners may not concentrate on the question.

- **State the question, pause, and then direct the question to a specific learner.** All learners must listen to the question in the event that they are asked to respond. The primary disadvantage is that the learner receiving the question may be caught off guard and have to ask the trainer to repeat the question.

The key in asking questions is to avoid a pattern. The skilled trainer uses all three of the above techniques to provide variety and maintain the learners’ attention. Other techniques follow:

- **Use learners’ names** during questioning. This is a powerful motivator and also helps ensure that all learners are involved.

- **Repeat a learner’s correct response.** This provides positive reinforcement to the learner and ensures that the rest of the group heard the response.

- **Provide positive reinforcement for correct responses** to keep the learner involved in the topic. Positive reinforcement may take the form of praise, displaying a learner’s work, using a learner as an assistant, or using positive facial expressions, nods, or other nonverbal actions.

- **When a learner’s response is partially correct,** the trainer should reward the correct portion and then improve the incorrect portion or redirect a related question to that learner or to another learner.

- **When a learner’s response is incorrect,** the trainer should make a noncritical response and restate the question to lead the learner to the correct response.

- **When a learner makes no attempt to respond,** the trainer may wish to follow the above procedure or redirect the question to another learner. Come back to the first learner after receiving the desired response and involve her/him in the discussion.

- **When learners ask questions,** the trainer must determine an appropriate response by drawing upon personal experience and weighing the individual’s needs against those of the group. If the question addresses a topic that is relevant but has not been previously discussed, the trainer can either:
  - Answer the question and move on; or
  - Respond with another question, thereby beginning a discussion about the topic.

**Summarizing Presentations**

A **summary** is used to reinforce the content of a presentation and provide a review of its main points. The summary should:

- Be brief.
- Draw together the main points.
- Involve the learners.

Many summary techniques are available to the trainer:

- **Asking the learners for questions** gives learners an opportunity to clarify their understanding of the instructional content. This may result in a lively discussion focusing on those areas that seem to be the most troublesome.

- **Asking the learners questions** that focus on major points of the presentation helps the learners summarize what they have just heard.

- **Administering a practice exercise or test** gives learners an opportunity to demonstrate their understanding of the material. After the exercise or test, use the questions as the basis for a discussion by asking for correct answers and explaining why each answer is correct.

- **Using a game to review main points** provides some variety, when time permits. One popular game is to divide learners into two teams, give each team time to develop review questions, and then allow each team to ask questions of the other. The trainer serves as moderator by judging the acceptability of questions, clarifying answers, and keeping a record of team scores. This game can be highly motivational and serve as an excellent summary at the same time.

### Facilitating Group Discussions

The **group discussion** is a learning method in which most of the ideas, thoughts, questions, and answers are developed by the learners. The trainer typically serves as the **trainer** and guides the learners as the discussion develops.

Group discussion is useful:

- At the conclusion of a presentation
- After viewing a video
- Following a clinical demonstration or skills practice session
- After reviewing a case study or clinical simulation
- After a role play
- Any other time when learners have prior knowledge or experience related to the topic
Attempting to conduct a group discussion when learners have limited knowledge or experience with the topic often will result in little or no interaction and thus an ineffective discussion. When learners are familiar with the topic, the ensuing discussion is likely to arouse learner interest, stimulate thinking, and encourage active participation. This interaction affords the trainer an opportunity to:

- Provide positive feedback.
- Stress key points.
- Develop critical thinking skills.
- Create a positive learning climate.

The trainer must consider a number of factors when selecting group discussion as the learning strategy:

- Discussions involving more than 15 to 20 learners may be difficult to lead and may not give each learner an opportunity to participate.
- Discussion requires more time than an illustrated lecture because of extensive interaction among the learners.
- A poorly directed discussion may move off target and never reach the objectives established by the trainer.
- If control is not maintained, a few learners may dominate the discussion while others lose interest.

In addition to a group discussion that focuses on the session objectives, there are two other types of discussions that may be used in a training situation:

- General discussion that addresses learners’ questions about a learning event (e.g., why one type of episiotomy is preferred over another)
- Panel discussion in which a moderator conducts a question-and-answer session between panel members and learners

Follow these key points to ensure successful group discussion:

- Arrange seating to encourage interaction (e.g., tables and chairs set up in a U-shape or a square or circle so that learners face each other).
- State the topic as part of the introduction.
- Shift the conversation from the trainer to the learners.
- Act as a referee and intercede only when necessary.
  
  Example: “It is obvious that Seema and Radhika are taking two sides in this discussion. Seema, let me see if I can clarify your position. You seem to feel that....”
- Summarize the key points of the discussion periodically.
  
  Example: “Let’s stop here for a minute and summarize the main points of our discussion.”
Ensure that the discussion stays on the topic.

- Use the contributions of each learner and provide positive reinforcement.

  *Example:* “That is an excellent point, Rosminah. Thank you for sharing that with the group.”

- Minimize arguments among learners.

- Encourage all learners to get involved.

- Ensure that no single learner dominates the discussion.

- Conclude the discussion with a summary of the main ideas. The trainer must relate the summary to the objective presented during the introduction.

**Facilitating a Brainstorming Session**

Brainstorming is a learning strategy that **stimulates thought and creativity** and is often used in conjunction with group discussions. The primary purpose of brainstorming is to generate a list of ideas, thoughts, or alternative solutions that focus on a specific topic or problem. This list may be used as the introduction to a topic or form the basis of a group discussion. Brainstorming requires that learners have some background related to the topic.

The following guidelines will facilitate the use of brainstorming:

- **Establish ground rules.**

  *Example:* “During this brainstorming session we will be following two basic rules. All ideas will be accepted and Jim will write them on the flip chart. Also, at no time will we discuss or criticize any idea. Later, after we have our list of suggestions, we will go back and discuss each one. Are there any questions? If not....”

- **Announce the topic or problem.**

  *Example:* “During the next few minutes we will be brainstorming and will follow our usual rules. Our topic today is ‘indications and contraindications for Jadelle and the WHO medical eligibility criteria.’ I would like each of you to think of at least one indication. Maria will write these on the board so that we can discuss them later. Who would like to be first? Yes, Joel....”

- **Maintain a written record of the ideas and suggestions on a flip chart or writing board.** This will prevent repetition and keep learners focused on the topic. In addition, this written record is useful when it is time to discuss each item.

- **Involvethellearnersandprovidepositivefeedback** in order to encourage more input.

- **Review written ideas and suggestions periodically** to stimulate additional ideas.

- **Conclude brainstorming by reviewing all of the suggestions** and clarifying those that are acceptable.
Facilitating Small Group Activities
There are many times during training that the learners will be divided into several small groups, which usually consist of four to six learners. Examples of small group activities include:

- Reacting to a case study, which may be presented in writing or orally by the trainer, or introduced through video or slides
- Preparing a role play within the small group and presenting it to the entire group as a whole
- Dealing with a clinical situation/scenario, such as in a clinical simulation, which has been presented by the trainer or another learner
- Practicing a skill that has been demonstrated by the trainer using anatomic models

Small group activities offer many advantages including:

- Providing learners an opportunity to learn from each other
- Involving all learners
- Creating a sense of teamwork among members as they get to know each other
- Providing for a variety of viewpoints

When small group activities are being conducted, it is important that learners are not in the same group every time. Different ways the trainer can create small groups include:

- Assigning learners to groups
- Asking learners to count off “1, 2, 3,” etc. and having all the “1s” meet together, all the “2s” meet together, etc.
- Asking learners to form their own groups
- Asking learners to draw a group number (or group name)

The room(s) used for small group activities should be large enough to allow different arrangements of tables, chairs, and teaching aids (models, equipment) so that individual groups can work without disturbing one another. The trainer should be able to move easily about the room to visit each group. If available, consider using smaller rooms near the primary training room where small groups can go to work on their problem-solving activity, case studies, clinical simulations, or role plays. Note that it will be difficult to conduct more than one clinical simulation at the same time in the same room/area.

Activities assigned to small groups should be challenging, interesting, and relevant; should require only a short time to complete; and should be appropriate for the background of the learners. Each small group may be working on the same activity or each group may be taking on a different problem, case study, clinical simulation, or role play. Regardless of the type of activity, there is usually a time limit. When this is the case, inform groups when there are 5 minutes left and when their time is up.
Instructions to the groups may be presented:

- In a handout
- On a flip chart
- On a transparency
- Verbally by the trainer

Instructions for small group activities typically include:

- Directions
- Time limit
- A situation or problem to discuss, resolve or role play
- Learner roles (if a role play)
- Questions for a group discussion

Once the groups have completed their activity, the clinical training trainer will bring them together as a large group for a discussion of the activity. This discussion might involve:

- Reports from each group
- Responses to questions
- Role plays developed in each group and presented by learners in the small groups
- Recommendations from each group
- Discussion of the experience (if a clinical simulation)

It is important that the trainer provide an effective summary discussion following small group activities. This provides closure and ensures that learners understand the point of the activity.

**Conducting an Effective Clinical Demonstration**

When a new clinical skill is being introduced, a variety of methods can be used to demonstrate the procedure. For example:

- Show slides or a video in which the steps and their sequence are demonstrated in accordance with the accepted performance standards.
- Use anatomic models such as the postpartum IUD clinical simulator to demonstrate the procedure and skills.
- Perform role plays in which a learner or surrogate client simulates a client and responds much as a real client would.
- Demonstrate the procedure with clients in the clinical setting (clinic or hospital).

Whatever methods are used to demonstrate the procedure, the trainer should set up the activities using the “whole-part-whole” approach.
Demonstrate the whole procedure from beginning to end to give the learner a visual image of the entire procedure or activity.

Isolate or break down the procedure into activities (e.g., pre-operative counseling, getting the client ready, pre-operative tasks, performing the procedure, etc.) and allow practice of the individual activities of the procedure.

Demonstrate the whole procedure again and then allow learners to practice the procedure from beginning to end.

When planning and giving a demonstration of a clinical procedure, either using anatomic models or with clients, if appropriate, the trainer should use the following guidelines:

- Before beginning, state the objectives of the demonstration and point out what the learners should do (e.g., interrupt with questions, observe carefully, etc.).
- Make sure that everyone can see the steps involved.
- Never demonstrate the skill or activity incorrectly.
- Demonstrate the procedure in as realistic a manner as possible, using instruments and materials in a simulated clinical setting.
- Include all steps of the procedure in the proper sequence according to the approved performance standards. This includes demonstrating “nonclinical” steps such as pre- and postoperative counseling and communication with the client during surgery, use of recommended infection prevention practices, etc.
- During the demonstration, explain to learners what is being done, especially any difficult or hard-to-observe steps.
- Ask questions of learners to keep them involved.
- Example: “What should I do next?” “What would happen if...?”
- Encourage questions and suggestions.
- Take enough time so that each step can be observed and understood. Remember that the objective of the demonstration is for learners to learn the skills, not for the trainer to show her/his dexterity and speed.
- Use equipment and instruments properly and make sure learners clearly see how they are handled.

In addition, learners should use a clinical skills checklist developed specifically for the clinical procedure to observe the trainer’s performance during the initial demonstration. Doing this:

- Familiarizes the learner with the use of competency-based clinical skills check lists.
- Reinforces the standard way of performing the procedure.
- Communicates to learners that the trainer, although very experienced, is not absolutely perfect and can accept constructive feedback on her/his performance.
As the role model the learners will follow, the trainer must practice what s/he demonstrates (i.e., the approved standard method as detailed in the learning guide). Therefore, it is essential that the trainer use the standard method. During the demonstration, the trainer should also provide supportive behavior and cordial, effective communication with the client and staff to reinforce the desired outcome.

**MANAGING CLINICAL PRACTICE**

Getting the most out of clinical practice requires that the trainer be well-acquainted with the clinical practice sites. Ideally, the trainers should be staff from the hospital or clinic where the clinical practice for the training will take place. If that is not the case, then being very familiar with the health care facility before training begins allows the trainer to develop a relationship with the staff, overcome any inadequacies in the situation, and prepare for the best possible learning experience for learners. Even the best planning, however, is not always enough to ensure a successful clinical practice experience. In the classroom, the trainer is able to control the schedule and activities to a large extent; whereas in the clinic, the trainer must always be alert to unplanned learning opportunities that may arise at any time and be ready to modify the schedule accordingly.

**Performing Clinical Procedures with Clients**

The final stage of clinical skill development involves practicing procedures with clients. Anatomic models, no matter how realistic, cannot substitute entirely for the reality of performing the procedure with a living, breathing, feeling, and reacting human being. The disadvantages of using real clients during clinical skills training are obvious. Clients may be subjected to increased discomfort or even increased risk of complications when procedures are performed by unskilled clinicians. When possible and appropriate, learners should be allowed to work with clients only after they have correctly and consistently demonstrated the skills with an anatomic model or in a simulated situation. In this implants course, the learners are provided the opportunity to learn implants insertion techniques on Day 1. All learners should practice and be qualified in the procedure before they proceed to the clinical areas.

The rights of clients should be considered at all times during a clinical training course. The following practices will help ensure that clients’ rights are routinely protected during clinical training:

- The right to bodily privacy must be respected whenever a client is undergoing a physical examination or procedure. The client should be draped appropriately for all examinations and procedures.

- The confidentiality of any client information obtained during counseling, history taking, physical examinations, or procedures must be strictly observed. Clients should be reassured of this confidentiality. Confidentiality can be difficult to maintain when actual cases are used in learning exercises such as case studies and clinical meetings. Such discussions always should take place in a private area where other staff and clients cannot overhear and should be conducted without reference to the client by name.

- When receiving counseling, undergoing a physical examination, or receiving postpartum family planning services, the client should be informed about the role of each person involved (e.g., trainers, individuals undergoing training, support staff).
The client’s permission should be obtained before having a clinician-in-training observe, assist with, or perform any procedures. Understanding the right to refuse care from a clinician-in-training is important for every client. Furthermore, care should not be rescheduled or denied if the client does not permit a clinician-in-training to be present or provide services. In such cases, the trainer or other staff member should perform the procedure.

The trainer should be present during any client contact in a training situation and the client should be made aware of the trainer’s role. Furthermore, the trainer should be ready to intervene if the client’s safety is in jeopardy or if the client is experiencing severe discomfort.

The trainer must be careful how coaching and feedback are given during practice with clients. Corrective feedback in the presence of a client should be limited to errors that could harm or cause discomfort to the client. Excessive negative feedback can create anxiety for both the client and the clinician-in-training.

Clients should be chosen carefully to ensure that they are appropriate for clinical training purposes. For example, learners should not practice with “difficult” clients until they are proficient in performing the procedure.

Creating Opportunities for Learning

Planning for Learning

The trainer should develop a plan for each day spent in the health care facility. The plan will provide a daily focus that is consistent with the learning objectives and help to ensure that all required skills will be adequately addressed. When preparing the plan, the trainer should consider the following points:

Clinical practice should progress from basic to more complex skills. This not only helps ensure the safety and quality of care provided by learners, but also allows them to gain self-confidence as they demonstrate competency in the basic skills.

To maximize these opportunities, the trainer should consider the following strategies:

- Discuss with staff weeks prior to the training that there will be providers training in implants services and that implant services will be available on XX dates at no charge to clients.
- Consider several clinic sites that have busy FP clinics and ensure that transportation is available to convey learners to various clinics.

In addition to daily practice of specific clinical skills, the trainer’s plan should include other areas of focus such as infection prevention, facility logistics, or client flow. Although these topics may not be directly assessed with a checklist or other tool, they play an important role in the provision of high-quality implants services. To make sure that learners give adequate attention to these topics, the trainer should design and develop activities that address each one, such as:

- Observing the infection prevention practices used in the facility. Which recommended practices are being used, and which are not? Are they being used consistently and correctly? Why or why not?
Reviewing facility-based family planning records for the past several months to identify the types of family planning clients seen. Additional information could be obtained, such as the most common complications and side effects and how to manage them.

**In the Health Care Facility**

As has been mentioned, planning alone is not sufficient to guarantee a successful clinical practice. There are several key strategies that a trainer can use in the health care facility to increase the likelihood of success.

- The trainer must **actively monitor** the skills each learner is able to practice, and with what frequency, so that each learner has adequate opportunities to develop competency.

- The **learners also should be encouraged to watch** for such learning opportunities. The trainer may then decide which, and how many, of the learners will be assigned to a particular client. The trainer and learners should remember that clinical experiences need to be shared equally.

- To take advantage of opportunities as they occur may require that the trainer **modify the plan for that day and subsequent days**, but with as little disruption as possible to the provision of services. Learners should be notified of any changes as soon as possible so that they can be well prepared for each clinical day.

- Occasionally, all learners may not have the opportunity to work with all types of clients. The trainer will need to **supplement, with work on anatomic models and discussions, the work done with clients**. The trainer will need to determine if a learner can be qualified as competent to provide implant services if he or she has not completed all the skills that are deemed the central objectives of the course.

**Conducting Pre- and Post-Clinical Practice Meetings**

Although every health care facility will not have a meeting room, the trainer must make every effort to find a space that:

- Allows **free discussion**, small group work, and practice on models.

- Is **away from the client care area** if possible, so as to not interfere with efficient client care or other staff duties.

**Pre-Clinical Practice Meetings**

The trainer and learners should meet at the beginning of each clinical practice session. The meeting should be brief. Items to be covered include:

- The learning objectives for that day

- Any scheduling changes that may be needed

- Learners’ roles and responsibilities for that day, including the work assignments and rotation schedule if applicable

- Special assignments to be completed that day
The topic for the post-clinical practice meeting, so that the learners can take special note of anything happening during the day that would contribute to the discussion.

Questions related to that day’s activities or from previous days if they can be answered concisely; if not, they should be deferred until the post-clinical practice meeting.

**Post-Clinical Practice Meetings**

The trainer should end each clinical day with a meeting to review the day’s events and build on them as learning experiences. A minimum of 30 minutes is recommended. These meetings are used to:

- Review the day’s learning objectives and assess progress toward their completion.
- Present cases seen that day, particularly those that were interesting, unusual, or difficult.
- Respond to clinical questions concerning situations and clients in the health care facility or information in the reference manual.
- Plan for the next clinical session, making changes in the schedule as necessary.
- Conduct additional practice with models if needed.

**The Trainer as Supervisor**

In the role of supervisor, the trainer must monitor learner activities in the health care facility so that:

- Each learner receives appropriate and adequate opportunities for skill practice;
- Learners do not disrupt the efficient provision of services within the facility or interfere with staff and their duties; and
- The care provided by each learner does not harm clients or place them in an unsafe situation.

The trainer must always be with learners when they are working with clients, especially when they are performing clinical procedures. Trainers may have more than one or two learners to supervise. Because the trainer cannot be with all of them at the same time, other methods of supervision must be used.

- Learners must understand what they can do independently and what requires trainer supervision, so that they can keep busy when the trainer is involved with another learner. Learners should be made responsible for ensuring that they are supervised when necessary. The trainer however still holds the ultimate responsibility.
- Additional activities that require no direct supervision will give learners the opportunity to be actively engaged in learning when they are not with clients.
- Clinical staff also can act as supervisors if the trainer is confident of their clinical skills and ability to provide appropriate feedback. The possibility of having clinical staff supervise learners is another reason why the trainer should get to know the staff before the training begins. During clinical site preparation, the trainer can observe the skills of the staff members, and verify that they are competent, if not proficient, service providers. The trainer may also have the opportunity to assess their coaching skills. There may even be time to work with staff members to improve their skills so that they can serve as role models and support learner learning.
The more learners there are in the facility, the more the trainer relies upon the staff to act also as trainers. The trainer has the ultimate responsibility for each learner including final assessment of skill competency. For this reason, if multiple clinical sites are used during a course, a trainer must be assigned to each site.

Because clinical staff usually are not involved in the classroom portion of a course, they do not have an opportunity to get to know the learners and their abilities before they arrive at the facility. It is a good idea to share such information with the clinical staff whenever they will have to take over a large part of the learner supervision. Clinical staff should also be encouraged to do an initial assessment of learners’ skills before allowing them to work with clients so that they can feel confident that the learners are well prepared.

Clinical staff should also be aware of the feedback the trainer would like to receive from them about learners.

- Will it be oral, written, or both? If written feedback is needed, the trainer should design an instrument or form to guide the clinical staff. The trainer should furnish a sufficient number of copies of the form and instruct the staff in its use. The trainer should develop a form that staff members can complete quickly and easily.

- How frequently will feedback be provided?

- Should both positive and corrective feedback be provided?

- Are there appropriate administrative channels through which the feedback should be transmitted? In some clinics, for example, staff members provide their feedback to the individual in charge of the health care facility who then prepares a report for the trainer.

When designing the feedback system, the trainer should keep in mind the time required to prepare and provide feedback. This will be extra work for the clinical staff, who already have a very busy schedule. It is best to keep the system as simple and easy to use as possible.

The Trainer as Coach

One of the most difficult tasks for the trainer, and one with which even experienced trainers struggle, is to be a good coach and provide feedback in the clinical setting. No matter how comfortable a trainer may be in giving feedback in the classroom or while working with models, the situation changes in the facility. The clients, staff, and other learners are nearby and the emergency services need to keep running smoothly and efficiently. The trainer often feels pressured to keep things moving because other clients need to be seen. The trainer also needs to be available to all the learners. Spending “too much time” with any one client or learner has an impact on everyone.

Feedback Sessions

The feedback sessions before and after practice are often skipped in an effort to save time. These sessions however are very important for the continued development of the learner’s psycho-motor or decision-making skills. Without adequate feedback and coaching, the learner may miss an important learning opportunity and take longer to achieve competency. Keep in mind that by this time the learner has already demonstrated competency on a model and may not need extensive feedback. To
minimize disruption of services, the pre- and post-practice feedback sessions can take place in just a few minutes in a location away from the client care areas.

- The structure of the feedback session is essentially the same regardless of whether the session takes place before or after practice, and whether it is for a learner’s performance with models or with clients.
- The learner should first identify personal strengths and the areas where improvement is needed.
- Next, the trainer should provide specific, descriptive feedback that includes suggestions of not only what, but also how, to improve.
- Finally, the learner and the trainer should agree on what will be the focus of the practice session, including how they will interact while they are with the client. For example, they may agree that if the trainer places a hand on the learner’s shoulder, it is a signal to stop and wait for further instructions.

The feedback session before practice should be given before the trainer and learner enter the room to work with the client. The feedback session after practice can be delayed until the client’s care has been completed or the client is in stable condition so that continuous care is no longer needed. The trainer should try not to delay feedback any longer than necessary. Feedback is always more effective when given as soon after care as possible. This will also allow the learner to use the feedback with the next client for whom services are provided, if appropriate.

Feedback during a Procedure

Be sure the client knows that the learner although already a service provider is also a learner. Reassure the client that the learner has had extensive practice and mastered the skill on models. The client should expect to hear the trainer talk to the learner and understand that it does not mean that something is wrong. Finally, the client should clearly understand that the trainer is a proficient service provider and is there to ensure that the procedure is completed safely and without delay.

Positive Feedback

Positive feedback is often easy to give and can be provided in the presence of the client. Trainers often think that hearing feedback, even positive feedback, will disturb the client. Many clients, however, find it comforting to hear the service provider being given positive feedback.

- Keep the feedback restrained and low-key; overly exuberant praise can be as worrisome to the client as hearing negative comments. Too much praise may cause the client to wonder, “What is being hidden?” “Why is it so surprising that this person is doing a good job?”
- Positive feedback can be conveyed by facial expression and tone of voice rather than words, and still be highly effective.

At the same time, the absence of feedback of any kind can be disturbing to the learner. By this phase of skill development the learner is expected to do a good job even with the first client, and is accustomed to hearing positive comments. To maintain the learner’s confidence, it is still important to give positive feedback.
Corrective Feedback

Corrective feedback is difficult to give under any circumstances, but particularly when a client is present. It is important to keep such feedback low-key and restrained. There are a number of techniques that will make it easier.

- Often a look or hand gesture (e.g., a touch on the shoulder) can be as effective as words and less worrisome to the client.

- Simple suggestions to facilitate the procedure can be made in a quiet, direct manner. Do not go into lengthy explanations of why you are making the suggestion or offering an observation—save that for the post-practice feedback session.

- To help a learner avoid making a mistake, the trainer can calmly ask a simple, straightforward question about the procedure itself. If a step in a procedure is about to be missed, for example, asking the learner to name the next step before doing anything further could help avoid an error. This is not the time to ask hypothetical questions about potential side effects and complications, as this may distract the learner and alarm the client.

- Sometimes, even though they have had extensive practice on models, learners make mistakes that can potentially harm the client. In these instances, the trainer must be prepared to step in and take over the procedure at a moment’s notice. This should be done calmly and with complete control to avoid unnecessarily alarming the client.

Where Practice Meets Reality

Practicing in simulation (or in a classroom) is necessary preparation for gaining practical experience in the clinical setting—but the “practicing,” as such, continues. Again, true skills competency can be achieved only by practicing with actual clients. This is because part of being competent is being able to provide high-quality services in real-life situations with living, breathing people—despite difficult emotions, unexpected findings, and other unanticipated occurrences. So, although trainers and learners will continue to use many of the tools and methods they became familiar with in the classroom, building on what they already know, no one knows what will actually happen in the clinical setting … not even the trainer. Ensuring that learners can practice and finally demonstrate the desired competencies in this “uncharted territory” requires careful planning, clear communication, flexibility, and a firm commitment to protecting the safety and rights of clients—on the parts of everyone involved: the trainer(s), learners, and clinical staff.
APPENDIX 3: USING THE REPRODUCTIVE IMPLANT TRAINING ARM (RITA) CORRECTLY

To practice contraceptive implants insertion and removal, learners should use the training model as if it were an actual client. Follow all insertion and removal steps as outlined in the training manual. During insertion training, the trocar should pass between the skin tube and the foam core (muscle tissue). If resistance is felt, the trocar probably has cut into the foam core because it was inserted at too deep an angle.

Immediately after insertion practice, learners can practice the removal techniques. If they inserted some of the implants too deep, they will have difficulty removing them, just as would occur with an actual client.

How to Care for the Training Model

- If the skin tube becomes sticky and dirty, it may be washed, dried, and recoated inside with powder.
- Rotate the skin tube each time you use it to make it last longer. Avoid making incisions close together.
- Do not store the model with more than one tension block in place. If more than one block is left in place, the rods will imprint the foam core, making implants removal very difficult.
- To ensure that the tension of the skin tube remains uniform during insertion practice, insertions should be initiated from the middle of the model’s surface and directed toward either end of the model.