



Postpartum Intrauterine Contraceptive Device (PPIUD) Services

Trainer's Notebook



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Family Planning Initiative
Addressing unmet need for postpartum family planning



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ACCESS-FP is an associate award under the ACCESS Program, Associate Cooperative Agreement #GPO-A-00-05-00025-00, Reference Leader Cooperative Agreement #GHS-A-00-04-00002-00. ACCESS-FP focuses on meeting the family planning and reproductive health needs of women in the postpartum period. Interventions are designed to complement those of the ACCESS Program in the promotion and scale-up of postpartum family planning through community and clinical interventions. ACCESS-FP seeks to reposition family planning through integration with maternal, newborn and child health programs, including the prevention of mother-to-child transmission of HIV.

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PPIUD COURSE NOTEBOOK FOR TRAINERS

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SECTION ONE: GUIDE FOR LEARNERS

Introduction

During the postpartum period, many women are not aware of their risk for pregnancy, which may occur as early as 4 to 6 weeks after birth. Although postpartum women may want to either space or limit subsequent births and would like to use contraception, most in developing countries are not. Mothers are often “too busy” taking care of their new babies and their families, and may mistakenly believe that they cannot get pregnant as long as they are breastfeeding. Some may be unsure of their contraceptive options or where they can access services, if available. **And the next time they go to the health facility, it is often too late: they are pregnant again. It may also be too soon.**

When pregnancies are spaced too closely together (<24 months, from birth to next pregnancy¹), mothers and babies are at increased risk for adverse health outcomes. Family planning, including postpartum family planning (PPFP), saves lives by enabling women to delay or limit their pregnancies. As such, family planning/PPFP has the potential to dramatically decrease maternal and child mortality and morbidity rates.

The most successful PPFP programs will focus on providing PPFP counseling to women at every opportunity. Ideally, counseling would be initiated during pregnancy, such as at an antenatal care (ANC) visit. Services should continue into the postpartum period, for routine follow-up and management of potential problems.

The goal of PPFP services is threefold: to—

1. **Assist** women and couples in understanding their risk of unintended pregnancy and the benefits of healthy spacing of pregnancies (or limiting, if desired); clarifying their fertility intentions; and choosing a contraceptive method that is well-suited to them;
2. **Provide** the chosen method, in adherence with international global standards and local protocols;
3. **Support** the woman and couple throughout the process—with kindness and respect, up-to-date information, quality care and, when needed, reassurance—to help ensure continued use of the method or smooth transition to another method of their choosing if appropriate.

The intrauterine contraceptive device (IUD) inserted postpartum (up to 48 hours after birth, optimally within 10 minutes of delivery of the placenta) is an excellent choice for many postpartum women, including those who are breastfeeding.² Because the postpartum IUD (PPIUD) is inserted so soon after birth, **a woman can leave the birth facility with a safe and extremely effective, long-acting, reversible contraceptive method already in place.**

This course aims to save lives by preparing a range of qualified service providers who can deliver high-quality PPIUD services as part of a comprehensive PPFP program.

¹Per the World Health Organization's recommendations for healthy spacing (2009).

²Current recommendations are for the Copper T 380A to be used in postpartum insertions.

PPIUD Course Overview

Course Description

Before Starting the Course

Welcome to the PPIUD clinical skills training course! You may benefit from understanding a few things about the course before getting started. **First**, it will be conducted in a way that is very different from traditional training courses—based on the assumption that you are here because you:

- Are **interested** in providing PPIUD services;
- Wish to **improve** your knowledge and skills in PPIUD service delivery, and thus your job performance; and
- Desire to be **actively involved** in course activities.

Therefore, the course will be very participatory and interactive, helping to create an environment that is more conducive to learning. **Second**, the development and assessment of your skills throughout the course will focus more on your performance than on what you know or have memorized. This is because clients deserve providers *who are able to provide safe and effective services, not just knowledgeable* about them. **Third**, a variety of educational technologies will be used to maximize the effectiveness and efficiency of course activities, enhancing your learning experience while conserving valuable resources. The training approach to be used is discussed in more detail on pages 1-9 to 1-12.

Course Design

This clinical skills course is designed to prepare qualified service providers (primarily maternal, newborn and child health [MNCH] providers [e.g., midwives, nurse-midwives, doctors] and other clinicians) who are capable of delivering high-quality PPIUD services to women—beginning with counseling when they are pregnant (ideally) and continuing through their first PPIUD follow-up at 4 to 6 weeks. Throughout the course, the trainer will use a variety of approaches to develop the learners' skills and to assess their performance. Key skills development and performance assessment methods and processes are described briefly below.

Knowledge Update

- During the morning of the first day, learners are introduced to the key features of the course and are briefly assessed (using the **Precourse Knowledge Assessment**, a standardized written test) to determine their individual and group knowledge of the provision of PPIUD services. Based on the results of this assessment (which will be summarized and analyzed using the **Individual and Group Assessment Matrix**):
 - The trainer and learners identify their collective strengths and weaknesses, and decide what adjustments should be made to the course schedule/outline—in terms of time allotted to topics and activities.
 - Each learner develops a **Personal Learning Plan** to articulate how she/he will use the course to achieve the **PPIUD Performance Standards**.
- The knowledge component of the course includes interactive presentations, discussions and other activities designed to help learners develop a *working understanding* of the latest, evidence-based information about the IUD and PPIUD.

- Progress in knowledge-based learning is assessed informally during the course through discussions and other activities. It is formally measured using a standardized written test (**Midcourse Knowledge Assessment**). This assessment will be given at the time in the course when content from all subject areas has been presented. A score of 85% or more indicates mastery of this material. For learners scoring less than 85% on their first attempt, the clinical trainer will review the results with the learner individually and provide guidance on using the reference manual to learn the required information. Learners scoring less than 85% can take the test again at any time during the remainder of the course.

Skills Development and Assessment

Classroom and clinic sessions focus on **key aspects of PPIUD service delivery** (e.g., counseling and screening of clients, performing the IUD insertion procedure in the context of routine obstetric services, managing side effects and other potential problems during follow-up).

- Learners will first practice skills “in simulation” (on anatomic models) using a detailed step-by-step **Counseling Guide** and **Clinical Skills Checklists**, which list the key steps in counseling and screening clients and postpartum insertion of the IUD. In this way, they learn the skills needed to provide PPIUD services more quickly and in a standardized manner, without placing clients at risk.
- Once the trainer determines that a learner has achieved an adequate level of skill with anatomic models, or in simulation, s/he will be able to practice the new skills in the clinical setting with actual clients. Progress in learning new skills is assessed (formally and informally) and documented throughout the course using the **Counseling Guide, Clinical Skills Checklists** and **Skills Tracking Sheet**.

Qualification

Although qualification³ is a statement by the trainer that the learner has met the requirements of the course, the responsibility for becoming qualified is shared by the learner and the trainer. Qualification is based on demonstrated mastery of, or competency in, the following areas:

- **Knowledge:** A score of at least 85% on the Midcourse Knowledge Assessment
- **Skills:** Satisfactory performance of PPIUD counseling and clinical skills (as outlined in the checklists)
- **Provision of Services (Practice):** Demonstrated ability to provide safe and effective PPIUD services in the clinical setting

A true determination of a learner’s competency can be made only through observing how the learner applies all that s/he has learned with actual clients.

After the Course

It is recommended that within 1 to 2 months of qualification, the learners be observed and assessed at their workplace by a course trainer, using the same counseling and clinical skills checklists used in the course. (At the very least, learners should be observed by a skilled provider soon after completing training.) This postcourse assessment is important for several reasons. **First**, it not only gives the newly trained providers direct feedback on their performance (so that they can work on further strengthening their skills, from competency to proficiency), but also

³ Qualification does not imply certification. Providers can be certified only by specifically designated organizations.

provides the opportunity for them to discuss any start-up problems or constraints to implementing the new skills in service delivery (e.g., due to 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. With this type of feedback, programs can be improved in a targeted manner to better meet the needs providers and communities. Without this type of feedback, training easily can become routine, stagnant and irrelevant to service delivery needs.

Course Syllabus

Course Description

This 3-day clinical training course is designed to prepare the learner to become competent in:

- **Counseling** women/couples about PPFp and the PPIUD as a contraceptive method;
- **Screening** women to ensure that they do not have any characteristics or conditions that would make the IUD an unsuitable option for them;
- **Inserting the IUD** in different postpartum scenarios, while incorporating appropriate infection prevention practices: postplacental insertion (within 10 minutes of delivery of placenta), both with an instrument (forceps) and manually; intracerean insertion (during a cesarean section); and early postpartum insertion (not immediate but up to 48 hours after childbirth); and
- **Managing** side effects and other potential problems associated with the use of IUDs.

Course Goals

- To influence in a positive way the attitudes of the learner toward the benefits and appropriate use of IUDs during the postpartum period
- To provide the learner with the knowledge, skills and attitudes necessary to provide PPIUD services

Learning Objectives

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

- Discuss the importance of healthy spacing (or limiting) of pregnancies and the benefits of postpartum family planning.
- Explain basic information about the IUD (interval⁴ and postpartum): its effectiveness, safety, mechanism of action, advantages and limitations, and other general attributes; and the medical eligibility criteria and other client assessment criteria used to determine whether the IUD is a good option for the woman.
- Explain what is unique about the IUD in the postpartum context.
- Demonstrate appropriate counseling and assessment of antenatal women for PPFp in general and the PPIUD in particular.
- Demonstrate appropriate counseling and screening of women in early/inactive labor or the early postpartum period for insertion of the IUD.
- Demonstrate appropriate infection prevention practices related to IUD service provision.

⁴Interval refers to IUDs inserted at any time between pregnancies, at or after 4 weeks postpartum, or completely unrelated to pregnancy.

- Perform postplacental insertion of the IUD (with forceps and manually).
- Perform intracervical insertion of the IUD.
- Perform early postpartum insertion of the IUD.
- Demonstrate proper post-insertion counseling and care.
- Describe the potential side effects and complications of the PPIUD and how to manage them.
- Describe the organization and management of a high-quality PPIUD program.

Training/Learning Methods

- Illustrated lectures and group discussion
- Individual and group exercises
- Role plays
- Simulated practice with anatomic (pelvic) models
- Guided clinical activities (focusing on counseling, screening and PPIUD insertion)

Learning Materials

This course handbook is designed to be used with the following materials:

- Reference manual: *Postpartum Intrauterine Contraceptive Device (PPIUD) Services: A Reference Manual for Providers* (Jhpiego 2010, updated 2013)
- Performance standards for establishing and managing PPIUD clinical services (included in the manual)
- PPIUD insertion kit and Copper T 380A IUDs in sterile packages
- Anatomic models for practicing PPIUD insertion

Learner Selection Criteria

Learners for this course should be providers who are:

- Working in a health care facility (clinic or hospital) that provides women's health services including antenatal care, labor and childbirth, and postpartum care, including family planning
- Familiar with providing interval IUD insertion and removal services (if learners are not proficient in these services, the course may be lengthened to allow for sufficient clinical practice)
- Willing to update their knowledge and acquire the skills and attitudes essential to provide PPIUD services

PPIUD service delivery is often a team effort, requiring the knowledge, skills and attitudes of trained clinicians and other types of health professionals, such as health or family planning educators and counselors. Although this course is designed for the individual health professional, it is easily adapted for training two-person teams (e.g., a clinician, such as a midwife, and a non-clinician, such as a counselor or health assistant) in all aspects of PPIUD service provision.

The person who actually performs the counseling or inserts the IUD may vary from facility to facility, depending on national and programmatic policies and availability of trained health care providers. Thus, opportunities are provided for learning and practicing the range PPIUD services: counseling and clinical skills, infection prevention, recordkeeping and follow-up of clients. Even if a learner will not carry out a specific task at the workplace, s/he needs to be familiar with what it involves in order to help ensure transfer of new skills to the workplace and high-quality service delivery. Therefore, **all course learners** have the opportunity to observe or perform all of the tasks associated with the safe and effective delivery of PPIUD services.

Methods of Assessment

Learner

- Pre- and Midcourse Knowledge Assessment
- Counseling Guide (antenatal and immediately after the childbirth)
- Clinical Skills Checklists for PPIUD services:
 - Postplacental IUD Insertion—Instrument Technique
 - Postplacental IUD Insertion—Manual Technique
 - Intracerebral IUD Insertion
 - Early PIUD Insertion

Course

- Course Evaluation (to be completed by each learner)

Course Duration

- Three days, six sessions
- Additionally, duties in labor room as appropriate to increase caseload

Suggested Course Composition

- Four to six learners, depending upon the PPIUD caseload
- Two clinical trainers

MODEL PPIUD COURSE SCHEDULE (STANDARD COURSE: 3 DAYS, 6 SESSIONS)		
Day 1	Day 2	Day 3
Morning 9AM–1PM	Morning 9AM–1PM	Morning 9AM–1PM
<p>Opening</p> <ul style="list-style-type: none"> • Welcome • Learner expectations <p>Objectives and Course Materials</p> <ul style="list-style-type: none"> • Goal and objectives • Course schedule and materials <p>Precourse Knowledge Assessment</p> <p>Review of Performance Standards; Development of Personal Learning Plan</p> <p>Illustrated Lecture</p> <ul style="list-style-type: none"> • Healthy Spacing or Limiting of Pregnancy <p>Review of Individual and Group Assessment Matrix</p> <p>Illustrated Lecture:</p> <ul style="list-style-type: none"> • Postpartum Family Planning <p>Exercise One</p> <ul style="list-style-type: none"> • Brainstorming: What is different about the PPIUD? <p>Illustrated Lectures</p> <ul style="list-style-type: none"> • Postpartum Intrauterine Contraceptive (PPIUD) • PPIUD Counseling and Informed Choice <p style="text-align: center;">Lunch</p>	<p>Agenda and Warm-Up</p> <p>Exercise Two</p> <ul style="list-style-type: none"> • Medical eligibility/client assessment for PPIUD <p>Illustrated Lecture</p> <ul style="list-style-type: none"> • Infection Prevention (IP) for PPIUD Services <p>Practice on Wards</p> <ul style="list-style-type: none"> • Counseling: Of clients for PPFP and PPIUD (ANC facility; postpartum ward) • Clinical: Insertion of postpartum, intracervical, early postpartum IUD (labor and delivery ward; postpartum ward) <p>Exercises on the Wards (as time permits)</p> <ul style="list-style-type: none"> • Identify IP steps in Clinical Skills Checklists (Exercise Three)—if not already done during IP lecture • PPIUD FAQs (Exercise Four) <p style="text-align: center;">Lunch</p>	<p>Agenda and Warm-Up</p> <p>Illustrated Lecture</p> <ul style="list-style-type: none"> • Management of PPIUD Side Effects and Complications <p>Practice on Wards</p> <ul style="list-style-type: none"> • Counseling: Of clients for PPFP and PPIUD (ANC facility; postpartum ward) • Clinical: Insertion of postpartum, intracervical, early postpartum IUD (labor and delivery ward; postpartum ward) <p>Exercise on the Wards (as time permits)</p> <ul style="list-style-type: none"> • IP principles—Q&A (Exercise Five) <p>Review of Skills Tracking Sheet</p> <p>Midcourse Knowledge Assessment</p> <p style="text-align: center;">Lunch</p>

MODEL PPIUD COURSE SCHEDULE (STANDARD COURSE: 3 DAYS, 6 SESSIONS)		
Day 1	Day 2	Day 3
Afternoon 2PM–4:30PM	Afternoon 2PM–4PM	Afternoon 2PM–4PM
<p>Demonstration</p> <ul style="list-style-type: none"> • Insertion techniques (including video) <p>Learners Practice</p> <ul style="list-style-type: none"> • Role play exercises on counseling <p>Skills Practice and Assessment (with models)</p> <p>Review of the Day</p> <p>Assignment: PPIUD Manual (trainer to specify selections)</p>	<p>Practice on Wards</p> <ul style="list-style-type: none"> • Insertion of postpartum IUD (labor and delivery ward); postpartum ward) <p>Review of Skills Tracking Sheet</p> <p>Review of the Day</p> <p>Assignment: PPIUD Manual (trainer to specify selections)</p>	<p>Review of Midcourse Knowledge Assessment Practice on Wards</p> <ul style="list-style-type: none"> • Insertion of postpartum IUD (labor and delivery ward); postpartum ward) <p>Course Evaluation and Review of Personal Learning Plan</p> <p>Course Closing</p> <p>Assignment: Be a good PPIUD service provider!</p>

Training Approach Used

In the context of clinical skills training, the mastery learning approach assumes that all learners can master—or “achieve competency” in—the knowledge and skills required to provide a specific health service, provided that sufficient time is allotted and appropriate training methods are used. The goal of mastery learning is for 100% of those being trained to be **competent** in providing beginning-level services by the end of the course. (Providers will only become proficient in newly-acquired skills once they have regularly used them in the workplace.)

Key points about the mastery learning approach, as used in this course, follow:

- From the outset, **learners know (as individuals and a group) what they are expected to learn** and where to find the information they need. They have ample opportunity for discussion with the clinical trainer about course content and their performance. This makes the training less stressful.
- Because people vary in their abilities to absorb new material, and learn best in different ways (e.g., through written, spoken or visual means), a **variety learning methods** are used. This helps to ensure that all learners have the opportunity to succeed.
- **Self-directed learning** enables learners to become active participants in their progress toward course goals. To facilitate this learner role, the clinical trainer serves as a facilitator or “coach,” rather than as more traditional instructor. Learners are also supported in identifying their own weaknesses and creating individualized plans for success.
- **Continual assessment** increases learners’ opportunities for learning. Through a variety of techniques, the trainer keeps learners informed of their progress in learning new information and skills, so that learners will know where they need to focus their efforts to achieve competency.

What if assessment could be just as much about **LEARNING** as it is about being **EVALUATED**?

Well, in this course, it is...

- **“Formative”** assessment is used continually, often informally, to **help you learn**. For example, during a discussion, the trainer will ask questions to assess learners’ understanding of the information being presented; he/she will recognize and reinforce correct answers, but will also help a learner who answers incorrectly to arrive at the correct answer—by exploring the rationale behind his/her answer, asking additional questions, etc. All learning activities are an opportunity for formative assessment. The trainer may use evidence of what learners have not yet mastered to make changes in the course to better meet learner needs.
- The trainer uses **“summative”** assessment, which is more formal, to determine whether you are ready to move on to the next level of responsibility (e.g., to move from practicing skills in simulation to practicing them with real clients). These assessments occur at specific points during the course to evaluate learners’ progress toward achieving course objectives and, ultimately, qualification.

With the mastery learning approach as a foundation, this course has been developed and will be conducted according to **adult learning principles**—learning should be participatory, relevant and practical—and:

- Uses **behavior modeling**;
- Is **competency-based**; and
- Incorporates **humanistic training techniques**.

Behavior Modeling

A person learns most rapidly and effectively by watching someone *model* (perform or demonstrate) a skill/activity or an attitude that they are trying to master. For modeling to be successful, the trainer must clearly demonstrate the service delivery-related skill/activity so that learners have a clear picture of the performance that is expected of them. Learning to perform a skill takes place in three stages, as shown in the box below.

Skill Acquisition	Knows the steps and their sequence (if applicable) to perform the required skill or activity but needs assistance
Skill Competency	Knows the steps and their sequence (if applicable) and can perform the required skill or activity at a “beginning level” (the goal of the course)
Skill Proficiency	Knows the steps and their sequence (if applicable) and efficiently performs the required skill or activity (achieved only through continued practice at workplace)

In addition, the trainer is continually modeling attitudes through his/her interactions with other trainers, learners and clients. Attitudes are demonstrated and explored in certain learning activities, such as discussions and role plays.

Competency-Based Training

Competency-based training (CBT) is distinctly different from traditional educational process; it is **learning by doing**. How the learner performs is emphasized rather than just what information the learner has acquired. This course focuses on the specific knowledge, skills and attitudes needed to carry out PPIUD service delivery-related tasks.

An essential component of CBT is coaching. Coaching incorporates **questioning, providing positive feedback and active listening** to help learners develop specific competencies, while encouraging a positive learning climate. In the role of coach, the trainer first explains the skill or activity and then demonstrates it using an anatomic model or other training aid, such as a video or a checklist. Once the procedure has been demonstrated and discussed, the trainer/coach observes and interacts with the learner to provide guidance as she/he practices the skill or activity. The trainer continues monitoring learner progress—providing suggestions and feedback, as needed, to help the learner overcome problems, build confidence and work toward greater independence.

Humanistic Training Techniques

The use of humane (humanistic) techniques also contributes to better clinical training. A major component of humanistic training is the use of anatomic models, which closely simulate the human body, and other learning aids such as videos. The effective use of models or other simulations facilitates learning, shortens training time and minimizes risks to clients. For example, by using anatomic models initially, learners more readily reach a level of performance that enables them to safely work with clients in the clinical setting, which is where they can achieve competency.

Before a learner attempts a clinical procedure with a client, two learning activities should occur:

- The clinical trainer should demonstrate the required skills and client interactions several times using an anatomic model or a simulation and appropriate audiovisual aids (e.g., video, computer graphics).
- While being supervised, the learner should practice the required skills and client interactions using the model and actual instruments in a simulated setting that is as similar as possible to the real clinical scenario.

Only when the learners have correctly and consistently demonstrated skills or interactions with models or in simulation should they have their first contacts with clients.

Summary points on the training approach used in this course.

- **First**, it is based on adult learning principles, which means that it is interactive, relevant and practical. Moreover, it requires that the trainer facilitate the learning experience rather than serve in the more traditional role of an instructor or lecturer; this allows learners to become active participants.
- **Second**, it involves use of behavior modeling and formal demonstration to facilitate learning a standardized way of performing a skill or activity.
- **Third**, it is competency-based. This means that it focuses on the learner's performance of a procedure or activity, not just on what or how much has been learned.
- **Fourth**, where possible, it relies heavily on the use of anatomic models and other training aids (i.e., it is humanistic) to enable learners to practice repeatedly the standardized way of performing the skill or activity **before** working with clients.

Through applying the above principles, by the time the trainer evaluates the learner's performance using the checklist, every learner should be able to perform **every** skill or activity competently. **And this is the ultimate goal of mastery training!**

Components of the PPIUD Training Package

In designing the training materials for this course, particular attention has been paid to making them user-friendly, as well as to permit the course learners and clinical trainer to easily adapt the training to the learners' (group and individual) learning needs. This course is built around use of the following components (further described below):

- Need-to-know information contained in a **reference manual**: The manual provides all of the content needed for the course about the provision of high-quality PPIUD services. It serves as the "text" for learners and the "reference source" for the trainer. In addition, because the manual contains only information that is consistent with the course goals and objectives, it becomes an integral part of all classroom exercises. It is also a valuable resource for learner-providers when they return their workplace.
- A **course handbook for learners** containing answer sheets, exercise prompts, counseling and skills checklists: This 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 all supplemental printed materials (precourse knowledge assessment, clinical skill checklists and course evaluation) needed during the course.

Section One: Guide for Learners

- A **course notebook for trainers** including answer keys (for written assessments and exercises), as well as detailed information for conducting the course and individual course activities: This document contains the same material as the course notebook for learners, as well as special material for the trainer. It includes the course outline, precourse knowledge assessment answer key, midcourse knowledge assessment answer key, exercise answer keys and guidance for conducting the course/course activities.
- **Teaching aids and audiovisual materials**, such as a video, slides presentations, anatomic model and other training aids: These are used in conjunction with course activities to enhance and increase the efficacy and efficiency of the learning experience.
- **Competency-based skills development and performance assessment tools:** These materials help to ensure that learning and assessment of learning are standardized, which is a cornerstone of quality training and, ultimately, service provision.

Precourse Knowledge Assessment

Using the Individual and Group Assessment Matrix

The main objective of the **Precourse Knowledge Assessment** (which is taken/scored anonymously) is to assist both the **trainer** and the **learner** as they begin their work together by assessing what the learners, individually and as a group, already know about the course topics. This allows the trainer to identify topics that may need to be emphasized or de-emphasized during the course.

Questions are presented in an easy-to-score, true-false format. And a special form, the **Individual and Group Assessment Matrix** (following), is provided to record the scores of all course participants. Using this form, the trainer can quickly chart the number of correct answers for each of the questions and share them with the learners. By examining the data in the matrix, group members can easily determine their collective strengths and weaknesses and jointly plan with the trainer how best to use the course time to achieve the desired learning objectives.

For the trainer, the assessment results will identify particular topics that may need additional emphasis during the learning sessions. Conversely, for those categories where 85% or more of learners answer the questions correctly, the trainer may elect to use some of the allotted time for other purposes.

For the learners, the questions alert them to content that will be presented in the course, whereas their results enable them to focus on their individual learning needs. The corresponding topic areas, from the reference manual, are noted beside the answer column. To make the best use of limited course time, learners are encouraged to address their individual learning needs by studying accordingly.

Precourse Knowledge Assessment—Answer Sheet

Instructions: Select the single best answer to each question. Circle or tick your answer.

Postpartum IUD Overview

1. In many developing countries, postpartum women have:
 - a. BETTER access to family planning services than women who are not postpartum
 - b. Worse access to family planning services than women who are not postpartum
 - c. No interest in family planning services
2. For health reasons, how long should women wait after delivering a baby before trying to become pregnant again?
 - a. For at least 1 year
 - b. For at least 2 years
 - c. Until regular monthly periods have started again
3. For health reasons, how long should women wait after a miscarriage before trying to become pregnant again?
 - a. No wait is necessary
 - b. 3 months
 - c. 6 months
4. Which of the following is TRUE about expulsion of the postpartum IUD?
 - a. To prevent expulsion, women who choose the PPIUD should not breastfeed.
 - b. The expulsion rate is lowest when the IUD is inserted within 10 minutes of delivery of the placenta.
 - c. Tying knots of catgut on the cross arms of the IUD will reduce expulsion.
5. Which of the following is an acceptable time to insert an IUD postpartum?
 - a. When the baby is 1 day old
 - b. When the baby is 1 week old
 - c. When the baby is 3 weeks old

Postpartum Anatomy and Physiology

6. Which of the following is TRUE about how postpartum anatomy and physiology affect IUD insertion?
 - a. When an IUD is inserted 2 weeks postpartum, the risk of expulsion is very low because it is easier to reach the fundus.
 - b. The standard IUD inserter tube can be used to place both interval IUDs and postpartum IUDs.
 - c. In order to reach the fundus, the uterus must be “elevated” (pushed up in the abdomen) to smooth out the vagino-uterine angle.

7. Because of normal postpartum changes:
 - a. The woman is less likely to notice initial slight bleeding and cramping caused by the IUD.
 - b. The strings should be trimmed immediately after insertion of the IUD.
 - c. The woman should check for the IUD strings at least once a day (to ensure that it has not been expelled).

Counseling

8. Which of the following statements is TRUE *and* should be shared with a woman during postpartum IUD counseling?
 - a. An IUD placed during the postpartum period can be used to delay or prevent pregnancy for as long as the woman desires, even up to 12 years.
 - b. Placement of an IUD during the immediate postpartum period has a slightly higher risk of uterine perforation than placement during the interval between pregnancies.
 - c. Women who choose the PPIUD should limit breastfeeding in order to reduce the risk of expulsion.
9. Counseling about the use and benefits of a PPIUD *can* be provided:
 - a. Only during routine antenatal care visits, if the husband has agreed to it.
 - b. During active labor, so that the IUD can be placed immediately after delivery of the placenta.
 - c. During the latent phase labor, if the woman is comfortable.

Infection Prevention

10. Which of the following IP practices is acceptable?
 - a. Surgical (metal) instruments that have been decontaminated and thoroughly cleaned can be safely used for insertion of the IUD postpartum.
 - b. It is not necessary to use an antiseptic when inserting an IUD immediately after delivery because the provider is still wearing sterile gloves.
 - c. To minimize the risk of staff contracting hepatitis B or HIV/AIDS during the cleaning process, instruments used in IUD insertion should be soaked first for 10 minutes in 0.5% chorine solution.
11. If an IUD is still inside an undamaged, sealed package but appears tarnished or discolored, the provider should:
 - a. Insert the IUD if the package is not beyond the expiration date.
 - b. Send the IUD back to the manufacturer.
 - c. Discard the IUD because it is unsterile.

PPIUD Client Assessment

12. In which of the following women would it be safe to insert an IUD immediately following delivery of the placenta?
 - a. A woman who has a fever of 38°C
 - b. A woman who has had ruptured membranes for 12 hours
 - c. A woman who is HIV+ with a low CD4 count
13. If a woman was successfully treated for chlamydia during this pregnancy and wants an IUD, the provider can:
 - a. Insert the IUD if the infection has been gone for more than 6 weeks.
 - b. Insert the IUD but provide antibiotics for 1 week.
 - c. Tell the woman to return for insertion at 4 weeks postpartum.
14. Which of the following is a condition for which PPIUD insertion is considered Category 4 (meaning the method should not be used), according to the World Health Organization's Medical Eligibility Criteria (WHO MEC)?
 - a. AIDS
 - b. Puerperal sepsis
 - c. Cesarean section

Postpartum IUD Insertion

15. Which of the following is the best technique for inserting an IUD on the first day after delivery?
 - a. Using instruments, such as a Kelly placental forceps
 - b. Using hands (manually)
 - c. Using an inserter tube and plunger
16. Which of the following statements is TRUE about placement of the PPIUD during cesarean section?
 - a. A sponge-holding (ring) forceps must be used to ensure that the IUD is placed at the fundus
 - b. The strings of the IUD should not be passed through the cervix into the vagina
 - c. The PPIUD should be stitched in place at the fundus with a 0 chromic suture
17. If a woman has had a normal vaginal delivery and an immediate/postplacental IUD insertion is planned:
 - a. The IUD should be inserted 30 minutes after active management of the third stage of labor is performed
 - b. Active management of the third stage of labor should be performed as usual, immediately before the IUD is inserted
 - c. Active management of the third stage labor should be avoided, if possible, if the woman is having a PPIUD

Follow-Up Care/Management of Potential Problems

18. A woman had a postplacental PPIUD inserted 3 weeks ago. Over the past 24 hours, she has become hot and feverish. She should:
- Be told to take paracetamol and oral antibiotics for 7 days.
 - Come into the clinic right away to have the PPIUD removed.
 - Come into the clinic right away for evaluation.
19. Which one of the following is TRUE about IUD strings?
- The strings should be passed through the cervix into the vagina during intracesarean placement.
 - The strings should not be visible at the cervix after immediate/postplacental insertion of the IUD.
 - The woman should check for the strings each month to make sure the IUD has not fallen out.
20. A woman who has had an IUD placed in the immediate postpartum period should have a follow-up exam:
- Every year to check the strings
 - Only if she thinks the IUD has fallen out
 - At 4 to 6 weeks postpartum to reinforce counseling, answer any questions and screen for potential problems

Individual and Group Assessment Matrix

Course _____ Dates: _____ Clinical Trainer(s) _____

QUESTION NUMBER	CORRECT ANSWERS (LEARNERS)															SECTION 1.01 TOPIC AREA
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1.																HEALTHY PREGNANCY SPACING AND PFP/PIUD OVERVIEW (Manual, Chapters 1–3; selections as specified)
2.																
3.																
4.																
5.																
6.																POSTPARTUM ANATOMY AND PHYSIOLOGY (Manual, Chapters 3, 4; selections as specified)
7.																
8.																COUNSELING (Manual, Chapters 5, 6; selections as specified)
9.																
10.																INFECTION PREVENTION (Manual, Chapter 7; selections as specified)
11.																
12.																CLIENT SCREENING (Manual, Chapters 5, 6; selections as specified)
13.																
14.																
15.																PIUD INSERTION (Manual, Chapter 7; selections as specified)
16.																
17.																FOLLOW-UP CARE/ MANAGEMENT OF POTENTIAL PROBLEMS (Manual, Chapter 8; selections as specified)
18.																
19.																
20.																

Personal Learning Plan

Using the Personal Learning Plan

Learning should be tied directly to performance and should be related to on-the-job application of the learned knowledge and skills. For learners to be ready and eager to learn, they need to understand the relevance of the training to them and their clinical situation. To increase learners' sense of relevance, the trainers should ask them: (a) to consider the PPIUD Performance Standards (Manual, Appendix J) in the context of their own skills, as well as the “situation” at their workplace; and (b) to create a Personal Learning Plan based on their findings.

Before Training

You may have observed PPIUD services at your facility and compared them to established service delivery standards or guidelines (e.g., the PPIUD Performance Standards). In doing so, you likely identified “gaps”—areas where training is necessary to achieve the standards. If you were not familiar with PPIUD services in your own practice or at your facility, review of the standards would still benefit you, helping to create a clear picture of what will be expected of you in this course.

During Training

At the start of the training, you will review the standards again, identify which standards are not being met by you or at your workplace, and what knowledge and skills gaps exist. You will record these gaps in your plan, as goals to be achieved; this practice will help to ensure that you acquire the knowledge, skills and attitudes needed to achieve the standards once you return to your workplace. This becomes your **Personal Learning Plan**, which functions as a kind of contract between you and your trainer(s).

After Training

Upon returning to your workplace, you should apply your newly acquired skills to achieve the defined standards. Your **Personal Learning Plan** serves as a guide to what you will work on immediately upon return to the workplace and allows you to communicate with your supervisor, coworkers and trainers—in a specific, concrete way—the knowledge, skills and attitudes you have learned during this course. It can also aid in discussing how you will initiate changes and lead a team effort to improve the quality of care in PPIUD services at your facility.

Blank Personal Learning Plan

Instructions: Complete the first four columns of this Personal Learning Plan by reviewing the PPIUD Performance Standards and thinking about how you will use this training to prepare you to achieve those standards. At the end of the course, complete the final column about how this course has helped you to achieve the standards.

Learner Name:		Designation:		Date:	
Facility Name:		Location:			
Performance Standard # or Area	What is required in order to achieve this standard at your facility?	Who will help you to achieve this standard?	When will you achieve this standard?	How did this training prepare you to achieve this standard?*	
Signatures: _____ (Learner); _____, _____ (Trainer[s], PPIUD Course)					

*Final column to be completed at end of course.

Sample Personal Learning Plan

Instructions: Complete the first four columns of this Personal Learning Plan by reviewing the PPIUD Performance Standards and thinking about how you will use this training to prepare you to achieve those standards. At the end of the course, complete the final column about how this course has helped you to achieve the standards.

Learner Name: Elizabeth Johnson		Designation: Nurse-Midwife		Date: 1 November 2010	
Facility Name: Eastern District Hospital		Location: Big City, Eastern District			
Performance Standard # or Area	What is required in order to achieve this standard at your facility?	Who will help you to achieve this standard?	When will you achieve this standard?	How did this training prepare you to achieve this standard?	
#3 Screening/assessment	In my hospital, the IUD is not very popular. I need updated knowledge about client screening for PPIUD so I know who can use the IUD postpartum.	My director, the medical officers and labor ward assistants	I will begin screening women as soon as I return to my hospital	I now understand the new criteria for providing this method.	
#15 Postplacental insertion	We do not practice this method and are not familiar with this technique. I need to learn the steps for postplacental IUD insertion.	The medical officers in charge of the labor ward, as well as the assistants and educators/counselors	I will provide this method once I have educated clients about it and found some who are interested in and eligible for it	I am now competent to insert postplacental IUD. I will need more practice with clients to become proficient.	
Signatures: _____ (Learner); _____ (Trainer[s], PPIUD Course)					

*Final column to be completed at end of course.

Exercise One: What Is Different about the PPIUD?

Objectives

The purpose of this activity is to:

- Identify things that are common or different about provision of postpartum IUD services as opposed to interval IUD services.
- Identify different equipment and supplies needed for PPIUD insertion.
- Consider different client characteristics for PPIUD procedures.

Time Allotted

- 15 minutes

Resources/Materials Needed

- Skills Station for PPIUD
- Flipchart paper and markers

NOTE: Instructions to be provided by trainer.

Exercise Two: Medical Eligibility for the PPIUD

Objectives

The purpose of this activity is to:

- Dispel common myths and misconceptions about client eligibility for the PPIUD.
- Clarify and reinforce identification of those few conditions/characteristics that pose health risks with use of the PPIUD.

Time Allotted

- As time permits in the clinical setting

Resources/Materials Needed

- Flipchart paper and markers for small group activity
- Copies of the blank WHO Medical Eligibility Criteria (MEC) PPIUD chart (either as handout or from the Course Handbook for Learners)
- Completed MEC PPIUD chart as answer key (for the trainer)

NOTE: Instructions to be provided by trainer.

Exercise Two: Answer Sheet

Instructions: Below is a chart listing various conditions/characteristics that may have an impact on whether the PPIUD is a good choice for a particular woman. For each condition/characteristic, place a check mark in the appropriate column, indicate the WHO Category (1–4) and give a reason in the space provided.

MATERNAL CONDITION	INSERT PPIUD	DO NOT INSERT PPIUD	REASON/COMMENT
Plans to have another baby in 2 years			
3 weeks postpartum			
Delivered 20 hours after rupture of membranes (ROM)			
Has AIDS and has not been taking ARV			
Younger than 20 years of age			
History of gonorrhea as a teenager			
History of ectopic pregnancy			
Has a genital laceration that extends into the rectum			
Has a fever of 38°C postpartum			
Has a history of anemia			
Persistent vaginal hemorrhage after delivery			
Partner has penile discharge and dysuria			
Living with HIV and receiving care at the HIV clinic			
History of PID, treated with antibiotics 5 years ago			
Has fever and abdominal pain in association with an incomplete abortion			

Exercise Three: Infection Prevention Steps

Objectives

The purpose of this activity is to:

- Reinforce infection prevention IP principles.
- Identify the steps of insertion of the PPIUD that are for the purpose of infection prevention.
- Clarify how infection prevention is carried out.

Time Allotted

- As time permits in the clinical setting

Resources/Materials Needed

- Clinical Skill Checklists for Postplacental Insertion (Instrumental and Manual) and Early Postpartum Insertion PPIUD

NOTE: Instructions to be provided by trainer.

Exercise Four: PPIUD Frequently Asked Questions (FAQs)

Objectives

The purpose of this activity is to:

- Reinforce principles for the provision of PPIUD services.
- Clarify concepts of PPIUD service provision.

Time Allotted

- As time permits in the clinical setting

Resources/Materials Needed

- Reference Manual

NOTE: Instructions to be provided by trainer.

Exercise Five: Infection Prevention Principles

Objectives

The purpose of this activity is to:

- Reinforce infection prevention principles.
- Clarify concepts of infection prevention.

Time Allotted

- As time permits in the clinical setting

Resources/Materials Needed

- Reference Manual

NOTE: Instructions to be provided by trainer.

Counseling Guide and Clinical Skills Checklists

The Clinical Skills Checklists for PPIUD insertion contain the steps or tasks performed by the clinician when providing PPIUD services. These tasks correspond to the information presented in *Postpartum Intrauterine Contraceptive Device (PPIUD) Services: A Reference Manual for Providers* (Jhpiego 2010, updated 2013). These checklists are designed to help the learner learn the steps or tasks involved in:

- Postplacental insertion of an IUD (instrumental, manual)
- Intracesarean insertion of an IUD
- Early postpartum insertion of an IUD

In addition, the counseling guide serves as a checklist for the skills needed for counseling a client for postpartum family planning, particularly those interested in insertion of an IUD in the postpartum period.

Job aids and other tools from the Reference Manual (which provide detailed “content”) can be used in conjunction with the counseling guide and skills checklists, supporting both learning and the transfer of new skills to the workplace.

Using Skills Checklists for Learning

The **checklists** are designed to be used for both learning and assessment. During skill acquisition, learners use the checklists to:

- **Understand the steps of the procedure.** The trainer introduces the skill by describing the steps and how they are accomplished. The reference manual describes the steps in greater detail, providing illustrations, more detailed explanations and tips.
- **Follow along as the trainer conducts a demonstration of the procedure on an anatomic model.** The learners will use the clinical skills checklist as a guide to the sequence and correct performance of the individual steps of the procedure.
- **Guide his/her own clinical practice on the anatomic model.** The learner will practice the clinical skills on the anatomic models with the assistance and support of colleagues and trainers. In this context, the checklist provides a mechanism for colleagues and trainers to discuss and provide explicit, constructive feedback on performance.
- **Check whether s/he is ready for formal assessment by the trainers.** Ultimately, learners will need to be assessed by the trainers to determine their level of achievement in the skill being practiced. Since the skill will be assessed by the trainer using the exact same clinical skill checklist, learners can rate their own readiness for assessment by self-evaluating their performance based on the checklist.
- **Guide practice with actual clients in the clinical setting.** Once a skill is “mastered” in the skills lab, learners will be ready to practice the skill under supervision with actual clients in the clinical setting. The checklist is used again in this context as a guide to strengthen performance.

What happened to learning guides? Previously, many training courses used learning guides as a learning tool and checklists as an assessment tool. While similar to each other, learning guides had a greater level of detail about the steps in the procedure. Modern approaches to learning and performance have caused trainers to rethink that approach. Instead of having separate tools for learning and performance, the emphasis is now on the link between the two. Because checklists are more concise and easily transferred to the workplace, they are now used to guide learning, assessment and performance.

Using Skills Checklists for Assessment

The same **checklist** used for learning/practice is used by the trainer for assessment of each clinical skill, in terms of both readiness for—and competency in—working with actual clients. The final phase of learning in the context of this course, known as skill competency, is determined by the trainer using the checklist as an objective measure of the achievement of all the steps of the procedure with actual clients. The checklist, therefore, is used for assessment by the trainers and learners in the following ways:

- **As a template for feedback.** Space is provided on the checklist for trainers and colleagues (other learners) to score the performance of a given step in a procedure. Under the column marked CASES, observers should rate whether a learner correctly performed the step in the following way:

Place a “✓” in case box if task/activity is performed **satisfactorily**, an “✘” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs 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 learner during evaluation by trainer

Along with those who are observing and coaching, the learner should describe correct practice and specifically note the ways in which steps can be done correctly. The specificity of the checklist is an example of the level of detail that should be provided through description/feedback.

- **For determination of “readiness.”** When the trainer and the learner both believe that the learner is ready to practice with clients, the checklist is used. Since the checklist is a focused listing of all the necessary steps of the procedure, it is expected that the learner will perform all the steps correctly.
- **For “qualification,” certification of competency.** At the bottom of the checklist is a box for the trainer to sign, certifying that the learner performed the skill competently. This is signed and dated as the statement of competency in both the skills lab and the clinical setting.

TRAINER CERTIFICATION

	<u>With Models</u>	<u>With Clients</u>
Skill performed competently:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signed: _____

Date: _____

Counseling Guide for PFP/PPIUD Counseling

Based on the GATHER Technique, this guide provides a “framework” for counseling—both general and specific to women interested in the PPIUD.

Place a “✓” in case box if task/activity is performed **satisfactorily**, an “✗” if it is **not** performed **satisfactorily**, or **N/O** if not observed. Provide comments to the learner to allow him or her to improve her performance.

Satisfactory: Performs 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 learner during evaluation by trainer

Learner _____ Date Observed _____

COUNSELING ON PPIUD SERVICES			
ITEM	STEP/TASK	COMMENTS	ASSESSMENT
GREEN – Establish good rapport and initiate counseling on PFP.			
1. Establishes a supportive, trusting relationship.	• Greet the woman, using her name and introducing self.		
	• Shows respect for the woman and helps her feel at ease.		
	• Encourages the woman to explain her needs and concerns and ask questions.		
2. Allows the woman to talk and listens to her.	• Listens carefully and supports the woman’s informed decisions.		
	• Includes woman’s partner or important family member in the discussion, as the woman desires and with her consent.		
3. Engages woman’s family members.			
ASK – Determine reproductive intentions, knowledge of pregnancy risk and use of various contraceptives.			
4. Determines any previous experiences with family planning.	• Explores woman’s knowledge about the return of fertility and the benefits of pregnancy spacing or limiting (as desired).		
	• Asks whether she has had prior experience with family planning methods, any problems, reasons for discontinuing, etc.		
5. Assesses partner/family attitudes about family planning.	• Explores partner’s/family’s knowledge about the return of fertility and the benefits of pregnancy spacing/limiting.		

COUNSELING ON PPIUD SERVICES			
ITEM	STEP/TASK	COMMENTS	ASSESSMENT
6. Assesses reproductive intentions.	<ul style="list-style-type: none"> Asks about desired number of children, desire to space or limit births, desire for long-term family planning, etc. 		
7. Assesses need for protection against sexually transmitted infections (STIs).	<ul style="list-style-type: none"> Explores woman's need for protection from STIs, including HIV. Explains and supports condom use, as a method of dual protection. 		
8. Determines interest in a particular family planning method.	<ul style="list-style-type: none"> Asks whether she has a preference for a specific method, based on prior knowledge or the information provided. 		
TELL – Provide the woman with information about PPFPP methods.			
9. Provides general information about benefits of healthy pregnancy spacing (or limiting, if desired).	<ul style="list-style-type: none"> Advises that to ensure her health and the health of her baby (and family), she should wait at least 2 years after this birth before trying to get pregnant again. Advises about the return of fertility postpartum and the risk of pregnancy. Advises how LAM and breastfeeding are different. Advises about the health, social and economic benefits of healthy pregnancy spacing (or limiting, if desired). 		
10. Provides information about PPFPP methods.	<ul style="list-style-type: none"> Based on availability and on woman's prior knowledge and interest, briefly explains the advantages, limitations and use of the following methods: <ul style="list-style-type: none"> LAM Condoms POPs, COCs DMPA (injections) PPIUD No-scalpel vasectomy (male sterilization) Postpartum tubal ligation (female sterilization) Shows the methods (using poster or wall chart) and allows the woman to touch or feel the items, including the IUD, using a contraceptive tray. Corrects any misconceptions about family planning methods. 		

COUNSELING ON PPIUD SERVICES			
ITEM	STEP/TASK	COMMENTS	ASSESSMENT
HELP— Assist the woman in making a choice; give her additional information that she might need to make a decision.			
11. Helps the woman to choose a method.	<ul style="list-style-type: none"> • Gives woman additional information that she may need and answer any questions. • Assesses her knowledge about the selected method; provides additional information as needed. • Acknowledges the woman's choice and advises her on the steps involved in providing her with her chosen method. 		
12. Supports the woman's choice.			
EVALUATE and EXPLAIN— Determine whether she can safely use the method; provide key information about how to use the method (focus on PPIUD, per her choice).			
13. Evaluates the woman's health and determine if she can safely use the method.	<ul style="list-style-type: none"> • Asks the woman about her medical and reproductive history. 		
14. Provides key information about the PPIUD with the woman:	<ul style="list-style-type: none"> • Effectiveness: Prevents almost 100% of pregnancies • Mechanism for preventing pregnancy: Causes a chemical change that damages the sperm BEFORE the sperm and egg meet 		
	<ul style="list-style-type: none"> • Duration of IUD efficacy: Can be used as long (or short) as woman desires, up to 12 years (for the Copper T 380A) 		
	<ul style="list-style-type: none"> • Removal: Can be removed at any time by a trained provider with immediate return to fertility 		
	<ul style="list-style-type: none"> • Simple and convenient IUD placement, especially immediately after delivery of the placenta 		
	<ul style="list-style-type: none"> • No action required by the woman after IUD placement (although one routine follow-up visit is recommended) 		
	<ul style="list-style-type: none"> • Immediate return of fertility upon removal • Does not affect breastfeeding or breast milk • Long-acting and reversible (as described above) 		
15. Discusses advantages of the PPIUD:			

COUNSELING ON PPIUD SERVICES			
ITEM	STEP/TASK	COMMENTS	ASSESSMENT
16. Discusses limitations of the PPIUD:	<ul style="list-style-type: none"> • Heavier and more painful menses for some women, especially first few cycles after interval IUD (less relevant or noticeable to postpartum women) 		
	<ul style="list-style-type: none"> • Does not protect against STIs, including HIV 		
	<ul style="list-style-type: none"> • Higher risk of expulsion when inserted postpartum (though less with immediate postpartum insertion) 		
	<ul style="list-style-type: none"> • Bleeding or foul-smelling vaginal discharge (different from the usual lochia) 		
	<ul style="list-style-type: none"> • Lower abdominal pain, especially if the first 20 days after insertion—accompanied by not feeling well, fever or chills 		
	<ul style="list-style-type: none"> • Concerns she might be pregnant 		
	<ul style="list-style-type: none"> • Concerns the IUD has fallen out 		
	<ul style="list-style-type: none"> • Encourages the woman to ask questions. • Asks the woman to repeat key pieces of information. 		
RETURN —Plan for next steps and for when she will arrive to hospital for delivery.			
19. Plans for next steps. [Note: In this counseling guide, “return” refers to a subsequent visit after an initial PPFPP/PPIUD counseling session, but before birth and IUD insertion. “Return,” as a part of post-insertion counseling, is addressed in the insertion checklists, following.]	<ul style="list-style-type: none"> • Makes notation in the woman’s medical record about her PPFPP choice or which methods interest her. 		
	<ul style="list-style-type: none"> • If the woman cannot arrive at a decision at this visit, asks her to plan for a follow-up discussion at her next visit; advises her to bring partner/family member with her. 		
	<ul style="list-style-type: none"> • Provides information about when the woman should come back, as appropriate. 		

To be used by the TRAINER when the checklist is used as a skill assessment tool:

When the learner is ready for assessment of his/her skills in counseling, use this Counseling Guide as an assessment tool. Ensure that the learner satisfactorily addresses all of the elements noted in the Counseling Guide and mark his/her achievement under the column marked **ASSESSMENT**.

TRAINER CERTIFICATION

Skill performed competently:

Signed:

Date:

With Models

Yes No

With Clients

Yes No

Role Play Exercises: Counseling Potential PPIUD Users

Here are some sample scenarios for use in counseling role plays. Learners should use their course materials as well as any informational/educational brochures or counseling job aids during practice. Trainers may design additional role plays based on their past experience providing family planning counseling. Instructions to be provided by trainer.

- 1. Debora is 23 years old and works as a teacher in primary school.** She is 6 months pregnant and attends the antenatal clinic at the District Women’s Hospital regularly. She does not want a second child for 2–3 years. She does not know what method she will use, but is thinking her husband should use condoms. Ms. Rivera, a health counselor in the District Women’s Hospital, has recently returned from a PPIUD services training course and has been providing PPFPP education to antenatal care clients.
 - a. How can Ms. Rivera provide guidance to Debora regarding her options?**
 - b. What are Debora’s options?**
- 2. Meena has one son who is 1 year old.** She and her husband have been using condoms and abstinence to prevent pregnancy. Her mother-in-law advised her that she will not become pregnant as long as she breastfeeds her baby, but now she finds that she is 4 months pregnant. The couple is quite concerned because although they definitely want two children, they were not planning to have them so close together. They think they may not want any more children after this one is born, but want the children to grow before Meena has female sterilization. Meena has heard rumors about the IUD, that it can move up into the body and cause headaches. Instead, she thinks she will try contraceptive injections after having this baby. Dr. Shila is counseling Meena about all the methods of postpartum family planning, and Meena has many questions about the IUD.
 - a. How should Dr. Shila address Meena’s concerns?**
 - b. What information should Dr. Shila provide Meena about the IUD?**
- 3. Akiki is 23, her husband is a farmer, and she delivered their third child last night in the hospital.** She learned from the health counselor there about benefits of spacing her births for her own health, as well as that of her children; she also received information about a variety of contraceptives. She and her husband do not want more children, but her mother-in-law thinks they should not hurry to decide. When she is asked by her postpartum care provider about postpartum family planning, Akiki tells her she is interested in the IUD. She says her husband is just outside, along with her mother-in-law. She asks the provider, “Can you please go talk to them, too?”
 - a. How should the provider speak with the family about her client’s wishes?**
 - b. What are some of the important things to discuss?**

4. **Dr. Pasaribu, a young assistant professor in a teaching hospital's Obstetrics and Gynecology department, recently attended a workshop on PPIUD services.** The country's government has recently launched a PPIUD initiative. Dr. Pasaribu is therefore very excited about making the IUD available to postpartum women in the hospital, as well as teaching the young residents about it. Dr. Sianturi is a full professor in the Ob/Gyn department. When she came to know about Dr. Pasaribu's intentions, she called him into the office and started expressing concerns about high expulsion and perforation rates associated with the PPIUD, as well as difficulties with insertion techniques. Dr. Sianturi advised the young doctor to be very careful about these postpartum IUDs and to focus instead on laparoscopic tubal ligation (TL).
- a. **How can Dr. Pasaribu present the new evidence and correct the misconceptions that Dr. Sianturi has?**
 - b. **What are the most important things for the young doctor to discuss with Dr. Sianturi?**

Clinical Skills Checklists

Postplacental (Instrumental) Insertion of the IUD (Copper T 380A) (To Be Used by Learners and Trainers)

Learners: Study this tool together with the appropriate chapter in the Reference Manual to learn about and practice the correct steps needed to provide this clinical skill. Ask your colleagues to use this tool to follow along as you practice with anatomic models and gain experience with clients. Your colleagues should offer specific feedback using this tool to guide their observations.

Trainers: Use this tool when the learner is ready for assessment of competency in this clinical skill. Place a “✓” in case box if task/activity is performed **satisfactorily**, an “✗” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs 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 learner during evaluation by trainer

Learner _____ Date Observed _____

CHECKLIST FOR <u>POSTPLACENTAL (INSTRUMENTAL) INSERTION OF THE IUD</u>					
STEP/TASK	CASES				
Tasks to Perform upon Presentation (done prior to managing active labor and vaginal delivery)					
1. Reviews the woman’s record to ensure that she has chosen the IUD.					
2. Checks that she has been appropriately counseled and screened for PPIUD insertion. (Note: If she has not and she is comfortable and in early/inactive labor, provides that service following the next step.)					
3. Greets the woman with kindness and respect.					
4. Confirms that woman still wants IUD.					
5. Explains that the IUD will be inserted following delivery of baby and placenta. Answers any questions she might have.					
Tasks to Perform after Presentation but prior to Insertion					
6. Confirms that correct sterile instruments, supplies and light source are available for immediate postplacental (instrumental) insertion; obtains PPIUD kit/tray.					
7. Confirms that IUDs are available on labor ward; obtains a sterile IUD, keeping the package sealed until immediately prior to insertion.					
8. Manages labor and delivery (including using a partograph and performing active management of third stage of labor [AMTSL]) and performs second screening to confirm that there are no delivery-related conditions that preclude insertion of IUD now: <ul style="list-style-type: none"> – Rupture of membranes for greater than 18 hours – Chorioamnionitis – Unresolved postpartum hemorrhage 					
9. If any of these conditions exists, speak with the woman, explains that this is not a safe time for insertion of the IUD, and offers re-evaluation for an IUD at 6 weeks postpartum. Counsels her and offers her another method for postpartum family planning (at least for temporary use).					

CHECKLIST FOR <u>POSTPLACENTAL (INSTRUMENTAL) INSERTION OF THE IUD</u>				
STEP/TASK	CASES			
10. If insertion is performed by same provider who assisted birth, keeps on same pair of HLD or sterile gloves for insertion, provided they are not contaminated. OR: If insertion is performed by a provider different from the one who assisted birth, ensures that AMTSL has been completed, then performs hand hygiene and puts on HLD or sterile gloves.				
11. Inspects perineum, labia and vaginal walls for lacerations. If there are lacerations that are bleeding, applies clamp to the bleeding area to stop the bleeding and proceeds with IUD insertion. (Repairs lacerations, if needed, <u>after</u> inserting IUD.)				
Insertion of the IUD				
12. Confirms that the woman is ready to have the IUD inserted. Answers any questions she might have and provides reassurance if needed.				
13. Has the PPIUD kit/tray opened and arranges insertion instruments and supplies in the sterile field. Ensures that IUD in sterile package is kept to the side of sterile draped area. Places a dry, sterile cloth on the woman’s abdomen.				
14. Gently inserts Simms speculum and visualizes cervix by depressing the posterior wall of vagina.				
15. Cleans cervix and vagina with antiseptic solution two times using a separate swab each time.				
16. Gently grasps anterior lip of the cervix with the ring forceps. (Speculum may be removed at this time, if necessary.) Leaves forceps aside, still attached to cervix.				
17. Opens sterile package of IUD from bottom by pulling back plastic cover approximately one-third of the way.				
18. With nondominant hand still holding the IUD package (stabilizing IUD through the package), uses dominant hand to remove plunger rod, inserter tube and card from package.				
19. With dominant hand, uses placental forceps to grasp IUD inside sterile package. Holds IUD by the edge, careful not to entangle strings in the forceps.				
20. Gently lifts anterior lip of cervix using ring forceps.				
21. Gently inserts and slowly advances IUD (this step overlaps with Step 22): <ul style="list-style-type: none"> – While avoiding touching walls of the vagina, inserts placental forceps—which are holding the IUD—through cervix into lower uterine cavity. – Gently moves IUD further into uterus toward point where slight resistance is felt against back wall of lower segment of uterus. – Keeping placental forceps firmly closed, lowers ring forceps and gently removes them from cervix; leaves them on sterile towel. 				
22. “Elevates” the uterus (this step overlaps with Steps 21 and 23): <ul style="list-style-type: none"> – Places base of nondominant hand on lower part of uterus (midline, just above pubic bone with fingers toward fundus); and – Gently pushes uterus upward in abdomen to extend lower uterine segment. 				

CHECKLIST FOR POSTPLACENTAL (INSTRUMENTAL) INSERTION OF THE IUD					
STEP/TASK	CASES				
23. Passes IUD through vagino-uterine angle (this step overlaps with Step 22): <ul style="list-style-type: none"> – Keeping forceps closed, gently moves IUD upward toward uterine fundus, in an angle toward umbilicus. – Lowers the dominant hand (hand holding placental forceps) down, to enable forceps to easily pass vagino-uterine angle and follow contour of uterine cavity. Takes care not to perforate uterus. 					
24. Continues gently advancing forceps until uterine fundus is reached, when provider feels a resistance. By feeling the uterus through the abdominal wall, confirms with the abdominal hand that the IUD has reached the fundus.					
25. While continuing to stabilize the uterus, opens forceps, tilting them slightly toward midline to release IUD at fundus.					
26. Keeping forceps slightly open, slowly removes them from uterine cavity by sweeping forceps to the sidewall of uterus and sliding instrument alongside wall of uterus. Takes particular care not to dislodge IUD or catch IUD strings as forceps are removed.					
27. Keeps stabilizing uterus until forceps are completely withdrawn. Places forceps aside on sterile towel.					
28. Examines cervix to see if any portion of IUD or strings are visible or protruding from cervix. If IUD or strings are seen protruding from cervix, removes IUD using same forceps used for first insertion; positions same IUD in forceps inside sterile package and reinserts.					
29. Repairs any lacerations (episiotomy) as necessary.					
30. Removes all instruments used and places them open in 0.5% chlorine solution so they are totally submerged.					
Post-Insertion Tasks					
31. Allows the woman to rest a few minutes. Supports the initiation of routine postpartum care, including immediate breastfeeding.					
32. Disposes of waste materials appropriately.					
33. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning them inside out and disposing of them.					
34. Performs hand hygiene.					

CHECKLIST FOR <u>POSTPLACENTAL (INSTRUMENTAL) INSERTION OF THE IUD</u>				
STEP/TASK	CASES			
35. Tells woman that IUD has been successfully placed; reassures her and answers any questions she may have. Advises her that instructions will be reviewed prior to discharge, and provides the following instructions for now: <ul style="list-style-type: none"> - Reviews IUD side effects and normal postpartum symptoms - Tells woman when to return for PPIUD/postpartum and newborn check-up(s) - Emphasizes that she should come back any time she has a concern or experiences warning signs - Reviews warning signs for IUD (PAINS⁵) - Reviews how to check for expulsion and what to do in case of expulsion - Ensures that the woman understands post-insertion instructions - Gives written post-insertion instructions, if possible - Provides card showing type of IUD and date of insertion 				
36. Records information in the woman’s chart or record. Attaches IUD cards (which woman will be given at discharge) to woman’s record.				
37. Records information in the appropriate register(s).				

TRAINER CERTIFICATION

With Models

With Clients

Skill performed competently:

Yes No

Yes No

Signed:

Date:

⁵The acronym PAINS may be helpful in remembering IUD warning signs. Each letter stands for a sign or symptom indicating a need for urgent care: **P**eriod is late, or you have abnormal spotting or severe bleeding; **A**bdominal pain, severe cramping or abdominal pain with sexual intercourse; **I**nfection with or exposure to a STI or symptoms of a pelvic infection, such as abnormal vaginal discharge; **N**ot feeling well or having a fever of 100.4°F (38°C) or higher; **S**trings from IUD are missing or are longer or shorter than normal.

Intracerean Insertion of the IUD (Copper T 380A)
(To Be Used by Learners and Trainers)

Learners: Study this tool together with the appropriate chapter in the Reference Manual to learn about and practice the correct steps needed to provide this clinical skill. Ask your colleagues to use this tool to follow along as you practice with anatomic models and gain experience with clients. Your colleagues should offer specific feedback using this tool to guide their observations.

Trainers: Use this tool when the learner is ready for assessment of competency in this clinical skill.

Place a “✓” in case box if task/activity is performed **satisfactorily**, an “✗” if it is not performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs 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 learner during evaluation by trainer

Learner _____ Date Observed _____

CHECKLIST FOR INTRACESAREAN INSERTION OF THE IUD					
STEP/TASK	CASES				
Tasks to Perform upon Presentation (done prior to performing cesarean section)					
1. Reviews the woman’s record to ensure that she has chosen the IUD.					
2. Checks that she has been appropriately counseled and screened for PPIUD insertion. (If she has not and she is comfortable and in early/inactive labor, provides that service following the next step.)					
3. Greets the woman with kindness and respect.					
4. Confirms that the woman still wants IUD.					
5. Explains that the IUD will be inserted following delivery of the baby and the placenta. Briefly describes procedure. Answers any question the woman might have.					
Tasks to Perform after Presentation but prior to Insertion					
Note: For intracerean insertion, the IUD is inserted manually through the uterine incision. This takes place after birth of baby, delivery of placenta and second screening, but prior to repair of uterine incision.					
6. Confirms that correct sterile instruments, supplies and light source are available for intracerean insertion; obtains PPIUD kit/tray.					
7. Confirms that IUDs are available; obtains a sterile IUD, keeping the package sealed until immediately prior to insertion.					
8. Delivers baby and placenta via cesarean section and performs second screening to confirm that there are no delivery-related conditions that preclude insertion of IUD now: <ul style="list-style-type: none"> – Rupture of membranes for greater than 18 hours – Chorioamnionitis – Unresolved postpartum hemorrhage 					
9. If any of these conditions exists, speaks with the woman, explains that this is not a safe time for insertion of the IUD and offers re-evaluation for an IUD at 6 weeks postpartum. Counsels her and offers her another method for postpartum family planning (at least for temporary use).					
10. Inspects uterine cavity for malformations, which could preclude use of IUD.					

CHECKLIST FOR INTRACESAREAN INSERTION OF THE IUD					
STEP/TASK	CASES				
Insertion of the IUD					
11. Has the PPIUD kit/tray opened and arranges insertion instruments and supplies in a sterile field. Ensures that IUD in sterile package is kept to the side of sterile draped area.					
12. Opens sterile package of IUD from bottom by pulling back plastic cover approximately one-third of the way.					
13. With nondominant hand, holds IUD package (stabilizing IUD through the package); with dominant hand, removes plunger rod, inserter tube and card from package.					
14. With dominant hand, grasps and then holds the IUD at end of fingers, by gripping the vertical rod between the index and middle fingers. (Alternatively, uses forceps to hold the IUD. Holds IUD by the edge, careful not to entangle strings in the forceps.)					
15. Stabilizes uterus by grasping it at fundus, through abdomen, with nondominant hand.					
16. With dominant hand, inserts IUD through uterine incision and moves to fundus of uterus.					
17. Releases IUD at fundus of uterus.					
18. Slowly removes hand from uterus. Takes particular care not to dislodge IUD as hand is removed.					
19. Points IUD strings toward lower uterine segment, but does not push them through the cervical canal or pull the IUD from its fundal position.					
20. Closes the uterine incision, taking care not to incorporate IUD strings into the suture.					
Post-Insertion Tasks					
21. Disposes of waste materials appropriately.					
22. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning them inside out and disposing of them.					
23. Performs hand hygiene.					
24. Records information in the woman's chart or record. Attaches IUD card (which women will be given at discharge) to woman's record.					
25. Records information in the appropriate register(s).					
26. Ensures that woman will receive post-insertion instructions on post-operative Day 2 or 3. The discharge provider should: <ul style="list-style-type: none"> - Review IUD side effects and normal postpartum symptoms - Tell woman when to return for IUD/postpartum and newborn check-up(s) - Emphasize that she should come back any time she has a concern or experiences warning signs - Review warning signs for IUD (PAINS⁶) - Review how to check for expulsion and what to do in case of expulsion - Ensure that woman understands post-insertion instructions - Give written post-insertion instructions, if possible - Provides card showing type of IUD and date of insertion 					

⁶The acronym PAINS may be helpful in remembering IUD warning signs. Each letter stands for a sign or symptom indicating a need for urgent care: **P**eriod is late, or you have abnormal spotting or severe bleeding; **A**bdominal pain, severe cramping or abdominal pain with sexual intercourse; **I**nfection with or exposure to a STI or symptoms of a pelvic infection, such as abnormal vaginal discharge; **N**ot feeling well or having a fever of 100.4°F (38°C) or higher; **S**trings from IUD are missing or are longer or shorter than normal.

TRAINER CERTIFICATION

With Models

With Clients

Skill performed competently:

Yes No

Yes No

Signed:

Date:

Early Postpartum Insertion of the IUD (Copper T 380A)
(To Be Used by Learners and Trainers)

Learners: Study this tool together with the appropriate chapter in the Reference Manual to learn about and practice the correct steps needed to provide this clinical skill. Ask your colleagues to use this tool to follow along as you practice with anatomic models and gain experience with clients. Your colleagues should offer specific feedback using this tool to guide their observations.

Trainers: Use this tool when the learner is ready for assessment of competency in this clinical skill.

Place a “✓” in case box if task/activity is performed **satisfactorily**, an “✗” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs 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 learner during evaluation by trainer

Learner _____ Date Observed _____

CHECKLIST FOR <u>EARLY POSTPARTUM</u> INSERTION OF THE IUD					
STEP/TASK	CASES				
Tasks to Perform in Postpartum Ward (prior to Procedure)					
1. Reviews the woman’s record to ensure that she has chosen the IUD.					
2. Ensures that she has been appropriately counseled and screened for PPIUD insertion.					
3. Greets the woman with kindness and respect.					
4. If she has not been counseled and assessed for postpartum IUD, provides that service now.					
5. Confirms that the woman still wants IUD.					
6. Briefly describes procedure. Answers any question the woman might have.					
7. Confirms that correct sterile instruments, supplies and light source are available for early postpartum insertion; obtains PPIUD kit/tray.					
8. Confirms that IUDs are available on labor ward; obtains a sterile IUD, keeping the package sealed until immediately prior to insertion.					
Pre-Insertions Tasks (in Procedure Room)					
Note: For early postpartum insertion, the procedure is very similar to postplacental (instrumental) insertion. There are some differences, however, especially due to the postpartum changes that are already occurring in the woman’s body. For example, depending on how much uterine involution has taken place, the provider may consider using a regular ring forceps for insertion, as it may be long enough to reach the fundus.					
9. Confirms that there are no delivery-related conditions that preclude insertion of IUD now: <ul style="list-style-type: none"> – Rupture of membranes for greater than 18 hours – Chorioamnionitis – Puerperal sepsis – Continued excessive postpartum bleeding – Genital trauma so severe that repairs would be disrupted by postpartum placement of an IUD (confirmed by inspection of genitalia, Step 15) 					
10. If any of these conditions exists, speaks with the woman, explains that this is not a safe time for insertion of the IUD and offers re-evaluation for an IUD at 6 weeks postpartum. Counsels her and offers her another method for postpartum family planning (at least for temporary use).					

CHECKLIST FOR <u>EARLY POSTPARTUM</u> INSERTION OF THE IUD				
STEP/TASK	CASES			
11. Ensures that woman has recently emptied her bladder.				
12. Helps the woman onto table. Drapes her lower abdominal/pelvic area.				
13. Determines level/length of uterus and confirms that there is good uterine tone.				
14. Performs hand hygiene and puts HLD or sterile surgical gloves on both hands.				
15. Inspects genitalia for trauma/repairs.				
Insertion of the IUD				
16. Confirms that the woman is ready to have the IUD inserted. Answers any questions she might have and provides reassurance if needed.				
17. Has the PPIUD kit/tray opened and arranges insertion instruments and supplies in the sterile field. Ensures that IUD in sterile package is kept to the side of sterile draped area. Places a dry, sterile cloth on the woman's abdomen.				
18. Gently inserts Simms speculum and visualizes cervix by depressing the posterior wall of vagina.				
19. Cleans cervix and vagina with antiseptic solution two times using a separate swab each time.				
20. Gently grasps anterior lip of the cervix with the ring forceps. (Note: Slightly more pressure may be needed to close forceps than with postplacental insertion because cervix has become firmer and begun to resume its pre-pregnancy state.) (Speculum may be removed at this time, if necessary.)				
21. Leaves forceps aside, still attached to cervix.				
22. Opens sterile package of IUD from bottom by pulling back plastic cover approximately one-third of the way.				
23. With nondominant hand still holding the IUD package (stabilizing IUD through the package), uses dominant hand to remove plunger rod, inserter tube and card from package.				
24. With dominant hand, uses placental forceps to grasp IUD inside sterile package. Holds IUD by the edge, careful not to entangle strings in the forceps.				
25. Gently lifts anterior lip of cervix using ring forceps.				
26. Gently inserts and slowly advances IUD (this step overlaps with Step 27): <ul style="list-style-type: none"> – While avoiding touching walls of the vagina, inserts placental forceps—which are holding the IUD—through cervix into lower uterine cavity. (Note: If difficult to pass placental forceps through the cervix, it may be necessary to use a second ring forceps to help widen cervical opening.) – Gently moves IUD further into uterus toward point where slight resistance is felt against back wall of lower segment of uterus. – Keeping placental forceps firmly closed, lowers ring forceps and gently removes them from cervix; leaves them on sterile towel. 				
27. “Elevates” the uterus (this step overlaps with Steps 26 and 28): <ul style="list-style-type: none"> – Places base of nondominant hand on lower part of uterus (midline, just above pubic bone with fingers toward fundus); and – Gently pushes uterus upward in abdomen to extend lower uterine segment. 				

CHECKLIST FOR <u>EARLY POSTPARTUM</u> INSERTION OF THE IUD					
STEP/TASK	CASES				
<p>28. Passes IUD through vagino-uterine angle (this step overlaps with Step 27):</p> <ul style="list-style-type: none"> - Keeping forceps closed, gently moves IUD upward toward uterine fundus, in an angle toward umbilicus. - Lowers the dominant hand (hand holding placental forceps) down, to enable forceps to easily pass vagino-uterine angle and follow contour of uterine cavity. Takes care not to perforate uterus. <p>(Note: Although this step may be more difficult in the early postpartum period, it is essential that the IUD reach the fundus.)</p>					
29. Continues gently advancing forceps until uterine fundus is reached, when provider feels a resistance. By feeling the uterus through the abdominal wall, confirms with the abdominal hand that the IUD has reached the fundus.					
30. While continuing to stabilize the uterus, opens forceps, tilting them slightly toward midline to release IUD at fundus.					
31. Keeping forceps slightly open, slowly removes them from uterine cavity by sweeping forceps to the sidewall of uterus and sliding instrument alongside wall of uterus. Takes particular care not to dislodge IUD or catch IUD strings as forceps are removed.					
32. Keeps stabilizing uterus until forceps are completely withdrawn. Places forceps aside on sterile towel.					
33. Examines cervix to see if any portion of IUD or strings are visible or protruding from cervix. If IUD or strings are seen protruding from cervix, removes IUD using same forceps used for first insertion; positions same IUD in forceps inside sterile package and reinserts.					
34. Checks any repairs made, as necessary, to ensure that they have not been disrupted.					
35. Removes all instruments used and places them open in 0.5% chlorine solution so they are totally submerged.					
Post-Insertion Tasks					
36. Allows the woman to rest a few minutes. Continues routine postpartum and newborn care.					
37. Disposes of waste materials appropriately.					
38. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning them inside out and disposing of them.					
39. Performs hand hygiene.					

CHECKLIST FOR <u>EARLY POSTPARTUM</u> INSERTION OF THE IUD				
STEP/TASK	CASES			
40. Tells woman that IUD has been successfully placed; reassures her and answer any questions she may have. Tells her that detailed instructions will be provided prior to discharge, and provides the following instructions: – Reviews IUD side effects and normal postpartum symptoms – Tells woman when to return for IUD/postnatal/newborn checkup – Emphasizes that she should come back any time she has a concern or experiences warning signs – Reviews warning signs for IUD (PAINS ⁷) – Reviews how to check for expulsion and what to do in case of expulsion – Ensures that the woman understands post-insertion instructions – Gives written post-insertion instructions, if possible – Provides card showing type of IUD and date of insertion				
41. Records information in the woman’s chart or record. Attaches IUD card (which women will be given at discharge) to woman’s record.				
42. Records information in the appropriate register(s).				

TRAINER CERTIFICATION

	<u>With Models</u>	<u>With Clients</u>
Skill performed competently:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signed:	_____	_____
Date:	_____	_____

⁷The acronym PAINS may be helpful in remembering IUD warning signs. Each letter stands for a sign or symptom indicating a need for urgent care: **P**eriod is late, or you have abnormal spotting or severe bleeding; **A**bdominal pain, severe cramping or abdominal pain with sexual intercourse; **I**nfection with or exposure to a STI or symptoms of a pelvic infection, such as abnormal vaginal discharge; **N**ot feeling well or having a fever of 100.4°F (38°C) or higher; **S**trings from IUD are missing or are longer or shorter than normal.

Clinical Skills Tracking Sheet

Using the PPIUD Clinical Skills Tracking Sheet

As learners, you must achieve multiple competencies during the PPIUD training course. These include both knowledge and skill competencies. This sheet will assist you in tracking the development of those competencies.

Items 1 to 4: Fill out the top portion of the sheet with your personal information.

Item 5: Note your score on the Precourse Knowledge Assessment here.

Item 6: When you have successfully completed the Midcourse Knowledge Assessment, note your score here.

Item 7: You and your trainer can use this form to track the development of multiple competencies over the 3 days of this PPIUD course.

First set of columns: When you have had the opportunity to practice each of the clinical skills on anatomic models, you will be assessed by a clinical trainer using a Clinical Skills Checklist. When your trainer determines that you are ready to work with actual clients, ask him/her to tick the appropriate box, sign the form and date it.

Second set of columns: The development of clinical skills with clients is more challenging in the provision of PPIUDs because the cases are not able to be scheduled regularly. Therefore, you may work with a variety of different trainers. When you have the chance to manage a particular case under the supervision of a trainer, share this form with him/her to show that you have successfully completed skills practice with models. Once your trainer determines that you have achieved competency with clients, ask him/her to tick the appropriate box, sign the form and date it.

The PPIUD Clinical Skills Tracking Sheet

1. Name _____
2. Designation _____
3. Facility _____
4. Dates of Training _____
5. Score on Precourse Knowledge Assessment _____
6. Score on Midcourse Knowledge Assessment _____

7. Clinical Skills Assessment

	Experience on Anatomic Models			Experience with Clients		
	Ready*	Signed	Date	Competent	Signed	Date
Counseling	<input type="checkbox"/>			<input type="checkbox"/>		
Postplacental Insertion of the IUD (Instrumental)	<input type="checkbox"/>			<input type="checkbox"/>		
Intracesarean Insertion of the IUD	<input type="checkbox"/>			<input type="checkbox"/>		
Early Postpartum Insertion of the IUD	<input type="checkbox"/>			<input type="checkbox"/>		

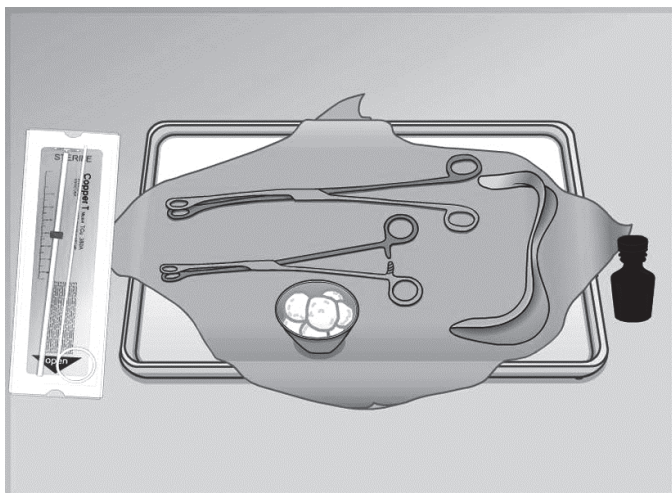
*In the skills being practiced, the learner has reached a level of achievement that indicates his/her "readiness" to practice with actual clients.

Set-Up of Clinical Skill Practice Station

The clinical skills station is set up at the start of the PPIUD clinical skills course and is used for multiple activities including:

- Exercise One: What Is Different about Postpartum IUD?—where learners compare what they see at the skills station with what they know about interval IUD services
- Demonstration of PPIUD Insertion Technique—where learners are introduced to the proper technique while following along on the checklist
- Models Practice for PPIUD Services—when learners work in groups and get to practice the clinical skills of PPIUD insertion while being coached by their trainers

The clinical skills station gives the learners an introduction to the supplies and equipment needed, as well as the clinical and communication behaviors for proper PPIUD insertion. The skills station must be set up with the pelvic model, instrument decontamination pail, waste disposal, antiseptic such as povidone-iodine, HLD or sterile gloves, and the instrument tray set up properly as shown in the following figure, so that all steps of the procedure can be correctly simulated.



PPIUD Course Evaluation

(To be completed by **Learners**)

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

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

COURSE COMPONENT	RATING
1. The Precourse Knowledge Assessment helped me to study more effectively.	
2. I have a good understanding of healthy spacing (or limiting) of pregnancy and the importance of FP/PPFP, and I believe that I can share this information with clients.	
3. I understand the client screening criteria and can correctly identify clients who would be appropriate for the PPIUD.	
4. The role play sessions on counseling skills were helpful.	
5. There was sufficient time scheduled for practicing counseling through role play and with clients (and volunteers, if applicable).	
6. The demonstration helped me gain a better understanding of how to insert PPIUDs prior to practicing with the anatomic models.	
7. The practice sessions with the anatomic models made it easier for me to perform PPIUD insertion when working with actual clients.	
8. There was sufficient time scheduled for practicing PPIUD insertion with clients.	
9. The interactive training approach used in this course made it easier for me to learn how to provide PPIUD services.	
10. The time allotted for this course, and its different components, was sufficient for learning how to provide PPIUD services.	
11. I feel confident in performing PPIUD postplacental insertion (instrumental).	
12. I feel confident in performing PPIUD postplacental insertion (manual).	
13. I feel confident in PPIUD intracerebral insertion.	
14. I feel confident in early PPIUD postpartum insertion.	
15. I feel confident in using the infection prevention practices recommended for PPIUD services.	
16. I feel confident in conducting routine PPIUD follow-up at 4 to 6 weeks, and identifying and managing (or referring) potential problems.	

(See next page.)

Additional Comments

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

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

What should be done to **improve** how this course is conducted?

Also, feel free to provide additional **explanation for** any of **your ratings** (Items 1 to 16).

SECTION TWO: TRAINER'S GUIDE

Preparing for the Course

A successful training course does not come about by accident, but rather through careful planning. This planning takes thought, time, preparation and often some study on the part of the clinical skills trainer. The trainer is responsible for ensuring that the course is carried out essentially as it was designed. The trainer must also make sure that the classroom and clinical practice sessions are conducted appropriately. To prepare for the course, the following steps are recommended:

- **Review course materials:**
 - **Review the learner’s guide (Section One)** carefully, to be familiar with the information and tools to which the learners have access. This is an exact duplicate of the Course Handbook for Learners.
 - **Pay special attention to the course schedule and course syllabus**, including the course description, goals, learning methods, training materials, methods of evaluation, course duration and suggested course composition.
 - **Note the section on the “Training Approach Used in This Course.”** Content on this subject has not always been provided to learners. Its inclusion here helps learners know what to expect and also supports the idea that developing competency is a “shared responsibility” between learners and the trainer.
 - **Review the trainer’s guide (Sections Two and Three)** well before the course begins.
 - **Study the course outline.** This provides detailed suggestions regarding the teaching of each objective and the facilitation of each activity. Based on suggestions in the course outline and the trainer’s own ideas, the trainer will gather the necessary equipment, supplies and materials. The trainer should also compare time estimates in the course outline to the schedule to ensure that sufficient time has been allotted for all sessions and activities. The trainer may also annotate the outline to help ensure smooth execution of the day’s activities.
 - **Review all of the exercises/activities** to get a clear sense of how they will work.
 - **Allow time to review and “absorb” Section Three: Tips for Trainers.** While much of the content and principles are applicable to any skills course, there are tips and examples throughout that are specific to the PPIUD course.

Make copies of pre- and midcourse knowledge assessment answer sheets and other materials as needed. Note that many “pieces” from Course Handbook for Learners and Course Notebook for Trainers are available as PDFs (and sometimes Word files) in the Additional Resources folder on the CD.

- **Study the reference manual** to help ensure complete familiarity with the content to be presented during the course.
- **Review graphics slides presentations**, including notes (beneath each slide). Create narration notes (see sample in Presentations folder on CD), if desired.
- **Watch video.**

Section Two: Guide for Trainers

- **Confirm that all audiovisual equipment** is available and in working order (e.g., overhead projector, video player, flipchart stand).
- **Check all anatomic models** (e.g., that they are clean, in good condition and all parts are in place).
- **Practice all clinical procedures** using the anatomic model(s) and skills checklists found in the learner's guide.
- **Obtain information about the learners who will be attending the course.** It is important for the trainer to know basic information about learners such as:
 - The **experience and educational background** of the learners. The trainer should attempt to gather as much information about learners as possible before training. If this is not possible, the trainer should inquire about their backgrounds and expectations during the first day of the course.
 - The types of **clinical activities** the learners will perform in their daily work after training. Knowing the exact nature of the work that learners will perform after training is critical for the trainer. The trainer must use appropriate, job-specific examples throughout the course so that learners can draw connections between what is being taught and what they will need to do. This is an excellent way to reinforce the importance of what is being learned.
- **Give learners “precourse” assignments, if any.** For example, according to program specifications, a copy of the Individual Learning Plan and Performance Standards may be sent/e-mailed to course participants beforehand so that they can do an informal self-assessment of their own practices, as well as those of others at their facility.
- **Meet with cotrainer(s), special content experts and clinical setting counterparts** to review individual roles and responsibilities. In order for the training to go well, the lead trainer(s) work with others involved to ensure that there is understanding and consensus about how the course will be conducted.

Planning and preparation are further discussed in Section Three: Tips for Trainers.

Model Course Outline

The course outline presented here is a model plan of the training to be delivered. It presents enabling objectives needed to accomplish the learning objectives described in the course syllabus. For each enabling objective, there are suggestions regarding appropriate learning 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.
- **Objectives/Activities.** This column lists the enabling objectives and learning activities. Because the objectives outline the sequence of training, the objectives are presented here in order. The combination of the objectives and activities (introductory activities, small-group exercises, clinical practice, breaks, etc.) outlines the **flow** of training.
- **Training/Learning Methods.** This column describes the various methods, activities and strategies to be used to deliver the content and skills related to each enabling objective.
- **Resources/Materials.** The fourth column in the course outline lists 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). Should changes be required, a printable Word version of this outline is available on the CD (in the Additional Resources folder).**
- **Many of the materials mentioned in the outline are also available as handouts on the CD (in the Additional Resources folder).**
- **The afternoon session of Day 1 runs 30 minutes longer than on Days 2 and 3.**
- **The video included in this package can be used in a variety of different time slots, depending on availability of time. Suggestions for when it might be most relevant are included in the outline.**
- **Graphic slides presentations mentioned in the outline (and included on the CD) feature substantial “narrator’s notes” (below each slide), which provide additional information, commentary and instructions for making the presentations more interactive. The trainer may opt to cut and paste these notes into a Word file to help facilitate ease of presentation and related discussion. A sample is included in the Presentations folder on the CD.**

POSTPARTUM IUD SERVICES
Model Course Outline (3 days, 6 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
Session 1: Day 1, Morning			
15 minutes	<p>Activity:</p> <ul style="list-style-type: none"> Welcome learners. Facilitate introductions of learners. Explore learners' expectations for the course. 	<ul style="list-style-type: none"> Open course with a word of welcome by organizers, lead trainers, etc. Facilitate the introductions of all learners and trainers. Ask for learners' expectations for the course. Allow learners to freely explore them. When reviewing course objectives (next), address which expectations can be met and which cannot. 	<ul style="list-style-type: none"> Prepared welcome sign Flipchart, tape and markers Name tents or badges
10 minutes	<p>Activity:</p> <ul style="list-style-type: none"> Review course objectives and schedule. Review components of the learning resource package (LRP). 	<ul style="list-style-type: none"> Review the course goals/objectives, learner selection criteria and expected outcomes. Review the course schedule, including starting and ending times and times for breaks and lunch. Review the materials to be used in the course and ensure that learners understand the use of the different materials. 	<ul style="list-style-type: none"> Flipchart with course objectives Learning resource package: <ul style="list-style-type: none"> Reference Manual Course Handbook for Learners (CHL) Course Notebook for Trainers (CNT)
25 minutes	<p>Activity:</p> <ul style="list-style-type: none"> Assess learners' precourse knowledge. 	<ul style="list-style-type: none"> Ask learners to turn to the Precourse Knowledge Assessment sheet (CHL). Assign a number to each learner and ask him/her to write the number on the Precourse Knowledge Assessment sheet (or use handouts). Advise them to answer each question and close their notebooks (or turn the answer sheet over) when finished. Allow 15 minutes for the Precourse Knowledge Assessment. Immediately review the correct responses—do not spend a lot of time on any questions, but assure the learners that the material will be covered during the course. Have learners grade their own papers and collect the papers after reviewing all of the answers. Use the papers to prepare the "large-format" Group and Individual Knowledge Matrix and then return the papers. 	<ul style="list-style-type: none"> Precourse Knowledge Assessment (in CHL) Small pieces of paper with numbers Group and Individual Knowledge Matrix (in CHL)

POSTPARTUM IUD SERVICES
Model Course Outline (3 days, 6 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
20 minutes	<p>Activity:</p> <ul style="list-style-type: none"> Review the PPIUD Performance Standards to develop a Personal Learning Plan. 	<ul style="list-style-type: none"> Review the Postpartum IUD Clinical Standards (in Reference Manual). Ask each learner to identify four to five standards that they will focus on during this course, and commit to implementing upon their return to their clinical facility. (Note: Ideally, learners would have done an assessment using the standards back in their place of work and come to the training course with a clear idea of their Personal Learning Plan.) This exercise will focus learners' practice during the course, as well as their performance after the course. Have them write their plans on the Personal Learning Plan form in their CHL. Also ask them to write their standards (those that they will focus on) on a piece of paper, and attach those papers to the flipchart. 	<ul style="list-style-type: none"> Flipchart paper Small pieces of paper, tape and markers PPIUD Clinical Standards (in Reference Manual) Personal Learning Plan (CHL)
25 minutes	<p>Presentation/Discussion:</p> <ul style="list-style-type: none"> Pregnancy Spacing and Health Benefits of FP 	<ul style="list-style-type: none"> Use the graphic slides presentation to provide information on the impact of pregnancy spacing on maternal, newborn and child health. Ask questions of the learners and engage them in the presentation of the information. 	<p>Graphic slides presentation on:</p> <ul style="list-style-type: none"> Healthy Spacing of Pregnancy
10 minutes	<p>Activity:</p> <ul style="list-style-type: none"> Review Group and Individual Knowledge Matrix. 	<ul style="list-style-type: none"> While one trainer is presenting the above presentation, another trainer should compile the results of the Precourse Knowledge Assessment and fill out the Group and Individual Knowledge Matrix. This is then presented to the learners to demonstrate where attention is needed (i.e., where many or most learners provided incorrect answers). (Note: A large-format version of the matrix in the CHL should be prepared beforehand. Alternatively, this activity can be done by having learners fill out their matrices in the CHL, as the trainer shares the compiled results aloud.) 	<ul style="list-style-type: none"> "Large-format" Group and Individual Knowledge Matrix (or matrices in CHL)
45 minutes	<p>Presentation/Discussion:</p> <ul style="list-style-type: none"> Postpartum Family Planning 	<ul style="list-style-type: none"> Use the graphic slides presentation to review the general concepts of postpartum family planning. Ensure that learners understand the many different types of PFP, and the use of LAM as a gateway method. 	<p>Graphic slides presentation on:</p> <ul style="list-style-type: none"> Postpartum Family Planning

POSTPARTUM IUD SERVICES

Model Course Outline (3 days, 6 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
15 minutes	<p>Exercise One:</p> <ul style="list-style-type: none"> Brainstorming: What Is Different about the Postpartum IUD? 	<ul style="list-style-type: none"> Before this exercise, set up a skills station for postpartum IUD insertion. Refer learners to the illustration of the skills station (CHL). Ask learners to gather around the skills station and brainstorm (rapid responses without much discussion) about all the things they see that are different about this set up for PPIUD insertion compared to “interval” IUD insertion. Write their responses on a flipchart without discussion or qualification. Refer back to this list during the next presentation on PPIUD services. 	<ul style="list-style-type: none"> The Skills Station Set-Up Illustration (CHL) Anatomic models, supplies, instruments, linen for the skills station (See Set-Up of Clinical Skill Practice Station in the CNT.) Flipchart and markers
75 minutes	<p>Presentation/Discussion:</p> <ul style="list-style-type: none"> Postpartum IUD Overview Postpartum IUD Counseling 	<ul style="list-style-type: none"> Use the graphic slides presentation to review the technical information about postpartum IUDs and the important aspects of counseling. Ask questions of the learners and engage them in the presentation of the information. <p>(Insertion video may be shown at this time if time allows.)</p>	<p>Graphic slides presentations on:</p> <ul style="list-style-type: none"> Postpartum IUD Overview Postpartum IUD Counseling <p>(Video)</p>

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Model Course Outline (3 days, 6 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
Session 2: Day 1, Afternoon			
50 minutes	<p>Demonstration:</p> <ul style="list-style-type: none"> • Immediate Postpartum Insertion of IUD (instrumental) • Intrauterine Insertion of IUD • Early Postpartum Insertion of IUD 	<ul style="list-style-type: none"> • Set up two skills stations—one on postpartum IUD insertion (instrumental and manual technique) and one on early postpartum IUD insertion. • Gather learners around the two skills stations. Ask them to use their skills checklists to follow along. Conduct a demonstration of the proper technique for insertion. First demonstrate postpartum instrumental insertion (instrumental and manual technique), then early postpartum insertion. • Also, discuss and review step-by-step the techniques for intrauterine insertion. <p>(Insertion video may be shown at this time if time allows.)</p> <ul style="list-style-type: none"> • Ask questions of the learners and assess their understanding of the technique. • Remind learners that they will have an opportunity to practice these skills (and be assessed for readiness to practice with actual clients) in the afternoon at the skill practice and assessment stations. 	<ul style="list-style-type: none"> • Fully equipped skill stations for postpartum and early postpartum insertion • Clinical Skills Checklists (CHL) <p>(Video)</p>
35 minutes	<p>Learner Practice:</p> <ul style="list-style-type: none"> • Role Plays on Counseling 	<ul style="list-style-type: none"> • Have learners break into groups of three persons each. Ask them to read the role plays on counseling contained in the CHL. Ask them to practice counseling using these role plays. One learner is the counselor, one learner is the client and one learner is the observer. • Have them use the Counseling Guide to aid in covering the important steps in counseling. Have them take turns with different role plays, each time having the learners play a different role. • While learners are doing the role plays, observe them. Use the Counseling Guide to ensure that their counseling approach and technical information are appropriate and accurate. 	<ul style="list-style-type: none"> • Counseling Role Plays (CHL) • Counseling Guide (CHL) • Counseling Role Plays—Answer Key (CNT)

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Model Course Outline (3 days, 6 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
90 minutes	<p>Skill Practice and Assessment</p> <ul style="list-style-type: none"> All learners rotate between different skills stations for demonstration, discussion, practice and assessment. 	<ul style="list-style-type: none"> Prepare several skills stations with everything needed for clinical insertion techniques. Use the diagram in the CNT to guide the set-up of these stations with pelvic models, instruments, gloves, and pails for decontamination and cleaning. Divide learners into several small groups. Have them work in teams at the skills station to practice the clinical skills. Use the clinical skills checklists to guide practice. Allow learners to practice the postplacental insertion (instrumental) and early postpartum insertion on the models. Use illustrations to guide simulated practice for intracervical insertion. When learners are ready, assess for competency using checklists. Record the skills achieved on the Skills Tracking Sheet for each learner. <p>(Insertion video may be shown at this time if time allows.)</p>	<ul style="list-style-type: none"> Fully equipped skills stations for postplacental and early postpartum insertion Clinical Skills Checklists (CHL) Skills Tracking Sheet (CHL) <p>(Video)</p>
10 minutes	<p>Review of the Day</p>	<ul style="list-style-type: none"> Review and recap day's activities. Give learners the reading assignment for tomorrow (Reference Manual). 	

POSTPARTUM IUD SERVICES

Model Course Outline (3 days, 6 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
Session 3: Day 2, Morning			
10 minutes	Agenda and Warm-Up	<ul style="list-style-type: none"> Have a warm-up activity to ensure that the learners are ready to learn and to help create a positive learning environment. Review agenda of the day. 	<ul style="list-style-type: none"> Agenda of the day on a flipchart
40 minutes	Exercise Two: <ul style="list-style-type: none"> Client Assessment for PPIUD 	<ul style="list-style-type: none"> Ask learners to turn to Exercise Two in their CHL. Break learners into two groups and ask them to review the chart on Medical Eligibility Criteria for PPIUD. Give the groups 10–15 minutes to fill in the chart. Ask them to provide a reason why they would insert or not insert the IUD in this postpartum situation. Ask the first team to present their responses for items 1–8. Engage the second team in the discussion. Do they agree or disagree? Then have the second team present their responses for items 9–16. Record the answers on a blank summary table posted on a flipchart. Lead a discussion about PPIUD client assessment criteria. Review the Pre-Insertion Screening Job Aid as a tool for helping ensure that clients are screened prior to insertion. 	<ul style="list-style-type: none"> Reference Manual Exercise Two (CNT) Pre-Insertion Screening Job Aid (Reference Manual) Flipcharts and markers
40 minutes	Presentation/Discussion: <ul style="list-style-type: none"> Infection Prevention for PPIUD Services 	<ul style="list-style-type: none"> Use the graphic slides presentation to review the general concepts of infection prevention as they relate to provision of postpartum IUD services. If there is time, use Exercise Three (Identify the Infection Prevention Steps) as a way to strengthen learners' understanding of IP concepts. (There is a "placeholder" for this activity in the presentation itself.) 	<p>Graphic slides presentation on:</p> <ul style="list-style-type: none"> Infection Prevention

POSTPARTUM IUD SERVICES

Model Course Outline (3 days, 6 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
150 minutes	<p>Practice on the Wards:</p> <ul style="list-style-type: none"> Counseling and Clinical Practice for Provision of PPIUD Services 	<ul style="list-style-type: none"> Break learners into teams of two teams, with two or three learners per team. Team 1 will go to the ANC clinic and provide counseling about PPFPP options, including the PPIUD, to antenatal clients. Team 1 should also provide counseling and services to women with IUDs in place who come to the family planning clinic for follow-up or evaluation for side effects. Team 2 will go to the labor/delivery ward for experience with postplacental, early postpartum and intracerearean insertion of the PPIUD. If there are no clients ready for insertion at this time, take the learners to the postpartum ward and have them to provide counseling to postpartum clients about the PPIUD. <p>(Note: The trainers should be aware of the volume and distribution of services. If there are several clients who are appropriate for PPIUD insertion, the trainer should call the learners from the ANC clinic to come to the labor/delivery ward for clinical experience.)</p>	<ul style="list-style-type: none"> Reference Manual Clinical Skills Checklists (CHL) Clinical Skills Tracking Sheet (CHL)
[If time allows in ward]	<p>Exercises Three and Four:</p> <ul style="list-style-type: none"> Exercise Three: Identify the IP Steps Exercise Four: PPIUD FAQs 	<ul style="list-style-type: none"> If there is any free time while on the wards waiting for cases, review and discuss Exercises Three and Four. Exercise Three: Identify the IP Steps. Review each step in the clinical skills checklist and consider if it is an infection prevention step. Discuss and clarify the basic points about infection prevention. Exercise Four: PPIUD FAQs. Assign one of the questions to each learner and ask them to discuss their answer. Reinforce (and add to, as needed) correct answers, correct misinformation and clarify any remaining questions about PPIUDs. 	<ul style="list-style-type: none"> Exercise Three— Answer Key (CNT) Exercise Four—Answer Key (CNT)

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Model Course Outline (3 days, 6 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
Session 4: Day 2, Afternoon			
90 minutes	Practice on the Wards: <ul style="list-style-type: none"> Counseling and Clinical Practice for Provision of PPIUD Services 	<ul style="list-style-type: none"> Continue clinical practice. Shift learners from the ANC clinic to the labor/delivery and postpartum wards, and vice versa. 	<ul style="list-style-type: none"> Clinical Skills Checklists (CNT) Clinical Skills Tracking Sheets (CHL)
15 minutes	Review of Skills Tracking Sheet	<ul style="list-style-type: none"> Each learner should review his/her personal Skills Tracking Sheet and make sure it is completed accurately. Trainers should review these with the learners and get a sense of the overall experience of the learners from the day's clinical activity. Based on this, a plan for clinical experience for tomorrow should be developed. 	<ul style="list-style-type: none"> Clinical Skills Tracking Sheet (CHL)
15 minutes	Review of the Day	<ul style="list-style-type: none"> Review and recap day's activities. Give learners the reading assignment for tomorrow (Reference Manual). 	<ul style="list-style-type: none"> Reference Manual

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Model Course Outline (3 days, 6 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
Session 5: Day 3, Morning			
10 minutes	Agenda and Warm-Up	<ul style="list-style-type: none"> Review agenda of the day. 	<ul style="list-style-type: none"> Agenda of the day on a flipchart
50 minutes	Presentation/Discussion: <ul style="list-style-type: none"> Side Effect and Complication Management 	<ul style="list-style-type: none"> Use the graphic slides presentation to share and discuss the management of PPIUD side effects and complications. Use cases from the clinical experience yesterday to reinforce concepts and principles. 	Graphic slides presentation on: <ul style="list-style-type: none"> PPIUD Side Effects and Complications Management
140 minutes	Practice on the Wards: <ul style="list-style-type: none"> Counseling and Clinical Practice for Provision of PPIUD Services 	<ul style="list-style-type: none"> Break learners into several teams, with two or three learners per team. Team 1 will go to the ANC clinic and provide counseling about PPFPP options, including the PPIUD, to antenatal clients. Team 1 should also provide counseling and services to women with IUDs in place who come to the family planning clinic for follow-up or evaluation for side effects. Team 2 will go to the labor/delivery ward for experience with postplacental, early postpartum and intracesarean insertion of the PPIUD. If there are no clients ready for insertion at this time, take the learners to the postpartum ward and have them to provide counseling to postpartum clients about the PPIUD. <p>(Note: The trainers should review the learners' skill tracking sheets and be aware of the volume and distribution of services. If there are several clients who are appropriate for PPIUD insertion, the trainer should call the learners from the ANC clinic to come to the labor/delivery ward for clinical experience.)</p>	<ul style="list-style-type: none"> Reference Manual Clinical Skills Checklists (CNT) Clinical Skills Tracking Sheets (CHL)
[If time allows in ward]	Exercise Five: <ul style="list-style-type: none"> IP Principles—Q&A 	<ul style="list-style-type: none"> If there is any free time while on the wards waiting for cases, review and discuss Exercise Five: IP Principles—Q&A. Exercise Five: IP Principles. Assign one of the questions to each learner and ask them to discuss their answer. Reinforce (and add to, as needed) correct answers, correct misinformation and clarify any remaining questions about infection prevention practices for the PPIUD. 	<ul style="list-style-type: none"> Exercise Five (CNT)

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Model Course Outline (3 days, 6 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
40 minutes	Midcourse Knowledge Assessment	<ul style="list-style-type: none"> • Make copies of the Midcourse Knowledge Assessment and give each learner a copy. • Ask learners to put their names on the first page. • Review the instructions printed on the questionnaire. There is one single best answer for each question. • Learners may silently leave the room and go for lunch when they have completed the questionnaire. • The trainer(s) should score the questionnaire, mark the score on the top and be prepared to return the questionnaire to the learners when they return from lunch. • Record the score on the learners' Skills Tracking Sheet. 	<ul style="list-style-type: none"> • Copies of the Midcourse Knowledge Assessment

POSTPARTUM IUD SERVICES

Model Course Outline (3 days, 6 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
Session 6: Day 3, Afternoon			
20 minutes	Review Midcourse Knowledge Assessment	<ul style="list-style-type: none"> Answers should be reviewed with the entire group. The trainer will meet with those learners scoring less than 85%. After discussing the items missed, the learners should spend additional study time and then retake the questionnaire until they achieve a score of at least 85%. 	<ul style="list-style-type: none"> Midcourse Knowledge Assessment – Answer Key (CNT)
50 minutes	Practice on the Wards: <ul style="list-style-type: none"> Counseling and Clinical Practice for Provision of PPIUD Services 	<ul style="list-style-type: none"> Clinical practice continues as needed. Trainers should shift learners from the ANC clinic to the labor/delivery and postpartum wards, and vice versa. 	
20 minutes	Activity: <ul style="list-style-type: none"> Course Evaluation and Review of Personal Learning Plan 	<ul style="list-style-type: none"> Bring the learners back together in a group. Ask each one to review their Personal Learning Plan developed on the first day of the course. Ask learners to state whether they were able to accomplish their learning goals and how they will use this training when they return to their facility. At the conclusion of the group work, have learners fill out and turn in the course evaluation form. 	<ul style="list-style-type: none"> Personal Learning Plans Course evaluation forms
30 minutes	Certificate Distribution and Closing	<ul style="list-style-type: none"> Closing remarks by training organizers. Distribute certificates to learners. 	<ul style="list-style-type: none"> Completed certificates

Precourse Knowledge Assessment

Using the Precourse Knowledge Assessment

The Precourse Knowledge Assessment is not intended to be a test but rather an assessment of what the learners, individually and as a group, know about the course topic. Learners, however, are often unaware of this and may become anxious and uncomfortable at the thought of being “tested” in front of their colleagues on the first day of a course. The clinical trainer should be sensitive to this attitude and administer the questionnaire in a neutral and non-threatening way as the following guide illustrates:

- Learners draw numbers to assure anonymity (e.g., from 1 to 12 if there are 12 learners in the course).
- Learners complete the precourse questionnaire quietly and individually without discussion.
- After everyone is finished, the clinical trainer gives the answers to each question.
- The clinical trainer passes around the individual and group assessment matrix for each learner to complete according to her/his number.
- The clinical trainer posts the completed matrix.
- The clinical trainer and learners discuss the results of the questionnaire as charted on the **Individual and Group Assessment Matrix** (page 1-19) and jointly decide how to allocate course time.

NOTE: A printable, PDF version of the test can be found in the Additional Resources folder on the CD. Remember that the assessment should not be modified in any way as it has been prepared and validated by a team of experts especially for this course.

Precourse Knowledge Assessment—Answer Key

Instructions: Select the single best answer to each question. Circle or tick your answer.

Postpartum IUD Overview

1. In many developing countries, postpartum women have:
 - a. BETTER access to family planning services than women who are not postpartum
 - b. WORSE ACCESS TO FAMILY PLANNING SERVICES THAN WOMEN WHO ARE NOT POSTPARTUM**
 - c. No interest in family planning services
2. For health reasons, how long should women wait after delivering a baby before trying to become pregnant again?
 - a. For at least 1 year
 - b. FOR AT LEAST 2 YEARS**
 - c. Until regular monthly periods have started again
3. For health reasons, how long should women wait after a miscarriage before trying to become pregnant again?
 - a. No wait is necessary
 - b. 3 months
 - c. 6 MONTHS**
4. Which of the following is TRUE about expulsion of the postpartum IUD?
 - a. To prevent expulsion, women who choose the PPIUD should not breastfeed.
 - b. THE EXPULSION RATE IS LOWEST WHEN THE IUD IS INSERTED WITHIN 10 MINUTES OF DELIVERY OF THE PLACENTA.**
 - c. Tying knots of catgut on the cross arms of the IUD will reduce expulsion.
5. Which of the following is an acceptable time to insert an IUD postpartum?
 - a. WHEN THE BABY IS 1 DAY OLD**
 - b. When the baby is 1 week old
 - c. When the baby is 3 weeks old

Postpartum Anatomy and Physiology

6. Which of the following is TRUE about how postpartum anatomy and physiology affect IUD insertion?
 - a. When an IUD is inserted 2 weeks postpartum, the risk of expulsion is very low because it is easier to reach the fundus.
 - b. The standard IUD inserter tube can be used to place both interval IUDs and postpartum IUDs.
 - c. IN ORDER TO REACH THE FUNDUS, THE UTERUS MUST BE “ELEVATED” (PUSHED UP IN THE ABDOMEN) TO SMOOTH OUT THE VAGINO-UTERINE ANGLE.**

7. Because of normal postpartum changes:
 - a. **THE WOMAN IS LESS LIKELY TO NOTICE INITIAL SLIGHT BLEEDING AND CRAMPING CAUSED BY THE IUD.**
 - b. The strings should be trimmed immediately after insertion of the IUD.
 - c. The woman should check for the IUD strings at least once a day (to ensure that it has not been expelled).

Counseling

8. Which of the following statements is TRUE *and* should be shared with a woman during postpartum IUD counseling?
 - a. **AN IUD PLACED DURING THE POSTPARTUM PERIOD CAN BE USED TO DELAY OR PREVENT PREGNANCY FOR AS LONG AS THE WOMAN DESIRES, EVEN UP TO 12 YEARS.**
 - b. Placement of an IUD during the immediate postpartum period has a slightly higher risk of uterine perforation than placement during the interval between pregnancies.
 - c. Women who choose the PPIUD should limit breastfeeding in order to reduce the risk of expulsion.
9. Counseling about the use and benefits of a PPIUD *can* be provided:
 - a. Only during routine antenatal care visits, if the husband has agreed to it.
 - b. During active labor, so that the IUD can be placed immediately after delivery of the placenta.
 - c. **DURING THE LATENT PHASE LABOR, IF THE WOMAN IS COMFORTABLE.**

Infection Prevention

10. Which of the following IP practices is acceptable?
 - a. Surgical (metal) instruments that have been decontaminated and thoroughly cleaned can be safely used for insertion of the IUD postpartum.
 - b. It is not necessary to use an antiseptic when inserting an IUD immediately after delivery because the provider is still wearing sterile gloves.
 - c. **TO MINIMIZE THE RISK OF STAFF CONTRACTING HEPATITIS B OR HIV/AIDS DURING THE CLEANING PROCESS, INSTRUMENTS USED IN IUD INSERTION SHOULD BE SOAKED FIRST FOR 10 MINUTES IN 0.5% CHORINE SOLUTION.**
11. If an IUD is still inside an undamaged, sealed package but appears tarnished or discolored, the provider should:
 - a. **INSERT THE IUD IF THE PACKAGE IS NOT BEYOND THE EXPIRATION DATE.**
 - b. Send the IUD back to the manufacturer.
 - c. Discard the IUD because it is unsterile.

PPIUD Client Assessment

12. In which of the following women would it be safe to insert an IUD immediately following delivery of the placenta?
- A woman who has a fever of 38°C
 - A WOMAN WHO HAS HAD RUPTURED MEMBRANES FOR 12 HOURS**
 - A woman who is HIV+ with a low CD4 count
13. If a woman was successfully treated for chlamydia during this pregnancy and wants an IUD, the provider can:
- INSERT THE IUD IF THE INFECTION HAS BEEN GONE FOR MORE THAN 6 WEEKS**
 - Insert the IUD but provide antibiotics for 1 week.
 - Tell the woman to return for insertion at 4 weeks postpartum.
14. Which of the following is a condition for which PPIUD insertion is considered Category 4 (meaning the method should not be used), according to the World Health Organization's Medical Eligibility Criteria (WHO MEC)?
- AIDS
 - PUERPERAL SEPSIS**
 - Cesarean section

Postpartum IUD Insertion

15. Which of the following is the best technique for inserting an IUD on the first day after delivery?
- USING INSTRUMENTS, SUCH AS A KELLY PLACENTAL FORCEPS**
 - Using hands (manually)
 - Using an inserter tube and plunger
16. Which of the following statements is TRUE about placement of the PPIUD during cesarean section?
- A sponge-holding (ring) forceps must be used to ensure that the IUD is placed at the fundus
 - THE STRINGS OF THE IUD SHOULD NOT BE PASSED THROUGH THE CERVIX INTO THE VAGINA**
 - The PPIUD should be stitched in place at the fundus with a 0 chromic suture

17. If a woman has had a normal vaginal delivery and an immediate/postplacental IUD insertion is planned:
- The IUD should be inserted 30 minutes after active management of the third stage of labor is performed
 - ACTIVE MANAGEMENT OF THE THIRD STAGE OF LABOR SHOULD BE PERFORMED AS USUAL, IMMEDIATELY BEFORE THE IUD IS INSERTED**
 - Active management of the third stage labor should be avoided, if possible, if the woman is having a PPIUD

Follow-Up Care/Management of Potential Problems

18. A woman had a postplacental PPIUD inserted 3 weeks ago. Over the past 24 hours, she has become hot and feverish. She should:
- Be told to take paracetamol and oral antibiotics for 7 days.
 - Come into the clinic right away to have the PPIUD removed.
 - COME INTO THE CLINIC RIGHT AWAY FOR EVALUATION.**
19. Which one of the following is TRUE about IUD strings?
- The strings should be passed through the cervix into the vagina during intracesarean placement.
 - THE STRINGS SHOULD NOT BE VISIBLE AT THE CERVIX AFTER IMMEDIATE/POSTPLACENTAL INSERTION OF THE IUD.**
 - The woman should check for the strings each month to make sure the IUD has not fallen out.
20. A woman who has had an IUD placed in the immediate postpartum period should have a follow-up exam:
- Every year to check the strings
 - Only if she thinks the IUD has fallen out
 - AT 4 TO 6 WEEKS POSTPARTUM TO REINFORCE COUNSELING, ANSWER ANY QUESTIONS AND SCREEN FOR POTENTIAL PROBLEMS**

Personal Learning Plan: Trainer's Instructions

Guide the development of the Personal Learning Plan in the following manner:

- Ask learners to review the Personal Learning Plan. Refer them to the section in the Reference Manual with the PPIUD Performance Standards, or the National Service Delivery Guidelines for PPIUD services, as appropriate.
- Have them review these standards briefly and determine which ones are *not* being achieved in their workplace. Guide them to standards that are related to knowledge and skills, if necessary.
- Ask them to consider whether these standards are not being met due to a lack of knowledge and skills. (They might consider any challenges they faced on the Precourse Knowledge Assessment, which they will have just completed.)
- Ask them to note down four to five performance standards or areas that they want to work on during this course.
- Ask them to note what knowledge and skills will be required to achieve this standard in their workplace. (If they feel that other things such as supplies, materials, administrative support, etc., would also be necessary, ask them to note that as well.)
- Ask them to consider who will assist them in order to achieve this standard. Perhaps this includes coworkers, supervisors or other colleagues/staff who do counseling or infection prevention.
- Ask them to determine a timeframe for achieving this standard, based on what they anticipate they will learn during this course. Note this on the form.
- Do not fill in the final column at this time.
- Both the learner and the trainer should sign the form at this time, as a contract to achieve the learner's individual learning goals.

On a flipchart, note the performance standards or areas that the learners want to focus on.

At the beginning of each day, review this flipchart to keep the learners and the trainers focused on the achievement of concrete goals for the course.

At the conclusion of the course, ask the learners to again review their Personal Learning Plan and to complete the final column on how this course prepared them to achieve their goals and stated standards. They should take the plan back to their workplace and show it to their coworkers and supervisor as part of their effort to implement what they have learned.

After the course, trainers or other personnel in the system of clinical supervision should use the Personal Learning Plan to guide visits to the workplace.

Exercise One: What Is Different about Postpartum IUD?

Objectives

The purpose of this activity is to:

- Identify things that are common or different about provision of postpartum IUD services as opposed to interval IUD services.
- Identify different equipment and supplies needed for PPIUD insertion.
- Consider different client characteristics for PPIUD procedures.

Time Allotted

- 15 minutes

Resources/Materials Needed

- Skills Station for PPIUD
- Flipchart paper and markers

Trainer's Instructions

- Before this exercise, set up a skills station for postpartum IUD insertion. (See Skills Station Set-Up Guide on page 2-55.)
- Have learners look at the illustration of the skills station in their notebook first.
- Then, ask learners to gather around the skills station and brainstorm (rapid responses without much discussion) about all the things they see that are different about the set up for PPIUD insertion compared to interval IUD insertion.
- Write their responses on a flipchart without discussing them. When the list seems sufficient, tell learners: "This is good for now. We will discuss your responses later."
- Refer back to this list during the next presentation on PPIUD services.

NOTE: This activity can be used as an introduction to the next presentation, *Postpartum Intrauterine Contraceptive Device (PPIUD)*. It also serves to break up the sequence of three presentations in a row, which is necessary to cover all of the material before the afternoon practice session.

NOTE: In case learners have limited experience with provision of interval IUD services, this activity can be modified by gathering the supplies and equipment needed for PPIUD services and having learners set up the skills station themselves. Through this process, they will learn the name and function of each item. They will then be better able to participate in the discussion about PPIUD services that follows.

Exercise Two: Medical Eligibility for the PPIUD

Objectives

The purpose of this activity is to:

- Dispel common myths and misconceptions about client eligibility for the PPIUD.
- Clarify and reinforce identification of those few conditions/characteristics that pose health risks with use of the PPIUD.

Time Allotted

- As time permits in the clinical setting

Resources/Materials Needed

- Flipchart paper and markers for small group activity
- Copies of the blank WHO Medical Eligibility Criteria (MEC) PPIUD chart (either as handout or from the Course Handbook for Learners)
- Completed MEC PPIUD chart as answer key (for the trainer)

Trainer Guidance

- Divide learners into small groups and ask each group to work as a team OR ask learners to work individually.
- Give each individual or group a copy of a blank Medical Eligibility Criteria (MEC) chart and ask them to review carefully and complete by placing a check mark in the “Insert” or “Do Not Insert” column. Ask learners to give a reason for each answer and to note the appropriate WHO MEC category in the space provided.
- Bring learners back together after 15 minutes and ask volunteers to share their answers one at a time.
- Use one blank chart on a flipchart and fill in the correct answers during the discussion so that all learners can see the correct answers.
- Reinforce correct answers, address incorrect answers and clarify issues raised during this discussion.

Exercise Two—Answer Key

Instructions: Below is a chart listing various conditions/characteristics that may have an impact on whether the PPIUD is a good choice for a particular woman. For each condition/characteristic, place a check mark in the appropriate column, indicate the WHO Category (1–4) and give a reason in the space provided.

MATERNAL CONDITION	INSERT PPIUD	DO NOT INSERT PPIUD	REASON/COMMENT
Plans to have another baby in 2 years	✓		Category 1
3 weeks postpartum		✓	Category 3: increased risk of expulsion
Delivered 20 hours after rupture of membranes (ROM)		✓	May be at increased risk of infection/sepsis
Has AIDS and has not been taking ARV		✓	Category 3 if clinically unwell
Younger than 20 years of age	✓		Category 1
History of gonorrhea as a teenager	✓		Category 1 unless at high current individual risk of STI
History of ectopic pregnancy	✓		Category 1
Has a genital laceration that extends into the rectum	✓		Cover perineum with a cloth and ensure no-touch technique during insertion
Has a fever of 38°C postpartum		✓	Category 4 if puerperal sepsis likely
Has a history of anemia	✓		Category 1
Persistent vaginal hemorrhage after delivery		✓	Category 4: avoid insertion if woman is clinically unstable
Partner has penile discharge and dysuria		✓	Category 3: high current individual risk of STI
Living with HIV and receiving care at the HIV clinic	✓		Category 2 if clinically well
History of PID, treated with antibiotics 5 years ago	✓		Category 2
Has fever and abdominal pain in association with an incomplete abortion		✓	Category 4

Exercise Three: Infection Prevention (IP) Steps

Objectives

The purpose of this activity is to:

- Reinforce infection prevention IP principles.
- Identify the steps of insertion of the PPIUD that are for the purpose of infection prevention.
- Clarify how infection prevention is carried out.

Time Allotted

- As time permits in the clinical setting

Resources/Materials Needed

- Clinical Skill Checklists for Postplacental Insertion (Instrumental and Manual) and Early Postpartum Insertion PPIUD

Trainer Guidance

- Divide learners into two groups:
 - Have Group 1 review Postplacental Insertion (Instrumental and Manual).
 - Have Group 2 review Early Postpartum Insertion.
- Ask them to discuss together and identify the IP steps in each checklist. Ask them to present their ideas to the whole group: first one group, then another.
- Review and clarify the IP steps, according to the Answer Key (next page).
 - Ask learners if they will have any difficulty achieving these steps in their facility.
- Reinforce correct answers, address incorrect answers and clarify issues raised during this discussion.

NOTE: This activity can be done as an exercise while waiting for clinical cases on the labor ward.

Exercise Three—Answer Key

INFECTION PREVENTION (IP) STEPS—ANSWER KEY			
Checklist for <u>Postplacental</u> Insertion of the IUD Using Forceps		Checklist for <u>Early Postpartum</u> Insertion of the IUD	
Step	Rationale	Step	Rationale
2	Client screening of women who may not be suitable candidates for the IUD because of high personal risk of STI	2	Client screening of women who may not be suitable candidates for the IUD because of high personal risk of STI
8	Client screening to be certain that there is no increased risk of infection due to labor characteristics	9	Client screening to be certain that there is no increased risk of infection due to labor characteristics
6	Use of sterile instruments	7	Use of sterile instruments
10	Hand hygiene (as needed) and, for manual insertion, use of elbow-length gloves	14	Hand hygiene and use of gloves
13	Open and arrange tray at appropriate time	17	Open and arrange tray at appropriate time
15	Use of antiseptics	19	Use of antiseptics
17 (manual, 22)*	Open IUD package correctly (at appropriate time), holding package from bottom so that IUD does not fall out	22	Open IUD package correctly (at appropriate time), holding package from bottom so that IUD does not fall out
19 (manual, 24)	Grasp IUD inside sterile package, using no-touch technique	25	Grasp IUD inside sterile package, using no-touch technique
21 (manual, 20)	Insert IUD, using no-touch technique	26	Insert IUD, using no-touch technique
30 (manual, 26)	Initiate instrument processing	35	Initiate instrument processing
32 (manual, 28)	Waste disposal	37	Waste disposal
33 (manual, 29)	Processing or disposing of gloves	38	Processing or disposing of gloves
34 (manual, 30)	Hand hygiene	39	Hand hygiene

*These are steps for which the numbering is different in instrumental and manual checklists.

Exercise Four: PPIUD Frequently Asked Questions (FAQS)

Objectives

The purpose of this activity is to:

- Reinforce principles for the provision of PPIUD services.
- Clarify concepts of PPIUD service provision.

Time Allotted

- As time permits in the clinical setting

Resources/Materials Needed

- Reference Manual for reference

Trainer Guidance

- Make small pieces of paper, each with a number on it (1–10). Have learners pick a number and ask them to read out and answer the question.
- Review their answers with the answers provided below.

NOTE: This activity can be done as an exercise while waiting for clinical cases on the labor ward.

Exercise Four—Answer Key

1. Aren't the expulsion rates for postpartum IUDs unacceptably high? Is it really worth it to invest in this kind of program?

Studies over the last 30 years have shown varied rates of spontaneous expulsion of the IUD when it is inserted postpartum. In general, the literature in the last 20 years has shown the expulsion rate is 10%–15%. While this is higher than the expulsion rate for the interval IUD, it is still acceptable because it means 85%–90% of users will have an effective, long-acting (up to 12 years with the Copper T 380A), reversible contraceptive in place before they leave the facility *and they will retain it*. **In other words, even if the expulsion rate is as high as 10%, the PPIUD presents a great opportunity for family planning programs to address the high unmet need that exists for postpartum family planning, especially among postpartum women. This is because the IUD is so effective and high-quality PPIUD services are safe and convenient for women. However, use of a newer technique and longer forceps has ensured high fundal placement of the IUD in the uterus. Service statistics from several MCHIP countries revealed that the expulsion rate is about 3% at the postnatal visit 6 weeks after childbirth.**

In addition, modifications to the technique have reduced expulsion rates to about 2% in some studies. These changes include using a longer instrument, focusing on immediate/postplacental (rather than early postpartum) insertion, elevation of the uterus to lessen the vagino-uterine angle and careful withdrawal of the instrument.

During counseling, women should be informed about the chance of spontaneous expulsion and told to return to the clinic if they think that the IUD has fallen out.

2. What is the best way to ensure a low expulsion rate?

High fundal placement of the IUD by an experienced provider who has completed competency-based PPIUD training is the best assurance of a low expulsion rate. Training in interval IUD insertion is not sufficient because of the differences in technique. There are three main components that are fundamental to ensuring high fundal placement and reducing the expulsion rate:

- Unpublished data suggest that PPIUD placement with a Kelly placental forceps may be associated with a lower expulsion rate, but further study is required to document these findings. The critical principle here is that the *instrument used for insertion is long enough to reach the fundus*. Kelly forceps are 33 cm in length.
- *Elevation of the uterus* into the abdomen, in order *to smooth out the sharp vagino-uterine angle* that exists after delivery, is essential to ensure that the instrument holding the IUD can reach the fundus.
- Once the IUD is released at the fundus, *the instrument must be kept open during withdrawal* to prevent the strings from being caught and the IUD inadvertently pulled too far down into the uterine cavity.

The lowest rates of expulsion are with immediate postpartum (postplacental or intracesarean) insertion. Expulsion rates are higher if insertion is performed during the early postpartum (up to 48 hours), although Day 1 is preferable over Day 2. Insertion after postpartum Day 3 (but before 4 weeks postpartum) is not recommended because the expulsion rates are unacceptably high.

3. Can women who have anemia during pregnancy get the IUD postpartum?

Yes. Monthly menstrual bleeding does increase slightly with the IUD, especially in the first 3 months after insertion. However, blood loss is not usually the cause of anemia, so it is **safe to provide an IUD to an already-anemic woman**. Standard treatment for anemia (iron and folate) should be continued.

4. Which other kinds of clients can get the postpartum IUD?

Almost all women regardless of age, marital status or parity are candidates for IUD placement up to 48 hours postpartum. Studies have shown that even women with the following characteristics and conditions are excellent candidates for the PPIUD:

- Under 20 years of age and/or primiparous
- Women living with HIV and clinically well
- AIDS and on antiretroviral therapy (ARV) and clinically well
- History of ectopic pregnancy
- History of PID (assuming not at current high individual risk for STIs)
- Living in an area with high STI prevalence (assuming not at current high individual risk for STIs)

5. Which kinds of clients should not get the IUD in the postpartum period?

IUDs should not be offered to women with the following conditions, most of which occur only rarely in the general population:

- Current evidence of gonorrhea or chlamydia
- Purulent (pus-like) vaginal/cervical discharge (e.g., at the onset of labor)
- Immediately after a septic abortion
- Suspected puerperal sepsis
- A distorted uterine cavity
- Malignant trophoblastic disease
- Pelvic tuberculosis
- Genital tract cancers (cervical or endometrial)

Although WHO MEC does not address the following issues specifically, PPIUD placement is not recommended for women with unresolved postpartum hemorrhage, ruptured membranes for more than 18 hours or suspected chorioamnionitis because of concerns regarding increased expulsion and infection rates. Because of an increase in expulsion rates, and a possible increase in infection rates, PPIUDs are generally not offered to women between 48 hours and 4 weeks postpartum unless other methods are not available or acceptable (WHO Category 3). Other Category 3 conditions for the PPIUD include untreated AIDS, high individual risk of STIs, ovarian cancer and benign trophoblastic disease.

6. Should a woman who is having an IUD inserted postpartum receive active management of third stage of labor (AMTSL)?

AMTSL, an obstetric “best practice,” has been shown to prevent postpartum hemorrhage and maternal death. It should be offered to every woman during every birth because of the unpredictability of this life-threatening complication. **All three steps of AMTSL—*injection of a uterotonic, controlled cord traction to aid in removal of the placenta and initial fundal massage*—should be successfully completed before PPIUD insertion is attempted.**

There have been no clinical trials to assess the interaction between AMTSL and immediate postplacental insertion of the IUD. However, an expert panel was convened by WHO in 2004 to discuss the issue and concluded that there is no interaction between AMTSL and postpartum insertion of the IUD and the two practices do not interfere with each other.

The uterotonic drug does not increase the risk of IUD expulsion. In fact, the IUD is more likely to be held in place, rather than pushed out by the ongoing contractions. This is because postpartum contractions are strong and uniform, as opposed to labor contractions, which emanate from the uterine fundus and proceed down like a wave from the top to the bottom of the uterus, causing cervical dilation and fetal descent.

7. When the IUD is placed postpartum, how should the strings be managed?

Regardless of whether placement occurs immediately postpartum (postplacental, intracesean) or up to 48 hours after vaginal delivery, strings should not be cut at the time of insertion. During cesarean section, IUD strings should NEVER be passed through the cervix into the upper vagina, but should be left in the lower uterine segment. Strings generally descend during involution and will be found curled-up in the posterior vaginal fornix on speculum exam at the first follow-up visit (by 6 weeks to 3 months) in more than 75% of cases. If the strings are too long, they can be cut at the first routine follow-up visit, especially if the woman complains or if they protrude from the introitus. In general, pelvic examination and a “string check” are not required in subsequent visits (only when a problem is suspected). And they should be done only in adequately equipped facilities.

8. What kind of follow-up is necessary for women who get an IUD postpartum?

A follow-up visit at 4 to 6 weeks postpartum is generally recommended. If possible, a pelvic examination to check and trim the strings can be conducted at that visit. Referral to an appropriate facility is required only if expulsion is suspected. If IUD strings are not visible or palpable on pelvic examination, proper IUD positioning can be confirmed by ultrasound or X-ray examination. A standard protocol for missing strings is provided in the Reference Manual (Appendix I).

9. Is any special record-keeping or recording necessary for PPIUD services?

Every woman should be given a card after insertion for her personal records; it should document the type of IUD inserted, the date of insertion and the expected duration of efficacy (12 years for the Copper T). Appropriate facility guidelines for medical record-keeping should also be observed. As soon as the woman has been counseled on her PPFPP options, chosen a method and received specific counseling on that method, a note should be made to her medical record—it should be prominent enough that subsequent providers will

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notice it. When the IUD is inserted, notes should be added to the client's medical record, documenting date of insertion, type of IUD inserted, provider name and any difficulties faced, complications or unusual findings. These details should also be recorded in an insertion or delivery room register. Follow-up findings should also be noted in the appropriate register. A sample PPIUD services data collection form is provided in the Reference Manual (Appendix K).

Exercise Five: Infection Prevention Principles—Q&A

Objectives

The purpose of this activity is to:

- Reinforce infection prevention principles.
- Clarify concepts of infection prevention.

Time Allotted

- As time permits in the clinical setting

Resources/Materials Needed

- Infection Prevention Manual for reference

Trainer Guidance

- Make small pieces of paper, each with a number on it (1–8). Have learners pick a number and ask them to read out and answer the question.
- Review their answers with the answers provided below.

NOTE: This activity can be done as an exercise while waiting for clinical cases on the labor ward.

Exercise Five—Answer Key

1. Which is the most important of the standard precaution practices?
Handwashing
2. Which is the first step in instrument processing and what is its purpose?
Decontamination—to make instruments safer to handle for the person who processes them
3. What is the key difference between sterilization and high-level disinfection?
Sterilization destroys all endospores; high-level disinfection destroys only some.
4. When inserting an IUD, the client should put on a clean gown—true or false?
FALSE. There is no need for a clean gown if the woman has been in the facility for the delivery.
5. List the two antiseptics that may be used to cleanse the cervix and vagina prior to IUD insertion or removal.
Povidone iodine or chlorhexidine gluconate
6. If the same service provider who provided labor and delivery care conducts and inserts the IUD (postplacental or intracesarean), it is not necessary for him/her to change gloves—true or false?
TRUE. This provider does not always need to put on a new pair of sterile or HLD gloves for insertion of the IUD (e.g., if the gloves have not been contaminated). Regardless of whether a new pair of gloves is worn, the IUD should be loaded into the placental forceps inside the sterile package, to avoid directly touching the IUD. If the IUD is provided to the woman during the postpartum period, the provider should always wear a new pair of sterile or HLD gloves.
7. A tarnished IUD inside its intact, sterile package is contaminated and should not be used—true or false?
FALSE. If a tarnished IUD is inside an intact, sterile package and the expiration date has not passed, it is safe to use. The IUD has become tarnished by a reaction of the copper of the IUD and the sterile oxygen molecules inside the sealed package. The date on the package indicates how long the package contents remain sterile.

Role Play Exercises: Counseling Potential PPIUD Users— Answer Key

Here are some sample scenarios for use in counseling role plays. Learners should use their course materials as well as any informational/educational brochures or counseling job aids during practice. Trainers may design additional role plays based on their past experience providing family planning counseling.

1. **Debora is 23 years old and works as a teacher in primary school. She is 6 months pregnant and attends the antenatal clinic at the District Women’s Hospital regularly. She does not want a second child for 2–3 years. She does not know what method she will use, but is thinking her husband should use condoms. Ms. Rivera, a health counselor in the District Women’s Hospital, has recently returned from a PPIUD services training course and has been providing PPFp education to antenatal care clients.**
 - a. **How can Ms. Rivera provide guidance to Debora regarding her options?**
 - b. **What are Debora’s options?**

ANSWER:

This scenario is about the need for general PPFp education about all methods. There are many options available to the woman, and the provider should briefly discuss them all so that the woman can make an informed decision about which would be best for her. Ms. Rivera should also reinforce the client’s decision to think about PPFp during pregnancy and encourage her to bring her partner or another family member to the next appointment (if either the provider or client thinks this is important). The next counseling session will be a more individualized (based on the client’s/couple’s reproductive history and intentions).

2. **Meena has one son who is 1 year old. She and her husband have been using condoms and abstinence to prevent pregnancy. Her mother-in-law advised her that she will not become pregnant as long as she breastfeeds her baby, but now she finds that she is 4 months pregnant. The couple is quite concerned because although they definitely want two children, they were not planning to have them so close together. They think they may not want any more children after this one is born, but want the children to grow before Meena has female sterilization. Meena has heard rumors about the IUD, that it can move up into the body and cause headaches. Instead, she thinks she will try contraceptive injections after having this baby. Dr. Shila is counseling Meena about all the methods of postpartum family planning, and Meena has many questions about the IUD.**
 - a. **How should Dr. Shila address Meena’s concerns?**
 - b. **What information should Dr. Shila provide Meena about the IUD?**

ANSWER:

This scenario is more specifically about use of the PPIUD. The client is considering a permanent method but is not sure she is ready. The provider should reinforce Meena’s intention to begin thinking about postpartum family planning now, while she is pregnant. She should describe all of the long-term and permanent methods and explain how the PPIUD will provide her with long-term but reversible contraception; Meena can have it removed, and have immediate return to fertility, if she decides to have another baby. Dr. Shila should gently correct Meena’s misconceptions about the IUD, reassure her that the

PPIUD is safe and explain that it can be provided very simply and easily following delivery. She might point out that the injection means that Meena will need to return to the clinic every 3 months for her injection. With the IUD, once it is placed, there is no need for ongoing follow-up after an initial return visit—as long as she is doing well and having no difficulty. The provider should counsel Meena about the method-specific characteristics of the PPIUD. Once Meena makes a decision, whether at this or a subsequent visit, Dr. Shila should indicate her choice—very prominently—in Meena’s medical record.

3. **Akiki is 23, her husband is a farmer, and she delivered their third child last night in the hospital. She learned from the health counselor there about benefits of spacing her births for her own health, as well as that of her children; she also received information about a variety of contraceptives. She and her husband do not want more children, but her mother-in-law thinks they should not hurry to decide. When she is asked by her postpartum care provider about postpartum family planning, Akiki tells her she is interested in the IUD. She says her husband is just outside, along with her mother-in-law. She asks the provider, “Can you please go talk to them, too?”**
 - a. **How should the provider speak with the family about her client’s wishes?**
 - b. **What are some of the important things to discuss?**

ANSWER:

In this scenario, the woman expresses the need for her family to be included in the counseling about PPFPP options, especially about use of the IUD. The provider needs to gently explore the ideas of the woman’s family members and understand their desires and concerns. The provider should speak to them with respect and help them to learn about the benefits of the PPIUD, especially since it is the woman’s choice.

The provider should describe the method as being highly effective with few side effects, especially that it does not interfere with breastfeeding. She should explain that it is long-term and can be used for 12 years. However, if the family decides at some point that they would like another child, it can be removed with immediate return of fertility. If Akiki wants to continue the IUD for contraception, another IUD can be placed after 12 years, thus providing the woman with an alternative to permanent sterilization.

4. **Dr. Pasaribu, a young assistant professor in a teaching hospital’s Obstetrics and Gynecology department, recently attended a workshop on PPIUD services. The country’s government has recently launched a PPIUD initiative. Dr. Pasaribu is therefore very excited about making the IUD available to postpartum women in the hospital, as well as teaching the young residents about it. Dr. Sianturi is a full professor in the Ob/Gyn department. When she came to know about Dr. Pasaribu’s intentions, she called him into the office and started expressing concerns about high expulsion and perforation rates associated with the PPIUD, as well as difficulties with insertion techniques. Dr. Sianturi advised the young doctor to be very careful about these postpartum IUDs and to focus instead on laparoscopic tubal ligation (TL).**
- a. **How can Dr. Pasaribu present the new evidence and correct the misconceptions that Dr. Sianturi has?**
 - b. **What are the most important things for the young doctor to discuss with Dr. Sianturi?**

ANSWER:

The young doctor should explain that the PPIUD has been shown to be safe, highly effective and easy to use. **Perforation is extremely rare** (with none reported in a large 2009 review study), and **expulsion rates are lower than previously thought**—especially when the IUD is inserted using the correct postpartum techniques, which Dr. Pasaribu learned in this course. These techniques allow the provider to insert the IUD immediately (after vaginal birth or cesarean) or up to 48 hours postpartum.

Integrating family planning with labor and delivery care is a more efficient use of facility space and other resources, and has a great potential for meeting unmet need for family planning among postpartum women.

- Because immediate insertions are performed immediately after birth (in the same setting), they are more convenient and cost-effective for the facility, provider and clients. Immediate insertions are also associated with a lower rate of expulsion than early insertions.
- Early insertions also have advantages over asking women who have chosen the IUD to come back at 4 to 6 weeks for “interval” insertion. Early insertions do require a separate procedure and are associated with a slightly higher expulsion rate than immediate or interval insertions. However, because early postpartum insertion is performed before the woman leaves the facility, it is much more likely to occur than an insertion planned for 4 to 6 weeks or beyond, because the woman often does not return.

Midcourse Knowledge Assessment

Using the Midcourse Knowledge Assessment

This knowledge assessment is designed to help the learners monitor their progress during the course. By the end of the course, **all** learners are expected to achieve a score of 85% or better.

The questionnaire should be given at the time in the course when all subject areas have been presented. 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 retake the questionnaire at any time during the remainder of the course.

Repeat testing should be done **only** after the learner has had sufficient time to study the reference manual.

NOTE: A printable, PDF version of the test can be found in the Additional Resources folder on the CD. Remember that the test should not be modified in any way as it has been prepared and validated by a team of experts especially for this course.

Midcourse Knowledge Assessment—Answer Sheet

Name: _____ Date: _____

Instructions: Select the single best answer to each question and either circle/tick your answer or write the letter in the blank next to the corresponding number on the answer sheet.

There are **3 types of questions** on this knowledge assessment. Please read the instructions at the beginning of each section to be certain that you know the best way to answer the question.

MULTIPLE CHOICE QUESTIONS

*Choose the one answer that is BEST from among the three answers. Each question is worth **3 points**.*

1. It is recommended that a woman wait at least 2 years after a live birth before planning the next pregnancy. The benefits of a 2-year birth-to-pregnancy interval include all of the following, **EXCEPT**:
 - a. It is LESS likely that the mother will be anemic during her next pregnancy.
 - b. It is MORE likely that the newborn will survive to age 2 and beyond.
 - c. It is less likely that the mother will get pre-eclampsia in her next pregnancy.

2. Which of the following combinations is necessary for a woman to use LAM as a family planning method?
 - a. She should be within 6 months postpartum, she should feed the baby every 6 hours and her menstruation should not have returned.
 - b. She should exclusively breastfeed her baby, she should be within 6 months postpartum and her menstruation should not have returned.
 - c. She should have no bleeding since delivery, she should feed the baby every 4 hours, and she should provide the baby with only breast milk and water that has been boiled and cooled.

3. Which of the following is TRUE about postpartum IUD programs?
 - a. The Multiload IUD is as good as the Copper T IUD for use in the postpartum period.
 - b. Postpartum IUDs have a retention rate of about 90% or higher.
 - c. Postpartum IUDs are safe and convenient for women, but expulsion and perforation rates are slightly higher than for interval IUDs.

4. Which of the following is **NOT** an acceptable time to insert an IUD postpartum?
 - a. 20 minutes after expulsion of placenta
 - b. 36 hours postpartum
 - c. 2 weeks postpartum

Section Two: Guide for Trainers

5. Which of the following family planning methods is acceptable for a woman who is living with HIV and TB **and** is on antiretroviral therapy and rifampicin and is not sick?
 - a. Progestin only pills (POPs)
 - b. Intrauterine contraceptive device (IUD)
 - c. Combined oral contraceptive pills (COCs)
6. Because of normal postpartum changes:
 - a. The IUD strings should be trimmed to the proper length before insertion of the IUD so that they do not interfere with recovery.
 - b. The woman should check her undergarments for expulsion of the IUD each time after breastfeeding.
 - c. The woman is less likely to notice initial slight bleeding and cramping caused by the IUD.
7. Which of the following is TRUE about what should be included in counseling a woman for postpartum IUD?
 - a. Because perforation rates are higher with postpartum IUD insertion, a doctor should perform the procedure when possible.
 - b. It is not well-suited to a multiparous woman because it may more easily fall out of the uterus.
 - c. The postpartum IUD is a good method for women who seek to limit their number of children, as well as those who want to space pregnancies.
8. Which of the following statements about counseling women for a PPIUD is TRUE?
 - a. It is best to wait to counsel a woman until her final antenatal care visit because then she is close to delivery and will be able to make a good decision.
 - b. You should never counsel a woman during the early/inactive stage of labor because her labor pains make it impossible for her to focus on the counseling.
 - c. A woman can be counseled about the PPIUD and have one inserted during the first 2 days postpartum, even if she did not receive any antenatal care or previous counseling.
9. When should a clinician start counseling a woman for immediate postplacental IUD insertion?
 - a. During the antenatal period if possible, so that she has time to think about it and consult her family, if she desires.
 - b. Before pregnancy, during the “interval,” so that she has the ability to consider her reproductive plans.
 - c. Only if the woman specifically requests counseling, to ensure she has a free choice.

10. From the list given below, choose the best antiseptic to be used to clean the vagina and cervix before placement of an IUD postpartum:
 - a. 65% alcohol
 - b. Dettol
 - c. Povidone iodine

11. Which of the following statements is TRUE about a tarnished (discolored) Copper T 380A IUD still inside the undamaged, sealed package:
 - a. It should not be used and should be discarded.
 - b. It can be used if it has not expired (based on the expiration date).
 - c. It can be used, but will only be effective until the expiration date.

12. Which of the following will REDUCE the chance that a woman who receives an immediate postpartum IUD will develop a uterine infection:
 - a. The “no-touch” technique is used for insertion of the IUD.
 - b. The IUD should be handled only with sterile or HLD gloves.
 - c. If possible, the woman should be given a 7-day supply of oral antibiotics before discharge.

13. For which of the following clients is the postpartum IUD NOT a good contraceptive choice?
 - a. A woman who is living with HIV and on antiretroviral therapy.
 - b. A woman who was treated for chlamydia in her third trimester.
 - c. A woman who has had an ectopic pregnancy in the past.

14. If a woman is having a normal, full-term vertex vaginal delivery, some of the following WHO MEC Category 3/4 exclusion criteria can reasonably be considered irrelevant. Examples include:
 - a. Current infection with gonorrhea or chlamydia
 - b. Ovarian cancer
 - c. Distorted uterus or abnormally shaped reproductive tract

15. You are requested to see a woman who is 36 hours postpartum from a vaginal delivery. She received three ANC visits at an unknown clinic and is interested in PPIUD. Which of the following suggests that you should NOT perform a postpartum insertion of an IUD?
 - a. On postpartum Day 1, she had a maximum temperature of 37.4°C.
 - b. She had a 4th degree laceration and needed extensive perineal repair.
 - c. She was cared for in early labor by a family member and came to the hospital when she was 5 cm dilated, with intact membranes.

Section Two: Guide for Trainers

16. Which of the following is the best technique to insert an IUD throughout the first 48 hours following a vaginal birth?
 - a. Using a Kelly placental forceps
 - b. Using the hand (manually)
 - c. Using an inserter tube and plunger, if available

17. Which of the following approaches is MOST LIKELY to ensure that an IUD is properly placed at the fundus and will stay there?
 - a. Perform manual insertion, so that you can feel that the IUD is at the fundus.
 - b. Release the IUD from the forceps at the fundus and move the forceps to the side, keeping them open, before withdrawing the forceps.
 - c. Apply counter-traction by holding firmly on the anterior lip of the cervix while moving the IUD directly upward toward the fundus.

18. Which of the following statements is TRUE regarding active management of third stage of labor (AMTSL) and postpartum IUD insertion?
 - a. The dose of oxytocin should be reduced to 5 units to reduce the risk of expulsion.
 - b. Active management should be performed after insertion of the IUD or it will be too difficult to insert the IUD.
 - c. AMTSL should be done as normal, including uterine massage to ensure uterine tone before inserting the IUD.

19. Which one of the following is FALSE about the IUD strings?
 - a. The strings usually spontaneously descend and pass through the cervix during uterine involution.
 - b. The woman does not need to check for the strings each month because most women will know if the IUD has fallen out.
 - c. The provider should trim the strings before insertion of the IUD postpartum.

20. Which of the following is essential at every follow-up visit of a woman with an IUD?
 - a. Tell the woman for how long she should keep her IUD.
 - b. Review her understanding of the IUD and ask if she has any questions.
 - c. Perform a pelvic exam to look for the strings or a partially protruded IUD.

MULTIPLE TRUE—FALSE

*Each subject or topic is followed by several statements. For each of the statements, indicate (by circling or underlining) whether the statement is true or false. Each statement is worth **2 points**.*

21. In general, regarding postpartum return to fertility:
- a. At 6 months, most postpartum women are exclusively breastfeeding and therefore do not need additional contraception. **TRUE or FALSE**
 - b. Before a year postpartum, most women's menstrual cycle has returned, and therefore they are at risk of pregnancy. **TRUE or FALSE**
 - c. Only after a woman's menstrual cycle has returned is she able to get pregnant. **TRUE or FALSE**
 - d. Slightly less than half of women resume sexual activity again within 8 months postpartum. **TRUE or FALSE**
22. Postpartum involution of the uterus causes which of the following changes:
- a. The cervix becomes softer. **TRUE or FALSE**
 - b. The uterus becomes smaller. **TRUE or FALSE**
 - c. Slight postpartum bleeding and discharge, known as lochia, continues for several days to weeks following the delivery. **TRUE or FALSE**
 - d. It becomes easier to reach the uterine fundus to insert the IUD. **TRUE or FALSE**
23. Which of the following steps for the insertion of an IUD during a cesarean section are correct/true?
- a. The IUD must be placed high in the fundus of the uterus, using either a hand or an instrument. **TRUE or FALSE**
 - b. The strings of the IUD must then be passed through the cervical canal. **TRUE or FALSE**
 - c. While closing the uterine incision, special care must be taken to ensure that the strings do not get entangled in the uterine repair. **TRUE or FALSE**

SHORT ANSWER

Write the word or phrase that *BEST* completes the sentence or makes the most sense in the blank space in the sentence. Each answer is worth **3 points**.

- 24. A woman has just delivered a healthy baby and, according to her records and your previous discussion with her, she has requested insertion of an IUD in the postplacental period. Before insertion, you need to assess for three labor characteristics/factors that suggest you should not insert the IUD now. One is unresolved postpartum hemorrhage. What are the other two conditions?
- 25. After ___ hours postpartum, the PPIUD should not be inserted due to increased risk of expulsion. This is a WHO MEC Category 3 condition.
- 26. The BEST instrument for insertion of the PPIUD during the immediate postpartum period is the _____ because it is long enough to reach the fundus, and rigid enough to get around the sharp angle between the vagina and uterus.
- 27. Following immediate postpartum insertion of the IUD, a woman should be requested to return to the facility for follow-up _____.
- 28. The three MOST important steps in the insertion technique to reduce the risk of spontaneous expulsion of the PPIUD are:

Bonus Question!

A woman should not be counseled for postplacental insertion of the IUD for the first time during active labor. The reason for this precaution is because:

Midcourse Knowledge Assessment—Answer Key

Name: _____ Date: _____

Instructions: Select the single best answer to each question and either circle/tick your answer or write the letter in the blank next to the corresponding number on the answer sheet.

There are *3 types of questions* on this knowledge assessment. Please read the instructions at the beginning of each section to be certain that you know the best way to answer the question.

MULTIPLE CHOICE QUESTIONS

Choose the one answer that is BEST from among the three answers. Each question is worth 3 points.

1. It is recommended that a woman wait at least 2 years after a live birth before planning the next pregnancy. The benefits of a 2-year birth-to-pregnancy interval include all of the following, **EXCEPT**:
 - a. It is LESS likely that the mother will be anemic during her next pregnancy.
 - b. It is MORE likely that the newborn will survive to age 2 and beyond.
 - c. **IT IS LESS LIKELY THAT THE MOTHER WILL GET PRE-ECLAMPSIA IN HER NEXT PREGNANCY.**

2. Which of the following combinations is necessary for a woman to use LAM as a family planning method?
 - a. She should be within 6 months postpartum, she should feed the baby every 6 hours and her menstruation should not have returned.
 - b. **SHE SHOULD EXCLUSIVELY BREASTFEED HER BABY, SHE SHOULD BE WITHIN 6 MONTHS POSTPARTUM AND HER MENSTRUATION SHOULD NOT HAVE RETURNED.**
 - c. She should have no bleeding since delivery, she should feed the baby every 4 hours, and she should provide the baby with only breast milk and water that has been boiled and cooled.

3. Which of the following is TRUE about postpartum IUD programs?
 - a. The Multiload IUD is as good as the Copper T IUD for use in the postpartum period.
 - b. **POSTPARTUM IUDS HAVE A RETENTION RATE OF ABOUT 90% OR HIGHER.**
 - c. Postpartum IUDs are safe and convenient for women, but expulsion and perforation rates are slightly higher than for interval IUDs.

Section Two: Guide for Trainers

4. Which of the following is NOT an acceptable time to insert an IUD postpartum?
 - a. 20 minutes after expulsion of placenta
 - b. 36 hours postpartum
 - c. 2 WEEKS POSTPARTUM**

5. Which of the following family planning methods is acceptable for a woman who has HIV and TB **and** is on antiretroviral therapy and rifampicin, and is not sick?
 - a. Progestin only pills (POPs)
 - b. INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)**
 - c. Combined oral contraceptive pills (COCs)

6. Because of normal postpartum changes:
 - a. The IUD strings should be trimmed to the proper length before insertion of the IUD so that they do not interfere with recovery.
 - b. The woman should check her undergarments for expulsion of the IUD each time after breastfeeding.
 - c. THE WOMAN IS LESS LIKELY TO NOTICE INITIAL SLIGHT BLEEDING AND CRAMPING CAUSED BY THE IUD.**

7. Which of the following is TRUE about what should be included in counseling a woman for postpartum IUD?
 - a. Because perforation rates are higher with postpartum IUD insertion, a doctor should perform the procedure when possible.
 - b. It is not well-suited to a multiparous woman because it may more easily fall out of the uterus.
 - c. THE POSTPARTUM IUD IS A GOOD METHOD FOR WOMEN WHO SEEK TO LIMIT THEIR NUMBER OF CHILDREN, AS WELL AS THOSE WHO WANT TO SPACE PREGNANCIES.**

8. Which of the following statements about counseling women for a PPIUD is TRUE?
 - a. It is best to wait to counsel a woman until her final antenatal care visit because then she is close to delivery and will be able to make a good decision.
 - b. You should never counsel a woman during the early/inactive stage of labor because her labor pains make it impossible for her to focus on the counseling.
 - c. A WOMAN CAN BE COUNSELED ABOUT THE PPIUD AND HAVE ONE INSERTED DURING THE FIRST 2 DAYS POSTPARTUM, EVEN IF SHE DID NOT RECEIVE ANY ANTENATAL CARE OR PREVIOUS COUNSELING.**

9. When should a clinician start counseling a woman for immediate postplacental IUD insertion?
- DURING THE ANTENATAL PERIOD IF POSSIBLE, SO THAT SHE HAS TIME TO THINK ABOUT IT AND CONSULT HER FAMILY, IF SHE DESIRES.**
 - Before pregnancy, during the “interval,” so that she has the ability to consider her reproductive plans.
 - Only if the woman specifically requests counseling, to ensure she has a free choice.
10. From the list given below, choose the best antiseptic to be used to clean the vagina and cervix before placement of an IUD postpartum:
- 65% alcohol
 - Dettol
 - POVIDONE IODINE**
11. Which of the following statements is TRUE about a tarnished (discolored) Copper T 380A IUD still inside the undamaged, sealed package:
- It should not be used and should be discarded.
 - IT CAN BE USED IF IT HAS NOT EXPIRED (BASED ON THE EXPIRATION DATE).**
 - It can be used, but will only be effective until the expiration date.
12. Which of the following will REDUCE the chance that a woman who receives an immediate postpartum IUD will develop a uterine infection:
- THE “NO-TOUCH” TECHNIQUE IS USED FOR INSERTION OF THE IUD.**
 - The IUD should be handled only with sterile or HLD gloves.
 - If possible, the woman should be given a 7-day supply of oral antibiotics before discharge.
13. For which of the following clients is the postpartum IUD NOT a good contraceptive choice?
- A woman who is HIV-positive and on antiretroviral therapy.
 - A WOMAN WHO WAS TREATED FOR CHLAMYDIA IN HER THIRD TRIMESTER.**
 - A woman who has had an ectopic pregnancy in the past.

Section Two: Guide for Trainers

14. If a woman is having a normal, full-term vertex vaginal delivery, some of the following WHO MEC Category 3/4 exclusion criteria can reasonably be considered irrelevant. Examples include:
- Current infection with gonorrhea or chlamydia
 - Ovarian cancer
 - DISTORTED UTERUS OR ABNORMALLY SHAPED REPRODUCTIVE TRACT**
15. You are requested to see a woman who is 36 hours postpartum from a vaginal delivery. She received three ANC visits at an unknown clinic and is interested in PPIUD. Which of the following suggests that you should NOT perform a postpartum insertion of an IUD?
- On postpartum Day 1, she had a maximum temperature of 37.4°C.
 - SHE HAD A 4TH DEGREE LACERATION AND NEEDED EXTENSIVE PERINEAL REPAIR.**
 - She was cared for in early labor by a family member and came to the hospital when she was 5 cm dilated, with intact membranes.
16. Which of the following is the best technique to insert an IUD throughout the first 48 hours following a vaginal birth?
- USING A KELLY PLACENTAL FORCEPS**
 - Using the hand (manually)
 - Using an inserter tube and plunger, if available
17. Which of the following approaches is MOST LIKELY to ensure that an IUD is properly placed at the fundus and will stay there?
- Perform manual insertion, so that you can feel that the IUD is at the fundus.
 - RELEASE THE IUD FROM THE FORCEPS AT THE FUNDUS AND MOVE THE FORCEPS TO THE SIDE, KEEPING THEM OPEN, BEFORE WITHDRAWING THE FORCEPS.**
 - Apply counter-traction by holding firmly on the anterior lip of the cervix while moving the IUD directly upward toward the fundus.
18. Which of the following statements is TRUE regarding active management of third stage of labor (AMTSL) and postpartum IUD insertion?
- The dose of oxytocin should be reduced to 5 units to reduce the risk of expulsion.
 - Active management should be performed after insertion of the IUD or it will be too difficult to insert the IUD.
 - AMTSL SHOULD BE DONE AS NORMAL, INCLUDING UTERINE MASSAGE TO ENSURE UTERINE TONE. BEFORE INSERTING THE IUD.**

19. Which one of the following is FALSE about the IUD strings?
- The strings usually spontaneously descend and pass through the cervix during uterine involution.
 - The woman does not need to check for the strings each month because most women will know if the IUD has fallen out.
 - THE PROVIDER SHOULD TRIM THE STRINGS BEFORE INSERTION OF THE IUD POSTPARTUM.**
20. Which of the following is essential at every follow-up visit of a woman with an IUD?
- Tell the woman for how long she should keep her IUD.
 - REVIEW HER UNDERSTANDING OF THE IUD AND ASK IF SHE HAS ANY QUESTIONS.**
 - Perform a pelvic exam to look for the strings or a partially protruded IUD.

MULTIPLE TRUE—FALSE

Each subject or topic is followed by several statements. For each of the statements, indicate (by circling or underlining) whether the statement is true or false. Each statement is worth 2 points.

21. In general, regarding postpartum return to fertility:
- At 6 months, most postpartum women are exclusively breastfeeding and therefore do not need additional contraception. **TRUE** or **FALSE**
 - Before a year postpartum, most women's menstrual cycle has returned, and therefore they are at risk of pregnancy. **TRUE** or **FALSE**
 - Only after a woman's menstrual cycle has returned is she able to get pregnant. **TRUE** or **FALSE**
 - Slightly less than half of women resume sexual activity again within 8 months postpartum. **TRUE** or **FALSE**
22. Postpartum involution of the uterus causes which of the following changes:
- The cervix becomes softer. **TRUE** or **FALSE**
 - The uterus becomes smaller. **TRUE** or **FALSE**
 - Slight postpartum bleeding and discharge, known as lochia, continues for several days to weeks following the delivery. **TRUE** or **FALSE**
 - It becomes easier to reach the uterine fundus to insert the IUD. **TRUE** or **FALSE**

23. Which of the following steps for the insertion of an IUD during a cesarean section are correct/true?
- a. The IUD must be placed high in the fundus of the uterus, using either a hand or an instrument. **TRUE** or **FALSE**
 - b. The strings of the IUD must then be passed through the cervical canal. **TRUE** or **FALSE**
 - c. While closing the uterine incision, special care must be taken to ensure that the strings do not get entangled in the uterine repair. **TRUE** or **FALSE**

SHORT ANSWER

*Write the word or phrase that BEST completes the sentence or makes the most sense in the blank space in the sentence. Each answer is worth **3 points**.*

24. A woman has just delivered a healthy baby and, according to her records and your previous discussion with her, she has requested insertion of an IUD in the postplacental period. Before insertion, you need to assess for three labor characteristics/factors that suggest you should not insert the IUD now. One is unresolved postpartum hemorrhage. What are the other two conditions?
- a. **Presence of chorioamnionitis**
 - b. **Rupture of membranes for 18 hours or greater**
25. After **48** hours postpartum, the PPIUD should not be inserted due to increased risk of expulsion. This is a WHO MEC Category 3 condition.
26. The **BEST** instrument for insertion of the PPIUD during the immediate postpartum period is the **Kelly placental forceps** because it is long enough to reach the fundus, and rigid enough to get around the sharp angle between the vagina and uterus.
27. Following immediate postpartum insertion of the IUD, a woman should be requested to return to the facility for follow-up **after 4 weeks, at 6 weeks, OR by 12 weeks** [Note: All of these answers acceptable, but 6 weeks may be most convenient because of the routine postpartum 6-week visit.]
28. The three **MOST** important steps in the insertion technique to reduce the risk of spontaneous expulsion of the PPIUD are:
- a. **Use a long instrument, like Kelly placental forceps, in order to reach the uterine fundus.**
 - b. **“Elevate” the uterus by pushing it up into the abdomen, to reduce the vagino-uterine angle.**
 - c. **Withdraw the forceps carefully to avoid displacing the IUD.**

Bonus Question!

A woman should not be counseled for postplacental insertion of the IUD for the first time during active labor. The reason for this precaution is because:

The woman needs to fully understand the benefits and limitations of the IUD, and be free to choose the method. It is difficult for her to do this when she is focused on the process of labor and birth. Insertion the IUD in women without their informed choice and consent not only violates the rights of that individual woman, but it also can undermine an otherwise successful PPF/PPIUD program. Women who feel they were pressured into getting a PPPIUD (or any other method) may share their experience with other women and discourage them from getting the method or using the PPF services.

Clinical Practice, Assessment and Qualification

Using the Counseling Guide

The **counseling guide** (page 1-31 to 1-35) is provided to structure the development and assessment of PPF and PPIUD counseling skills. It recognizes that counseling is not a linear process that requires a rigid sequence of steps. Instead, counseling is a two-way, interactive process that is shaped by a variety of factors—such as the woman’s reproductive intentions, health and life situation, as well as methods that are available and desirable to the woman. Some of the “steps” in counseling may overlap or be done simultaneously, while others are done only at the appropriate moment or as needed.

Learners should use the counseling guide to structure their approach to counseling clients about PPF and PPIUD, and to master the content and practice the skills involved. The main counseling principles are in the left hand column and techniques for each principle are in the next column. Trainers (and learners) should follow along with the counseling guide when they observe a learner providing counseling services, either in simulations or the clinical setting. They should provide feedback based on (or make specific comments in) the counseling guide to help the learner to improve his or her performance.

When the learner is ready to be assessed, either for readiness to work with clients or for qualification, the **trainer** uses the counseling guide as a formal assessment tool to evaluate the competency of the learner in providing counseling services. As in the clinical skills checklists, there is a space at the end of the counseling guide where the trainer can make a notation when the learner has achieved competency in counseling in simulation and with actual clients.

Using the Clinical Skills Checklists

The **skills checklists** (pages 1-38 to 1-48) for this course represent the critical steps that must be performed by the learner/service provider to correctly and safely carry out the procedures that are part of high-quality PPIUD services. These checklists incorporate counseling (although not in detail), client screening and infection prevention practices—in addition to the IUD insertion technique itself—in a single tool designed for both learning and assessment.

The level of detail in the checklists is limited to what is necessary to understand the essential steps for IUD insertion. Additional information about the procedure (including the rationales, helpful tips, precautions and illustrations) is contained in the chapter of the reference manual that deals with the insertion technique.

The **learner** uses these checklists to learn the steps of insertion and to guide practice of these clinical skills. The trainer *and* learners use the checklists when observing a learner during skills acquisition and practice—in the skills lab or the clinical setting—to provide detailed, specific feedback to the learner. The steps of the checklist provide an explicit, agreed-upon list of essential steps, and thus make the learning process easier and assessment more objective and “transparent” (in that learners know exactly what the trainer will be assessing).

The **trainer** uses these checklists more formally as well, to determine whether the learner has achieved skill competency in each of the different PPIUD insertion techniques. Each checklist will be used in the skills lab (with anatomic models) to determine the learner’s readiness to

practice in the clinical setting with actual clients. The trainer will also use it to determine whether the learner can be qualified to provide PPIUD services.

The evaluation criteria for use of the checklists are noted at the top of each checklist. A step is performed according to the standard or it is not. The checklists are written in a way to minimize ambiguity and therefore be more objective. Trainers will determine whether the step was performed correctly and will mark it following the instructions in the table that appears at the top of every checklist:

Learners: Study this tool together with the appropriate chapter in the Reference Manual to learn about and practice the correct steps needed to provide this clinical skill. Ask your colleagues to use this tool to follow along as you practice with anatomic models and gain experience with clients. Your colleagues should offer specific feedback using this tool to guide their observations.

Trainers: Use this tool when the learner is ready for assessment of competency in this clinical skill. Place a “✓” in case box if task/activity is performed **satisfactorily**, an “✗” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs 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 learner during evaluation by trainer

The columns marked **CASES** at the right of the checklists are for noting the observation of the observer or trainer during practice and assessment opportunities. The observer or trainer should also make some specific comments or notations on the checklist, which will give the learners explicit, objective guidance for improving their skills.

This training package contains four clinical skills checklists. Unfortunately, there is not an adequate anatomic model for each of these insertion techniques. Therefore, the following recommendations are made about initial assessment of learners in the clinical skills learning lab using these checklists.

- *Postplacental Instrumental Insertion* (page 1-39)—Use the checklist with the recommended postpartum IUD insertion model. Focus directly on the insertion technique because clients who accept the method in the immediate postplacental period have typically been counseled during ANC.
- *Postplacental Manual Insertion* (page 1-39)—Same as above.
- *Intracesean Insertion* (page 1-43)—Use the checklist along with an illustration of the immediate postpartum uterus during cesarean section. Alternatively, use a hot-water bottle with a slit in the lower segment to approximate the postpartum uterus during cesarean section. Ask learners to follow all of the steps in the process of insertion using one of these items.
- *Postpartum Insertion* (page 1-46)—Use the checklist with the recommended postpartum IUD insertion model. In addition to assessing clinical skills, evaluate the learner’s counseling approach since these clients often have presented to the facility without the opportunity for adequate counseling in the antenatal period.

Section Two: Guide for Trainers

When assessing learners' competency in the skills lab, ensure that the assessment scenario is as close to reality as possible. Follow the guidance in the *Set-Up of Clinical Skills Practice Station* (page 2-55). Once learners are competent with anatomic models, allow them to gain experience with actual clients in the clinical settings. Again, use the checklists for assessment of competency in the clinical area.

At the end of the checklist is a summary notation of competence that is filled in and signed by the trainer. It is the trainer's affirmation that the learner has adequately performed the skill, first in the skills lab with models, and then in the clinical setting with clients. The certification of each clinical skill is part of the overall requirements for achievement of the objectives of the course and, ultimately, qualification of the learner.

Trainer Certification

	<u>With Models</u>	<u>With Clients</u>
Skill performed competently:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signed:	_____	_____
Date:	_____	_____

Qualification

This clinical training course is designed to produce qualified service providers capable of providing PPIUD services to postpartum women. Qualification is a statement by the trainers that the learner has met the requirements of the course in knowledge, skills and practice. Qualification does **not** imply certification.

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

- **Knowledge:** A score of at least 85% on the Midcourse Knowledge Assessment
- **Skills:** Satisfactory performance of postpartum IUD counseling and clinical skills
- **Practice:** Demonstrated ability to provide postpartum IUD services in the clinical setting

Evaluating the Achievement of Knowledge

At the beginning of the course, learners take a Precourse Knowledge Assessment that provides both the individual learner and the clinical trainer a sense of what areas should be priorities during the course. The group's performance on this assessment helps the trainer to plan for activities and learning interventions during the course.

Before the end of the course, the learners take a Midcourse Knowledge Assessment, which evaluates whether the learner has gained the knowledge needed for safe and correct service provision. The passing score is set at 85%. If learners do not score 85% or above on their first attempt, they will be asked to repeat the knowledge assessment prior to completion of the course. This is a fundamental principle of mastery learning—for every learner to be supported in mastering the critical content of the course before the course is completed.

There are several things to consider if the learner needs to take the Midcourse Knowledge Assessment again:

- Ensure confidentiality. Do not announce publically who will be asked to repeat the knowledge assessment.
- Review the questionnaire with the learner to determine if there is confusion or lack of understanding about the material.
- Identify a time and a place to retake the assessment.
- Allow the learner time to review the material again before taking the assessment.
- If possible, use a different knowledge assessment questionnaire. If another one is not available, then use the same questionnaire.
- Mark the examination immediately, so that the learner is aware of his or her performance, as well as being able to manage the logistics of certificate distribution in a timely manner.
- If a learner retakes the exam, his or her final score on the exam should still only be the minimum passing score of 85%.

Evaluating the Achievement of Skills

Learners will develop counseling and clinical skills in the clinical skills lab, as well as in the hospital or clinical setting. The clinical skills checklists are used to assess that the learner has achieved skill competency. In this course, as in others, there are multiple skills to be learned by the learners. The trainer and learners, therefore, use the Skills Tracking Sheet to record the development of numerous competencies.

The trainer acts as a clinical coach to learners as they develop their clinical skills. The checklists should be used to objectively assess the performance of each step in the clinical skill.

When using the checklist, trainers should offer specific and detailed feedback to learners so that they may improve their performance and ultimately achieve skill competency. At the bottom of each checklist and counseling tool is a box where the trainer signs that the learner has achieved competency in the skill. It should be noted when the learner develops competency in the practice setting of the skills lab and when he/she achieves competency in the clinical area.

If a learner does not achieve competency in all the clinical skills of the course, the trainer, as well as the certifying organization, must make a decision about provision of the certificate. It is not acceptable to provide a certificate of qualification for the course if the learner has not achieved all the required objectives of the course. This defeats the purpose of a competency-based and mastery learning approach. Some considerations for this scenario include:

- Work in the evenings during the course to allow the learner more practice time and greater access to clinical cases.
- Arrange for the learner to remain at the training site for additional time in order to get the clinical experience required.

Section Two: Guide for Trainers

- Withhold the certificate and ask the learner to return to his or her facility and try to identify cases. The trainer will come to the facility at a specified time to work with the learner and evaluate his or her performance. Provide the certificate once all the required competencies are achieved.
- Withhold the certificate and ask the learner to return to the training site at another time when there is less competition for cases so that the learner may have greater access to clinical cases. Provide the course certificate once the learner has achieved the remaining competencies.

Evaluating the Achievement of Competency in the Clinical Practice Setting

During the course, it is the clinical trainer's responsibility to observe each learner's overall performance in providing IUD services. Only by doing this can the clinical trainer assess the way the learner uses what s/he has learned (e.g., her/his attitude toward clients). This provides a key opportunity to observe the impact of the learner's attitude on clients—a critical component of quality service delivery.

When anatomic models are used for initial skill acquisition, nearly all learners will be judged to be competent after only two to four cases. **Clinical skill proficiency**, however, invariably requires additional practice. In training of learners who will become **new** PPIUD service providers (i.e., learners without prior training or experience), each learner may need to provide PPIUD services to at least 5 to 10 clients in order to “feel confident” about her/his skills. Thus the judgment of a skilled clinical trainer is the most important factor in determining competence (i.e., whether the learner is qualified).

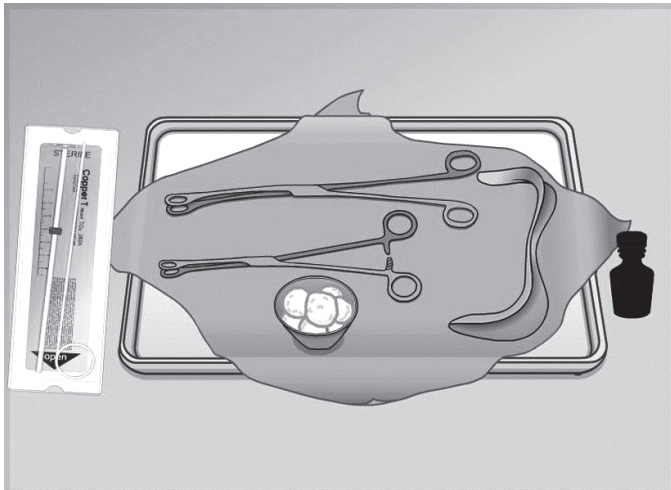
The goal of this training is to enable **every** learner to achieve competency (i.e., be qualified to provide PPIUD services). Therefore, if additional practice is needed, additional cases may be needed to allow the learner to gain clinical confidence. This confidence is necessary for learners to be able to return to their facilities and initiate the provision of PPIUD clinical services. Without this independence, the goal of the training is not realized and the ability of impact of the program cannot be realized.

Set-Up of Clinical Skill Practice Station

The clinical skills station is set up at the start of the PPIUD clinical skills course and is used for multiple activities including:

- Exercise One: What Is Different about Postpartum IUD?—where learners compare what they see at the skills station with what they know about interval IUD services
- Demonstration of PPIUD Insertion Technique—where learners are introduced to the proper technique while following along on the checklist
- Models Practice for PPIUD Services—when learners work in groups and get to practice the clinical skills of PPIUD insertion while being coached by their trainers

The clinical skills station gives the learners an introduction to the supplies and equipment needed, as well as the clinical and communication behaviors for proper PPIUD insertion. The skills station must be set up with the pelvic model, instrument decontamination pail, waste disposal, antiseptic such as povidone-iodine, HLD or sterile gloves, and the instrument tray set up properly as shown in the following figure, so that all steps of the procedure can be correctly simulated.



Items Required for the PPIUD Insertion Skills Station

<p>MODEL:</p> <ul style="list-style-type: none"> • Postpartum IUD insertion simulator 	<p>TRAINING AID:</p> <ul style="list-style-type: none"> • Illustration of sink for handwashing
<p>EQUIPMENT:</p> <ul style="list-style-type: none"> • Instruments: <ul style="list-style-type: none"> – Ring forceps (1) – Kelly placental forceps (1) – Speculum • Cloth towels (2) • Bowl for betadine 	<p>SUPPLIES:</p> <ul style="list-style-type: none"> • Cotton balls • Betadine solution • Gloves • Talcum powder • Buckets: <ul style="list-style-type: none"> – 1 labeled “Waste” – 1 labeled “0.5% Chlorine”

SECTION THREE: TIPS FOR TRAINERS

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, as briefly discussed in Section Two;
- 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.

Course Preparation Timeline

The planning checklist below shows a suggested timeline for preparing a PPIUD Clinical Skills Course. (See a printable handout for this checklist in the Additional Resources folder of the CD.)

TIME PRIOR TO PPIUD COURSE	ACTIVITY	X
3 months	Confirm the training dates.	
	Coordinate learner selection and number with program manager or appropriate other.	
	Confirm with the medical superintendent of the clinical training site.	
2 months	Confirm learners with program manager or appropriate other, including in the official invitation: the learner criteria; information about the course (such as dates, location and logistical information); and a copy of the course syllabus.	
	Initiate administrative arrangements.	
	Confirm hostel/lodging accommodations.	
	Confirm trainers and/or content experts.	
	Order learning materials, supplies and equipment.	

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TIME PRIOR TO PPIUD COURSE	ACTIVITY	X
1 month	Visit the potential learners in their clinical sites (if possible).	
	Ensure that adequate supplies are available.	
	Ensure that appropriate PPIUD service provision practices are being followed.	
	Ensure that clinic staff are aware that individuals in training will be working in the clinic and that they are aware of the course objectives.	
	Review and adapt, if necessary, course syllabus, schedule and outline.	
	Send copies of the syllabus and schedule to trainers.	
	Review content material and prepare for each session to be delivered by trainer.	
	Prepare audiovisuals (transparencies, slides, flipcharts, videos, etc.).	
	Arrange for all audiovisual equipment (overhead projector, LCD projector, DVD player, screen, etc.).	
1 week	Reconfirm trainers and/or content experts.	
	Confirm receipt of learning materials, supplies and equipment.	
	Finalize administrative arrangements.	
	Reconfirm hostel/lodging arrangements.	
1 week	Review the course syllabus.	
	Review the course outline.	
	Review the course schedule.	
	Review the checklists.	
	Review the pre- and midcourse knowledge assessments.	
	Review the PPIUD reference manual.	
	Prepare presentation notes.	
	Assemble learning materials.	
	Prepare supporting audiovisuals.	
	Check all audiovisual equipment.	
	Prepare anatomic models, instruments and other equipment.	
	Practice clinical procedures with models.	
	Review final list of learners for information on experience and clinical responsibilities.	
	Arrange/ensure learner transportation to and from the clinical training site.	
	Visit classroom training site and confirm arrangements.	
	Arrange for breakout rooms, if applicable.	
Arrange for breaks and meals, if applicable.		
Confirm arrangements to receive learners at the clinical training facility.		
Meet with cotrainer(s) and/or special content experts to review individual roles and responsibilities.		

TIME PRIOR TO PPIUD COURSE	ACTIVITY	X
1 to 2 days	Arrange to set up the room the day before the course begins.	
	Prepare classroom.	
	Make sure the furniture is arranged appropriately.	
	Prepare and check audiovisual equipment and other learning aids.	
	Arrange models and all needed instruments and supplies.	
	Check with cotrainers to be sure there are no other arrangements that need to be made.	

Classroom Preparation

In **preparing the classroom**, make sure that:

- Tables are arranged in a U-shape or other formation that will allow as many of the learners as possible to see one another and the trainer (this may be difficult in a lecture hall where chairs are attached to the floor).
- There is a table in the front of the room where the trainers can place their course materials.
- Space is available for audiovisual equipment (e.g., flipchart, screen, LCD projector, overhead projector, DVD player, monitor); the trainer should make sure that learners will be able to see the projection screen and other audiovisuals.
- Space is available for learners to work in small groups (i.e., either arrange chairs in small circles or work around the tables), unless separate breakout rooms (see below) are available.
- Space is available to set up simulated clinics (e.g., for activities with anatomic models or counseling practice).
- Breakout rooms are available for small group work (e.g., case studies, role plays, clinical simulations, problem-solving activities) are available if necessary, and are set up with tables, chairs and any materials that the learners will need.
- The room is properly heated or cooled and ventilated.
- The lighting is adequate, and the room can be darkened enough to show audiovisuals and still permit learners to take notes or follow along in their learning materials.
- There will be adequate electric power throughout the course, and contingency plans have been made in case the power fails.
- Furniture such as tables, chairs and desks is available. The chairs are comfortable and tablecloths are available.
- There is a writing board with chalk or marking pens, as well as an information board available for posting notes and messages for learners.
- Audiovisual equipment is in working order, with spare parts such as bulbs readily available. The video monitor is large enough so that all learners can see it well. There are sufficient electrical connections, extension cords, electrical adaptors and power strips (multi-plugs).
- There are toilet facilities that are adequately maintained.
- Telephones are accessible and in working order, and emergency messages can be taken.

Clinical Practice Site Preparation

Once an appropriate site for **clinical practice** has been selected, consider all the different aspects of clinical practice as you prepare for the activity—the physical environment, logistics, client caseload and the clinic staff. Consider the following questions when preparing for clinical practice:

- Is there **room for gathering the learners for discussion or small group activities**? You will need some space for meeting with learners before and after each clinical experience. If there are times when there are no clients, the meeting room can be used for the learners to participate in case studies, role plays or other small group activities. Arrange for a room or space before the clinical practice session.
- Again, are the **essential drugs, supplies and equipment available**? For example, for PPIUD services, the equipment and supplies must be available. Clinical facilities must have enough instruments and supplies to provide services to clients on an ongoing basis. It may be necessary to supplement the clinic's basic supplies of consumable items (e.g., gloves, IUDs) and to bring additional instruments needed for the procedure to be taught (or even to ask learners to bring supplies/equipment).

Another important aspect of preparing the clinical practice environment is managing **logistics**. Consider the following as you prepare:

- **With whom do you need to coordinate clinical practice**? Who in administration, the clinic or floor management needs to assist you in making arrangements for and conducting clinical practice? Arrange times with site administration and the head of the related floor or area for the clinical visit.
- **Is practice scheduled at a time when clients are available and that is convenient for clinical staff**? You should schedule practice at times when learners will have enough exposure to clients but not interfere with regular service provision.
- **What preparations are needed to ensure adequate and appropriate client flow for clinical practice sessions**? The client caseload has already been considered during selection of the clinical site, so preparations involve ensuring appropriate client caseload and flow for each clinical practice session. Consider the following as you prepare:
 - Will you need to schedule clients? Certain skills (counseling and screening) may require scheduling clients to ensure a sufficient caseload. Coordinate with the staff to arrange for a sufficient number of appropriate clients for the clinical practice visit.
 - Are there appropriate types of clients in the appropriate numbers? The type of clients is just as important as the number of clients. If clients who request certain procedures or who have specified health problems are needed, arrange with clinic staff to schedule appointments or help select appropriate clients from the wards.

Well before the course begins, **recruit clients through a health education campaign** and have them sign up to receive targeted services during the clinical practice part of the training. This can be done by posting flyers in the facility and surrounding area well in advance. The flyer should state the purpose of the training and welcome clients to participate. Clinic staff can also help spread the word.

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 **facilitators**—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?”

Section Three: Tips for Trainers

- **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.

Section Three: Tips for Trainers

- 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 flipchart, 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 PPIUD 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 PPIUD 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 IUD can safely have one inserted in the postpartum).
- **Planning or developing the care plan**—In providing PPIUD services, this step in the process may consist of documenting the woman's choice on her medical record so that labor and delivery room staff are aware of the woman's choice, or ensuring that all of the necessary equipment and supplies are available and ready for use.
- **Intervention or implementing the care plan**—In providing PPIUD services, this step would consist of the process of inserting the IUD: 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.
- **Evaluation or evaluating the care plan**—In providing PPIUD services, this step in the process may occur during routine follow-up at 4 to 6 weeks postpartum (*e.g., Is the woman happy with 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 teacher 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 teacher 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 PPIUD 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.

Clinical decision-making is still a difficult skill to teach. But by beginning early in the course and continually providing practice opportunities and guidance—whether by using the tools included in this learning resource package or through experience with clients—trainers will help learners more fully understand the decision-making process and develop their decision-making skills. As a result, the quality of care received by clients will be improved.

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.

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- **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 **facilitator** and guides the learners as the discussion develops.

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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 facilitator an opportunity to:

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

The facilitator 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 facilitator.
- **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 facilitator 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 facilitator 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 flipchart. 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 PPIUD 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 flipchart 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.
- **Involve the learners and provide positive feedback** 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 flipchart
- 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 facilitator 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.

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- 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 PPIUD course, the learners are provided the opportunity to learn PPIUD 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.
- Some **opportunities for PPIUD insertion cannot be planned or predicted**. The trainer must be alert to identify appropriate clinical situations and distribute them equally among the learners. Before each day's practice, the trainer should ask the staff to notify her/him of any clients that may be of particular interest, so that learners can be assigned to work with them. This can be done by ensuring that the entire clinical teams on the labor and delivery or postpartum wards are aware that clinical training is taking place.

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

- **Postplacental insertions**—Review the charts of those women in labor to see if they have been counseled about the postpartum IUD. Determine if women in latent phase labor are comfortable enough to engage in a discussion about postpartum family planning. Notify staff on the labor ward about the training and ask them to call you if additional cases arrive during the day.
- **Intracesarean insertions**—Check the morning schedule of planned cesareans. Determine if those women have been offered the IUD as a postpartum method of family planning.
- **Early postpartum insertions**—Work with the postpartum team or postpartum counselor to identify clients who may be interested candidates. (Note: course learners should provide counseling to postpartum women about their interest in a postpartum family planning method.)
- To get sufficient clinical experience, **learners may need to work in the evening hours** when deliveries are occurring which may offer the chance to develop PPIUD insertion skills. If this is necessary, a trainer or other trained clinician must accompany the learner on the labor ward.

- **There may be more learners than can be accommodated** comfortably in one area of the health care facility at the same time. Generally, three or four learners are the most that a specific area of a facility can absorb without affecting service delivery. If there are more, the trainer should plan a rotation system that allows each learner to have equal time and opportunity in each clinical area. In this PPIUD course, learners will spend time in four areas:
 - The labor and delivery (L&D) unit, including the OT, for insertion experience
 - The antenatal care (ANC) clinic for experience counseling women about their postpartum family planning options
 - The postpartum unit, for counseling experience with women who before delivery had not chosen a method of postpartum family planning
 - The family planning clinic, to understand the management of complications and side effects
- 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 they play an important role in the provision of high-quality PPIUD 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.
- Inevitably there will be **times when there are few or no opportunities for clinical practice on PPIUD insertion with clients**. The trainer should have ready additional activities and learning exercises, such as those described on the schedule, for the learners. **Even without clients, learning must continue**. Taking extended breaks or leaving the clinical site early is not an acceptable option. The exercises prepared for discussion during slow periods in the clinical practice area include:
 - Exercise Three: Identify the IP Steps
 - Exercise Four: The PPIUD Frequently Asked Questions
 - Exercise Five: Reviewing the IP Principles—Q&A

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. A learner who demonstrates competency in postplacental insertion should not be provided additional opportunities for practice until other learners have had an opportunity to develop this competency. The trainers should use the Skills Tracking Sheet for tracking these competencies.

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- It is essential that the trainer be **flexible and constantly alert to learning opportunities** as they arise. This requires knowing about the health care facility—how it is set up and functions, the client population, etc.—as well as having a good working relationship with the staff. The trainer will need to rely on the staff's cooperation in notifying her/him of eligible clients and allowing learners to provide services to these clients. This relationship is most easily established if the trainers come from that clinical site, but can also be established beforehand, during site preparation and other visits made by the trainer.
- 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. The learner who identifies a case may not be assigned to it if this learner has had a similar case before. It is not appropriate to subject the client to a procedure multiple times simply so that all learners can practice a skill.
- 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 PPIUD 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.

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- Because clinical staff usually is 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.

Section Three: Tips for Trainers

- 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 only be achieved 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.*

