



# Postabortion Care Individual Learning Package

Trainer's Guide

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# **POSTABORTION CARE INDIVIDUAL LEARNING PACKAGE TRAINER'S GUIDE**

## **INTRODUCTION**

Overview of Postabortion Care.....	1
Overview of the Individual Learning Course .....	1
The Training Approach.....	2
Structure of the PAC Individual Learning Program .....	7
Using the Learning Package .....	10
Course Syllabus .....	11
Learner Selection Criteria.....	15
Responsibilities of the Learner .....	15
Responsibilities of the Trainer.....	15
Responsibilities of the Individual Learning Course Supervisor .....	17
Responsibilities of the National PAC Coordinator.....	18
Responsibilities of the Course Site Administrator.....	19
Responsibilities of the Satellite PAC Service Site Administrator .....	19
Selection Criteria for the PAC Individual Learning Course Trainers .....	20
Selection Criteria for the PAC Individual Learning Course Site .....	20
Equipment and Supply Requirements for the Course.....	21
<b>INSTRUCTIONS FOR USING ZOE® GYNECOLOGIC SIMULATORS .....</b>	<b>25</b>
<b>INDIVIDUAL LEARNING COURSE OUTLINE .....</b>	<b>32</b>
<b>PRECOURSE QUESTIONNAIRE AND ANSWER KEY</b>	
How the Results Will Be Used .....	51
Precourse Questionnaire/Answer Sheet.....	52
<b>PRETRAINING ASSESMENT CHECKLISTS FOR POSTABORTION CARE CLINICAL SKILLS AND FAMILY PLANNING COUNSELING SKILLS.....</b>	<b>58</b>
<b>PRACTICE EXERCISES AND ANSWER KEY .....</b>	<b>61</b>
<b>LEARNING GUIDES AND CHECKLISTS FOR POSTABORTION CARE CLINICAL SKILLS AND FAMILY PLANNING COUNSELING SKILLS.....</b>	<b>96</b>
<b>CHECKLISTS FOR POSTABORTION CARE CLINICAL SKILLS AND FAMILY PLANNING COUNSELING SKILLS.....</b>	<b>108</b>



# INTRODUCTION

## OVERVIEW OF POSTABORTION CARE

Postabortion care (PAC) is a comprehensive way of managing patients with emergency complications of spontaneous or induced abortion. It includes the emergency management of abortion complications with manual vacuum aspiration (MVA), postabortion counseling including family planning, and referral of the patient to other reproductive health services. This individual learning course is based on *Postabortion Care: A Reference Manual for Improving Quality of Care* developed by the Postabortion Care Consortium. The background and reasons for providing PAC are given in this manual.

Until now, the treatment of the medical emergency using MVA, which is only one part of PAC, has been emphasized. But postabortion counseling, including family planning, links to other reproductive health services, pain management, quality of care and patients' rights are also important parts of PAC. This individual learning course will look at these topics as well as MVA.

## OVERVIEW OF THE INDIVIDUAL LEARNING COURSE

This clinical training will prepare competent PAC providers, using an individual learning approach. This learning approach (also called structured on-the-job training or OJT, site-based or clinic-based training) is a form of learning for the individual that lets healthcare providers learn, within the work setting, to give a whole range of PAC services. Good reasons for learning these skills on the job are:

- Healthcare providers can be trained without waiting for a scheduled course.
- Clinic and hospital staff control the training.
- Training is intended to meet local needs.
- Services are upset less than when a healthcare provider travels to a distant location to attend a training course.

## THE TRAINING APPROACH

### **Mastery Learning**

The **mastery learning** approach to clinical training assumes that all learners can master (learn) the knowledge, attitudes or skills they need, as long as enough time is given and the correct learning methods are used. The goal of mastery learning is that 100 percent of those being trained will “master” the knowledge and skills on which the course is based.

Although some learners are able to gain new knowledge or a new skill quickly, others may need more time or different ways of learning before they are able to show mastery. Not only do people have different abilities to learn new material, but different people learn best in different ways—through writing, speaking or seeing. Mastery learning allows for these differences and uses a variety of teaching and learning methods.

The mastery learning approach also lets learners be in charge of their own learning. This happens when the clinical trainer acts as facilitator, testing is done differently, and the way testing results are used changes. In courses that use traditional testing methods, the trainer gives a test before and after training to show an increase in what the learners know, often without showing how this change affects how well they perform on the job.

By contrast, with mastery learning, there is a continual assessment of learning. With this kind of learning, the clinical trainer regularly tells learners how they are doing in learning new information and skills, and does not allow it to be the trainer’s secret.

### **With the mastery learning approach, assessment of learning is:**

- Competency-based, which means assessment is built upon the course objectives and stresses learning the knowledge, attitudes and skills needed to perform a job, not simply gaining new knowledge.

- Dynamic, because it allows clinical trainers to give learners constant feedback on how well they are meeting the course objectives and, when it seems necessary, to change the course to meet learning needs.
- Less stressful, because from the start, learners know what they are expected to learn and where to find that information, and have many chances to talk with the clinical trainer.

### **Individual Learning**

Individual learning, in contrast to group or group-based learning, is an alternative learning approach in which the learner assumes the responsibility for acquiring the essential knowledge and follows a series of structured learning activities presented in the learning package. In individual learning, however, development of essential skills and attitudes occurs in the same way as in group learning (e.g., observation of demonstrations, practice while being observed and coached, assessment of skill competency). Individual learning can take a number of forms, including on-the-job training (OJT), self-paced learning, self-directed learning, computer-assisted learning, electronic learning or distance learning.

### **Key Features of Effective Clinical Training**

Effective clinical training is planned and carried out according to the way adults learn—they are actively involved in the learning, they can relate it to their work, and they can use what they learn. This kind of training:

- Uses behavior modeling
- Is competency-based
- Uses humanistic training techniques

Learning theory states that when conditions are ideal, a person learns most rapidly and effectively from watching someone perform (model) a skill or activity. For modeling to be successful, the trainer must clearly show the skill or activity so that learners have a clear picture of how they are expected to perform.

Learning to perform a skill takes place in three stages. In the first stage, skill acquisition (gaining skills), learners see others perform the procedure and get a mental picture of the steps to be performed. Once the learners have the mental image, they try to do the procedure, usually with supervision. Next, the learners practice until skill competency is reached and they feel confident performing the procedure. The final stage, skill proficiency, occurs only with regular practice over time.

<i><b>Skill Acquisition</b></i>	Knows the steps and their correct order (if necessary) to perform the required skill or activity but <b>needs help</b>
<i><b>Skill Competency</b></i>	Knows the steps and their correct order (if necessary) and <b>can perform</b> the required skill or activity
<i><b>Skill Proficiency</b></i>	Knows the steps and their correct order (if necessary) and <b>efficiently performs</b> the required skill or activity

### **Competency-Based Training**

Competency-based training (CBT) is very different from the way training has usually been done. Competency-based training is learning by doing. It focuses on the specific knowledge, attitudes and skills needed to do a procedure or activity. How the learner performs (a combination of knowledge, attitudes and, most important, skills) is stressed instead of just what information the learner has learned. Moreover, in CBT the clinical trainer actively supports and encourages learning instead of taking the more traditional role of instructor or lecturer. The learner's competency in the new skill or activity is assessed objectively by evaluating overall performance.

For CBT to occur, the clinical skill or activity to be taught must first be broken down into its basic steps. Each step is then broken down to determine the most efficient and safe way to perform and learn it. This process is called standardization. Once a procedure, such as MVA, has been standardized, tools to aid competency-based skill development (learning guides) and assessment (checklists) can be designed. These tools make learning the necessary steps or tasks easier and evaluating the learner's performance more objective.

A key component of CBT is coaching, which uses positive feedback, active listening, questioning and problem-solving skills to make the learning climate a positive one. When coaching, the clinical trainer should first explain the skill or activity and then show how it should be done, using an anatomic model or other training aid such as a video. Once the procedure has been shown and the trainer/coach and learner have talked about it, the trainer/coach then observes, interacts with and guides the learner in learning the skill or activity, checks progress and helps the learner overcome problems.

With coaching, the learner receives feedback about performance at many different times:

- **Before practice:** The clinical trainer and learner should meet briefly before each practice session to review the skill/activity, including the steps/tasks that will be stressed during the session.
- **During practice:** The clinical trainer watches, coaches and gives feedback as the learner performs the steps/tasks outlined in the learning guide.
- **After practice:** This feedback session should take place directly after practice. Using the learning guide, the clinical trainer discusses the strengths of the learner's performance and also gives the learner specific suggestions for making it better.

### **Humanistic Training Techniques**

The use of more humane (humanistic) techniques also makes clinical training better. A big part of humanistic training is the use of anatomic models, which are very like the human body, and other learning aids such as videos. If models are used correctly, they make learning easier, shorten training time and lessen the risks to patients. For example, by using anatomic models from the beginning, learners more easily reach the levels of skill competency and beginning skill proficiency before they start to work in the clinic setting with patients.

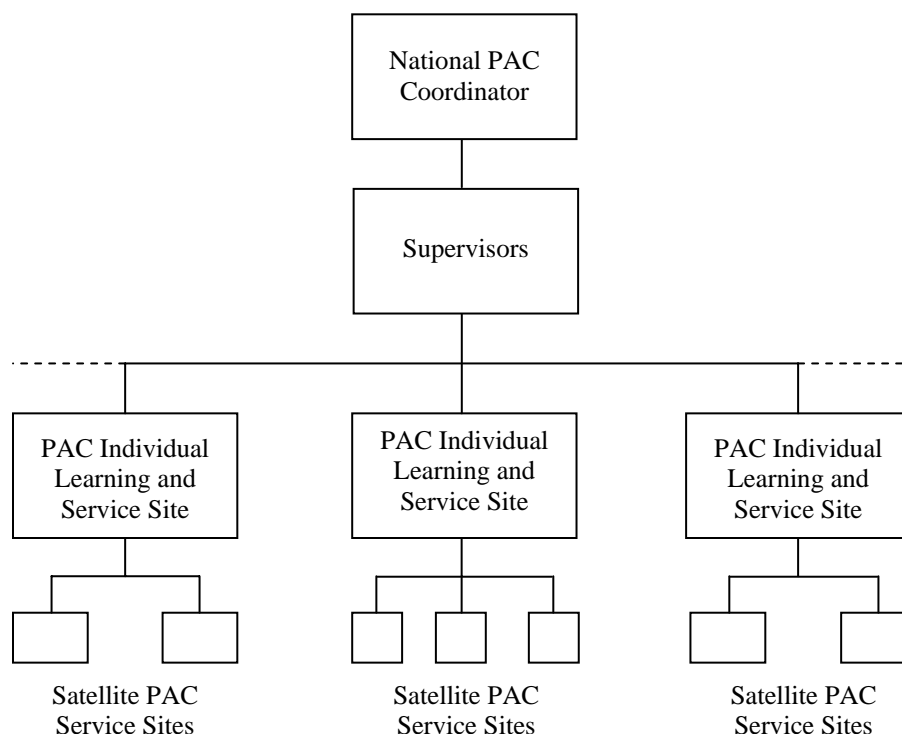
Before a learner tries a clinical procedure with a patient, certain learning activities should occur:

- The clinical trainer should show the required skills and patient interactions several times using an anatomic model and appropriate audiovisual aids (e.g., a video).
- While being supervised, the learner should practice the required skills and patient interactions using the model and actual instruments in a simulated setting that is as much like the real situation as possible.
- Only when skill competency and some degree of skill proficiency have been shown with models, however, should learners have their first contacts with patients.

When mastery learning, which is based on adult learning principles and behavior modeling, is combined with CBT, the result is a strong and very effective way to do clinical training. And when humanistic training techniques, involving anatomic models and other learning aids, are used, training time and costs can be greatly reduced.

## STRUCTURE OF THE PAC INDIVIDUAL LEARNING PROGRAM

Figure 1. PAC Individual Learning Program Structure



**The structure of the PAC Individual Learning Program involves four key people, plus the site administrator and the satellite PAC service site administrator:**

- The **learner**, who is already a healthcare provider, uses the PAC individual learning course materials to learn to provide emergency management of abortion complications including: using MVA; offering pre- and postabortion counseling, including postabortion family planning; and providing the link with other reproductive health services.
- The **trainer**, who is a proficient provider of PAC services, coaches the learner and demonstrates skills, observes development of the learner's skills, gives feedback and suggestions, interacts with the learner by asking and answering questions, and evaluates the learner to be sure that the essential PAC knowledge and skills are being learned. The trainer also gives the final skill assessment.

- The **supervisor**, who should already have been oriented to the PAC program, helps to choose the learners, makes sure that the most appropriate sites are being used, ensures that the sites have the necessary equipment, orients site staff to the individual learning program, gives the final knowledge assessment, reviews the skill assessment completed by the trainer, and arranges for the learner to receive a statement of qualification according to the guidelines in the course syllabus.
- The **national PAC coordinator**, who is a person with technical skills, oversees and enlists support for the national PAC service delivery program, including the individual learning program. The national coordinator organizes additional support for the training program, such as training and supporting both the trainers and supervisors.

In addition, the PAC Program involves the following administrators:

- The **site administrator**, who is the head administrator at the PAC site and supports the PAC individual learning course by overseeing preparation of the site before and during the training. The site administrator also monitors the course progress. This person makes sure that model PAC services are provided at the site.
- The **satellite PAC service site administrator**, who is the head administrator of the site and provides the necessary support (management, human resources, supplies) to make sure that high quality PAC services are provided.

The focus of this course is on the learner. For example, the training activities presented in the course outline are geared to the learner. As the learner moves through a series of activities (e.g., reading information, observing the trainer, doing practice exercises, practicing clinical skills using role plays and anatomic models, working with patients), there are corresponding activities for the trainer and supervisor. The focus of the course, however, is always on the learner.

This course has four main parts. All of the training activities for the learner, trainer and supervisor relate to one or more of these parts:

- Transfer and assessment of the essential knowledge about PAC. This knowledge is presented in the manual *Postabortion Care: A Reference Manual for Improving Quality of Care* and is reinforced as the learner works with the trainer and completes the practice exercises.
- Transfer and assessment of counseling and clinical skills using role plays and anatomic models. The trainer demonstrates the skills. The learner shows, through role plays and demonstrations using models, that s/he can competently provide counseling, management of abortion complications including MVA, postabortion counseling in family planning, and referrals to other reproductive health services.
- Transfer and assessment of the above skills while the learner works with patients. The trainer first demonstrates (models) the skills with patients, and the learner then shows that s/he can competently perform the skills.
- Transfer of attitudes through behavior modeling (teaching by example) by the trainer and through interaction with patients by the learner.

Key to the success of this individual learning program is the motivation of the learners and trainer. Learners must be willing to read, study, complete assignments and work on their own while staying on a schedule, in order to complete training in a reasonable period of time. Learners also must be willing to observe the trainer and ask questions. The trainer must be willing to take the necessary time to mentor, teach and work closely with the learners, in addition to providing high quality services, throughout the course.

## USING THE LEARNING PACKAGE

This training course is built around the following materials:

- Need-to-know information contained in the reference manual *Postabortion Care: A Reference Manual for Improving Quality of Care*
- A Learner's Guide containing a precourse questionnaire and skills assessment checklist, learning guides which break down the activity into its main components, a step-by-step course outline and a series of practice exercises
- A Trainer's Guide containing all of the essential items found in the Learner's Guide, along with the answer keys to the precourse questionnaire and practice exercises
- A Supervisor's Guide containing information on all the tasks the supervisor must carry out and the final knowledge assessment with answer sheet
- The ZOE<sup>®</sup> anatomic model
- The videos:
  - *GATHER* (Johns Hopkins University Center for Communication Programs [JHU/CCP]),
  - *Put Yourself in Her Shoes* (JHU/CCP),
  - *Postabortion Care Services: Use of Manual Vacuum Aspiration and Recommended Practices for Processing MVA Instruments* (JHPIEGO), and
  - *Infection Prevention for Family Planning Service Programs* (AVSC International and JHPIEGO)

The reference manual *Postabortion Care: A Reference Manual for Improving Quality of Care*, has 10 chapters and 9 appendices. It contains all the information that the learner needs to take this course.

This individual learning course stresses the importance of using resources wisely, and applying appropriate educational technologies and humane training techniques. In humane, or humanistic, training, anatomic models such as the ZOE pelvic model are used to lessen the risks to patients and make it easier for the learner to learn skills. Detailed (step-by-step) learning guides for counseling and clinical skills are included in the Learner's Guide to help the learner learn the required skills and measure individual progress. Finally, competency-based knowledge questionnaires and skills checklists are given to help the trainer and supervisor in evaluating a learner's performance objectively.

Trainers are encouraged to conduct training activities that are very interactive, asking questions and involving the learner as much as possible without disrupting services.

Because this is an individualized course, it is critical that the learner, trainer and supervisor thoroughly read the guides written for them before the learner begins this program. The administrator must understand how much time is required for the trainer and learner to carry out their activities.

## **COURSE SYLLABUS**

### **Course Goals**

- To influence in a positive way the attitudes of the learner towards PAC services
- To provide the learner with the knowledge and skills needed for performing MVA as well as preventing and managing abortion complications or complications related to the MVA procedure
- To provide the learner with counseling skills for postabortion family planning
- To provide the learner with the knowledge and skills needed to organize and manage high quality PAC services

- To make the learner familiar with the role of the healthcare provider in promoting postabortion family planning
- To identify and provide opportunities for linkages to other reproductive health services

### **Learning Objectives**

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

1. Perform an initial assessment including medical history, physical examination and simple laboratory tests (if needed), of women presenting with possible complications of incomplete abortion.
2. Provide management of serious, life-threatening postabortion complications (shock, severe vaginal bleeding, infection/sepsis and intra-abdominal injury) or stabilize patients with these complications prior to referral.
3. Use good interpersonal communication skills throughout the provision of services, including talking to the patient about her condition, the MVA procedure and its indications and precautions.
4. Use recommended infection prevention practices that lessen the risk of post-MVA infections and transmission of serious diseases, such as hepatitis B or AIDS, to patients and healthcare staff.
5. Provide appropriate pain management for women treated for postabortion complications using MVA.
6. Perform MVA using a gentle, no-touch technique.
7. Manage complications occurring before, during or after the MVA procedure.
8. Describe the important elements in followup of women treated for postabortion complications.

9. Recognize the patient's need for additional reproductive health services or referral, including counseling her for postabortion family planning and, when appropriate, providing the contraceptive method she chooses.
10. Explain how the quality of care process can be used to improve and maintain high quality, patient-oriented PAC services.
11. Describe the skills needed to organize and manage high quality PAC services.

### **Training/Learning Methods**

- ! Individual exercises
- ! One-on-one talks with the trainer
- ! Role plays
- ! Case studies
- ! Simulated practice with anatomic (pelvic) models
- ! Guided clinical activities (performing MVA and counseling)

### **Learning Materials**

This PAC individual learning course (including the Learner's, Trainer's and Supervisor's Guides) is designed to be used with the following materials:

Reference manual: *Postabortion Care: A Reference Manual for Improving Quality of Care* (Postabortion Care Consortium)

Videos:

- ! *GATHER* (JHU/CCP),
- ! *Put Yourself in Her Shoes* (JHU/CCP),
- ! *Postabortion Care Services: Use of Manual Vacuum Aspiration and Recommended Practices for Processing MVA Instruments* (JHPIEGO), and

! *Infection Prevention for Family Planning Service Programs*  
(AVSC International and JHPIEGO)

### **Instruments and Equipment**

Instruments and equipment for providing the full range of PAC services (see pages 21-24) and pelvic model (ZOE)

### **Methods of Evaluation**

#### *Learner*

- Precourse Assessment Checklists for PAC Counseling and Clinical Skills (to be completed by clinical trainer)
- Precourse Questionnaire and final knowledge assessment
- Learning Guides for Postabortion Care Clinical Skills, Verbal Anesthesia and Family Planning Counseling Skills
- Checklists for Postabortion Clinical and Family Planning Counseling Skills (to be completed by clinical trainer)

#### *Course*

Course Evaluation (to be completed by the learner)

### **Qualification of Learners**

Qualification at the end of the course is given to those learners who:

- Score 85% or higher on the final knowledge assessment
- Reach competency in all skills on the Checklists for Postabortion Family Planning Counseling and Clinical Skills

## **LEARNER SELECTION CRITERIA**

Learners for this course should be clinicians (doctors, nurses or midwives) working in a healthcare facility (clinic or hospital) that provides women's health services. Both the clinic and learner must be interested in and willing to provide PAC services. These clinicians should have attended a Contraceptive Technology Update and an infection prevention update. Learners will be chosen by the supervisors, site administrators and trainers.

## **RESPONSIBILITIES OF THE LEARNER**

The responsibilities of the learner in an individualized course are somewhat different from those in a traditional, group-based training course. Because of the unique nature of this course, the ideal learner:

- Has an interest in, and will be able to provide, high quality PAC services
- Is interested in learning, understands the principles of individualized learning and is motivated to learn independently
- Has the required knowledge and skills
- Uses checklists and learning guides
- Follows the course outline

## **RESPONSIBILITIES OF THE TRAINER**

Critical to the success of the individualized course is the trainer. The trainer is the main contact for the learner and has a great influence on the development of the learner's knowledge, attitudes and skills. The trainer:

- Demonstrates proficient PAC service provision skills
- Aids the supervisor and the site administrator in the selection of the learners
- Shows an understanding of the individualized approach to training

- Shows an understanding of the components of the individualized learning package
- Follows the course outline, including allowing sufficient time for learning sessions
- Coordinates activities with the supervisor
- Gets the site ready for the individual learning course, working with the administrator and supervisor
- Makes sure that equipment and supplies are available for service delivery and clinical training
- Promotes links to other reproductive health service programs
- Demonstrates effective infection prevention skills
- Demonstrates effective counseling skills
- Demonstrates a positive attitude toward PAC patients
- Respects rights of PAC patients
- Creates a positive learning climate
- Uses interactive learning techniques
- Uses learning guides and encourages use of learning guides by the learner
- Demonstrates clinical skills, including effective patient-provider interaction and the use of verbacaine during the MVA procedure
- ! Uses anatomic models in clinical training
- ! Coaches in a clinical setting
- ! Identifies and manages learning and training problems
- ! Uses competency-based checklists to assess clinical skills
- ! Administers final skill assessment to learners
- Determines if a healthcare provider is qualified to provide a clinical service
- ! Maintains individual learning course records
- ! Follows up with healthcare providers after training

## RESPONSIBILITIES OF THE INDIVIDUAL LEARNING COURSE SUPERVISOR

The supervisor is the link between the trainers and the national PAC coordinator. The supervisor helps in choosing the trainers and learners and ensures that the trainer is trained in clinical training skills. The supervisor:

- Selects individual learning course clinical training sites while consulting with the national PAC coordinator and individual learning course site administrator
- ! Selects PAC trainers with the help of the national PAC coordinator
- Aids the trainer and the site administrator in the selection of the learners
- Identifies equipment needed for service provision and clinical training
- Works with the trainer and administrator to ensure that supplies are available to support service delivery and clinical training
- Orients the PAC site staff and the PAC service staff to the concept of individualized learning
- Arranges a supervision schedule with the PAC site administrator and trainer
- Travels to various individual learning course sites for supportive supervision
- ! Monitors progress of the PAC individual learning course
- ! Shows an understanding of the clinical service being provided
- Shows an understanding of the individual learning course approach to training
- Shows an understanding of the components of the PAC individual learning course package
- ! Follows the individual learning course outline
- Coordinates individual learning course activities with the individual learning course trainer
- Provides access to individual learning course reference materials

- Obtains funding and other resources for individual learning course activities
- ! Shows effective time management skills
- ! Shows effective communication skills
- ! Shows effective leadership skills
- ! Keeps individual learning course records
- ! Administers final knowledge assessment to learners
- ! Reviews skill assessments completed by course trainer
- Organizes PAC certification for learners competent in PAC services
- ! Promotes links to other reproductive health service programs
- ! Orients site staff to the individual learning course
- ! Promotes family planning counseling services

## **RESPONSIBILITIES OF THE NATIONAL PAC COORDINATOR**

The National PAC Coordinator will manage all aspects of the individual learning program. The National PAC Coordinator:

- ! Enlists and oversees support for PAC services
- ! Ensures that PAC services and individual learning courses are of high quality
- Identifies PAC individual learning program supervisors and provides them with training and support
- Helps individual learning program supervisors through the existing supervision structure
- Helps in selecting/confirming training sites for the individual learning program through the existing supervision structure
- Arranges for clinical skills and clinical training skills training for the PAC trainers
- Helps in selecting/confirming learners for the course through the existing supervision structure

- Helps individual learning program supervisors in obtaining sufficient supplies and equipment through the existing supervision structure
- Helps in the monitoring and evaluation of the individual learning program through the existing supervision structure
- Helps in collecting/compiling necessary reports through the existing supervision structure
- Ensures that learners competent in PAC services receive final certification

### **RESPONSIBILITIES OF THE COURSE SITE ADMINISTRATOR**

- ! Buys supplies necessary for the individual learning program
- ! Helps the supervisor and the trainer in the selection of learners
- ! Allows the trainer time to teach
- Allows the learner time to follow the individual learning course outline
- ! Helps with and oversees the upgrade of site services
- ! Provides ongoing support to the trainers and learners

### **RESPONSIBILITIES OF THE SATELLITE PAC SERVICE SITE ADMINISTRATOR**

- ! Buys supplies necessary for the PAC service site
- ! Allows the learner time to follow the individual learning course outline
- ! Helps with and oversees the upgrade of site services
- ! Provides ongoing support to the trainers and learners

## **SELECTION CRITERIA FOR THE PAC INDIVIDUAL LEARNING COURSE TRAINERS**

The people selected as PAC trainers must:

- ! Be practicing clinicians (doctors, nurses or midwives)
- ! Be clinicians proficient in PAC service provision
- ! Have a positive attitude toward PAC patients
- Have participated in a Contraceptive Technology Update, interpersonal communication/ counseling course, infection prevention update and PAC standardization

## **SELECTION CRITERIA FOR THE PAC INDIVIDUAL LEARNING COURSE SITE**

To provide effective individualized learning, the site where training will occur must meet the following criteria:

- Provides high quality PAC services according to national standards
- ! Shows interest in hosting a PAC individual learning course
- Has staff members who are or want to be trainers in the individual learning course and who meet the criteria to be individual learning course trainers
- ! Has adequate space
- Has a large enough patient caseload (sees at least two PAC patients per week)
- Has enough water to maintain high infection prevention standards
- Can show that it routinely has enough supplies, equipment and drugs to meet the needs of patients
- Has good support services (i.e., those needed for high quality service provision such as a laboratory and pharmacy)
- ! Has infection prevention practices in place
- ! Provides family planning services
- ! Has links to other reproductive health services

- Has a range of other reproductive health services to which PAC patients are routinely referred

## **EQUIPMENT AND SUPPLY REQUIREMENTS FOR THE COURSE**

To provide a high quality individualized learning experience, there are certain supplies and pieces of equipment that must be in place:

- ZOE pelvic model
- Learning materials, including copies of the Trainer's Guide, Learner's Guide and reference manual *Postabortion Care: A Reference Manual for Improving Quality of Care*
- Infection prevention standards and job aids
- Genital tract infection (GTI)/sexually transmitted infection (STI)/ standards and job aids
- ! Flipchart or counseling tools for family planning methods
- ! Contraceptive methods/commodities
- ! TV/VCR
- Videos: *GATHER*; *Put Yourself in Her Shoes*; *Postabortion Care Services: Use of Manual Vacuum Aspiration and Recommended Practices for Processing MVA Instruments*; and *Infection Prevention for Family Planning Service Programs*
- ! Medical record forms
- ! Daily Register
- ! Sink with adequate clean water

### **Instruments and Equipment**

- ! Pan and pan cover (1 each)
- ! Bivalve (Graves) specula (small and medium)
- ! Uterine tenaculum (Braun, straight, 9 ½") (1) or vulsellum forceps (1)
- ! Emesis pan (1)
- ! Kidney dish (1)

- ! Sponge (Foerster, straight 9 ½") forceps (2)\*
- ! MVA instruments
- MVA vacuum syringe, double valve (1), single valve (1)
- Plastic cannulae of different sizes (6 mm to 12 mm)
- Adapters
- Silicone for lubricating MVA syringe o-ring (1 tube)
- ! Light source (to see cervix and inspect tissue)
- ! Strainer (for tissue inspection)
- ! Clear container or basin (for tissue inspection)
- ! Simple magnifying glass (x 4–6 power) (optional)

### **Consumable Supplies**

- ! Swabs/gauze
- ! Antiseptic solution (preferably an iodophor such as povidone iodine)
- ! Gloves, sterile or high-level disinfected surgical gloves or new examination gloves
- ! Gloves, utility
- ! All essential drugs listed in the reference manual (Appendix G)

### **Items That Should Be on Hand, but Are Not Required for All MVA Procedures**

- ! 10–20 ml syringe and 22-gauge needle for paracervical block (6 each)
- ! Local anesthetic (e.g., 1–2% lidocaine without epinephrine)
- ! Curette, sharp, large (1)
- Tapered mechanical dilators: Pratt (metal) or Denniston (plastic)

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\* If available, a curved placental forceps is preferable to the sponge forceps for removing POC

## **Furniture and Equipment**

Before beginning the MVA procedure, make sure that the following furniture and equipment are in the treatment room and are in working order:

- ! Examination table with stirrups
- ! Strong light (e.g., gooseneck lamp)
- ! Seat or stool for clinician
- ! Plastic buckets for decontamination solution (0.5% chlorine)
- ! Puncture-proof container for disposal of sharps (needles)
- Leakproof container for disposal of infectious waste
- ! Aprons for clinicians

## **For High-Level Disinfection or Sterilization of Instruments**

- ! Nonmetal (plastic containers)
- ! Detergent
- ! Clean water
- Chlorine solution (concentrated solution or dry powder)
- ! High-level disinfectant or sterilization agent (optional)
- ! Large pot for boiling metal instruments
- ! Steamer for steaming surgical gloves, cannulae and surgical instruments
- ! Autoclave (steam) or convection oven (dry heat)

## **For Emergency Resuscitation**

These items are seldom required in uterine evacuation cases but are needed for possible emergency use:

- ! Spirits of ammonia (ampules)
- ! Atropine
- ! IV infusion equipment and fluid (DSW or D/S)

- ! Ambu bag with oxygen (tank with flow meter)
- ! Oral airways

# INSTRUCTIONS FOR USING ZOE® GYNECOLOGIC SIMULATORS

The ZOE Gynecologic Simulator is a model of a full-sized, adult female lower torso (abdomen and pelvis). It is a versatile training tool developed to help healthcare providers in teaching the processes and skills needed to perform many gynecologic procedures. ZOE models are ideal for showing and practicing the following procedures:

- ! Bimanual pelvic examination, including palpation of normal and pregnant uteri
- ! Vaginal speculum examination
- ! Visual recognition of normal cervixes and abnormal cervixes
- ! Uterine sounding
- ! IUD insertion and removal
- ! Diaphragm sizing and fitting
- ! Laparoscopic inspection and occlusion of fallopian tubes (Falope rings or other clips)
- ! Minilaparotomy (both interval and postpartum tubal occlusion)
- ! Treatment of incomplete abortion using manual vacuum aspiration (MVA)

## CONTENTS OF THE ZOE MODEL

The ZOE Gynecologic Simulator kit includes the following:

Item	Quantity
Normal ante- and retroverted uteri with clear tops, attachments for round and ovarian ligaments as well as fallopian tubes and normal patent cervical os for pelvic examination and IUD insertion	2

6–8 week uterus (incomplete abortion) with round ligaments with dilated, patent cervical os, which allows passage of a 5 or 6 mm flexible cannula.	1
10–12 week uterus (incomplete abortion) with round ligaments, with dilated, patent cervical os, which allows passage of a 10 or 12 mm flexible cannula.	1
Removable introitus with vagina/rectum and four (4) locking pins	1
Postpartum uterus (20-week size) with attached fallopian tubes for practicing postpartum tubal occlusion by minilaparotomy	1
Cervices (not patent) for use in visual recognition:	
! Normal cervix	1
! Cervix with proliferation of columnar epithelium (ectropion)	1
! Cervix with inclusion (nabothian) cyst and endocervical polyp	1
! Cervix with lesion (cancer)	1
Simulated round and ovarian ligaments (set of 2 each)	4
Normal tubal fimbriae and ovaries (2 each)	4

Fallopian tubes for tubal occlusion	10
Extra normal cervixes with patent os for IUD insertion/ removal	4
Extra cervixes for 6–8 week and 10–12 week uteri (2 of each size)	4
Extra thin cervical locking rings	3
Extra locking pins	2
Flashlight with batteries	1
Soft nylon carrying bag	1
ZOE repair kit	1

### **Outer Skin**

The **outer skin of the model** is foam-backed in order to simulate the feel of the anterior pelvic wall. The entire outer skin is removable to allow the model to be used for demonstration purposes (e.g., performing IUD insertion or MVA procedure).

The 3 cm incision (reinforced at each end) located just **below** the umbilicus can be used to insert a laparoscope to look at the uterus, round ligaments, ovaries and fallopian tubes, and practice laparoscopic tubal occlusion. This incision also can be used for practicing postpartum tubal ligation by minilaparotomy.

The 3 cm incision located a few centimeters **above** the symphysis pubis is used for practicing interval minilaparotomy. This incision also

is reinforced, which allows the skin to be retracted for demonstration of the minilaparotomy technique.

### **Cervices**

The **normal** cervices have a centrally located, oval-shaped os, which permits insertion of a uterine sound, uterine elevator or IUD. The **abnormal** cervices are not open and can be used for demonstration only.

Each of the cervices for treatment of incomplete abortion has a centrally located, oval-shaped os, which is dilated to allow passage of a 5 or 6 mm or 10 or 12 mm flexible cannula, respectively.

The **normal** cervices and interchangeable uteri feature the patented “screw” design for fast and easy changing.

## **ASSEMBLY OF THE ZOE MODEL**

To use the ZOE pelvic model for demonstrations or initially to learn how to change the parts (e.g., cervices and uteri), you need to know how to remove the skin.

### **Removing and Replacing the Detachable Skin and Foam Backing**

First, carefully remove the outer skin and its foam lining away from the rigid base at the “top” end of the model. (“Top” refers to the portion of ZOE nearest to the metal carrying handle located above the umbilicus.)

Lift the skin and foam up and over the legs, one leg at a time.

*Be as gentle as possible.* The detachable skin is made of material that approximates skin texture and it *can* tear.

If you wish to change the anteverted uterus and normal cervix, which are shipped attached to ZOE, first you must remove the uterus.

Start by pulling the round ligaments away from the wall.  
Then grasp the uterus while turning the *wide* grey ring counterclockwise until the cervix and uterine body are separated.  
To remove the *cervix*, turn the *thin* grey ring counterclockwise until it comes off.

You then can push the cervix out through the vagina.

To **reassemble**, simply reverse this process.

To replace the skin and foam lining, start by pulling them down around the legs.

Then, make sure that the rectal opening is aligned with the opening in the rigid base.

Pull the skin and foam over the top of the model.

Finally, make sure both are pulled firmly down around the rigid base, and the skin is smoothly fitted over the foam.

Once you understand how ZOE's anatomic parts fit together, it is suggested that you change them through the opening at the top of the model. This helps to preserve ZOE's outer shell, as you will only have to remove it for demonstrations or to change the postpartum (20-week size) uterus.

The anteverted and retroverted uteri have transparent top halves and opaque lower halves for use in demonstrating IUD insertion. These uteri are supported by round ligaments attached to the pelvic wall. The round ligaments, ovaries and fallopian tubes are removable.

**To remove the uterus:**

Unscrew the wide locking ring attached to the uterus using a **counterclockwise rotation**.

**To remove the cervix:**

Unscrew the thin locking ring immediately outside the apex of the vagina.

The cervix should be pushed through the vagina and removed from the introitus.

To **reassemble**, proceed in reverse order.

## PERFORMING PROCEDURES WITH THE ZOE MODEL

### Speculum examination:

- Use a **medium** bivalve speculum.
- ! Before inserting the speculum, dip it into clean water containing a small amount of soap. (This makes inserting the speculum easier.)
- ! To see the cervix, fully insert the speculum, angle it posteriorly (as in the human, the vagina in the ZOE model is angled posteriorly), **then** open the blades fully.
- ! To increase the diameter of the opening, use the speculum thumb screw (Pederson or Graves specula).

**Passing instruments (uterine sound, uterine elevator, dilator or cannula) through the cervical os:** Apply a small amount of clean water containing **a drop or two** of soap solution to the cervix (just as you would apply it with antiseptic solution in a patient). This will make passing the instrument through the cervical os easier.

**Sounding the uterus, inserting an IUD and interval minilaparotomy or laparoscopy:** Use either the normal (nonpregnant) anteverted or retroverted uterus with a cervix having a patent os.

**Postpartum minilaparotomy (tubal occlusion):** Use the postpartum uterus (20-week size) with a cervix having a patent os.

**Treatment of incomplete abortion using MVA:** Use either the 6 to 8 or 10 to 12 week uteri (incomplete abortion) with the appropriate size cervix.

## CARE AND MAINTENANCE OF THE ZOE MODEL

The care and maintenance of the ZOE model is the same, whichever version being used.

- ZOE is made of material that is like the texture of skin. Therefore, in handling the model, use the same gentle techniques as you would in working with a patient.
- To avoid tearing ZOE's skin when performing a pelvic examination, use a dilute soap solution to lubricate the instruments and your gloved fingers.
- Clean ZOE after every training session using a mild detergent solution; rinse with clean water.
- **DO NOT** write on ZOE with any type of marker or pen, as these marks may not wash off.
- **DO NOT** use alcohol, acetone or Betadine, or any other antiseptic that contains iodine on ZOE. They will damage or stain the skin.
- Store ZOE in the carrying case and plastic bag provided with your kit.
- **DO NOT** wrap ZOE in other plastic bags, newspaper, plastic wrap or any other kinds of material, as these may discolor the skin.

# INDIVIDUAL LEARNING COURSE OUTLINE

## USING THE INDIVIDUAL LEARNING COURSE OUTLINE

The course outline serves as a guide for the learner to follow during the postabortion care individual learning course. The outline also suggests activities for the trainer and supervisor. It is divided into four columns.

The **time** column gives estimates of the time needed for completing the activities listed in the main sections of the outline. Note that these are estimates—one learner may complete a section in more or less time than another learner. The time needed may be affected by availability of patients, access to the trainer, patient caseloads and the motivation level of the learner. The trainer should monitor the learner's progress. If activities are taking too much time to complete, the trainer should determine why this is happening and try to keep the learner on schedule. The approximate time needed to complete this course is 33 days, assuming that the learner is also currently providing services while taking this course. Note that for each main section, an approximate number of days is indicated. These are not necessarily consecutive days. For example, completion of a 3-day section may occur during 5 working days, or may require only 2 days. These are estimates of how much time should be allowed to complete the readings, exercises, observations, role plays and procedures.

The **learner activities** column is the heart of the individual learning course. The steps listed in this column move the learner through a series of readings, practice exercises, observations and interactions with the trainer and patients. The learner should write her/his name and the date the course is started at the top of the first page of the outline. As each activity presented in the outline is completed (e.g., Read Chapter 1), the learner should make a check mark in the space provided. At the end of each section, the trainer will sign and write the date in the space provided, showing that all activities in that section have been completed.

The **trainer activities** column describes the trainer's supporting activities and includes tasks such as giving demonstrations using an anatomic model; reviewing answers to practice exercises; arranging for the learner to observe the trainer working with patients; assessing learner knowledge and skills; and being available to observe, coach and provide feedback to the learner. The trainer will use the checklists to carry out all skill assessments to determine learner competency.

The **supervisor activities** occur primarily before the learner begins training and then again at the end of the course. The pretraining activities include making sure that the site is ready, working with the trainer, and orienting site staff to both PAC services and the individual learning course. The remaining supervisor activities occur at the end of the learner's course and involve administering the final knowledge assessment and verifying the trainer's skill assessments. Although there are no supervisor activities listed during the course, the supervisor is encouraged to schedule several visits to the site during training to monitor and provide feedback to both the trainer and learner.

LEARNER'S NAME: \_\_\_\_\_

DATE STARTED COURSE: \_\_\_\_\_

After completing each activity in the course outline, the learner should check off or date the activity in the blank provided.

OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE			
TIME	LEARNER ACTIVITIES	TRAINER ACTIVITIES	SUPERVISOR ACTIVITIES
At least 2 weeks prior to the start of the training activities		<p><b>PREPARATION</b>—before a learner starts the course, the trainer should:</p> <p>Review the <b>Trainer's Guide, Learner's Guide</b> and course outline. Set up a training area according to the guidelines in the <b>Trainer's Guide</b> including materials, supplies, the anatomic model and a video player and monitor.</p> <p>Review <i>Postabortion Care: A Reference Manual for Improving Quality of Care</i>. Preview the videos listed in the <b>Trainer's Guide</b>.</p> <p>Review all of the practice exercises, learning guides and checklists. If needed, practice specific skills using the anatomic model.</p> <p>Ensure that the site is appropriate and that all equipment and supplies for service provision and training are available.</p> <p>Provide the learner with the <b>Learner's Guide</b> and the reference manual on the first day of the course.</p> <p>PAC patients may not be available immediately, so whenever there is a PAC patient, provide an opportunity for the learner to observe.</p>	<p><b>PREPARATION</b>—before a learner starts the individual learning course, the supervisor should:</p> <p>Review the <b>Supervisor's Guide</b>.</p> <p>Ensure that the site is appropriate and that all equipment and supplies for service provision and training are available.</p> <p>Meet with the trainer to ensure s/he is prepared and then review the course outline. Establish a schedule to visit the site.</p> <p>Orient site staff to PAC services and to the course.</p> <p>Whenever possible, schedule periodic visits to the site during the learner's program.</p>

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

TIME	LEARNER ACTIVITIES	TRAINER ACTIVITIES	SUPERVISOR ACTIVITIES
Day 1	<p><b>INTRODUCTION</b></p> <p>_____ Read the "Introduction" in the <b>Learner's Guide</b>.</p> <p>_____ Meet with your trainer.</p>	<p>Meet with your learner to discuss the course, the goals and objectives, review the learning package and then discuss the responsibilities of the learner, trainer and supervisor.</p> <p>Review the course outline and explain that the learner should mark and date each step as it is completed. The trainer will sign off each section where indicated.</p> <p>Discuss the pre- and post-training knowledge and skill assessments.</p>	
	<p>_____ Complete the precourse questionnaire in the <b>Learner's Guide</b>.</p> <p>_____ Complete the precourse skill assessment (counseling).</p>	<p>Administer and score the precourse questionnaire following the guidelines found in the <b>Trainer's Guide</b>. Discuss the results with the learner.</p> <p>Administer the precourse skill assessment for counseling. Role play with the learner as a service provider and the trainer as a patient. Use the <b>Checklist for Postabortion Care Family Planning Counseling Skills</b>. Discuss the results with the learner.</p>	
	<p>_____ Complete the precourse skill assessment (pelvic examination).</p>	<p>Administer the precourse skill assessment (pelvic examination) following the guidelines found in the <b>Trainer's Guide</b>. Discuss the results with the learner.</p>	
	<p><b>Activities completed:</b></p> <p><b>Trainer</b> _____ <b>Date</b> _____</p>	<p>When the learner has completed the knowledge and skill assessments, sign and date this section.</p>	

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

TIME	LEARNER ACTIVITIES	TRAINER ACTIVITIES	SUPERVISOR ACTIVITIES
Day 2	<p><b>POSTABORTION CARE</b></p> <p>_____ Read <b>Chapter 1: Postabortion Care</b> in <i>Postabortion Care: A Reference Manual for Improving Quality of Care</i>. Note that all chapters to be read are in the reference manual.</p> <p>_____ Complete Practice Exercises #1 and #2. Note that all practice exercises are in the <b>Learner's Guide</b>.</p> <p>_____ Meet with your trainer to review your responses to Practice Exercises #1 and #2.</p>		
	<p><b>Activities completed:</b></p> <p>Trainer _____ Date _____</p>	<p>Meet with your learner to review the answers to Practice Exercises #1 and #2. Discuss the exercise with the learner and ask the learner to correct or complete any incomplete section of the exercise.</p> <p>When the exercises have been completed, sign and date this section.</p>	
Days 3-4	<p><b>TALKING WITH PATIENTS</b></p> <p>_____ Read <b>Chapter 2: Talking with Patients</b>. Watch the video <i>Put Yourself in Her Shoes</i>.</p> <p>_____ Complete Practice Exercises #3 and #4.</p>		

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

TIME	LEARNER ACTIVITIES	TRAINER ACTIVITIES	SUPERVISOR ACTIVITIES
	<p>Meet with your trainer to review your responses to Practice Exercises #3 and #4.</p>	<p>Meet with your learner to review the answers to Practice Exercises #3 and #4. Discuss the exercise with the learner and ask the learner to correct or complete any incomplete section of the exercise.</p>	
	<p><b>Activities completed:</b> Trainer _____ Date _____</p>	<p>When the exercises have been completed, sign and date this section.</p>	
<p><b>Days 5–6</b></p>	<p><b>INFECTION PREVENTION</b></p> <p>Read <b>Chapter 4: Infection Prevention</b>. Watch the video <i>Infection Prevention for Family Planning Service Programs</i>.</p> <p>Complete Practice Exercises #5 and #6.</p>		
	<p>Meet with your trainer to discuss Practice Exercises #5 and #6.</p>	<p>Meet with your learner to review the answers to Practice Exercises #5 and #6. Discuss the exercise with the learner and ask the learner to correct or complete any incomplete section of the exercise.</p>	
	<p><b>Activities completed:</b> Trainer _____ Date _____</p>	<p>When the exercises have been completed, sign and date this section.</p>	
<p><b>Days 7–10</b></p>	<p><b>INITIAL ASSESSMENT</b></p> <p>Read <b>Chapter 3: Initial Assessment</b>.</p> <p>Read <b>Appendix A: Assessment and Treatment of Complications</b>. Note that all appendices are in the reference manual.</p>		

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

TIME	LEARNER ACTIVITIES	TRAINER ACTIVITIES	SUPERVISOR ACTIVITIES
_____	Review <b>Appendix B: General Principles of Emergency Postabortion Care.</b>		
_____	Review <b>Appendix C: Sample Referral Form: Postabortion Complications.</b>		
_____	Review <b>Appendix G: Essential Drugs For Emergency Postabortion Care.</b>		
_____	Review the first two sections (Initial Assessment and Medical Evaluation) of the <b>Learning Guide for Postabortion Care Clinical Skills</b> in the <b>Learner's Guide</b> . Note that all learning guides are in the <b>Learner's Guide</b> .		
_____	Complete Practice Exercise #7.		
_____	Meet with your trainer to review your answers to Practice Exercise #7.	Meet with your learner to discuss the answers to Practice Exercise #7. Discuss the exercise with the learner and ask the learner to correct or complete any incomplete section of the exercise.	

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

TIME	LEARNER ACTIVITIES	TRAINER ACTIVITIES	SUPERVISOR ACTIVITIES
	<p>_____</p> <p>Arrange for the trainer to demonstrate limited physical (heart, lungs and abdomen) and pelvic examinations. You should then practice performing these examinations several times under the supervision of your trainer. Refer to the first two sections of the <b>Learning Guide for Postabortion Care Clinical Skills</b>. Continue to practice these important skills whenever you have time.</p>	<p>Demonstrate to your learner the procedure for performing limited physical (heart, lungs and abdomen) and pelvic examinations. Use the anatomic model for the pelvic examination. Demonstrate the other examinations with the learner acting as the patient. Follow the steps in the <b>Learning Guide for Postabortion Care Clinical Skills</b>. Ask the learner to repeat the demonstrations using the anatomic model for the pelvic examination and then you should act as the patient for the other examinations. Use the learning guide or checklist to assess the learner's competence at performing this procedure. Provide feedback to the learner.</p> <p><b>Note: When the learner has demonstrated competence in initial assessment skills, after this point the learner will be allowed to do initial assessments with patients under the trainer's observation.</b></p> <p><b>Note: Record all skill assessments in the Learner's Guide and keep that copy for review by the supervisor at the end of the course.</b></p>	

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

TIME	LEARNER ACTIVITIES	TRAINER ACTIVITIES	SUPERVISOR ACTIVITIES
	<p>_____</p> <p>Arrange to observe your trainer performing PAC patient assessments until you feel comfortable with the procedure. Refer to the first two sections of the <b>Learning Guide for Postabortion Care Clinical Skills</b>. Complete case management notes for each patient observed. Note that the case management notes are in the <b>Learner's Guide</b> and will be reviewed by your trainer and the supervisor.</p> <p>Note that PAC patients may not be immediately available so that you should continue with your individual study and complete these observations when possible.</p>	<p>Arrange for your learner to observe you performing PAC patient assessments. Following each observation, be sure to discuss the case with the learner. Review and discuss the learner's case management notes.</p> <p>Note that PAC patients may not be immediately available so that the learner should continue with her/his individual study and complete these observations when possible.</p>	
	<p>_____</p> <p>Perform initial assessments with PAC patients until you feel competent. Be sure to complete the patient records. Your trainer will observe, coach and provide feedback using the <b>Checklist for Postabortion Care Clinical Skills</b>. When you are competent, you can move on to the next clinical skill. If you need more practice, please arrange this with your trainer. Be sure to complete your case management notes.</p> <p>Note that PAC patients may not be immediately available so that you should continue with your individual study and complete these patient procedures when possible.</p> <p><b>Activities completed:</b>  <b>Trainer</b> _____ <b>Date</b> _____</p>	<p>Arrange for your learner to perform initial assessments with PAC patients. Be sure the learner completes the patient records. You will observe, coach and provide feedback using the <b>Checklist for Postabortion Care Clinical Skills</b>. When your learner is competent, s/he can move on to the next clinical skill. If your learner requires more practice, please arrange this. Note that PAC patients may not be immediately available, so your learner should continue with individual study and complete these patient procedures when possible.</p> <p>When all activities are satisfactorily completed, sign and date this section.</p>	

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

TIME	LEARNER ACTIVITIES	TRAINER ACTIVITIES	SUPERVISOR ACTIVITIES
Days 11–13	<p><b>PAIN MANAGEMENT</b></p> <p>_____ Read <b>Chapter 5: Pain Management.</b></p> <p>_____ Review the <b>Learning Guide for Verbal Anesthesia.</b></p> <p>_____ Review <b>Appendix E: Use of Medications for Pain.</b></p> <p>_____ Review the pain management section of <b>Appendix B: General Principles of Emergency Postabortion Care.</b></p> <p>_____ Review the <b>Administering Paracervical Block</b> section of the <b>Learning Guide for Postabortion Care Clinical Skills.</b></p> <p>_____ Complete Practice Exercise #8.</p> <p>_____ Meet with your trainer to review your answers to Practice Exercise #8.</p>		
	<p>_____ Arrange for the trainer to demonstrate initial patient assessment focusing on the use of verbal anesthesia. You should then practice performing this assessment several times under the supervision of your trainer. Refer to the <b>Learning Guide for Verbal Anesthesia.</b> Continue to practice this important skill whenever you interact with patients.</p>	<p>Meet with your learner to discuss the answers to Practice Exercise #8. Discuss the exercise with the learner and ask the learner to correct or complete any incomplete section of the exercise.</p> <p>Demonstrate to your learner the procedure for using verbal anesthesia during an initial patient assessment. The learner should act as the patient as you use the anatomic model. Follow the steps in the <b>Learning Guide for Verbal Anesthesia.</b> Ask the learner to repeat the demonstration using the anatomic model as you act as the patient. Use the learning guide or checklist to assess the learner's competence at performing this procedure. Provide feedback to the learner.</p>	

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

TIME	LEARNER ACTIVITIES	TRAINER ACTIVITIES	SUPERVISOR ACTIVITIES
	<p>_____ Arrange for the trainer to demonstrate administering paracervical block using the anatomic model. You should then practice performing this procedure using the model several times under the supervision of your trainer. Refer to the <b>Learning Guide for Postabortion Care Clinical Skills</b>. Continue to practice this important skill whenever you have time.</p> <p><b>Activities completed:</b> Trainer _____ Date _____</p>	<p>Demonstrate to your learner the procedure for administering paracervical block using the anatomic model. Follow the steps in the <b>Learning Guide for Postabortion Care Clinical Skills</b>. Ask your learner to repeat the demonstration as you observe, coach and provide feedback. Use the learning guide or checklist to assess the learner's competence at performing this procedure. Provide feedback to the learner.</p> <p>When all activities are satisfactorily completed, sign and date this section.</p>	
<p><b>Days 14-16</b></p>	<p><b>TREATMENT OF INCOMPLETE ABORTION</b></p> <p>_____ Read Chapter 6: Treatment of Incomplete Abortion.</p> <p>_____ Read Appendix F: Equipment and Supplies Needed for MVA.</p> <p>_____ Read Appendix H: Precautions for Performing MVA.</p> <p>_____ Read Appendix I: Preparing Instruments for MVA.</p> <p>_____ Read Learning Guide for Postabortion Care Clinical Skills.</p>		

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

TIME	LEARNER ACTIVITIES	TRAINER ACTIVITIES	SUPERVISOR ACTIVITIES
—	<p>Watch the video entitled <i>Postabortion Care Services: Use of Manual Vacuum Aspiration and Recommended Practices for Processing MVA Instruments</i>.</p>		
—	<p>Arrange for your trainer to demonstrate through role play the set up and use of the MVA instruments, including a demonstration of how to establish a vacuum. Refer to your learning guide during the demonstrations.</p>	<p>Demonstrate through role play with your learner the set up and use of the MVA instruments including a demonstration of how to establish a vacuum. Ask the learner to follow along in the learning guide during the demonstrations. Following the demonstration, ask your learner to repeat the demonstration as you observe, coach and provide feedback.</p>	
—	<p>Arrange for your trainer to demonstrate through role play the MVA procedure using the anatomic model. Refer to your learning guide during the demonstration.</p>	<p>Demonstrate through role play with your learner the MVA procedure using the anatomic model. Ask the learner to follow along in the learning guide during the demonstration. Following the demonstration, ask your learner to repeat the demonstration as you observe, coach and provide feedback. Using the learning guide or checklist, determine if the learner is competent performing the MVA procedure on a model. Provide feedback to the learner.</p>	
—	<p>Arrange to observe your trainer performing MVA procedures with patients until you feel comfortable with the procedure. Refer to the <b>Learning Guide for Postabortion Care Clinical Skills</b>. Complete case management notes for each patient observed.</p> <p>Note that PAC patients may not be immediately available so you should continue with your individual study and complete these observations when possible.</p>	<p>Arrange for your learner to observe you performing MVA procedures with patients. Following each observation, be sure to discuss the case with the learner. Review and discuss the learner's case management notes.</p> <p>Note that PAC patients may not be immediately available, so the learner should continue with her/his individual study and complete these observations when possible.</p>	

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

TIME	LEARNER ACTIVITIES	TRAINER ACTIVITIES	SUPERVISOR ACTIVITIES
	Activities completed: Trainer _____ Date _____	When the learner is competent on models, sign and date this section.	
Days 17-24	<b>MANAGEMENT OF PROBLEMS AND COMPLICATIONS DURING MVA</b>  _____ Read <b>Chapter 7: Management of Problems and Complications During MVA.</b>  _____ Read <b>Appendix A: Assessment and Treatment of Complications.</b>  _____ Read <b>Appendix H: Precautions for Performing MVA.</b>  _____ Complete Practice Exercise #9.		
	_____ Meet with your trainer to review your answers to Practice Exercise #9.	Meet with your learner to review Practice Exercise #9.	
	_____ Perform MVA procedures with patients until you feel competent. Be sure to complete the patient records. Your trainer will observe, coach and provide feedback using the <b>Checklist for Postabortion Care Clinical Skills</b> . When you are competent, you can move on to the next clinical skill. If you need more practice, please arrange this with your trainer. Be sure to complete your case management notes.  Note that PAC patients may not be immediately available, so you should continue with your individual study and complete these patient procedures when possible.	Arrange for your learner to perform MVA procedures with patients. Be sure the learner completes the patient records. You will observe, coach and provide feedback using the <b>Checklist for Postabortion Care Clinical Skills</b> . When your learner is competent, s/he can move on to the next clinical skill. If your learner needs more practice, please arrange this. Note that PAC patients may not be immediately available, so your learner should continue with her/his individual study and complete these patient procedures when possible.	

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

TIME	LEARNER ACTIVITIES	TRAINER ACTIVITIES	SUPERVISOR ACTIVITIES
	<p>_____ Complete Case Management Notes for each patient you work with. The form for your Case Management Notes can be found in the <b>Learner's Guide</b>.</p>	<p>Meet with your learner to discuss her/his cases and to review the Case Management Notes.</p>	
	<p><b>Activities completed:</b> Trainer _____ Date _____</p>	<p>When all activities are satisfactorily completed, sign and date this section.</p>	
<p><b>Days 25-28</b></p>	<p><b>POSTABORTION FAMILY PLANNING</b></p> <p>_____ Read <b>Chapter 9: Postabortion Family Planning</b></p> <p>_____ Read <b>Learning Guide for Postabortion Family Planning Counseling Skills</b>.</p> <p>_____ Watch video entitled <i>GATHER</i>, review <i>Put Yourself in Her Shoes</i> video.</p> <p>_____ Complete Practice Exercise #10.</p>		
	<p>_____ Complete Practice Exercise #11 with your trainer.</p>	<p>Meet with your learner to review the answers to Practice Exercise #10 and to complete the role plays and case studies in Practice Exercise #11. Following the role plays, discuss postabortion family planning counseling with your learner.</p>	

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

<b>TIME</b>	<b>LEARNER ACTIVITIES</b>	<b>TRAINER ACTIVITIES</b>	<b>SUPERVISOR ACTIVITIES</b>
	<p>_____ Arrange to observe your trainer performing postabortion counseling sessions with patients until you feel comfortable with the procedure. Refer to the <b>Learning Guide for Postabortion Family Planning Counseling Skills</b>. Complete case management notes for each patient observed.</p> <p>Note that PAC patients may not be immediately available so that you should continue with your individual study and complete these observations when possible. Observe and practice family planning counseling and services with family planning patients.</p>	<p>Arrange for your learner to observe you performing postabortion counseling sessions with patients. Following each observation, be sure to discuss the case with the learner. Review and discuss the learner’s case management notes.</p> <p>Note that PAC patients may not be immediately available, so the learner should continue with her/his individual study and complete these observations when possible.</p>	
	<p>_____ Perform several postabortion counseling sessions with patients. Be sure to complete the patient records. Your trainer will observe, coach and provide feedback using the <b>Checklist for Postabortion Family Planning Counseling Skills</b>. When you are competent, you can move on to the next activity. If you require more practice, please arrange this with your trainer. Be sure to complete your case management notes.</p> <p>Note that patients may not be immediately available, so you should continue with your individual study and complete these patient family planning counseling and services with family planning patients.</p>	<p>Arrange for your learner to perform several postabortion family planning counseling procedures with patients. Be sure the learner completes the patient records. You will observe, coach and provide feedback using the <b>Checklist for Postabortion Family Planning Counseling Skills</b>. When your learner is competent, s/he can move on to the next activity skill. If your learner requires more practice, please arrange this. Note that patients may not be immediately available, so your learner should continue with her/his individual study and complete these patient procedures when possible.</p>	
	<p>_____ Complete Case Management Notes for each patient you work with. The form for your Case Management Notes can be found in the <b>Learner’s Guide</b>.</p>	<p>Meet with your learner to discuss her/his cases and to review the Case Management Notes.</p>	

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

TIME	LEARNER ACTIVITIES	TRAINER ACTIVITIES	SUPERVISOR ACTIVITIES
	<p>Activities completed: Trainer _____ Date _____</p>	<p>When all activities are satisfactorily completed, sign and date this section.</p>	
<p>Days 29-30</p>	<p><b>PROCESSING MVA EQUIPMENT AND OTHER ITEMS</b></p> <p>_____ Read Chapter 8: Processing MVA Equipment and Other Items.</p> <p>_____ Read Appendix D: Processing Surgical Gloves.</p> <p>_____ Read the instrument processing section of the <b>Learning Guide for Postabortion Care Clinical Skills.</b></p> <p>_____ Watch the video <i>Infection Prevention for Family Planning Service Programs.</i></p> <p>_____ Complete Practice Exercise #12.</p>		
	<p>_____ Meet with your trainer to review your answers to Practice Exercise #12.</p> <p>_____ Arrange to observe your trainer demonstrating the processing of instruments related to the MVA procedure including decontamination, cleaning, high-level disinfection, sterilization and storage. Refer to the instrument processing section of the <b>Learning Guide for Postabortion Care Clinical Skills.</b></p>	<p>Meet with your learner to review Practice Exercise #12.</p> <p>Demonstrate the processing of instruments related to the MVA procedure including decontamination, cleaning, high-level disinfection, sterilization and storage. Ask the learner to follow along in the learning guide during the demonstration. Following the demonstration, ask your learner to repeat the demonstration as you observe, coach and provide feedback. Determine if the learner correctly performs the infection prevention steps on the checklist. Provide feedback to the learner.</p>	

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

TIME	LEARNER ACTIVITIES	TRAINER ACTIVITIES	SUPERVISOR ACTIVITIES
	Activities completed: Trainer _____ Date _____	When all activities are satisfactorily completed, sign and date this section.	
Days 31-32	<b>ORGANISING AND MANAGING SERVICES</b>  _____ Read <b>Chapter 10: Organizing and Managing Services.</b>  _____ Complete Practice Exercise #13.  _____ Meet with your trainer to review your answers to Practice Exercise #13.	Meet with your learner to discuss Practice Exercise #13.  When all activities are satisfactorily completed, sign and date this section.	
Day 33	<b>FINAL ASSESSMENTS</b>  _____ Prepare a summary of your training experiences by completing Practice Exercise #14.  _____ Meet with your trainer to review Practice Exercise #14 and to discuss your preparation for the final knowledge assessment. During this meeting, complete the <b>PAC Individual Learning Course Evaluation Form</b> and give it to your trainer.	Meet with your learner to discuss Practice Exercise #14 and to offer any suggestions for preparing for the knowledge assessment. Have the learner fill in the <b>PAC Individual Learning Course Evaluation Form</b> at the end of the meeting. The completed form should be given to the Supervisor.  Contact the Supervisor to arrange a date for the final knowledge assessment.	When contacted by the trainer, arrange a date for the knowledge assessment. Make a copy of the midcourse questionnaire and answer sheet.

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

<b>TIME</b>	<b>LEARNER ACTIVITIES</b>	<b>TRAINER ACTIVITIES</b>	<b>SUPERVISOR ACTIVITIES</b>
	<p>_____ Review the chapters in the reference manual in preparation for the knowledge assessment. Your trainer can let you know when the final knowledge assessment will be given.</p>		
	<p>_____ Complete the final knowledge assessment and score at least 85%.</p>		<p>Administer and score the final knowledge assessment. If the learner scores at least 85%, then the learner's skills assessment records can be reviewed for final qualification. If the learner scores less than 85%, ask the learner to review the areas where there were problems and retake the questionnaire until a score of 85% is achieved.</p>

**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

TIME	LEARNER ACTIVITIES	TRAINER ACTIVITIES	SUPERVISOR ACTIVITIES
	<p>_____ Review your clinical skill assessments with your trainer and the supervisor. The supervisor will also ask to review your case management notes and your course outline to review the dates various activities were completed.</p>	<p>Review the learner's clinical assessments with the supervisor and learner. By this time, the learner must have demonstrated competence in performing all of the skills learned during this course. Review the checklists for the clinical skills with the supervisor.</p>	<p>Review the learner's clinical assessments (checklists completed by the trainer). Discuss these with the trainer to ensure the learner is competent at performing all of the skills. Also review the <b>Training Review Sheet</b> (Practice Exercise #14), the learner's case management notes and the learner's course outline. When reviewing the course outline, check the date each activity was completed and that the trainer has signed indicating satisfactory completion of each activity. Upon a satisfactory review, indicate that the learner has completed the course and is a qualified PAC service provider.</p>
	<p>_____ Receive a statement of qualification indicating that you are qualified as a PAC Service Provider.</p>	<p>Assist with the presentation of the statement of qualification.</p>	<p>Present the statement of qualification. Send the <b>Training Review Sheet</b> to the national PAC coordinator.</p>
	<p>Agree on a followup plan with your supervisor, and when s/he will visit you at your own site.  Periodically ask for help and seek out additional learning opportunities as necessary.</p>	<p>Periodically observe and assist the newly trained service provider as necessary.</p>	<p>Periodically observe and assist the newly trained service provider as necessary.</p>

# PRECOURSE QUESTIONNAIRE AND ANSWER KEY

## HOW THE RESULTS WILL BE USED

The main objective of the Precourse Questionnaire is to help both the clinical trainer and the learner as they begin their work together in the course by finding out what the learner knows about the course topic. This allows the clinical trainer to identify topics that may need to be stressed during the course. Seeing the results of the precourse assessment lets the learner focus on individual learning needs. In addition, the questions show the learner the content that will be presented in the course.

The questions are given in the true-false format. For the clinical trainer, the questionnaire results will show which topics may need more emphasis during the learning sessions. For the learner, the learning objective(s) related to each question and the corresponding chapter(s) in the reference manual are noted beside the answer column. To make the best use of the limited course time, the learner should address individual learning needs by studying the designated chapter(s).

## PRECOURSE QUESTIONNAIRE

**Instructions:** In the space provided, print a capital **T** if the statement is **true** or a capital **F** if the statement is **false**.

### INITIAL ASSESSMENT

1. A woman who is admitted with possible complications of incomplete abortion should first be assessed to determine the presence of shock. \_\_\_\_\_ Learner Objective 1  
(Chapter 3)
2. Taking a complete medical history is the first step in assessing a patient with possible complications of incomplete abortion. \_\_\_\_\_ Learner Objectives 1 and 3  
(Chapters 2 and 3)
3. An abdominal examination is the best way to determine uterine size. \_\_\_\_\_ Learner Objective 1  
(Chapters 2 and 3)
4. A woman presenting with vaginal bleeding and signs and symptoms of pregnancy may have an ectopic pregnancy. \_\_\_\_\_ Learner Objectives 1 and 3  
(Chapters 2 and 3)
5. Foul-smelling discharge may indicate infection due to incomplete abortion. \_\_\_\_\_ Learner Objectives 1 and 2  
(Chapters 2 and 3)

### INFECTION PREVENTION

6. Surgical (metal) instruments, which have been decontaminated and thoroughly cleaned, can be sterilized by boiling them in water for 20 minutes. \_\_\_\_\_ Learner Objective 4  
(Chapters 4 and 8)
7. High-level disinfection of surgical (metal) instruments, which have been thoroughly cleaned, can be done by soaking them in 8% formaldehyde or a 0.1% chlorine solution prepared with boiled water. \_\_\_\_\_ Learner Objective 4  
(Chapters 4 and 8)

- |  |       |   |
|--|-------|---|
| 8. To minimize the risk of staff contracting hepatitis B or HIV/AIDS during the cleaning process, instruments and reusable gloves <b>first</b> should be soaked overnight in 8% formaldehyde solution. | _____ | Learner Objective 4<br>(Chapters 4 and 8) |
| 9. Cannulae should be sterilized by autoclaving for 20 minutes at 121°C.   | _____ | Learner Objective 4<br>(Chapters 4 and 8) |
| 10. The MVA syringe must be high-level disinfected between patients.   | _____ | Learner Objective 4<br>(Chapters 4 and 8) |

**MVA PROVISION**

- |  |       |                                    |
|--|-------|------------------------------------|
| 11. The MVA procedure is complete when foam is visible in the MVA syringe.   | _____ | Learner Objective 6<br>(Chapter 6) |
| 12. Pain management for treatment of an uncomplicated incomplete abortion requires paracervical block and a non-narcotic analgesic.                                  | _____ | Learner Objective 8<br>(Chapter 6) |
| 13. The patient <b>must</b> return to the clinic if she has spotting or bleeding during the few days following an MVA to treat complications of incomplete abortion. | _____ | Learner Objective 8<br>(Chapter 6) |
| 14. MVA is an effective treatment for incomplete abortion if the uterine size is up to 12 to 14 weeks.   | _____ | Learner Objective 6<br>(Chapter 6) |
| 15. The vacuum in the MVA syringe will be lost if the uterus is perforated.  | _____ | Learner Objective 7<br>(Chapter 7) |

**POSTABORTION FAMILY PLANNING**

- |  |       |                                    |
|--|-------|------------------------------------|
| 16. The goal of postabortion family planning is to help a woman choose a method of contraception.          | _____ | Learner Objective 9<br>(Chapter 9) |
| 17. Describing adverse side effects is the most important part of postabortion family planning counseling. | _____ | Learner Objective 9<br>(Chapter 9) |

- |   |       |                                    |
|---|-------|------------------------------------|
| 18. The doctor is the person best qualified to choose a contraceptive method for a woman in good health.        | _____ | Learner Objective 9<br>(Chapter 9) |
| 19. The IUD is not recommended for immediate use by postabortion care patients.                                 | _____ | Learner Objective 9<br>(Chapter 9) |
| 20. A woman's fertility usually returns only after her first menstrual period following an incomplete abortion. | _____ | Learner Objective 9<br>(Chapter 9) |

## PRECOURSE QUESTIONNAIRE ANSWER KEY

### INITIAL ASSESSMENT

1. A woman who is admitted with possible complications of incomplete abortion should first be assessed to determine the presence of shock. **TRUE** Learner Objective 1  
(Chapter 3)
2. Taking a complete medical history is the first step in assessing a patient with possible complications of incomplete abortion. **FALSE** Learner Objectives 1 and 3  
(Chapters 2 and 3)
3. An abdominal examination is the best way to determine uterine size. **FALSE** Learner Objective 1  
(Chapters 2 and 3)
4. A woman presenting with vaginal bleeding and signs and symptoms of pregnancy may have an ectopic pregnancy. **TRUE** Learner Objectives 1 and 3  
(Chapters 2 and 3)
5. Foul-smelling discharge may indicate infection due to incomplete abortion. **TRUE** Learner Objectives 1 and 2  
(Chapters 2 and 3)

### INFECTION PREVENTION

6. Surgical (metal) instruments, which have been decontaminated and thoroughly cleaned, can be sterilized by boiling them in water for 20 minutes. **FALSE** Learner Objective 4  
(Chapters 4 and 8)
7. High-level disinfection of surgical (metal) instruments, which have been thoroughly cleaned, can be done by soaking them in 8% formaldehyde or a 0.1% chlorine solution prepared with boiled water. **TRUE** Learner Objective 4  
(Chapters 4 and 8)

- |  |              |   |
|--|--------------|---|
| 8. To minimize the risk of staff contracting hepatitis B or HIV/AIDS during the cleaning process, instruments and reusable gloves <b>first</b> should be soaked overnight in 8% formaldehyde solution. | <b>FALSE</b> | Learner Objective 4<br>(Chapters 4 and 8) |
| 9. Cannulae should be sterilized by autoclaving for 20 minutes at 121°C.   | <b>FALSE</b> | Learner Objective 4<br>(Chapters 4 and 8) |
| 10. The MVA syringe must be high-level disinfected between patients.   | <b>FALSE</b> | Learner Objective 4<br>(Chapters 4 and 8) |

### **MVA PROVISION**

- |  |              |                                    |
|--|--------------|------------------------------------|
| 11. The MVA procedure is complete when foam is visible in the MVA syringe.   | <b>TRUE</b>  | Learner Objective 6<br>(Chapter 6) |
| 12. Pain management for treatment of an uncomplicated incomplete abortion requires paracervical block and a non-narcotic analgesic.                                  | <b>FALSE</b> | Learner Objective 5<br>(Chapter 5) |
| 13. The patient <b>must</b> return to the clinic if she has spotting or bleeding during the few days following an MVA to treat complications of incomplete abortion. | <b>FALSE</b> | Learner Objective 8<br>(Chapter 6) |
| 14. MVA is an effective treatment for incomplete abortion if the uterine size is up to 12 to 14 weeks.   | <b>TRUE</b>  | Learner Objective 6<br>(Chapter 6) |
| 15. The vacuum in the MVA syringe will be lost if the uterus is perforated.  | <b>FALSE</b> | Learner Objective 7<br>(Chapter 7) |

### **POSTABORTION FAMILY PLANNING**

- |   |             |                                    |
|---|-------------|------------------------------------|
| 16. The goal of postabortion family planning is to help a woman choose a method of contraception. | <b>TRUE</b> | Learner Objective 9<br>(Chapter 9) |
|---|-------------|------------------------------------|

- |   |              |                                    |
|---|--------------|------------------------------------|
| 17. Describing adverse side effects is the most important part of postabortion family planning counseling.      | <b>FALSE</b> | Learner Objective 9<br>(Chapter 9) |
| 18. The doctor is the person best qualified to choose a contraceptive method for a woman in good health.        | <b>FALSE</b> | Learner Objective 9<br>(Chapter 9) |
| 19. The IUD is not recommended for immediate use by PAC patients.   | <b>FALSE</b> | Learner Objective 9<br>(Chapter 9) |
| 20. A woman's fertility usually returns only after her first menstrual period following an incomplete abortion. | <b>FALSE</b> | Learner Objective 9<br>(Chapter 9) |

# PRETRAINING ASSESSMENT CHECKLISTS FOR POSTABORTION CARE CLINICAL SKILLS AND FAMILY PLANNING COUNSELING SKILLS

## USING THE CHECKLISTS

This skills assessment is intended to assist both the **trainer** and **learner** as they begin their work together in the individual learning course. The results will identify those counseling and clinical skills (e.g., pelvic examination) that are performed satisfactorily and those that may need to be learned or need more practice during training.

Learners will receive a copy of their completed assessment at the beginning of training. The learners should use the results of the assessment to guide their learning activities during the clinical activity sessions.

In using the checklists, it is important that the scoring be done carefully and correctly. If the task is performed satisfactorily, the trainer should mark a “✓” in the “**Satisfactory**” column. If any step or task is performed incorrectly or out of order, the trainer should mark an “x” in the “**Unsatisfactory**” column. For any “**Unsatisfactory**” rating, the trainer should note specific faults to help the learner in learning or correcting the performance of this step or task during the clinical practice sessions.

**Satisfactory:** Performs the task or skill according to written procedure or guidelines without needing help from the trainer

**Unsatisfactory:** Does not perform the task or skill according to written procedure or guidelines, or needs help from the trainer

## PRETRAINING ASSESSMENT CHECKLIST FOR POSTABORTION CARE CLINICAL SKILLS

**Instructions:** Place a “✓” in the “Satisfactory” column if the step or task is performed correctly, or an “x” in the “Unsatisfactory” column if task performed incorrectly or out of order .

**Learner** \_\_\_\_\_ **Date** \_\_\_\_\_

STEP/TASK	SAT.	UNSATISFACTORY/ COMMENT
Greet woman respectfully and with kindness.		
<b>PELVIC EXAMINATION</b>		
Put new examination or high-level disinfected or sterile gloves on <b>both</b> hands.		
Inspect external genitalia.		
<b>Speculum Examination</b>		
Insert vaginal speculum. Check for vaginal discharge and appearance of the cervix.		
Collect vaginal, cervical or urethral specimens if indicated.		
Place all instruments in 0.5% chlorine solution after use.		
<b>Bimanual Examination</b>		
Determine if there is cervical motion tenderness.		
Determine size, shape and position of uterus.		
Palpate pelvic adnexa for abnormalities.		
Perform rectovaginal examination, if indicated.		
Remove gloves and correctly dispose of surgical gloves or immerse reusable gloves in 0.5% chlorine solution.		

## PRE-TRAINING ASSESSMENT CHECKLIST FOR POSTABORTION CARE COUNSELING SKILLS

**Instructions:** Place a “✓” in the “Satisfactory” column if the step or task is performed correctly, or an “x” in the “Unsatisfactory” column if task performed incorrectly or out of order.

**Learner** \_\_\_\_\_ **Date** \_\_\_\_\_

STEP/TASK	SAT.	UNSATISFACTORY/ COMMENT
<b>COUNSELING (General)</b>		
Greet woman respectfully and with kindness.		
Assess whether counseling is appropriate at this time (if not, arrange for her to be counseled at another time).		
Assure necessary privacy.		
Obtain biographic information (name, address, etc.).		
Ask if she was using contraception before she became pregnant. If she was, find out if she: \$ Used the method correctly \$ Discontinued use \$ Had any trouble using the method \$ Has an concerns about the method		
Provide general information about family planning.		
Explore any attitudes or religious beliefs that either favor or rule out one or more methods.		
Give the woman information about the contraceptive choices available and the risks and benefits of each: \$ Show where and how each is used \$ Explain how the method works and its effectiveness \$ Explain possible side effects and other health problems \$ Explain the common side effects		
Discuss the patient’s needs, concerns and fears in a thorough and sympathetic manner.		
Help patient begin to choose an appropriate method.		

# PRACTICE EXERCISES AND ANSWER KEY

- PE1 Postabortion Care (Chapter 1, question and answer)
- PE2 Postabortion Care (Chapter 1, case studies)
- PE3 Interpersonal Communication (Chapter 2, case studies)
- PE4 Interpersonal Communication (Chapter 2, video *Put Yourself in her Shoes*)
- PE5 Infection Prevention (Chapter 4, Infection Prevention video)
- PE6 Infection Prevention (Chapter 4, observation guide)
- PE7 Initial Assessment (Chapter 3, case studies)
- PE8 Pain Management (Chapter 5, case studies)
- PE9 Management of Problems & Complications (Chapter 7, case studies)
- PE10 Postabortion Counseling (Chapter 9 and video *GATHER*, case studies)
- PE11 Postabortion Counseling (Chapter 9 and video *GATHER*, role plays)
- PE12 Instrument Processing (Chapter 8, observation and question-answer)
- PE13 Management and Organization of PAC Services (Chapter 10, exercise)
- PE14 Summary of Training Experience

# PRACTICE EXERCISES ANSWER KEY

## Practice Exercise #1: INTRODUCTION TO POSTABORTION CARE

**ACTIVITY DESCRIPTION:** This questionnaire will review basic information on PAC that you will find in Chapter 1 of the reference manual. It also will help you look at the service delivery system to see how PAC services are organized and delivered in your clinic's catchment area. After reading Chapter 1, answer the following questions about this training topic. Refer to the chapter, as well as to your clinic records and colleagues, as necessary.

### QUESTIONS

1. How many women (on average) come to your own clinic each week with some abortion-related complication? **(clinic based)**
2. What percentage of all pregnancies end in spontaneous abortion?  
**At least 15% of all pregnancies end in spontaneous abortion.**
3. What are the three main elements of PAC?
  - **Emergency treatment of incomplete abortion and potentially life-threatening complications**
  - **Postabortion family planning counseling and services**
  - **Links between postabortion emergency services and the reproductive health care system**
4. Which of these three elements are provided to every woman treated at your own clinic for abortion related complications?  
**(clinic based)**
5. Why is postabortion family planning so important in PAC services?  
**For those women who may have experienced complications from induced abortion and have already experienced an unwanted pregnancy, family planning services may prevent future unwanted pregnancies. Also, some women may wish to become pregnant soon after having an incomplete abortion, and there is no reason to discourage them from doing so, barring medical reasons.**

6. If women in your clinic are currently treated by sharp curettage, how long is their average stay in the clinic? What is the frequency of complications? (**clinic based**)

7. Why is MVA the preferred method over dilatation and curettage (D&C)?

**! The risk of complications is reduced.**

- **Access to services is increased.**
- **The cost of postabortion services is reduced.**
- **The resources used are reduced.**

## **Practice Exercise #2: POSTABORTION CARE**

**ACTIVITY DESCRIPTION:** This case study will review basic information on PAC that you will find in Chapter 1 of the reference manual. It also will help you look at the service delivery system to see how PAC services are organized and delivered in your clinic's catchment area. After reading Chapter 1 and completing Practice Exercise #1, read the case study and answer the questions that follow.

**CASE STUDY:** Anna is 27, and has not had her period for a couple of months. She has been cramping and bleeding for 7 days. She lives far from the hospital, but now her family is concerned so they bring her to the hospital.

At the hospital, she is admitted by the nurse. The nurse greets her and asks her what her problem is, and when she describes her symptoms the nurse explains that she will be seen by the specialist and takes her to the provider who will take care of her. The provider, Marianne, asks her about her symptoms, and takes a thorough medical history. She explains that she will conduct an exam, and does a limited physical and pelvic exam. Upon examination, she finds that Anna has had an incomplete abortion. Marianne explains her findings to Anna and tells her what needs to be done. She explains the procedure, and with Anna's consent she evacuates her uterus with MVA.

Once the procedure is complete, she is taken to the recovery room to rest. In the recovery room, Marianne comes to check on her condition and to talk to her about her condition and other reproductive health needs. Marianne reminds her of their initial discussion, and talks about her reproductive goals. Because Anna has three children and does not want any more, they discuss long-term contraception Anna decides that she would like to use Norplant implants, which she is able to get the same day before she leaves the hospital.

At the same time, they discuss the fact that Anna has some cervical warts, which the provider noted in the initial examination. They discuss the risks that this condition presents for HIV/AIDS and the need to use dual protection. Anna is concerned that her husband won't agree to use condoms, so Marianne agrees to talk to the two of them together. In addition, they talk about the need for further investigation of her medical status, and Marianne arranges for a followup appointment after 1 week when she will also do a Pap smear. At this point, the provider also explains the situation to Anna's family, and emphasizes the importance of returning for the followup.

## QUESTIONS

1. What are the components of PAC covered in this case?
  - **Emergency treatment of the incomplete abortion**
  - **Postabortion family planning counseling and services**
  - **Linkages to other reproductive health services**
2. What are the linkages to other reproductive health services?
  - **Counseling on dual protection for HIV/AIDS**
  - **Scheduling a Pap smear at the followup to investigate the cervical warts observed**

### **Practice Exercise #3: INTERPERSONAL COMMUNICATION**

**ACTIVITY DESCRIPTION:** After reading Chapter 2, read the case studies below and answer the questions.

**CASE STUDY 1:** When Anna is brought to the hospital by her family, the nurse in admission recognizes that she is very anxious and uncertain. She makes an effort to put Anna at ease and make her feel comfortable and confident, and asks her about her problems. At the next stage, when Anna met Marianne, the healthcare provider, for her initial examination and eventually for her procedure, Marianne also made Anna feel comfortable and reassured. She made Anna feel as though she was in control of her own care by giving her the necessary information and letting her have a choice in her own care. Throughout the examination and the procedure, she was careful to explain what she was going to do before she did it and as she performed any steps that might have been uncomfortable or disturbing for Anna. After the procedure, she spoke to Anna about the outcomes, but also about other important issues in her reproductive health. She also involved Anna's family in the discussions when appropriate.

#### **QUESTIONS**

1. What are the important interpersonal communication skills exhibited?
  - **Listening**
  - **Being nonjudgmental**
  - **Providing information**
  - **Being supportive and attentive**
  - **Allowing the patient to choose**
2. What impact is this type of interpersonal relationship likely to have on Anna's reproductive health?

**Answers might include the following:**

**! Anna is more likely to be truthful with Marianne and provide her with complete information and ask questions if she is confident and at ease with her.**

- **The procedure was probably easier, because Anna was more relaxed and less anxious and well-prepared for what was to come.**
- **Anna is more likely to have confidence in and be receptive to Marianne's counseling and advice.**
- **She is more likely to carry through with next steps (contraception, followup visits, etc.).**

**CASE STUDY 2\***: A patient is lying on the procedure table when the doctor enters the room and goes to the trolley to check the instruments. The nurse is also standing by the trolley, not talking to the patient. The following is the dialogue that goes on during the MVA procedure.

*Doctor says to nurse, still without looking at patient or saying anything to her:*

**Doctor:** Did she admit to provoking it?

**Nurse:** No, Doctor. She denies doing anything, but I suspect that she has gone to a quack to cause this abortion.

**Doctor:** Well, it looks like we're out of lidocaine. It's a good thing our women have a high tolerance for pain!

**Nurse:** Yes, Doctor.

*Doctor begins procedure, still without talking to patient.*

**Doctor:** Sister, how many more incompletes are out there today? Today is my clinic day and I don't want to spend much time on these evacuations.

**Nurse:** There are 10 patients there, Doctor.

*Doctor shakes his head and says:*

**Doctor:** When will these women learn to be responsible for their actions?

*Doctor pats patient on the knee and says:*

**Doctor:** All right, dear. You're all cleaned up. Let's be a little more careful next time, eh?

*Doctor turns away, takes off his gloves and says to nurse:*

**Doctor:** Go ahead and bring the next one in.

---

\* Adapted from: Yordy L, S Johnson and J Winkler. 1993. *MVA Trainer's Handbook*. IPAS: Carrboro, North Carolina.

## QUESTIONS

1. Describe the attitudes reflected by the doctor and the nurse in the case study and how they showed those attitudes.

Answers might include:

### BEHAVIOR

Asking if patient “admits” interfering with pregnancy

Not giving pain control drugs

Not assessing patient’s need for pain control

Displaying impatience

Saying, “let’s be a little more careful”

Talking about the patient as an absent person in her presence

### ATTITUDE/BELIEF

Judgmental

Women don’t need pain control

Abortion patients aren’t worth much time

Condescension toward women

Insensitivity toward her feelings

2. Which of the patient’s rights were violated?

**Most of the patient’s rights to be treated with dignity were violated. Specifically regarding the topic at hand, interpersonal communication was very bad. Among the rights violated those mentioned in the chapter include:**

- **Right to information**
- **Right to discuss and express freely**
- **Right to supportive attention to reduce anxiety and lessen pain**
- **Right to decide freely (consent for treatment)**
- **Right to privacy and confidentiality (doctor and nurse were talking about other patients in front of this patient)**

3. Why is good patient-provider interaction important?

**Good patient-provider interaction is important to help ease the anxiety and concern of the patients, to respect their rights and needs, and to provide opportunities for both patients and providers to give and gather the important information. It also helps the provider gain the confidence of the patient.**

4. What are the characteristics of the provider's attitude in a good patient-provider relationship?  
**Respectful, nonjudgmental, open, receptive (a good listener)**
  
5. Refer to the case described in Practice Exercise #2 (Anna and Marianne). List the points in the PAC service where there should be good patient-provider interaction.  
**Good patient-provider interaction should be continuous throughout the patient's stay at the center, especially during:**
  - **Admission**
  - **Initial Assessment**
  - **MVA Procedure**
  - **Postabortion Period**

## Practice Exercise #4: INTERPERSONAL COMMUNICATION

**ACTIVITY DESCRIPTION:** After reading Chapter 2 and completing Practice Exercise #3, watch the video entitled *Put Yourself in Her Shoes* and answer the following questions.\*

### QUESTIONS

#### Scene One

1. How would you describe Rose's behavior and attitude in the first scene?  
**Negative; she scolded and blamed the patient publicly and did not have time or care for the patient.**
2. Why is it important for healthcare providers to provide family planning counseling to women who have undergone an unsafe abortion?  
**A counseling session may be the *only* opportunity the patient has to learn how to prevent future unwanted pregnancies and repeat abortions.**
3. What effect did Rose's behavior have on Mulenga?  
**It made Mulenga feel bad, foolish and afraid. Mulenga left the hospital without information on family planning methods and soon became pregnant again.**
4. How soon does fertility return after an abortion?  
**A woman's fertility returns almost immediately, as early as 11 days, even before her next period.**

#### Scene Two

1. Describe the concept of *empathy* as defined by Sister Rose. How do you define empathy?  
**Empathy is not just feeling sorry for someone. It means understanding how the other person feels. Sister Rose's definition of empathy is: Showing understanding, concern and a desire to help in a way that encourages open, honest communication.**

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\* Questions adapted from: Johns Hopkins University Population Communication Services. 1997. *Video Discussion Guide for Trainers*.

2. What helps Sister Rose to empathize with a woman who has just had an unsafe abortion?  
**A healthcare provider can empathize with a woman who has just had an unsafe abortion if the provider remembers:**

- **The woman may have had a miscarriage or spontaneous abortion.**
- **It may not be her fault for not having enough information about family planning.**
- **Offering family planning can make a difference in preventing another abortion.**
- **She is in a crisis and needs support to get through it.**

### **Scene Three**

1. When is the best time to begin family planning counseling for women who have had an abortion? Who is the best person to conduct this counseling?

**It is important to counsel women at bedside or in a private setting and if possible to give them a method before they leave. This may be their only opportunity to learn about family planning and receive a method. All health care providers who come in contact with postabortion patients should be able to provide counseling, or at least refer patients to family planning services.**

2. What are some of the special considerations to keep in mind when counseling young women who have recently had an abortion? How would you let them know that abstinence is an option?

**It is important to encourage young patients to talk about their feelings and actively participate in the counseling session. We may express our fear for the well-being of a young patient by becoming angry. However, a judgmental attitude and scolding will not be effective; a provider should be prepared to discuss issues common to young people, including relationships and the option of abstinence.**

### **Scene Four**

1. What are the three main messages of family planning counseling to prevent repeat abortion? How did Rose express these to Martha?

**Three essential messages that must be communicated to the patient during family planning counseling to prevent abortion are:**

- **Fertility returns immediately, even before a woman's next period.**
- **Modern family planning methods are safe, effective and available to prevent or delay pregnancy.**
- **Patients need to know exactly where and how to obtain family planning services.**

## Scene Five

1. Why is it important to let the patient's partner participate in the discussion and explanation of postabortion care, family planning and STIs?

**Involving men is important for supporting women in their choice and use of contraceptive method. Involving men also may prevent the spread of STIs and AIDS by promoting the use of condoms.**

2. What is the purpose of providing a referral to the patient and/or of discussing followup visits?

**Referrals and followup visits are important for a number of reasons:**

- **To allow for further medical evaluation, if needed**
- **To confirm health status and completion of treatment**
- **To confirm if the selected family planning method is satisfactory and being used correctly**
- **To repeat instructions regarding use**
- **To provide additional supplies**
- **To answer questions**
- **To help a woman choose a new method**
- **To provide a backup method if appropriate**

## Scene Six

1. What are the three major elements that can improve treatment for women in the postabortion period and prevent their having repeat abortions?

- **Providing emergency treatment of abortion complications**
- **Providing family planning counseling and family planning services to prevent repeat abortion**
- **Forging links between postabortion emergency services and the reproductive health care system**

## Practice Exercise #5: INFECTION PREVENTION

**ACTIVITY DESCRIPTION:** After reading Chapter 4, watch the Overview of the Infection Prevention Video (the first 20 minutes) and answer the following questions.

### QUESTIONS

1. What is the purpose of infection prevention?  
**Minimize disease transmission for both patients and staff**
  
2. Define the following terms:
  - a. Antisepsis  
**Killing or inhibiting microorganisms on skin and other body tissues by using a chemical agent**
  - b. Decontamination  
**Process before cleaning that makes objects safer to be handled by staff**
  - c. High-level disinfection (HLD)  
**Process that eliminates most microorganisms except bacterial endospores**
  - d. Sterilization  
**Process that eliminates all microorganisms, including bacterial endospores, from inanimate objects**
  
3. Match each type of glove with its appropriate use:

Sterile surgical gloves	MVA procedure	<b>(clean exam gloves)</b>
Utility gloves	Cesarean section	<b>(sterile gloves)</b>
Clean exam gloves	Washing used, decontaminated instruments	<b>(utility gloves)</b>
  
4. During an MVA procedure, when is handwashing indicated?
  - ! **Before touching the patient**
  - **Before putting on and after taking off gloves**

## Practice Exercise #6: INFECTION PREVENTION

### PRACTICAL APPLICATION OF INFECTION PREVENTION PRACTICES

**ACTIVITY DESCRIPTION:** After reading Chapter 4, watching the overview of the Infection Prevention Video and completing Practice Exercise #5, complete the following practical exercise. In this exercise, you will observe the healthcare providers' infection prevention practices that must be part of everyday clinic procedures. Record your observations on the guide below. (N/A = Not Applicable)

<b>OBSERVATION OF PATIENT PREPARATION AND CLINICAL PROCEDURES</b>				
	<b>OBSERVATION</b>	<b>RESPONSE</b>		
1.	Hands are washed prior to: <ul style="list-style-type: none"> <li>• examining a patient</li> <li>• putting on gloves</li> </ul>	Yes Yes	No No	N/A N/A
2.	Hands are washed after: <ul style="list-style-type: none"> <li>• examining a patient</li> <li>• removing gloves</li> <li>• contact with blood or other body fluids</li> </ul>	Yes Yes Yes	No No No	N/A N/A N/A
3.	After washing, hands are: <ul style="list-style-type: none"> <li>• air dried</li> <li>• dried on personal towel or a paper towel</li> <li>• other—write in:</li> </ul>	Yes Yes Yes	No No No	N/A N/A N/A
4.	Gloves are used when exposure to blood or other body fluids is expected	Yes	No	N/A
5.	Masks and eye shields are used if splashing of blood or other body fluids is likely	Yes	No	N/A

## Practice Exercise #7: INITIAL ASSESSMENT

**ACTIVITY DESCRIPTION:** After reading Chapter 3 and Appendices A, B, C, G of the manual, read the case studies and answer the questions that follow.

**CASE STUDY 1:** Marianne conducts an initial examination for Anna, a 27-year-old woman who has come to the hospital complaining of cramping and vaginal bleeding for 7 days. She describes her bleeding as moderate over the past 7 days, accompanied by mild to severe cramping. She has not noticed any products of conception. During the medical history, Marianne finds out that Anna has three living children, 10, 7, and 3 years old, and she has had one previous miscarriage and one child who died in infancy. Anna's last menstrual period was 11 weeks earlier, and she had not been using any family planning. She does not want more children, but she does not know of any place near her home where she can get services. Her physical examination reveals no significant findings and there is no sign of shock or infection, though during the pelvic exam Marianne notices the presence of a few cervical warts. The uterus appears slightly enlarged, indicating a gestational age of about 8 weeks. The cervix is dilated and there appear to be some products of conception visible in the vaginal canal. There is no sign of intra-abdominal injury.

### QUESTIONS

1. What would you recommend based on the above findings of the initial assessment?
  - **Diagnosis of incomplete abortion; perform MVA.**
  - **Diagnosis of cervical warts; counsel about risks of STIs and HIV/AIDS as well as for further investigation.**
  - **Desires no more children; counsel for long-term contraception.**
2. At what point(s) should Marianne be talking to Anna during the examination?  
**Throughout the examination, describing what she is doing and also what she is finding, and at the end to discuss recommendations.**

**CASE STUDY 2:** The patient is a 30-year-old woman who lives far away from the clinic. Her symptoms are not severe, but her sister persuaded her to seek treatment. She doesn't think she is pregnant. The findings of your initial medical history include the following:

- ! Moderate bleeding for 3 days
- ! Last period ended about 7 weeks ago
- ! Some cramping, not severe

- ! 2 previous births
- 1 previous miscarriage
- ! Using injections for family planning; last injection was 7 months ago

## QUESTIONS

1. What are the possible diagnoses?
  - **Incomplete, threatened, or missed abortion**
  - **Ectopic pregnancy**
  - **Normal period after amenorrhea caused by injections**
2. What further assessments would you do to confirm a diagnosis?
  - **Take further medical history**
  - **Conduct physical examinations: focused physical exam, abdominal and pelvic**
  - **Laboratory tests (pregnancy test recommended if available, Rh test if available, ultrasound if available)**
3. You arrive at the diagnosis of incomplete abortion. What were the findings that led you to this diagnosis?
  - **Moderate bleeding from the cervical os**
  - **Dilated soft cervix**
  - **Uterus soft and enlarged, tender**
  - **Products of conception observed**

**CASE STUDY 3:** The patient is a 15-year-old girl who is alone, in considerable pain, and very anxious that her family not know about her condition. She presents with all the symptoms of an incomplete abortion. In addition, she has a high fever, the vaginal discharge is brown and foul-smelling, and she shows cervical motion tenderness.

## QUESTIONS

1. What do you conclude about her condition?

**Incomplete septic abortion**

2. What would be your immediate recommended course of action?

- **Reassure the patient, and continue to do so throughout the procedure and exams.**
- **Check vital signs and assure airway is open.**
- **Begin IV antibiotics.**
- **Give her tetanus toxoid if indicated or if vaccination history is uncertain.**
- **If unstable, give IV fluids.**
- **Check hemoglobin and platelets, type and crossmatch blood.**
- **Reassure the patient and provide pain management (verbacaine, analgesic/antipyretic).**
- **Refer for additional complications, if indicated.**
- **Manage incomplete abortion (evacuate uterus) once antibiotic coverage is established; wait for a period equal to the half-life of the antibiotic used.**

**CASE STUDY 4:** The patient is 34 years old, and brings two children with her to the clinic. She is in severe pain and very frightened. Your initial exam shows:

- ! 6 previous births
- ! 2 previous miscarriages
- ! Last period about 8 weeks ago
- ! Moderate cramping for last 12 hours
- ! Heavy bleeding
- ! Severe abdominal pain began suddenly in lower belly; now hurts all over
- ! Right shoulder hurts
- ! Using withdrawal for contraception
- ! When asked, denies interfering with pregnancy

## QUESTIONS

1. What are the possible diagnoses?  
**Intra-abdominal injury (due to ruptured ectopic pregnancy or perforation)**
2. What would you look for to support this diagnosis?
  - **Distended abdomen**
  - **Decreased bowel sounds**
  - **Rigid abdomen**
  - **Rebound tenderness**
  - **Nausea, vomiting, pain, fever, abdominal pain, cramping**
  - **Pallor, rapid pulse, low blood pressure**
3. What additional condition(s) should you be concerned about?  
**Possible shock, infection**
4. How do you recommend managing this patient?
  - **If shock is present, stabilize the patient.**
  - **Provide pain management, blood, fluids as necessary.**
  - **Arrange for immediate surgical treatment (laparotomy).**

## Practice Exercise #8: PAIN MANAGEMENT

**ACTIVITY DESCRIPTION:** After reading Chapter 5 and Appendix E (and reviewing the section on pain management in Appendix B) of the manual, read the case studies and answer the questions that follow.

**CASE STUDY 1:** Anna had some mild cramping when she arrived at the hospital. Her cervix was dilated and she did not have any particular cervical or abdominal sensitivity evident during the preliminary exam. Marianne decided that the procedure would be very quick and easy, so she did not use any sedation or anesthesia.

### QUESTIONS

1. What should Marianne do throughout the procedure for pain management?

**Provide verbal anesthesia. Explain to Anna what she is doing and prepare her for procedures that might be uncomfortable, reassure her that things are going well, let her know how long the procedure will last and let her know when it is completed.**

**CASE STUDY 2:** The patient is a 25-year-old woman who has no prior pregnancy. She comes to the clinic with severe bleeding, severe cramping, and she is very anxious. She has the following signs and symptoms:

- ! Last period 12 weeks ago
- ! Heavy bleeding and cramping
- ! Not using any contraception
- ! Difficulty during bimanual and speculum exam because of her anxiety and pain
- ! Cervix slightly dilated

The healthcare provider diagnoses the patient with an incomplete abortion. The healthcare provider decides to perform the MVA procedure. Despite the verbal anesthesia, the patient is in pain and very anxious. The healthcare provider decides that some additional pain management is required.

## QUESTIONS

1. In deciding to use pain medication, what should the healthcare provider consider?
  - **The emotional status of the patient**
  - **Extent of the pain**
  - **The degree of dilation of the cervix**
  - **The anticipated length of the procedure**
2. In this case, what medication would you use, and why?
  - **Analgesics, sedatives, and local anesthetic (paracervical block)**
  - **She is very anxious, she is in pain, the cervix is slightly (not fully) dilated**
3. What are the possible complications of paracervical block?

### MILD EFFECTS

- **Numbness of lips and tongue**
- **Metallic taste in mouth**
- **Dizziness and light-headedness**
- **ringing in ears**
- **Difficulty in focusing eyes**

### SEVERE EFFECTS

- ! **Sleepiness**
- ! **Disorientation**
- ! **Muscle twitching and shivering**
- ! **Slurred speech**
- ! **Tonic-clonic convulsions (generalized seizures)**
- ! **Respiratory depression or arrest**

## Practice Exercise #9: MANAGEMENT OF PROBLEMS AND COMPLICATIONS

**ACTIVITY DESCRIPTION:** After reading Chapter 7 and Appendices A and H of the manual, read the case studies below and answer the questions that follow.

**CASE STUDY 1:** While Marianne is performing the MVA procedure on Anna, the cannula slips out of the cervix and the vacuum is lost.

### QUESTIONS

1. What should Marianne do at this point?

**Remove the syringe and cannula, taking care that the cannula does not touch the vaginal wall and does not contaminate it. Disconnect the syringe and cannula, empty the syringe, reinsert the cannula, reestablish the vacuum in the syringe and reconnect the syringe to the cannula to continue with the procedure.**

2. What if the cannula touches the vaginal wall or other non-sterile surface?

**Remove the syringe and cannula, and place the cannula in the decontamination solution. Empty the syringe and reestablish the vacuum. Continue the procedure using another sterile or high-level disinfected cannula.**

**CASE STUDY 2:** A patient suspected of incomplete abortion at 7 weeks amenorrhea undergoes manual vacuum aspiration. When the clinician inspects the aspirated tissue no villi are seen.

### QUESTIONS

1. Give two or more possible explanations that the clinician should investigate.

- **The patient was not pregnant.**
- **The patient had conceived, but the pregnancy had not implanted itself in the uterus.**
- **POC are present in the uterus but were missed by the MVA (incomplete evacuation).**
- **The patient has an ectopic pregnancy.**
- **A complete abortion had occurred.**

2. What should the clinician do to manage the patient at this point?

**Do a pregnancy test. If negative, repeat after 1 week. If positive, exclude ectopic pregnancy by ultrasound or laparoscopy (refer immediately if these tests are not available).**

**CASE STUDY 3:** You are called by your assistant to see a patient who had an MVA procedure yesterday. She is in significant pain; the uterus is enlarged, firm, tense and tender; and she is febrile. She is not bleeding and has hardly bled at all since the procedure.

## QUESTIONS

1. What is the likely diagnosis?

**Answers might include the following points:**

- **Post-abortal syndrome (acute hematometra) may occur from a few hours to several days after evacuation**
- **Blood flow from uterus is blocked**
- **Postabortion sepsis**
- **Uterine perforation**

2. What additional information is useful before treatment?

**Answers might include the following points:**

- **Is there any sign of infection or intra-abdominal injury?**
- **What was the gestation at the time of MVA?**
- **Did aspirated tissue include villi?**
- **Check for fever (to exclude postabortion sepsis).**

3. How should this case be managed?

- **If hematometra, perform re-evacuation, administer oxytocics or massage.**
- **If intra-abdominal injury, refer for surgery.**
- **If postabortion sepsis, give IV antibiotics, IV fluids.**

4. What may have caused this condition?

**Answers might include the following points:**

- **Excessive bleeding behind a closed cervix**
- **Patient anxiety**
- **Perforation prior to or during MVA**
- **Infection prior to arrival, or due to poor infection prevention practices**

**CASE STUDY 4:** A patient arrived at the hospital having aborted at home after 4 months of pregnancy. She reported having lost a lot of blood. When she arrived at the hospital she was very anemic and febrile. The pelvic examination revealed a 12-week sized uterus and a few pieces of placenta remains that were removed by MVA. She was advised to have a blood transfusion and was given antibiotics (ampicillin IM). One hour after the MVA procedure she complains of a headache and is agitated. She has a fast pulse, low blood pressure, pallor, and rapid breathing.

## QUESTIONS

1. What is the most likely diagnosis?

**Answers might include the following points:**

- **Hypovolemic shock caused by hemorrhage**
- **Septic shock**
- **Possible intra-abdominal injury (perforation)**

2. How would you manage this patient?

**Answers might include the following points:**

- **Make sure the airway is open.**
- **Place in head-down position to maximize venous return to the head.**
- **Keep her warm (but not too warm).**
- **Give IV fluids and blood transfusion.**
- **Give IV antibiotics.**
- **Reassess to exclude intra-abdominal injury; refer if necessary.**
- **Continue monitoring vaginal bleeding and vital signs.**

## Practice Exercise #10: POSTABORTION COUNSELING

**ACTIVITY DESCRIPTION:** After reading Chapter 9 and watching the *GATHER* video, read the case studies and answer the questions that follow.

**CASE STUDY 1:** Reread the case study in Practice Exercise #2, with the patient Anna and healthcare provider Marianne.

### QUESTIONS

1. When Anna completed her MVA, she decided to have Norplant implants inserted. What other methods might have been appropriate for Anna?

**Any family planning method is appropriate for a postabortion patient. Given that Anna doesn't want to have any more children, other long-term methods might be most appropriate (IUD, tubal ligation, vasectomy).**

**CASE STUDY 2:** A 32-year-old woman comes to the clinic; she is very concerned because she and her husband were looking forward to a third child. Upon examination, she has the following symptoms:

- ! Mild cramping for a few days
- ! Moderate bleeding for a few days
- ! Her periods are irregular
- ! She thinks her last period was 10 weeks ago, but it was spotty and very short
- ! two previous births
- ! three previous miscarriages
- ! No family planning method

She is diagnosed with an incomplete abortion, and she has an MVA procedure.

1. What are her additional service needs?

**Answers might include the following:**

- ! **Referral for infertility investigation**
- ! **Bereavement counseling**

**! Information and encouragement to seek antenatal care if she gets pregnant**

**! Provide information on related topics (STIs and HIV/AIDS, cancer screening, etc.) and relevant services**

2. What if she does not want to get pregnant again immediately?

**Family planning counseling and services**

## **Practice Exercise #11: POSTABORTION COUNSELING**

**ACTIVITY DESCRIPTION:** After reading Chapter 9, watching the *GATHER* video, and completing Practice Exercise #10, do the following role plays with your trainer. (Ask your trainer to act the part of the patient, while you act the role of the healthcare provider.)

**ROLE PLAY 1:** You are counseling a young patient (age 15) after she has had an MVA for incomplete abortion. She has no particular findings during the examination or procedure.

**Be sure that the learner covers the following main points:**

- ! Family planning counseling and services (including abstinence)**
- ! Sexuality counseling**
- ! Information on STIs and HIV/AIDS**
- ! Dual protection**
- ! Postoperative care**

**ROLE PLAY 2:** You are counseling a 27-year-old patient after she has had an MVA for incomplete abortion. She has been taking the pill on and off. Her husband is a migrant worker and is away from home much of the time. She is not sure whether she wants more children in the future, but she doesn't want any now.

**Be sure that the learner covers the following main points:**

- ! Discussion of reproductive goals**
- ! Family planning counseling and services**
- ! Screening for cancers (breast, cervix, etc.)**
- ! Information on STIs and HIV/AIDS**
- ! Dual protection**

## Practice Exercise #12: INSTRUMENT PROCESSING

**ACTIVITY DESCRIPTION:** After reading Chapter 8 and Appendix D, watch the overview of the Infection Prevention Video (the first 20 minutes), and then do the following observation exercise and answer the following questions that test the knowledge you have learned on infection prevention.

**OBSERVATION:** In this exercise, you will observe the infection prevention practices that must be part of everyday clinic procedures. Record your observations on the guide below. The guide has three sections: Observation of Handling Instruments and Equipment, Observation of Disinfection and Sterilization, and Observation of Waste Disposal. (N/A = Not Applicable)

<b>OBSERVATION OF HANDLING INSTRUMENTS AND EQUIPMENT</b>				
	<b>OBSERVATION</b>	<b>RESPONSE</b>		
1.	After each use, needles and syringes are handled properly: <ul style="list-style-type: none"> <li>• decontaminated in 0.5% chlorine solution</li> <li>• disposed of in a puncture-proof container</li> <li>• if recapped, the one-handed scoop technique is used</li> <li>• disassembled, cleaned and sterilized (autoclave/pressure cooker)</li> <li>• disassembled, cleaned and high-level disinfected by boiling</li> <li>• stored in a high-level disinfected, dry, covered container</li> </ul>	Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
2.	After use, instruments are handled properly: <ul style="list-style-type: none"> <li>• decontaminated in 0.5% chlorine solution</li> <li>• cleaned with soap and water and a soft brush</li> </ul>	Yes	No	N/A
		Yes	No	N/A
3.	After each use, gloves are handled properly: <ul style="list-style-type: none"> <li>• decontaminated in 0.5% chlorine solution</li> <li>• disposed of in a waste container (if examination gloves or if torn)</li> <li>• cleaned and sterilized (autoclave/pressure cooker)</li> <li>• cleaned and high-level disinfected by steaming</li> <li>• stored in a high-level disinfected, dry, covered container</li> </ul>	Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A

<b>OBSERVATION OF DISINFECTION AND STERILIZATION</b>				
	<b>OBSERVATION</b>	<b>RESPONSE</b>		
1.	What method is used for sterilization or high-level disinfection of metal instruments? <ul style="list-style-type: none"> <li>• autoclave or pressure cooker (if yes, go to #2)</li> <li>• dry heat oven (if yes, go to #3)</li> <li>• boiling (if yes, go to #4)</li> <li>• steaming (if yes, go to #5)</li> <li>• chemical disinfection (if yes, go to #6)</li> </ul>	Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
2.	When autoclaving, is the: <ul style="list-style-type: none"> <li>• temperature 121°C (250°F)</li> <li>• pressure 101 kPa (15 lb/in<sup>2</sup>)</li> <li>• timing at least 20 minutes</li> </ul>	Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
3.	When using dry heat, is <ul style="list-style-type: none"> <li>• temperature 170°C (340°F)</li> <li>• timing at least 1 hour</li> </ul>	Yes	No	N/A
		Yes	No	N/A
4.	When boiling, are metal instruments <ul style="list-style-type: none"> <li>• completely open or disassembled</li> <li>• completely submerged</li> <li>• boiled for at least 20 minutes</li> </ul>	Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
5.	When steaming gloves, are they: <ul style="list-style-type: none"> <li>• placed in pans so that steam can reach all items</li> <li>• steamed for 20 minutes</li> </ul>	Yes	No	N/A
		Yes	No	N/A

<b>OBSERVATION OF DISINFECTION AND STERILIZATION</b>				
	<b>OBSERVATION</b>	<b>RESPONSE</b>		
6.	When using chemical disinfection, are: <ul style="list-style-type: none"> <li>• solutions diluted correctly</li> <li>• solutions changed at least weekly (bleach daily)</li> <li>• needles and syringes excluded</li> <li>• instruments completely disassembled</li> <li>• instruments submerged and filled with disinfectant</li> <li>• instruments rinsed thoroughly with boiled or sterile water or saline</li> <li>• stored in high-level disinfected, dry, covered containers</li> </ul>	Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
<b>OBSERVATION OF WASTE DISPOSAL</b>				
1.	Waste is disposed of by: <ul style="list-style-type: none"> <li>• incineration</li> <li>• burying</li> <li>• municipal/commercial removal</li> </ul>	Yes	No	N/A
		Yes	No	N/A
		Yes	No	N/A
2.	Utility gloves are worn while handling used items and medical wastes, cleaning instruments and cleaning up after a procedure	Yes	No	N/A
3.	Examination/operating tables and other potentially contaminated surfaces are wiped down with chlorine solution between patients	Yes	No	N/A
4.	Facilities are adequately cleaned at the end of each day/clinic session	Yes	No	N/A

## QUESTIONS

1. List the steps to be followed after using reusable gloves until they are ready for use with the next patient:
  - ! **Decontamination**
  - ! **Cleaning**
  - ! **Drying**
  - ! **Packing**
  - ! **HLD/Sterilization**
  
2. Which solutions should be used for:
  - a. Antiseptics
    - ! **Iodophors, e.g., Betadine**
    - **Chlorhexidine**
    - **Alcohols 60–90%**
  
  - b. Decontamination
    - **Sodium hypochlorite 0.5%**
  
  - c. High-level disinfection
    - **Sodium hypochlorite 0.1%**
    - **Glutaraldehyde**
    - **Formaldehyde**
  
  - d. Sterilization
    - **Glutaraldehyde**
    - **Formaldehyde**
  
3. List the different methods of sterilization:
  - **Dry heat**
  - **Steam heat**
  - **Chemical**

4. Which of the following steps in the MVA procedure are infection prevention practices?
- a. Conducting a bimanual exam **NO**
  - b. Cleaning the cervix with antiseptic solution **YES**
  - c. Visualizing the cervix with the speculum **NO**
  - d. Wearing clean exam gloves **YES**
  - e. Gently applying the tenaculum to the cervix **NO**
  - f. Decontaminating the instruments in 0.5% chlorine solution for 10 minutes **YES**

5. Is this statement true or false: surgical (metal) instruments that have been decontaminated and thoroughly cleaned can be sterilized by boiling them in water for 20 minutes.
- FALSE**

6. The lowest level of processing that is acceptable for instruments to be used in the MVA procedure is (circle one):

***High-Level Disinfection***

7. List all the steps to be followed after using the MVA syringe until it is ready for use with the next patient.

- **Decontamination,**
- **Cleaning,**
- **Storage, and**
- **Reassembly**

8. List all the steps to be followed after using the cannula until it is ready for use with the next patient.

- **Decontamination,**
- **Cleaning,**
- **Sterilization or High-Level Disinfection, and**
- **Storage**

### Practice Exercise #13: MANAGEMENT AND ORGANIZATION OF PAC SERVICES

**ACTIVITY DESCRIPTION:** After reading Chapter 10, complete the exercise below.

**EXERCISE:** Name the staff member at the training site responsible for each of the elements critical to providing high quality postabortion care services. If you are from a site other than the training site, also name the staff at your own site who are or would be responsible for these things. If some services are not available, name the referral site where you would send patients for these services. After you have completed the table below, answer the questions that follow.

ELEMENTS OF PAC	STAFF PERSON RESPONSIBLE		REFERRAL SITE (IF REFERRAL REQUIRED)
	Training Site	Own Site (if different)	
Admission			
Initial Examination			
Evacuation of the uterus			
Severe complications (e.g., intra-abdominal injury)			
Immediate postabortion monitoring of the patient			
Postabortion counseling			
Family planning method provision			
Infertility counseling and services			
STI and HIV counseling and services			
Cancer screening services			
Conducting routine laboratory examinations (pregnancy, Rh, hemoglobin, platelet)			

ELEMENTS OF PAC	STAFF PERSON RESPONSIBLE		REFERRAL SITE (IF REFERRAL REQUIRED)
	Training Site	Own Site (if different)	
Antenatal care			
Discharge of the patient			
Followup visits of the patient to the health service site			
Followup of the patient after treatment (in her home community)			
Ordering medicine and supplies			
Stocking and managing medicines and supplies (including contraceptives)			
Blood bank			
Ensuring that necessary supplies, medicines, equipment and instruments are available			
Setting up the procedure room			
Decontamination			
Cleaning			
Preparing instruments for sterilization or HLD			
Sterilization or HLD			
Completing patient records			
Completing facility registers			
Establishing patient fees			

ELEMENTS OF PAC	STAFF PERSON RESPONSIBLE		REFERRAL SITE (IF REFERRAL REQUIRED)
	Training Site	Own Site (if different)	
Collecting patient fees			
Waiving patient fees for those who cannot pay			
Record keeping			
Reporting			
Quality assurance			
Supervision			

## QUESTIONS

1. How many different staff are responsible for parts of the patient's care? How does this affect the organization of services for continuity of care?
2. If PAC services are not currently provided at your site, how will you orient the staff responsible for important components of quality PAC services?
3. If PAC services are currently provided at your site, do you feel that you could improve the quality of services? How would you plan to do this?

## Practice Exercise #14: SUMMARY OF TRAINING EXPERIENCE

**ACTIVITY DESCRIPTION:** In this activity, review the experience you have had during training by summarizing several items on the form below. Review with, and give this sheet to, your trainer at the meeting you will have at the end of the training. All cases observed or performed must be described in you case management notes.

<b>TRAINING REVIEW SHEET</b>		
<i>TRAINING IDENTIFICATION/SUMMARY</i>		
Name of learner:		
Position:		
Location:		
Date training started:		
Date of qualification (Date that supervisor gives Final Knowledge Assessment and Qualification)		
Duration of training		
<b><i>TRAINING ACTIVITIES</i></b>	<b><i>Number</i></b>	<b><i>Types</i></b>
PAC patient assessments observed		
PAC patient assessments performed		
MVA procedures observed		
MVA procedures performed		
Postabortion counseling sessions observed		
Postabortion counseling sessions performed		
Postabortion family planning patients for whom you provided a method		

# LEARNING GUIDES AND CHECKLISTS FOR POSTABORTION CARE CLINICAL SKILLS AND FAMILY PLANNING COUNSELING SKILLS

## USING THE LEARNING GUIDES AND CHECKLISTS

The Learning Guides and Checklists for Postabortion Care Clinical Skills and Family Planning Counseling Skills are designed to help the learner learn the steps or tasks involved in:

- Screening a potential MVA patient for serious complications and further evaluating her if medical problems are identified
- Talking with patients before and during the MVA procedure
- Using MVA to treat complications of incomplete abortion
- Counseling a patient about postabortion family planning

There are three **learning guides** in this handbook:

- **Learning Guide for Postabortion Care Clinical Skills**
- **Learning Guide for Verbal Anesthesia**
- **Learning Guide for Postabortion Family Planning Counseling Skills**

Each learning guide contains the steps or tasks performed by the counselor and clinician when providing PAC services. These tasks correspond to the information presented in relevant chapters of *Postabortion Care: A Reference Manual for Improving Quality of Care* (**Chapter 6**: Treatment of Incomplete Abortion, **Chapter 5**: Pain Management and **Chapter 9**: Postabortion Family Planning) as well as in the training photoset. Use of the manual and photoset will help the learner review essential information.

The two **checklists** focus only on the key steps in providing MVA services:

- **Checklist for Postabortion Care Clinical Skills**
- **Checklist for Postabortion Family Planning Counseling Skills**

The Checklists for Postabortion Care Clinical Skills and Postabortion Care Family Planning Counseling Skills included here for skill practice by the learner are the same as the checklists that the clinical trainer will use to evaluate the learner's performance at the end of the course.

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

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

Before using the **Learning Guide for Postabortion Care Clinical Skills** and **Learning Guide for Verbal Anesthesia**, the clinical trainer will review the entire MVA procedure with the learner using the training photoset. In addition, the learner will be able to witness an MVA procedure, including the use of verbal anesthesia, during a demonstration session with the ZOE pelvic model and/or to observe the activity being performed in the clinic with a patient.

Used consistently, the learning guides and checklists for practice enable each learner to chart her/his progress and to identify areas for improvement. Furthermore, the learning guides are designed to make communication (coaching and feedback) between the learner and clinical trainer easier and more helpful. When using either learning guide, it is important that the learner and clinical trainer work together as a team. For example, **before** the learner attempts the skill or activity (e.g., MVA) the first time, the clinical trainer should briefly review the steps involved and discuss the expected outcome. The trainer should

ask the learner if s/he feels comfortable going on. In addition, immediately **after** the skill or activity has been completed, the clinical trainer should debrief with the learner. The purpose of the debriefing is to provide **positive feedback** about the learner's progress and to define the areas (knowledge, attitude or practice) where improvement is needed in later practice sessions.

Because the learning guides are used to help in developing skills, it is important that the rating (scoring) be done carefully and as objectively as possible. The learner's performance of each step is rated on a three point scale as follows:

- |   |
|---|
| <p><b>1 Needs Improvement:</b> Step or task not performed correctly or out of order (if necessary) or is omitted</p> <p><b>2 Competently Performed:</b> Step or task performed correctly in correct order (if necessary) but learner does not progress from step to step efficiently</p> <p><b>3 Proficiently Performed:</b> Step or task efficiently and precisely performed in the correct order (if necessary)</p> |
|---|

### Using the Learning Guides

The **Learning Guides for Postabortion Care Clinical Skills and Verbal Anesthesia** are designed to be used primarily during the early phases of learning (i.e., skill acquisition) when the learner is practicing with the pelvic model.

The **Learning Guide for Postabortion Family Planning Counseling Skills** should be used at first during practice (simulated) counseling sessions using volunteers or with patients in real situations.

In the beginning, the learner can use the learning guides to follow the steps as the clinical trainer demonstrates the MVA procedure using a training model or role plays verbal anesthesia. Later, during the classroom practice sessions, they serve as step-by-step guides for the

learner as s/he performs the skill using the pelvic model, practices verbal anesthesia or counsels a volunteer “patient.”

### **Using the Checklists for Practice**

As the learner progresses through the course and gains experience, s/he depends less and less on the detailed learning guides, and advances to using the condensed **Checklist for Postabortion Clinical Skills** and the **Checklist for Postabortion Care Family Planning Counseling Skills**. These guides focus on **key** steps in an entire procedure.

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**Remember:** It is the goal of this training that **every** learner perform **every** task or activity correctly with patients by the end of the course.

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# LEARNING GUIDE FOR POSTABORTION CARE *CLINICAL SKILLS*

(To be used by the **Learner**)

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

- 1 Needs Improvement:** Step or task not performed correctly or out of sequence (if necessary) or is omitted
- 2 Competently Performed:** Step or task performed correctly in proper sequence (if necessary) but learner does not progress from step to step efficiently
- 3 Proficiently Performed:** Step or task efficiently and precisely performed in the proper sequence (if necessary)

<b>LEARNING GUIDE FOR POSTABORTION CARE <i>CLINICAL SKILLS</i></b>					
<b>STEP/TASK</b>	<b>CASES</b>				
<b>INITIAL ASSESSMENT</b>					
1. Assess patient for shock and other life-threatening conditions.					
2. If any complications are identified, stabilize patient and transfer if necessary.					
<b>MEDICAL EVALUATION</b>					
1. Treat the patient respectfully and with kindness.					
2. Ensure the necessary privacy and confidentiality.					
3. Take a reproductive health history.					
4. Wash hands thoroughly with soap and water and dry them with a clean, dry cloth or allow them to air dry.					
5. Perform limited physical (heart, lungs and abdomen) and a pelvic examination.					
6. Give the woman information about her condition and treatment plan.					
7. Perform indicated laboratory tests.					
8. Discuss her reproductive goals and concerns, as appropriate. Note any reproductive health issues that should be discussed with the patient after the MVA procedure.					

<b>LEARNING GUIDE FOR POSTABORTION CARE <i>CLINICAL SKILLS</i></b>				
<b>STEP/TASK</b>	<b>CASES</b>			
9. If she is considering the IUD: <ul style="list-style-type: none"> <li>• She should be fully counseled regarding IUD use.</li> <li>• The decision to insert the IUD following the MVA procedure will be dependent on the clinical situation.</li> </ul>				
<b>GETTING READY</b>				
1. Tell the patient what is going to be done and encourage her to ask questions.				
2. Tell her she may feel discomfort during some of the steps of the procedure and you will tell her in advance.				
3. Ask about allergies to antiseptics and anesthetics.				
4. Determine that necessary equipment and consumables are available.				
5. Determine that required sterile or high-level disinfected instruments are present.				
6. Make sure that the appropriate size cannulae and adapters are available.				
7. Check the MVA syringe and charge it (establish vacuum).				
8. Check that patient has recently emptied her bladder.				
9. Check that patient's perineal area is clean. If not, have patient thoroughly wash and rinse her perineal area.				
10. Put on clean plastic or rubber apron. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.				
11. Put new examination or high-level disinfected or sterile surgical gloves on both hands.				
12. Arrange sterile or high-level disinfected instruments on sterile tray or in high-level disinfected container.				
<b>PRE-MVA TASKS</b>				
1. Perform bimanual pelvic examination, checking the size and position of uterus and degree of cervical dilation.				
2. Insert the speculum and remove blood or tissue from vagina using sponge forceps and sterile gauze.				
3. Remove any products of conception (POC) protruding from the cervical os and check cervix for tears.				

<b>LEARNING GUIDE FOR POSTABORTION CARE <i>CLINICAL SKILLS</i></b>				
<b>STEP/TASK</b>	<b>CASES</b>			
4. Apply antiseptic to cervix and vagina two times using gauze or cotton sponge.				
5. Put single tooth tenaculum or vulsellum forceps on lower lip of cervix (5 or 7 o'clock).				
<b>Administering Paracervical Block</b> (when necessary)				
6. Fill a 10 ml syringe with local anesthetic (1% without epinephrine).				
7. With tenaculum or vulsellum forceps on the cervix, use slight traction and movement to help identify the area between the smooth cervical epithelium and the vaginal tissue.				
8. Insert the needle just under the epithelium and aspirate by drawing the plunger back slightly to make certain the needle is <b>not</b> penetrating a blood vessel.				
9. Inject about 2 ml of a 1% local anesthetic just under the epithelium, not deeper than 2 to 3 mm at 3, 5, 7 and 9 o'clock.				
10. Wait a minimum of 2 to 4 minutes for the anesthetic to have maximum effect.				
<b>MVA PROCEDURE</b>				
1. Gently apply traction on the cervix to straighten the cervical canal and uterine cavity.				
2. If necessary, dilate cervix using progressively larger cannulae.				
3. While holding the cervix steady, push the selected cannula gently and slowly into the uterine cavity until it just touches the fundus (not > 10 cm). Then withdraw the cannula slightly away from the fundus.				
4. Attach the prepared syringe to the cannula by holding the cannula in one hand and the tenaculum and syringe in the other. Make sure cannula does not move forward as the syringe is attached.				
5. Release the pinch valve(s) on the syringe to transfer the vacuum through the cannula to the uterine cavity.				
6a. Evacuate any remaining contents of the uterine cavity by rotating the cannula and syringe from 10 to 2 o'clock and moving the cannula gently and slowly back and forth within the uterus.				

<b>LEARNING GUIDE FOR POSTABORTION CARE <i>CLINICAL SKILLS</i></b>				
<b>STEP/TASK</b>	<b>CASES</b>			
6b. If the syringe becomes half full before the procedure is complete, close the valves and detach the cannula from the syringe. Remove <b>only</b> the syringe, leaving the cannula in place.				
6c. Push the plunger to empty POC into the strainer after measuring the volume.				
6d. Recharge syringe, attach to cannula and release pinch valve(s).				
7. Check for signs of completion (red or pink foam, no more tissue in cannula <b>or</b> “gritty” sensation). Withdraw the cannula and MVA syringe gently.				
8. Remove cannula from the MVA syringe and push the plunger to empty contents into the strainer.				
9. Rinse the POC with water or saline.				
10. Quickly inspect the tissue removed from the uterus to be sure that it is POC.				
11. If no POC are seen, reassess situation to be sure it is not an ectopic pregnancy.				
12. Remove forceps or tenaculum from the cervix before removing the speculum.				
13. Perform bimanual examination to check size and firmness of uterus.				
14. Re-insert the speculum and check that the patient is not bleeding.				
15. If uterus is still soft or bleeding persists, repeat steps 3–10.				
<b>POST-MVA TASKS</b>				
1. Let the patient lie on her side in a comfortable position.				
2. Before removing gloves, dispose of waste materials in a leakproof container or plastic bag.				
3. Place speculum and metal instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
4. <ul style="list-style-type: none"> <li>• If reusing needle or syringe, fill syringe (with needle attached) with 0.5% chlorine solution and submerge in solution for 10 minutes for decontamination.</li> <li>• If disposing of needle and syringe, flush needle and syringe with 0.5% chlorine solution three times, then place in puncture-proof container.</li> </ul>				
5. Attach used cannula to MVA syringe and flush both with 0.5% chlorine solution.				

<b>LEARNING GUIDE FOR POSTABORTION CARE <i>CLINICAL SKILLS</i></b>				
<b>STEP/TASK</b>	<b>CASES</b>			
6. Detach cannulae from syringe and soak them in 0.5% chlorine solution for 10 minutes for decontamination.				
7. Empty POC into utility sink, flushable toilet, latrine or container with tight-fitting lid.				
8. Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning inside out. <ul style="list-style-type: none"> <li>• If disposing of gloves, place in leakproof container or plastic bag.</li> <li>• If reusing surgical gloves, submerge in 0.5% chlorine solution for 10 minutes for decontamination.</li> </ul>				
9. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.				
10. Allow the patient to rest comfortably for at least 30 minutes where her recovery can be monitored.				
11. Check for bleeding at least once and ensure that cramping has decreased before discharge.				
12. Instruct patient regarding postabortion care and warning signs.				
13. Tell her when to return if followup is needed and that she can return anytime she has concerns.				
14. Discuss reproductive goals and, as appropriate, provide family planning.				

## LEARNING GUIDE FOR *VERBAL ANESTHESIA*

(To be used by the **Learner**)

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

- 1      Needs Improvement:** Step or task not performed correctly or out of order (if necessary) or is omitted
- 2      Competently Performed:** Step or task performed correctly in correct order (if necessary) but learner does not progress from step to step efficiently
- 3      Proficiently Performed:** Step or task efficiently and precisely performed in the correct order (if necessary)

<b>LEARNING GUIDE FOR <i>VERBAL ANESTHESIA</i></b>					
<b>STEP/TASK</b>	<b>CASES</b>				
<b>GETTING READY</b>					
1. Greet woman respectfully and with kindness.					
2. Assure the necessary privacy and confidentiality.					
3. Tell patient what you are going to do and encourage her to ask questions.					
4. Tell patient she may feel discomfort during some of the steps and you will tell her in advance.					
5. Assess need for pain management medication.					
<b>PROCEDURE</b>					
1. Explain each step of the procedure prior to performing it.					
2. Ask the patient throughout the procedure if she is experiencing any pain.					
3. Wait after performing each step or task for patient to prepare for next one.					
4. Move slowly, without jerky or quick motions.					
5. Use instruments with confidence.					
6. Avoid saying things like, "This won't hurt" when it will hurt or, "I'm almost done" when you're not.					
7. Talk with the patient throughout the procedure.					

**LEARNING GUIDE FOR POSTABORTION FAMILY PLANNING  
COUNSELING SKILLS**  
(To be used by the **Learner**)

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

- 1 Needs Improvement:** Step or task not performed correctly or out of order (if necessary) or is omitted
- 2 Competently Performed:** Step or task performed correctly in correct order (if necessary) but learner does not progress from step to step efficiently
- 3 Proficiently Performed:** Step or task efficiently and precisely performed in the correct order (if necessary)

<b>LEARNING GUIDE FOR POSTABORTION FAMILY PLANNING COUNSELING SKILLS</b>					
<b>STEP/TASK</b>	<b>CASES</b>				
<b>INITIAL INTERVIEW</b>					
1. Greet woman respectfully and with kindness.					
2. Assess whether counseling is appropriate at this time (if not, arrange for her to be counseled at another time).					
3. Assure necessary privacy and confidentiality.					
4. Use effective interpersonal communication: <ul style="list-style-type: none"> <li>• Two-way communication</li> <li>• Listening</li> <li>• Includes non-verbal communication</li> </ul>					
5. Encourage patient to talk (e.g., ask questions, express feelings).					
6. Obtain biographic information (name, address, etc.).					
7. Ask if she was using contraception before she became pregnant. If she was, find out if she: <ul style="list-style-type: none"> <li>• Used the method correctly</li> <li>• Discontinued use</li> <li>• Had any trouble using the method</li> <li>• Has any concerns about the method</li> </ul>					

**LEARNING GUIDE FOR POSTABORTION FAMILY PLANNING**  
**COUNSELING SKILLS**

STEP/TASK	CASES				
8. Provide general information about family planning and identify individual needs.					
9. Explore any attitudes or religious beliefs that either favor or rule out one or more methods.					
10. Give the woman information about the contraceptive choices available that are appropriate for her, and the benefits and limitations of each: <ul style="list-style-type: none"> <li>• Show where and how each is used</li> <li>• Explain how the method works and its effectiveness</li> <li>• Explain possible side effects and other health problems</li> <li>• Explain the common side effects</li> </ul>					
11. Discuss the patient's needs, concerns and fears in a thorough and sympathetic manner.					
12. Help the patient begin to choose an appropriate method.					
<b>SCREENING</b>					
1. Screen the patient carefully to make sure there is no medical condition that would be a problem (completes Patient Screening Checklist).					
2. Explain potential side effects and make sure that each is fully understood.					
3. Perform further evaluation (physical examination), if indicated. (Non-medical counselors must refer patient for further evaluation.)					
4. Discuss what to do if the patient experiences any side effects or problems.					
5. Provide followup visit instructions.					
6. Assure patient she can return to the same clinic at any time to receive advice or medical attention.					
7. Ask the patient to repeat instructions.					
8. Answer patient questions.					

# CHECKLISTS FOR POSTABORTION CARE CLINICAL SKILLS AND FAMILY PLANNING COUNSELING SKILLS

## USING THE CHECKLISTS FOR PRACTICE

The **Checklist for Postabortion Care Clinical Skills** and the **Checklist for Family Planning Counseling Skills** are based on the information provided in the learning guides. As the learner progresses through the course and gains experience, dependence on the detailed learning guides decreases and the checklist may be used in their place. The checklist focuses only on the key steps in the **entire** procedure, and can be used by the learner when providing services in a clinical situation, to rate her/his own performance. These checklists that the learner uses for practice are the same as the checklists that the clinical trainer will use to evaluate the learner's performance at the end of the course. The rating scale used is described below:

**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

## CHECKLIST FOR POSTABORTION CARE *CLINICAL SKILLS*

(To be used by the **Learner** for practice and by the **Trainer** at the end of the course)

Place a “✓” in case box if step/task is performed satisfactorily, an “X” 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 or task or skill not performed by learner during evaluation by clinical trainer

<b>CHECKLIST FOR POSTABORTION CARE <i>CLINICAL SKILLS</i></b>					
<b>STEP/TASK</b>	<b>CASES</b>				
<b>GETTING READY</b>					
1. Tell patient what is going to be done and encourage her to ask questions.					
2. Tell patient she may feel discomfort during some of the steps and that you will tell her in advance.					
3. Check that patient has thoroughly washed her perineal area and has recently emptied her bladder.					
4. Determine that required equipment and sterile or high-level disinfected instruments and cannulae are present.					
5. Check MVA syringe and charge it (establishes vacuum).					
6. Put on apron, wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.					
7. Put new examination or sterile or high-level disinfected gloves on both hands.					
8. Arrange sterile or high-level disinfected instruments on sterile tray or in high-level disinfected container.					
<b>MVA PROCEDURE</b>					
1. Explain each step of the procedure prior to performing it.					
2. Perform bimanual pelvic examination to confirm uterine size, position and degree of cervical dilation.					
3. Check the vagina and cervix for tissue fragments and remove them.					

<b>CHECKLIST FOR POSTABORTION CARE <i>CLINICAL SKILLS</i></b>					
<b>STEP/TASK</b>	<b>CASES</b>				
4. Apply antiseptic solution two times to the cervix (particularly the os) and vagina.					
5. Put tenaculum or vulsellum forceps on posterior lip of cervix.					
6. Correctly administer paracervical block (if necessary).					
7. Dilate the cervix (if needed).					
8. While holding the cervix steady, insert the cannula gently through the cervix into the uterine cavity.					
9. Attach the prepared syringe to the cannula by holding the end of the cannula in one hand and the syringe in the other.					
10. Evacuate contents of the uterus by rotating the cannula and syringe and moving the cannula gently and slowly back and forth within the uterine cavity.					
11. Inspect tissue removed from uterus and ensure it is POC.					
12. When the signs of a complete procedure are present, withdraw the cannula and MVA syringe and remove forceps or tenaculum and speculum.					
13. Perform bimanual examination to check size and firmness of uterus.					
14. Re-insert speculum and check for bleeding.					
15. If uterus is still soft or bleeding persists, repeat steps 4–11.					
<b>POST-MVA TASKS</b>					
1. Before removing gloves, dispose of waste materials and soak instruments and MVA items in 0.5% chlorine solution for 10 minutes for decontamination.					
2. Immerse both gloved hands in 0.5% chlorine solution and remove gloves by turning inside out. <ul style="list-style-type: none"> <li>• If disposing of gloves, place in leakproof container or plastic bag.</li> <li>• If reusing surgical gloves, submerge in 0.5% chlorine solution for 10 minutes for decontamination.</li> </ul>					
3. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.					

<b>CHECKLIST FOR POSTABORTION CARE <i>CLINICAL SKILLS</i></b>				
<b>STEP/TASK</b>	<b>CASES</b>			
4. Check for amount of bleeding and if cramping has decreased at least once before discharge.				
5. Instruct patient regarding postabortion care (e.g., when patient should return to clinic).				
6. Discuss reproductive goals and, as appropriate, provide family planning.				

## CHECKLIST FOR POSTABORTION FAMILY PLANNING *COUNSELING SKILLS*

(To be used by the **Learner** for practice and by the **Trainer** at the end of the course)

Place a “✓” in case box if step/task is performed satisfactorily, an “X” 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 or task or skill not performed by learner during evaluation by clinical trainer

<b>CHECKLIST FOR POSTABORTION FAMILY PLANNING</b>					
<i>COUNSELING SKILLS</i>					
<b>STEP/TASK</b>	<b>CASES</b>				
<b>INITIAL INTERVIEW</b>					
1. Greet woman respectfully and with kindness.					
2. Assess whether counseling is appropriate at this time (if not, arrange for her to be counseled at another time).					
3. Assure necessary privacy.					
4. Obtain biographic information (name, address, etc.).					
5. Ask if she was using contraception before she became pregnant. If she was, find out if she: <ul style="list-style-type: none"> <li>• Used the method correctly</li> <li>• Discontinued use</li> <li>• Had any trouble using the method</li> <li>• Has any concerns about the method</li> </ul>					
6. Provide general information about family planning.					
7. Explore any attitudes or religious beliefs that either favor or rule out one or more methods.					

## CHECKLIST FOR POSTABORTION FAMILY PLANNING

### *COUNSELING SKILLS*

STEP/TASK	CASES				
8. Give the woman information about the contraceptive choices available and the risks and benefits of each: <ul style="list-style-type: none"> <li>• Show where and how each is used</li> <li>• Explain how the method works and its effectiveness</li> <li>• Explain possible side effects and other health problems</li> <li>• Explain the common side effects</li> </ul>					
9. Discuss patient's needs, concerns and fears in a thorough and sympathetic manner.					
10. Help patient begin to choose an appropriate method.					
<b>PATIENT SCREENING</b>					
1. Screen patient carefully to make sure there is no medical condition that would be a problem (completes Patient Screening Checklist).					
2. Explain potential side effects and make sure that each is fully understood.					
3. Perform further evaluation (physical examination), if indicated. (Non-medical counselors must refer patient for further evaluation.)					
4. Discuss what to do if the patient experiences any side effects or problems.					
5. Provide followup visit instructions.					
6. Assure patient she can return to the same clinic at any time to receive advice or medical attention.					
7. Ask the patient to repeat instructions.					
8. Answer patient's questions.					

