Postabortion Care
Individual Learning Package

Supervisor’s Guide

May 2002
JHPIEGO, an affiliate of The Johns Hopkins University, builds global and local partnerships to enhance the quality of health care services for women and families around the world. JHPIEGO is a global leader in the creation of innovative and effective approaches to developing human resources for health.

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JHPIEGO Corporation
May 2002
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.

<table>
<thead>
<tr>
<th>Skill Acquisition</th>
<th>Knows the steps and their correct order (if necessary) to perform the required skill or activity but <strong>needs help</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill Competency</td>
<td>Knows the steps and their correct order (if necessary) and <strong>can perform</strong> the required skill or activity</td>
</tr>
<tr>
<td>Skill Proficiency</td>
<td>Knows the steps and their correct order (if necessary) and <strong>efficiently performs</strong> the required skill or activity</td>
</tr>
</tbody>
</table>

**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

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® 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 verhackaine 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
- Orient 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
  - Orient 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


● 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, 9½”) (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)

* 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 cervices and abnormal cervices
- 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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>2</td>
</tr>
</tbody>
</table>
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 cervices with patent os for IUD insertion/ removal 4

Extra cervices 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.
SUPERVISOR ACTIVITIES

ROLES AND RESPONSIBILITIES OF THE SUPERVISOR

The supervisor helping to establish and maintain postabortion care services will be responsible for:

- Identifying and preparing PAC individual learning course training sites
- Preparing PAC service sites that are sending learners to individual learning courses
- Orienting site personnel to both PAC services and the individual learning course
- Conducting supportive supervisory visits to monitor progress of the training and the learner, and to monitor that training standards are being followed
- Providing supportive supervision to providers after training, to help establish and support services and reinforce training
- Communicating with the national PAC coordinator
- Evaluating PAC individual learning courses in the region or district
- Representing and being an advocate for the site, PAC services, individualized learning approaches, the trainers and the learners from the district/regional level to the national level

Any institution, public or private, that wishes to provide PAC individualized learning must meet the same criteria for selection as a PAC individual learning course site, and will be supervised by the same supervisory system.
IDENTIFICATION AND PREPARATION OF PAC INDIVIDUAL LEARNING COURSE SITES

To establish and expand PAC services, it is essential to have training sites for PAC individual learning courses. The supervisor preparing a PAC individual learning course site will:

! Identify potential PAC individual learning course training sites.

! Meet with site administration to discuss the possibilities of using their site for this training and discuss the process for choosing a site.

! Use the individual learning course site selection criteria presented in this Supervisor’s Guide to assess the site for appropriateness (e.g., infrastructure; infection prevention practices; equipment and supplies; staffing; family planning and PAC services being offered, including emergency management of postabortion complications; linkages with other reproductive health services). See the Continuous Assessment Form for PAC Individual Learning Course Site on pages 47–52.

! Share the assessment with the site administration, and reach one of the following conclusions:
  - Site is appropriate as is.
  - Site is appropriate but requires certain changes to meet selection criteria.
  - Site is not appropriate and will not be used.

! Based on the site assessment, arrange for strengthening the site to become an individual learning course site as necessary:
  - Improve/standardize infection prevention practices.
  - Improve/standardize family planning (counseling and method provision skills).
  - Improve/standardize interpersonal communication skills and practices.
• Improve/standardize linkages to other reproductive health services (sexually transmitted infections, HIV, cervical cancer screening).

$ Improve/standardize PAC services (organization, patient flow, MVA skills) and ensure that the necessary changes have been made before beginning the training.

! Provide input into trainer selection. When a trainer has been selected, ensure that the trainer meets the selection criteria.

! Using the list of responsibilities of the trainer presented in this Supervisor’s Guide, identify any updates needed for the potential trainer and arrange for the trainer to be trained as a clinical trainer familiar with PAC individualized learning.

! The trainer, with the support of the PAC individual learning course administrator, should be delegated to ensure that site preparations are done before arrival of the learner. If there are any difficulties, the supervisor can be involved to help find solutions.

! When appropriate, provide input into learner selection. When a learner has been identified, ensure that the learner meets the selection criteria.

PREPARATION OF PAC SERVICE SITES SENDING LEARNERS TO PAC INDIVIDUAL LEARNING COURSE SITES

Many potential or actual PAC service sites do not have sufficient client flow to become PAC individual learning course sites, but their staff need PAC training. The supervisor will play a major role in helping to establish PAC service sites. One of the key steps in establishing or strengthening PAC services at these sites will be to ensure that appropriate providers receive training. To prepare PAC service sites sending learners for training at PAC individual learning course sites, the supervisor will:

! Identify peripheral sites that meet the criteria for a PAC service site that could fit into the individualized learning system.
Discuss the PAC Individual Learning Program with site administrators and staff at both the PAC service site and the PAC individual learning course site to assure their collaboration and participation.

Select appropriate provider(s) from the site (note: include site administration in selection).

Before starting the individual learning course, arrange for/conduct preliminary onsite strengthening of services as necessary:

- Improve/standardize infection prevention practices.
- Improve/standardize family planning counseling and method provision skills.
- Improve/standardize interpersonal communications skills and practices.
- Improve/standardize linkages to other reproductive health services (sexually transmitted infections, HIV, cervical cancer screening).
- If the PAC services exist, prepare to improve/standardize them (organization, patient flow, MVA skills). If the services do not exist, plan and prepare for the introduction of PAC services and ensure that the necessary changes have been made before beginning the training.

Schedule the training, working with both the individual learning course site (trainers and site administrators) and the service site (learner and administrator).

Ensure training takes place and help overcome any problems or obstacles.

Provide periodic support and supervision of the PAC individual learning course to assure quality of training.
Visit the service site as soon as the PAC individual learning course is completed to work with provider site administrators/staff to establish PAC services.

Assess PAC provider sites for potential use as a future individual learning course site.

**ORIENTATION OF SITE PERSONNEL**

**Orientation to PAC Individualized Learning at the Training Site**

An individual learning course has an impact on everyone working at the site including clinical staff, administrators, cleaners, clerks and general workers. With this in mind, it is important that all staff know about the individual learning course. One of the roles of the supervisor is to orient all staff to the course. This orientation not only prevents confusion about the course, but helps all staff support the training process.

A site orientation can be conducted for the entire staff at one time or may be done several times for smaller groups. The supervisor may wish to meet with small groups of workers from specific areas (e.g., clerks) so that specific questions applicable to that group can be answered at the same time.

During site orientation, the supervisor should explain several items. Information for these items can be found in the various sections of this [Supervisor’s Guide](#) and include:

- Stating the purpose of the individual learning course and stressing the benefits to the site
- Introducing the individual learning course trainer
- Explaining the roles of the individual learning course trainer, learner and supervisor
! Reviewing the criteria for selecting individual learning course sites, learners and trainers

! Reviewing strengthening activities necessary for site preparation

! Discussing the role of all site staff in supporting the training process

! Stressing that services should continue as normal during training, while pointing out that there will be times when the trainer and the learner will need to have time to work together

! Describing selected individual learning course activities (e.g., working with anatomic models, conducting role plays, observing the trainer)

! Describing the requirements for qualification (e.g., knowledge and skill assessments, presentation of a statement of qualification)

Orientation to PAC Services (at Both Individual Learning Course Training Sites and Other PAC Service Sites)

PAC services may be new to some or all of the staff. The supervisor should orient site staff to PAC services in order to create awareness and support for the services provided. Suggestions for orienting site staff include:

! Schedule a meeting with all staff at the site.

! Emphasize the importance of various departments in supporting the training course (e.g., stock keeping, pharmacy, stores, laundry, sterilization, etc.).

! Discuss the fact that 15% of all recognized pregnancies end in spontaneous abortion (miscarriage) and describe that PAC services are not services for termination of pregnancy, that the woman requiring PAC services has already had an abortion (miscarriage) and has the same rights to quality and comprehensive services as any other person presenting for care.
Discuss country-specific morbidity and mortality statistics related to abortion, and how PAC services can help in reducing these.

Describe that PAC services are comprehensive and include:

- Emergency treatment of incomplete abortion and potentially life-threatening complications
- Postabortion family planning counseling and services
- Links between postabortion emergency services and the reproductive healthcare system

CONDUCTING SUPERVISORY VISITS DURING INDIVIDUALIZED LEARNING

One of the supervisor’s major responsibilities is to visit the individual learning course site. During supervisory visits, the supervisor will be monitoring:

- Progress of the training
- Progress of the learner
- Training standards

Monitor Progress of the Training

Set up periodic visits to:

- Monitor learner progress: How long did it take for the learner to finish the individual learning course? Is work progressing in a paced and regular manner? (Check dates of trainer signoffs.)

- Assess the appropriateness of training topics/sequence: How did the training sequence work for this particular individual learning course site? Did the learner have problems with a particular chapter, practical exercise, trainer-learner exercise, etc.?

- Implementation problems: Are there problems with supplies or equipment, or other site problems, which hinder effective individualized learning?
Service delivery: What effect did this course have on service delivery? What strategies has the clinic used to minimize disruptions?

During supervisory visits, you can gather information about how the training is progressing in your discussions with the individual learning course trainer and learner.

**Monitor Progress of the Learner**

To monitor progress of the learner:

- Administer the final knowledge assessment to ensure that the learner has mastered the content in the reference manual.

- Review the case management notes in the Learner’s Guide to examine the kinds of patients the learner has been able to see.

- Discuss results with the trainer and learner and discuss plans to meet identified needs.

- Review the Training Review Sheet, which summarizes the learner’s experiences in the individual learning course.

- Indicate to the learner when competency is achieved and s/he is qualified as a PAC provider.

**Monitoring Training Standards**

Set up periodic visits to:

- Meet with the site administration to talk about training progress, review what observations and decisions were made at the last visit, and what progress has been made based on those decisions (see Continuous Assessment Form for PAC Individual Learning Course Site and form for Interview with the Administrator).
Meet with the trainer to discuss how s/he feels about the training, if there are particular challenges or needs, or if there are ways in which the supervisor can help with the training (see Interview with the Trainer form). If necessary, the supervisor can arrange for links with a master trainer, to assist the trainer with any training challenges.

Interview the learner whenever possible (see Interview with the Learner form). Focus on both the positive aspects of training as well as areas where the individual learning course could be improved.

Discuss training progress with trainer and learner.

Identify any technical or training updates or other assistance needed by the trainer.

Reevaluate appropriateness of the site at each visit, referring to site selection criteria (see Continuous Assessment Form for PAC Individual Learning Course Site).

At the end of each supervisory visit, meet with the site administration to share findings of training progress and the site assessment, and arrange for strengthening the site to remain an individual learning course site. As needed, improve or standardize:

- Infection prevention practices
- Family planning (counseling and method provision skills)
- Interpersonal communications skills and practices
- Linkages to other reproductive health services (sexually transmitted infections, HIV, cervical cancer screening)
- PAC services (organization, patient flow, MVA skills)

The supervisor will ideally be making at least three site visits in order to ensure that the individual learning course is a success. The first visit is for preparation. The second visit will take place in the middle of the training, when the supervisor will assess progress of the training. The third visit will take place at the end of the course and involves
administering the final knowledge assessment. The supervisor will also review the skill assessment records maintained by the trainer as well as the case management notes and course outline signatures in order to make a decision regarding the qualification of the learner.

In addition to the three required visits, the supervisor is encouraged to make other visits as time permits. Any supervisory visits should be used to:

- Discuss the individual learning course with the trainer.
- Observe and talk with the learner.
- Talk with the site administrator and other site staff.
- Observe and talk with healthcare providers who have attended either individualized learning or traditional, group-based training courses to determine how they are applying their skills.
- Collect or review data or records (e.g., monthly report forms, records of skill assessments completed by the trainer, Training Review Sheet completed by learners).
- Provide or arrange for any technical assistance needed by the trainer.
- Provide support for the learner and trainer.
- Check on supplies and equipment.

Suggestions for conducting site visits:

- Schedule visits in advance. This will help you avoid problems such as arriving and finding that the staff you need to see are not available.
- Notify the trainer in advance if possible.
- Arrive early so you can maximize your visitation time.
Bring any materials, supplies, forms, articles or other items you feel would be of interest to the trainer, learner and site staff.

Try to visit all of the key people at the site.

Be positive about individualized learning.

Whenever appropriate, provide as much positive feedback as possible concerning the work of the learner and trainer.

Review the learner’s progress in moving through the individual learning course.

Discuss any problems the trainer or learner is experiencing.

Visit areas where problems have been identified (e.g., supplies, sterilizing unit, pharmacy).

Discuss any information received from the national PAC coordinator with the trainer and/or learner (as appropriate).

CONDUCTING SUPERVISION OF PAC SERVICE SITES

Support PAC providers and site administrators in providing quality PAC services.

Reinforce training content through observation and provision of positive feedback and suggestions for improvement.

Help resolve difficulties and overcome obstacles.
COMMUNICATING WITH THE NATIONAL PAC COORDINATOR

The supervisor will communicate periodically with the national PAC coordinator. The supervisor and coordinator may be in communication for several reasons:

- Discussing individual learning course successes and challenges
- Reviewing data related to the number of trainers active and the number of providers trained
- Determining if additional individual learning course sites or trainers should be developed
- Reviewing possible changes to the individual learning course learning materials
- Looking at national-level data related to PAC
- Discussing the expansion of the PAC Individual Learning Program to include other reproductive health skills

Suggestions for communicating with the coordinator:

- Try to communicate on a regular basis.
- Keep the coordinator aware of the individual learning course activities taking place within the area being supervised.
- The information sent to and received from the coordinator should also be communicated to the individual learning course trainer.

**Note:** Feedback consists not just in submitting data and reports to the coordinator, but also in giving feedback and positive reinforcement to the trainers and learners. Therefore, the job of effective communication for the supervisor is to receive reports and feedback from the trainers; to give reports and feedback to the national coordinator and to give feedback and positive reinforcement to the individual learning course trainer.
Reports and feedback to the national coordinator should be submitted regularly, at least once every quarter.

Where possible, reports should fit in with current existing reporting systems.

EVALUATING THE INDIVIDUAL LEARNING COURSE IN YOUR AREA

As more sites within your area of responsibility have individual learning courses available, you will be better able to see the effect of the approach and be able to evaluate it. There are several ways to evaluate individual learning courses:

Service Provision:

- Facility case fatality rates from abortion-related causes
- Delay in starting treatment for emergencies
- Number of inpatient days spent (bed occupancy)
- Number of repeat abortions
- Number of women protected from conception in the immediate postabortion period
- Number of women appropriately referred to other reproductive health services
- Number of postabortion complications
- Cost for care of women receiving postabortion services
Learner:

! Number of new learners providing PAC services.

! Proportion of learners qualified (of all who entered PAC individual learning courses). Does the self-paced nature of the course inhibit some healthcare providers from completing the training, either at a specific site or within the province generally?

! Range of training period. Is the training sequence appropriate? Does the training time decrease as the individual learning course site becomes adapted to having a learner? What is the average time to complete an individual learning course? Maximum? Minimum?

Facility:

! Number of facilities equipped and providing PAC individual learning courses

! Proportion of selected PAC individual learning course sites that still meet selection criteria

! Number of peripheral sites sending learners to PAC individual learning course sites

! Number of peripheral sites providing quality PAC services

! Number of PAC individual learning course trainers actively providing training

Over the longer term, it will be important for you to observe the general effect of individualized learning as a training approach:

! Is it being integrated into a range of service delivery sites in your area?

! Are other program coordinators asking you for information about individualized learning and how it could be applied to their particular healthcare strategies in the area?
This information, which you will use to evaluate the program in your province, will form the basis of your discussions with provincial- and national-level managers.
CONTINUOUS ASSESSMENT FORM FOR PAC INDIVIDUAL LEARNING COURSE SITE

General Note: During the tour on the first day, only gather information, do not give a lot of feedback. Include as many people from the site as possible.

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<th>AREA</th>
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<th>1st VISIT</th>
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<td>• Uses utility gloves for process (decontamination/cleaning)</td>
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<td></td>
<td>• If using, mixes bleach properly (x part bleach: x parts water) and makes new batch every 24 hrs</td>
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<td></td>
<td>• Uses protective clothing</td>
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<tr>
<td></td>
<td>• Uses bleach for decontaminating beds and spills</td>
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<td></td>
<td>• POC and wastes handled properly</td>
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<tr>
<td></td>
<td>• Washes hands</td>
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<tr>
<td>AREA</td>
<td>THINGS TO CHECK ON</td>
<td>1\textsuperscript{st} VISIT</td>
<td>COMMENTS</td>
<td>2\textsuperscript{nd} VISIT</td>
<td>COMMENTS</td>
<td>3\textsuperscript{rd} VISIT</td>
<td>COMMENTS</td>
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<tr>
<td>0.</td>
<td>Equipment available and in good condition: No. of MVA sets, blood pressure cuff, stethoscope, MVA instruments</td>
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</tbody>
</table>
| 0.   | Medication available:  
  - Pain management  
  - Antibiotics  
  - Oxytocics  
  - IV sets and fluids | | | | | | |
| 0.   | Resuscitation equipment and medications:  
  - Suction  
  - Oxygen  
  - Emergency medications | | | | | | |
<p>| 0.   | Consumables available and in adequate supplies | | | | | | |
| 0.   | Guidelines used for pain management (verbal anesthesia, etc.) | | | | | | |
| 0.   | Guidelines used by health workers for MVA procedure | | | | | | |
| 0.   | General cleanliness | | | | | | |</p>
<table>
<thead>
<tr>
<th>AREA</th>
<th>THINGS TO CHECK ON</th>
<th>1st VISIT</th>
<th>COMMENTS</th>
<th>2nd VISIT</th>
<th>COMMENTS</th>
<th>3rd VISIT</th>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td>0.</td>
<td>Privacy for patients</td>
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<td>0.</td>
<td>Other</td>
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<tr>
<td>Linkages</td>
<td>Emergency services:</td>
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<td></td>
<td>• Surgery</td>
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<td></td>
<td>• Blood transfusion</td>
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<td></td>
<td>• Life support</td>
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<tr>
<td></td>
<td>• Referral systems (if necessary)</td>
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<td>0.</td>
<td>Reproductive health</td>
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<tr>
<td></td>
<td>• Infertility services</td>
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<tr>
<td></td>
<td>• Cervical cancer screening</td>
<td></td>
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<tr>
<td></td>
<td>• STI/HIV/AIDS screening and treatment</td>
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<td></td>
<td>• Other</td>
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</table>
# PLANS FOR STRENGTHENING THE PAC SITE

<table>
<thead>
<tr>
<th>AREA</th>
<th>Date</th>
<th>1ST VISIT</th>
<th>Date</th>
<th>2ND VISIT</th>
<th>Date</th>
<th>3RD VISIT</th>
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</thead>
<tbody>
<tr>
<td>Training Facilities</td>
<td></td>
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<tr>
<td>Underlying Service Standard (Family Planning, IPC)</td>
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<tr>
<td>Family Planning Services</td>
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<tr>
<td>AREA</td>
<td>Date</td>
<td>1ST VISIT</td>
<td>Date</td>
<td>2ND VISIT</td>
<td>Date</td>
<td>3RD VISIT</td>
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</tbody>
</table>

Signatures:

First Visit:
Date: __/__/____
Administrator _____________________    Supervisor _____________________    Trainer _____________________

Second Visit:
Date: __/__/____
Administrator _____________________    Supervisor _____________________    Trainer _____________________

Third Visit:
Date: __/__/____
Administrator _____________________    Supervisor _____________________    Trainer _____________________
FORM 1: INTERVIEW WITH THE ADMINISTRATOR

0. What impact has the PAC individualized learning course had on the general running of the PAC site?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

1. Is there any feedback you would like to share with the PAC Coordinator (e.g., supplies, materials, etc.)?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. What are strong points about how the PAC Individual Learning Program is running now?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

3. How, in your opinion, can the PAC Individual Learning Program be improved?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

4. What are some of the strong points of the trainer?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

5. How, in your opinion, can the trainer’s performance be strengthened?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
6. How can we help you to improve the quality of the training?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
FORM 2: INTERVIEW WITH THE TRAINER

0. Explain if and how the following methods of teaching were useful or not useful in helping you train the skills required in the individual learning course:
   - The Trainer’s Guide
     __________________________________________________________
     __________________________________________________________
     __________________________________________________________
   - Discussing case studies, role plays, videos
     __________________________________________________________
     __________________________________________________________
     __________________________________________________________
   - Demonstrating skills using models
     __________________________________________________________
     __________________________________________________________
     __________________________________________________________
   - Coaching the learner as s/he practiced the new skill
     __________________________________________________________
     __________________________________________________________
     __________________________________________________________

1. What do you feel are some of the successes of the training?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
2. What are your overall feelings about the training?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

0. How can we help you with the training?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
FORM 3: INTERVIEW WITH THE LEARNER

1. Explain if and how the following methods of teaching were useful or not useful in helping you become competent in performing the skills that were taught during the followup visit:
   • Explanation of the skill given by the trainer
     ___________________________________________________________________________
     ___________________________________________________________________________
     ___________________________________________________________________________
   • Demonstration of the skill given by the trainer
     ___________________________________________________________________________
     ___________________________________________________________________________
     ___________________________________________________________________________
   • Practicing the new skill
     ___________________________________________________________________________
     ___________________________________________________________________________
     ___________________________________________________________________________
   • Lessons given by the trainers during clinical experiences
     ___________________________________________________________________________
     ___________________________________________________________________________
     ___________________________________________________________________________

2. What are the strong points of the training?
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

3. How can we improve the training?
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
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.
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

<table>
<thead>
<tr>
<th>TIME</th>
<th>LEARNER ACTIVITIES</th>
<th>TRAINER ACTIVITIES</th>
<th>SUPERVISOR ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 2 weeks prior to the start of the training activities</td>
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</tbody>
</table>

**PREPARATION**—before a learner starts the course, the trainer should:

- Review the Trainer's Guide, Learner's Guide and course outline. Set up a training area according to the guidelines in the Trainer's Guide including materials, supplies, the anatomic model and a video player and monitor.
- Review all of the practice exercises, learning guides and checklists. If needed, practice specific skills using the anatomic model.
- Ensure that the site is appropriate and that all equipment and supplies for service provision and training are available.
- Provide the learner with the Learner's Guide and the reference manual on the first day of the course.
- PAC patients may not be available immediately, so whenever there is a PAC patient, provide an opportunity for the learner to observe.

**PREPARATION**—before a learner starts the individual learning course, the supervisor should:

- Review the Supervisor's Guide.
- Ensure that the site is appropriate and that all equipment and supplies for service provision and training are available.
- Meet with the trainer to ensure s/he is prepared and then review the course outline. Establish a schedule to visit the site.
- Orient site staff to PAC services and to the course.
- Whenever possible, schedule periodic visits to the site during the learner’s program.
<table>
<thead>
<tr>
<th>TIME</th>
<th>LEARNER ACTIVITIES</th>
<th>TRAINER ACTIVITIES</th>
<th>SUPERVISOR ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td><strong>INTRODUCTION</strong></td>
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<tr>
<td></td>
<td>_____ Read the “Introduction” in the Learner’s Guide.</td>
<td>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.</td>
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<tr>
<td></td>
<td>____ Meet with your trainer.</td>
<td>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.</td>
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<tr>
<td></td>
<td></td>
<td>Discuss the pre- and post-training knowledge and skill assessments.</td>
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<tr>
<td></td>
<td>____ Complete the precourse questionnaire in the Learner’s Guide.</td>
<td>Administer and score the precourse questionnaire following the guidelines found in the Trainer’s Guide. Discuss the results with the learner.</td>
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</tr>
<tr>
<td></td>
<td>____ Complete the precourse skill assessment (counseling).</td>
<td>Administer the precourse skill assessment for counseling. Role play with the learner as a service provider and the trainer as a patient. Use the Checklist for Postabortion Care Family Planning Counseling Skills. Discuss the results with the learner.</td>
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<tr>
<td></td>
<td>____ Complete the precourse skill assessment (pelvic examination).</td>
<td>Administer the precourse skill assessment (pelvic examination) following the guidelines found in the Trainer’s Guide. Discuss the results with the learner.</td>
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<td></td>
<td></td>
<td>When the learner has completed the knowledge and skill assessments, sign and date this section.</td>
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<tr>
<td></td>
<td><strong>Activities completed:</strong></td>
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<td></td>
<td>Trainer ____________________________ Date _____________</td>
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</table>

*Supervisor’s Guide - 63*  
*Postabortion Care Individual Learning Package*
**OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE**

<table>
<thead>
<tr>
<th>TIME</th>
<th>LEARNER ACTIVITIES</th>
<th>TRAINER ACTIVITIES</th>
<th>SUPERVISOR ACTIVITIES</th>
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</thead>
<tbody>
<tr>
<td><strong>Day 2</strong></td>
<td><strong>POSTABORTION CARE</strong></td>
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<tr>
<td></td>
<td>_____ <strong>Read Chapter 1: Postabortion Care</strong> in <em>Postabortion Care: A Reference Manual for Improving Quality of Care</em>. Note that all chapters to be read are in the reference manual.</td>
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<tr>
<td></td>
<td>_____ Complete Practice Exercises #1 and #2. Note that all practice exercises are in the Learner's Guide.</td>
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<td></td>
<td>_____ Meet with your trainer to review your responses to Practice Exercises #1 and #2.</td>
<td>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.</td>
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<td></td>
<td><strong>Activities completed:</strong></td>
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<td></td>
<td>Trainer __________________________ Date ____________</td>
<td>When the exercises have been completed, sign and date this section.</td>
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<tr>
<td><strong>Days 3–4</strong></td>
<td><strong>TALKING WITH PATIENTS</strong></td>
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<td></td>
<td>_____ <strong>Read Chapter 2: Talking with Patients</strong>.</td>
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<td></td>
<td>Watch the video <em>Put Yourself in Her Shoes</em>.</td>
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<td></td>
<td>_____ Complete Practice Exercises #3 and #4.</td>
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<tr>
<td>TIME</td>
<td>LEARNER ACTIVITIES</td>
<td>TRAINER ACTIVITIES</td>
<td>SUPERVISOR ACTIVITIES</td>
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<td>____ Meet with your trainer to review your responses to Practice Exercises #3 and #4.</td>
<td>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.</td>
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<tr>
<td></td>
<td>Activities completed:</td>
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<td>Trainer __________________________ Date ____________</td>
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<tr>
<td>Days 5–6</td>
<td><strong>INFECTION PREVENTION</strong></td>
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<td></td>
<td>____ Read Chapter 4: Infection Prevention. Watch the video Infection Prevention for Family Planning Service Programs.</td>
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<td></td>
<td>____ Complete Practice Exercises #5 and #6.</td>
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<tr>
<td></td>
<td>____ Meet with your trainer to discuss Practice Exercises #5 and #6.</td>
<td>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.</td>
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<td></td>
<td>Activities completed:</td>
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<td>Trainer __________________________ Date ____________</td>
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<tr>
<td>Days 7–10</td>
<td><strong>INITIAL ASSESSMENT</strong></td>
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<td></td>
<td>____ Read Chapter 3: Initial Assessment.</td>
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<td></td>
<td>____ Read Appendix A: Assessment and Treatment of Complications. Note that all appendices are in the reference manual.</td>
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<tr>
<td>TIME</td>
<td>LEARNER ACTIVITIES</td>
<td>TRAINER ACTIVITIES</td>
<td>SUPERVISOR ACTIVITIES</td>
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<td></td>
<td>Review Appendix B: General Principles of Emergency Postabortion Care.</td>
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<td>Review Appendix C: Sample Referral Form: Postabortion Complications.</td>
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<td>Review Appendix G: Essential Drugs For Emergency Postabortion Care.</td>
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<td></td>
<td>Review the first two sections (Initial Assessment and Medical Evaluation) of the Learning Guide for Postabortion Care Clinical Skills in the Learner's Guide. Note that all learning guides are in the Learner's Guide.</td>
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<td>Complete Practice Exercise #7.</td>
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<td></td>
<td>Meet with your trainer to review your answers to Practice Exercise #7.</td>
<td>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.</td>
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<tr>
<td>TIME</td>
<td>LEARNER ACTIVITIES</td>
<td>TRAINER ACTIVITIES</td>
<td>SUPERVISOR ACTIVITIES</td>
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| _____ | 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 **Learning Guide for Postabortion Care Clinical Skills**. Continue to practice these important skills whenever you have time. | 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 **Learning Guide for Postabortion Care Clinical Skills**. 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.  

**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.  

**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. |
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<th>SUPERVISOR ACTIVITIES</th>
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<td></td>
<td>Arrange to observe your trainer performing PAC patient assessments until you feel comfortable with the procedure. Refer to the first two sections of the Learning Guide for Postabortion Care Clinical Skills. Complete case management notes for each patient observed. Note that the case management notes are in the Learner’s Guide and will be reviewed by your trainer and the supervisor. Note that PAC patients may not be immediately available so that you should continue with your individual study and complete these observations when possible.</td>
<td>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. 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.</td>
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<td></td>
<td>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 Checklist for Postabortion Care Clinical Skills. 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 that you should continue with your individual study and complete these patient procedures when possible.</td>
<td>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 Checklist for Postabortion Care Clinical Skills. 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.</td>
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Activities completed:

Trainer ______________________ Date _______________

When all activities are satisfactorily completed, sign and date this section.
# OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE

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<tr>
<td>Days 11–13</td>
<td><strong>PAIN MANAGEMENT</strong></td>
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<td>_____ Read Chapter 5: Pain Management.</td>
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<td>_____ Review Appendix E: Use of Medications for Pain.</td>
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<td>_____ Review the pain management section of Appendix B: General Principles of Emergency Postabortion Care.</td>
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<td></td>
<td>_____ Review the Administering Paracervical Block section of the Learning Guide for Postabortion Care Clinical Skills.</td>
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<td></td>
<td>_____ Complete Practice Exercise #8.</td>
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<td></td>
<td>_____ Meet with your trainer to review your answers to Practice Exercise #8.</td>
<td>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.</td>
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<td>_____ 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 Learning Guide for Verbal Anesthesia. Continue to practice this important skill whenever you interact with patients.</td>
<td>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 Learning Guide for Verbal Anesthesia. 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.</td>
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### OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE

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<tr>
<td></td>
<td>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 <em>Learning Guide for Postabortion Care Clinical Skills</em>. Continue to practice this important skill whenever you have time.</td>
<td>Demonstrate to your learner the procedure for administering paracervical block using the anatomic model. Follow the steps in the <em>Learning Guide for Postabortion Care Clinical Skills</em>. 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.</td>
<td>Activities completed:&lt;br&gt;Trainer _________________________ Date ____________&lt;br&gt;When all activities are satisfactorily completed, sign and date this section.</td>
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<tr>
<td>Days 14-16</td>
<td><strong>TREATMENT OF INCOMPLETE ABORTION</strong></td>
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<tr>
<td>______</td>
<td>Read Chapter 6: Treatment of Incomplete Abortion.</td>
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<td>______</td>
<td>Read Appendix F: Equipment and Supplies Needed for MVA.</td>
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<td>______</td>
<td>Read Appendix H: Precautions for Performing MVA.</td>
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<tr>
<td>______</td>
<td>Read Appendix I: Preparing Instruments for MVA.</td>
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<tr>
<td>______</td>
<td>Read Learning Guide for Postabortion Care Clinical Skills.</td>
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<td>TIME</td>
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<tr>
<td>_____</td>
<td>Watch the video entitled <em>Postabortion Care Services: Use of Manual Vacuum Aspiration and Recommended Practices for Processing MVA Instruments</em>.</td>
<td>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.</td>
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<tr>
<td>_____</td>
<td>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.</td>
<td>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.</td>
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<td>_____</td>
<td>Arrange for your trainer to demonstrate through role play the MVA procedure using the anatomic model. Refer to your learning guide during the demonstration.</td>
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<tr>
<td>_____</td>
<td>Arrange to observe your trainer performing MVA procedures with patients until you feel comfortable with the procedure. Refer to the <em>Learning Guide for Postabortion Care Clinical Skills</em>. Complete case management notes for each patient observed. Note that PAC patients may not be immediately available so you should continue with your individual study and complete these observations when possible.</td>
<td>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. 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.</td>
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## OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE

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<tr>
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<tbody>
<tr>
<td>Days 17–24</td>
<td><strong>MANAGEMENT OF PROBLEMS AND COMPLICATIONS DURING MVA</strong></td>
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<tr>
<td></td>
<td>_____ Read Chapter 7: Management of Problems and Complications During MVA.</td>
<td>When the learner is competent on models, sign and date this section.</td>
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<tr>
<td></td>
<td>_____ Read Appendix A: Assessment and Treatment of Complications.</td>
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<td>_____ Read Appendix H: Precautions for Performing MVA.</td>
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<td>_____ Complete Practice Exercise #9.</td>
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<td>_____ Meet with your trainer to review your answers to Practice Exercise #9.</td>
<td>Meet with your learner to review Practice Exercise #9.</td>
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<td>_____ Perform MVA procedures with patients until you feel competent. Be sure to</td>
<td>Arrange for your learner to perform MVA procedures with patients. Be sure the</td>
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<td>complete the patient records. Your trainer will observe, coach and provide feedback using the Checklist for Postabortion Care Clinical Skills. 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.</td>
<td>complete the patient records. You will observe, coach and provide feedback using the Checklist for Postabortion Care Clinical Skills. 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.</td>
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<td>____</td>
<td>Complete Case Management Notes for each patient you work with. The form for your Case Management Notes can be found in the Learner’s Guide.</td>
<td>Meet with your learner to discuss her/his cases and to review the Case Management Notes.</td>
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<tr>
<td>Activities completed:</td>
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<td>When all activities are satisfactorily completed, sign and date this section.</td>
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<td>Trainer ________________________ Date ______________</td>
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Days 25–28

**POSTABORTION FAMILY PLANNING**

<p>| ____ | Read Chapter 9: Postabortion Family Planning. | | |
| ____ | Read Learning Guide for Postabortion Family Planning Counseling Skills. | | |
| ____ | Watch video entitled GATHER, review Put Yourself in Her Shoes video. | | |
| ____ | Complete Practice Exercise #10. | | |
| ____ | Complete Practice Exercise #11 with your trainer. | 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>
<table>
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<tr>
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<th>SUPERVISOR ACTIVITIES</th>
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</table>
| ____ | Arrange to observe your trainer performing postabortion counseling sessions with patients until you feel comfortable with the procedure. Refer to the *Learning Guide for Postabortion Family Planning Counseling Skills*. Complete case management notes for each patient observed.  
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.                                                                                                                                                                                                                                                                                     | 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.  
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.                                                                                                                                                                                                                   |                      |
| ____ | Perform several postabortion counseling sessions with patients. Be sure to complete the patient records. Your trainer will observe, coach and provide feedback using the *Checklist for Postabortion Family Planning Counseling Skills*. 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.  
Note that patients may not be immediately available, so you should continue with your individual study and complete these patient procedures when possible. Observe and practice family planning counseling and services with family planning patients.                                                                                                                                                     | 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 *Checklist for Postabortion Family Planning Counseling Skills*. 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. |                      |
| ____ | Complete Case Management Notes for each patient you work with. The form for your Case Management Notes can be found in the *Learner’s Guide*.                                                                                                                                                                                                                                                                                                                                                                                                             | Meet with your learner to discuss her/his cases and to review the Case Management Notes.                                                                                                                                                                                                                                                                                                                                                                           |                      |
## OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE

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<tbody>
<tr>
<td>Days 29–30</td>
<td>PROCESSING MVA EQUIPMENT AND OTHER ITEMS</td>
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<td>_____</td>
<td>Read Chapter 8: Processing MVA Equipment and Other Items.</td>
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<td>_____</td>
<td>Read Appendix D: Processing Surgical Gloves.</td>
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<td>_____</td>
<td>Read the instrument processing section of the Learning Guide for Postabortion Care Clinical Skills.</td>
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<td></td>
<td>Watch the video Infection Prevention for Family Planning Service Programs.</td>
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<td>_____</td>
<td>Complete Practice Exercise #12.</td>
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<td>_____</td>
<td>Meet with your trainer to review your answers to Practice Exercise #12.</td>
<td>Meet with your learner to review Practice Exercise #12.</td>
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<td>_____</td>
<td>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 Learning Guide for Postabortion Care Clinical Skills.</td>
<td>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.</td>
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Activities completed: Trainer ________________________ Date ___________

When all activities are satisfactorily completed, sign and date this section.
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<td>Trainer________________________ Date ____________</td>
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<tr>
<td>Days 31–32</td>
<td><strong>ORGANISING AND MANAGING SERVICES</strong></td>
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<td>_____ Read Chapter 10: Organizing and Managing Services.</td>
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<td>_____ Complete Practice Exercise #13.</td>
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<td>_____ Meet with your trainer to review your answers to Practice Exercise #13.</td>
<td>Meet with your learner to discuss Practice Exercise #13.</td>
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<td><strong>Activities completed:</strong></td>
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<td>Trainer________________________ Date ____________</td>
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<tr>
<td>Day 33</td>
<td><strong>FINAL ASSESSMENTS</strong></td>
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<td>_____ Prepare a summary of your training experiences by completing Practice Exercise #14.</td>
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<td>_____ Meet with your trainer to review Practice Exercise #14 and to discuss your preparation for the final knowledge assessment. During this meeting, complete the PAC Individual Learning Course Evaluation Form and give it to your trainer.</td>
<td>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 PAC Individual Learning Course Evaluation Form at the end of the meeting. The completed form should be given to the Supervisor.</td>
<td>When contacted by the trainer, arrange a date for the knowledge assessment. Make a copy of the midcourse questionnaire and answer sheet.</td>
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### OUTLINE FOR POSTABORTION CARE INDIVIDUAL LEARNING COURSE

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<td>_____</td>
<td>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.</td>
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<td>Complete the final knowledge assessment and score at least 85%.</td>
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<td>TIME</td>
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<td>_____</td>
<td>Review your clinical skill assessments with your trainer and the supervisor. The supervisor will also ask you to review your case management notes and your course outline to review the dates various activities were completed.</td>
<td>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.</td>
<td>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 Training Review Sheet (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.</td>
</tr>
<tr>
<td>_____</td>
<td>Receive a statement of qualification indicating that you are qualified as a PAC Service Provider.</td>
<td>Assist with the presentation of the statement of qualification.</td>
<td>Present the statement of qualification. Send the Training Review Sheet to the national PAC coordinator.</td>
</tr>
<tr>
<td>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.</td>
<td>Periodically observe and assist the newly trained service provider as necessary.</td>
<td>Periodically observe and assist the newly trained service provider as necessary.</td>
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POST-TRAINING QUESTIONNAIRE
AND ANSWER KEY

USING THE QUESTIONNAIRE

This knowledge assessment is designed to help the learner monitor her/his progress during the course. By the end of training, the learner is expected to achieve a score of 85% or better.

The questionnaire should be given at the time during training where all subject areas have been presented. An 85% or more correct score indicates knowledge-based mastery of the material presented in the reference manual. For those scoring less than 85% on their first attempt, the clinical trainer should review the results with the learner and guide her/him on using the reference manual to learn the required information. Learners scoring less than 85% can re-take the questionnaire at any time during the remainder of training.

Repeat testing should only be done after the learner has had sufficient time to study the reference manual.
POST-TRAINING QUESTIONNAIRE

**Instructions:** Select the correct answer for each item and record your answer on the answer sheet.

**INITIAL ASSESSMENT**

1. The postabortion complication that needs to be assessed first is:
   a. uterine perforation
   b. shock
   c. severe vaginal bleeding
   d. infection/sepsis

2. The first step in conducting an initial assessment is to:
   a. check the vital signs
   b. take a complete medical history
   c. perform a bimanual examination
   d. order laboratory tests, if available

3. The best way to determine uterine size is by:
   a. looking at the cervix
   b. history of amenorrhea based on last menstrual period
   c. bimanual examination
   d. abdominal examination

4. A woman presenting with vaginal bleeding and signs and symptoms of pregnancy may have:
   a. threatened abortion
   b. incomplete abortion
   c. ectopic pregnancy
   d. all of the above
5. Infection due to incomplete abortion is indicated by:
   a. little or no abdominal pain
   b. foul-smelling vaginal discharge
   c. high blood pressure
   d. nausea/vomiting

**INFECTION PREVENTION**

6. Surgical (metal) instruments, which have been decontaminated and thoroughly cleaned, can be sterilized by:
   a. heat (autoclave or dry heat sterilizer)
   b. soaking them for 30 minutes in fresh, 1–3% iodine solution
   c. boiling them for 20 minutes
   d. exposure to ultraviolet light for 1 hour

7. Other than sterilization, the **only** acceptable alternative method for processing surgical (metal) instruments used for MVA is high-level disinfection by boiling or soaking for 20 minutes in:
   a. chlorhexidine (e.g., Savlon®)
   b. povidone iodine solution (e.g., Betadine®)
   c. 2% glutaraldehyde (e.g., Cidex®) or 8% formaldehyde
   d. all of the above

8. To minimize the risk of staff contracting hepatitis B or HIV/AIDS during the cleaning process, all instruments and other items **first** should be:
   a. rinsed in water and scrubbed with a brush before high-level disinfecting by boiling
   b. soaked in a fresh solution of 0.5% chlorine for 10 minutes for decontamination before cleaning
   c. rinsed in water and scrubbed with a brush before sterilizing
   d. soaked overnight in 8% formaldehyde
9. Cannulae are sterilized by:
   a. autoclaving for 20 minutes at 121°C
   b. dry heat sterilizing
   c. boiling in water for 20 minutes
   d. soaking in 2% glutaraldehyde for 10 hours

10. After decontamination, the MVA syringe must be:
   a. high-level disinfected
   b. sterilized
   c. cleaned
   d. discarded

**MVA PROVISION**

11. The MVA procedure is considered complete when:
   a. the walls of the uterus feel smooth
   b. the vacuum in the syringe decreases
   c. foam is visible in the syringe
   d. the uterus relaxes

12. Pain management for treatment of an uncomplicated incomplete abortion usually only requires:
   a. verbal anesthesia (vocal local) and a non-narcotic analgesic
   b. paracervical block and a non-narcotic analgesic
   c. general anesthesia
   d. verbal anesthesia (vocal local)

13. The patient should return to the clinic if she has:
   a. uterine cramping over the next few days
   b. severe or increased lower abdominal pain
   c. spotting or light vaginal bleeding
   d. all of the above
14. MVA is an effective method for treatment of incomplete abortion if the uterine size is not greater than:

   a. 8 weeks
   b. 10 weeks
   c. 12 weeks
   d. 14 weeks

15. The vacuum will be lost if:

   a. the syringe is full
   b. the cannula is withdrawn too far
   c. the uterus is perforated
   d. all of the above

**POSTABORTION FAMILY PLANNING**

16. The most important part of counseling is:

   a. providing brochures about contraceptive methods to the women for review with her partner
   b. identifying questions about using contraceptives and answering her questions
   c. obtaining formal consent for the procedure from the client
   d. describing adverse side effects to the client

17. All women receiving postabortion care need counseling to ensure that they understand:

   a. they can become pregnant again before the next menses
   b. there are safe methods to prevent or delay pregnancy
   c. where and how they can obtain family planning services and methods
   d. all of the above

18. A contraceptive method is best selected by the:

   a. woman herself
   b. doctor providing health services to the woman
   c. counselor who sees the woman
   d. woman’s husband
19. The contraceptive method not recommended for immediate use by postabortion clients is:

   a. IUD
   b. Norplant implants
   c. Natural family planning
   d. Condoms

20. After a first- or second-trimester abortion, a woman’s fertility usually returns:

   a. after 6 weeks
   b. after her first menstrual period
   c. within 2 weeks
   d. immediately
# POST-TRAINING QUESTIONNAIRE ANSWER SHEET

## INITIAL ASSESSMENT

1. ____ Learner Objectives 1 (Chapter 2)
2. ____ Learner Objectives 1 and 3 (Chapters 2 and 3)
3. ____ Learner Objective 1 (Chapters 2 and 3)
4. ____ Learner Objectives 1 and 3 (Chapters 2 and 3)
5. ____ Learner Objectives 1 and 2 (Chapters 2 and 3)

## INFECTION PREVENTION

6. ____ Learner Objective 4 (Chapters 4 and 8)
7. ____ Learner Objective 4 (Chapters 4 and 8)
8. ____ Learner Objective 4 (Chapters 4 and 8)
9. ____ Learner Objective 4 (Chapters 4 and 8)
10. ____ Learner Objective 4 (Chapters 4 and 8)

## MVA PROVISION

11. ____ Learner Objective 6 (Chapter 6)
12. ____ Learner Objective 5 (Chapter 5)
13. ____ Learner Objective 8 (Chapter 6)
14. ____ Learner Objective 6 (Chapter 6)
15. ____ Learner Objective 7 (Chapter 7)
POSTABORTION FAMILY PLANNING

16. ____ Learner Objective 9 (Chapter 9)
17. ____ Learner Objective 9 (Chapter 9)
18. ____ Learner Objective 9 (Chapter 9)
19. ____ Learner Objective 9 (Chapter 9)
20. ____ Learner Objective 9 (Chapter 9)
POST-TRAINING QUESTIONNAIRE ANSWER KEY

INITIAL ASSESSMENT

1. B Learner Objective 1 (Chapter 2)
2. A Learner Objectives 1 and 3 (Chapters 2 and 3)
3. C Learner Objective 1 (Chapters 2 and 3)
4. D Learner Objectives 1 and 3 (Chapters 2 and 3)
5. B Learner Objectives 1 and 2 (Chapters 2 and 3)

INFECTION PREVENTION

6. A Learner Objective 4 (Chapters 4 and 8)
7. C Learner Objective 4 (Chapters 4 and 8)
8. B Learner Objective 4 (Chapters 4 and 8)
9. D Learner Objective 4 (Chapters 4 and 8)
10. C Learner Objective 4 (Chapters 4 and 8)

MVA PROVISION

11. C Learner Objective 6 (Chapter 6)
12. D Learner Objective 5 (Chapter 5)
13. B Learner Objective 8 (Chapter 6)
14. D Learner Objectives 6 (Chapter 6)
15. B Learner Objective 7 (Chapter 7)
POSTABORTION FAMILY PLANNING

16. B  Learner Objective 9  (Chapter 9)

17. D  Learner Objective 9  (Chapter 9)

18. A  Learner Objective 9  (Chapter 9)

19. C  Learner Objective 9  (Chapter 9)

20. C  Learner Objective 9  (Chapter 9)
CHECKLISTS FOR POSTABORTION CARE CLINICAL SKILLS AND FAMILY PLANNING COUNSELING SKILLS

USING THE CHECKLISTS

The Checklist for Postabortion Care Clinical Skills and the Checklist for Family Planning Counseling Skills are derived from 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 are used both by the learner for practice and by the clinical trainer to evaluate the learner’s performance at the end of the course. The rating scale used is described below:

<table>
<thead>
<tr>
<th><strong>Satisfactory:</strong></th>
<th>Performs the step or task according to the standard procedure or guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unsatisfactory:</strong></td>
<td>Unable to perform the step or task according to the standard procedure or guidelines</td>
</tr>
<tr>
<td><strong>Not Observed:</strong></td>
<td>Step, task or skill not performed by learner during evaluation by trainer</td>
</tr>
</tbody>
</table>
**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

<table>
<thead>
<tr>
<th><strong>GETTING READY</strong></th>
<th><strong>CASES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP/TASK</strong></td>
<td></td>
</tr>
<tr>
<td>1. Tell patient what is going to be done and encourage her to ask questions.</td>
<td></td>
</tr>
<tr>
<td>2. Tell patient she may feel discomfort during some of the steps and that you will tell her in advance.</td>
<td></td>
</tr>
<tr>
<td>3. Check that patient has thoroughly washed her perineal area and has recently emptied her bladder.</td>
<td></td>
</tr>
<tr>
<td>4. Determine that required equipment and sterile or high-level disinfected instruments and cannulae are present.</td>
<td></td>
</tr>
<tr>
<td>5. Check MVA syringe and charge it (establishes vacuum).</td>
<td></td>
</tr>
<tr>
<td>6. Put on apron, wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.</td>
<td></td>
</tr>
<tr>
<td>7. Put new examination or sterile or high-level disinfected gloves on both hands.</td>
<td></td>
</tr>
<tr>
<td>8. Arrange sterile or high-level disinfected instruments on sterile tray or in high-level disinfected container.</td>
<td></td>
</tr>
</tbody>
</table>

**MVA PROCEDURE**

<table>
<thead>
<tr>
<th><strong>CASES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP/TASK</strong></td>
</tr>
<tr>
<td>1. Explain each step of the procedure prior to performing it.</td>
</tr>
<tr>
<td>2. Perform bimanual pelvic examination to confirm uterine size, position and degree of cervical dilation.</td>
</tr>
<tr>
<td>3. Check the vagina and cervix for tissue fragments and remove them.</td>
</tr>
<tr>
<td>STEP/TASK</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>4. Apply antiseptic solution two times to the cervix (particularly the os) and vagina.</td>
</tr>
<tr>
<td>5. Put tenaculum or vulsellum forceps on posterior lip of cervix.</td>
</tr>
<tr>
<td>6. Correctly administer paracervical block (if necessary).</td>
</tr>
<tr>
<td>7. Dilate the cervix (if needed).</td>
</tr>
<tr>
<td>8. While holding the cervix steady, insert the cannula gently through the cervix into the uterine cavity.</td>
</tr>
<tr>
<td>9. Attach the prepared syringe to the cannula by holding the end of the cannula in one hand and the syringe in the other.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>11. Inspect tissue removed from uterus and ensure it is POC.</td>
</tr>
<tr>
<td>12. When the signs of a complete procedure are present, withdraw the cannula and MVA syringe and remove forceps or tenaculum and speculum.</td>
</tr>
<tr>
<td>13. Perform bimanual examination to check size and firmness of uterus.</td>
</tr>
<tr>
<td>15. If uterus is still soft or bleeding persists, repeat steps 4–11.</td>
</tr>
</tbody>
</table>

**POST-MVA TASKS**

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Before removing gloves, dispose of waste materials and soak instruments and MVA items in 0.5% chlorine solution for 10 minutes for decontamination.</td>
<td></td>
</tr>
<tr>
<td>2. Immerse both gloved hands in 0.5% chlorine solution and remove gloves by turning inside out.</td>
<td></td>
</tr>
<tr>
<td>• If disposing of gloves, place in leakproof container or plastic bag.</td>
<td></td>
</tr>
<tr>
<td>• If reusing surgical gloves, submerge in 0.5% chlorine solution for 10 minutes for decontamination.</td>
<td></td>
</tr>
<tr>
<td>3. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.</td>
<td></td>
</tr>
<tr>
<td>4. Check for amount of bleeding and if cramping has decreased at least once before discharge.</td>
<td></td>
</tr>
<tr>
<td>STEP/TASK</td>
<td>CASES</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>5. Instruct patient regarding postabortion care (e.g., when patient should return to clinic).</td>
<td></td>
</tr>
<tr>
<td>6. Discuss reproductive goals and, as appropriate, provide family planning.</td>
<td></td>
</tr>
</tbody>
</table>
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.

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<table>
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<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INITIAL INTERVIEW</strong></td>
<td></td>
</tr>
<tr>
<td>1. Greet woman respectfully and with kindness.</td>
<td></td>
</tr>
<tr>
<td>2. Assess whether counseling is appropriate at this time (if not, arrange for her to be counseled at another time).</td>
<td></td>
</tr>
<tr>
<td>3. Assure necessary privacy.</td>
<td></td>
</tr>
<tr>
<td>4. Obtain biographic information (name, address, etc.).</td>
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</tr>
<tr>
<td>5. Ask if she was using contraception before she became pregnant. If she was, find out if she:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Used the method correctly</td>
</tr>
<tr>
<td></td>
<td>Discontinued use</td>
</tr>
<tr>
<td></td>
<td>Had any trouble using the method</td>
</tr>
<tr>
<td></td>
<td>Has any concerns about the method</td>
</tr>
<tr>
<td>6. Provide general information about family planning.</td>
<td></td>
</tr>
<tr>
<td>7. Explore any attitudes or religious beliefs that either favor or rule out one or more methods.</td>
<td></td>
</tr>
</tbody>
</table>
### CHECKLIST FOR POSTABORTION FAMILY PLANNING

#### COUNSELING SKILLS

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Give the woman information about the contraceptive choices available and the risks and benefits of each:</td>
<td></td>
</tr>
<tr>
<td>• Show where and how each is used</td>
<td></td>
</tr>
<tr>
<td>• Explain how the method works and its effectiveness</td>
<td></td>
</tr>
<tr>
<td>• Explain possible side effects and other health problems</td>
<td></td>
</tr>
<tr>
<td>• Explain the common side effects</td>
<td></td>
</tr>
<tr>
<td>9. Discuss patient’s needs, concerns and fears in a thorough and sympathetic manner.</td>
<td></td>
</tr>
<tr>
<td>10. Help patient begin to choose an appropriate method.</td>
<td></td>
</tr>
</tbody>
</table>

#### PATIENT SCREENING

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Screen patient carefully to make sure there is no medical condition that would be a problem (complete Patient Screening Checklist).</td>
<td></td>
</tr>
<tr>
<td>2. Explain potential side effects and make sure that each is fully understood.</td>
<td></td>
</tr>
<tr>
<td>3. Perform further evaluation (physical examination), if indicated. (Non-medical counselors must refer patient for further evaluation.)</td>
<td></td>
</tr>
<tr>
<td>4. Discuss what to do if the patient experiences any side effects or problems.</td>
<td></td>
</tr>
<tr>
<td>5. Provide followup visit instructions.</td>
<td></td>
</tr>
<tr>
<td>6. Assure patient she can return to the same clinic at any time to receive advice or medical attention.</td>
<td></td>
</tr>
<tr>
<td>7. Ask the patient to repeat instructions.</td>
<td></td>
</tr>
<tr>
<td>8. Answer patient’s questions.</td>
<td></td>
</tr>
</tbody>
</table>