



# Postabortion Care Training Curricula

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## Function

To prepare individuals to provide humane and compassionate delivery of PAC services consistent with a defined standard.

## TYPES OF TRAINING

### In-Service Training

- Used to introduce new practices.
- Usually conducted at the service site.
- Usually provided as group-based training.
- Difficult to offer adequate clinical experience for group-based training.
- Should not be used to institutionalize practices that become the standard of care for service delivery.

### On-the-Job Training

- Focuses on the learner at her/his practice site.
- Ensures that learning takes place under real conditions.
- Particularly effective for PAC training.
- Average time to accomplish clinical competency is four weeks (with client caseload or 4-6 clients/month).

### Pre-Service Training

- Offered in institutions of basic professional training (e.g. nursing, midwifery, medicine, clinical officers, auxiliary workers, and tutor/teacher's training institutions).
- Finance and labor-intensive investments.
- The process has impact on:
  - ▶ Entrance requirements;
  - ▶ Completion requirements;
  - ▶ Licensing requirements;
  - ▶ Deployment policies; and
  - ▶ Service delivery sites.
- Satisfying the MVA clinical practice needs may be very difficult.

## TRAINING SITE PREPARATION

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- Must provide the volume of client experiences for learners to develop a safe beginning level of practice.
- Should be assessed for:
  - ▶ physical structure to accommodate additional personnel and clients;
  - ▶ adherence to service delivery guidelines;
  - ▶ management and supervision systems that support clinical learning;
  - ▶ client satisfaction with services;
  - ▶ adequacy of client experiences;
  - ▶ adequacy of equipment, drugs, and supplies;
  - ▶ presence of other trainee groups competing for clinical experiences; and
  - ▶ presence of preceptors to extend the tutors' capacity to provide clinical supervision of learners.

Decisions will need to be made regarding the ability for the site to support training with modifications (physical space, staff practices that model the desired quality of performance, strategies to increase of client volume). Ongoing assessment of the appropriateness of the site for clinical opportunities might include trainee and client feedback.

Training alone cannot guarantee optimal performance in the absence of supportive supervision, ongoing opportunities for staff development, functional management and logistic systems, and an adequate and reliable source of required equipment, supplies, and drugs.

The majority of PAC training curricula reviewed aimed at developing provider skills at secondary and tertiary facilities and in private practice settings. Only one PAC training curriculum designed for use in both in-service as well as pre-service training of midwives was available for review (WHO). One JHPIEGO publication offers detailed, generic guidance for strengthening pre-service training which can be applied to PAC.

Documents addressing the needs for training-site preparation were not specific to PAC but were generic for application to guide development of training sites and trainers (IntraHealth, JHPIEGO).

### *Notes:*

As HIV and AIDS prevention, treatment, care, and support information evolves, this content area will need to be updated and incorporated into the PAC curriculum for counseling and referral to other reproductive and health services.

Standard Days Method (SDM) will need to be added to the list of contraceptive options for postabortion contraception even though this method would not be initiated before the resumption of the woman's menstrual cycle. Therefore, abstinence or consistent use of a barrier method should be recommended until SDM can be initiated.

### Criteria Used in the Review of Training Curricula

The criteria used for reviewing service delivery guidelines indicated whether the guidelines:

- Identify the learning audience.
- Identify Post-Training Functions (PTF) consistent with National Standards.
- Articulate goal and training objectives consistent with PTF.
- Articulate learning objectives in the three domains of learning.
- Include participatory learning activities matched to the domains of learning.
- Include assessment tools for knowledge, attitude, and skills; has test with answer keys; and performance checklists—consistent with national standards.
- Include an articulated post-training follow-up plan.
- Have a criteria for successful completion (knowledge, attitude, and skills)
- Articulate the criteria and guidance for preparing a clinical training site.

## HOW TO USE THE RESOURCE GUIDE FOR WRITING OR REVISING TRAINING CURRICULA

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### **In-service or Pre-service:**

1. Review the current scope of practice for each cadre of personnel to be involved in PAC and the practices required of each cadre in order to provide quality services. See the Policy section of this Resource Guide regarding expanded practice.
2. Use the **PAC Training Assessment Tool** to review your current curriculum guidelines to evaluate its strengths and identify gaps.
3. Review the recommended document for the process on incorporating new practices, e.g., PAC, into the system of pre-service training.

### ***If a pool of RH trainers exists:***

- Involve RH trainers in the process of institutionalizing PAC training into the pre-service training system.
- Review the recommended sample training curricula and adapt to your country and/or health system. Incorporate the recommendations related to specific aspects of the sample curricula that need to be expanded or strengthened (e.g., counseling, pain management, post-procedure client monitoring). Include the research findings into the training curriculum. USAID is currently completing a standardized curriculum that you may find useful for your country's program.
- Develop strategies for preparing or strengthening clinical training sites—for either centralized, whole-site, on-the-job, or individual learning approaches to training. Allow time for sites to consistently and confidently provide PAC services to the upgraded standard (e.g., 3-6 months before using the site for clinical training).
- Conduct initial or refresher PAC training for trainers, tutors, preceptors, and supervisors who will be involved in on-going RH training and supportive supervision.

### ***If a pool of RH trainers does not exist:***

- Involve RH trainers in the process of institutionalizing PAC training into the pre-service training system.
- Begin building a pool of trainers by conducting a PAC training needs assessment. Define the most cost-effective, service-efficient approach to training and continuing education for ensuring and maintaining desired performance.
- Identify providers with the demonstrated capacity (ability to grasp new content, commitment to facilitating learning, attitudes and skills to create a safe learning environment for learners and clients) and willingness to function as trainers or preceptors. Conduct PAC skills training with follow-on capacity building in training skills once the provider is practicing confidently to standard. Include trainers in the process of reviewing and adapting the recommended curricula in the PAC Global Resources Guide.

- Work with the new trainers, supervisors, and PAC coordinator (where one exists) to develop a plan for PAC training (central, whole-site, or on-the-job, individual learning) and to establish or expand services.
- Establish a mechanism for monitoring and evaluating PAC training, including post-training follow-up.
- Lastly, develop a mechanism for periodic review of the currency of the scope of practice for PAC.

#### **Management and Supervision for Quality PAC Services:**

Review the recommended documents for providing continuous PAC services monitoring and evaluation for quality management, e.g., *COPE® Handbook: A Process for Improving Quality in Health Services* (EngenderHealth, 2003) and *COPE for Reproductive Health Services: A Toolbook to Accompany the COPE® Handbook* (EngenderHealth, 2003).

#### ***If you are not familiar with the COPE process:***

- Read the handbook and the toolbook to become familiar with the process. Where feasible and when it can be done in a timely manner, request technical assistance for the initial COPE® process.

#### ***If you are familiar with the COPE process:***

- Review the self-assessment guide questions related to PAC; and,
- Implement the COPE process for continuous monitoring of PAC services to ensure quality services.

#### **PAC Community Mobilization:**

1. Review the PAC Community Mobilization Facilitator's Manual to become familiar with the activity and tools needed. The manual can be found in the accompanying CD-ROM or on the website: [www.postabortioncare.org](http://www.postabortioncare.org)
2. Review the compilation document from the Extending Service Delivery project to see how this activity can be used with different audiences. This document can also be found on the accompanying CD-ROM or on the website: [www.postabortioncare.org](http://www.postabortioncare.org)
3. Consider a study tour to Bolivia, Kenya, Peru, or Egypt, if possible, to learn more about the activity based upon the type of community mobilization activity planned for your country.

## PAC TRAINING CURRICULA ASSESSMENT TOOL

### Instructions:

- The personnel working to develop or update the RH training curriculum to ensure safe and quality PAC services should include a senior-level health provider as a technical advisor, clinical providers/preceptors (physicians, clinical officers, midwives, or nurses), RH trainers, and service supervisors.
- Review your current RH training curricula and answer the questions below. For each “no” answer, the members of the working group will need to discuss and adapt the current curricula based on recommended training examples, evidence, and on the country setting.

Does the PAC Training Curriculum:	YES	NO
1. Identify the audience?		
2. Articulate the post-training functions (PTFs)?		
3. Articulate criteria for selecting a clinical training site? <i>or</i> Provide guidance for preparing a clinical site to support training?		
4. Articulate the goal and objectives of the training, consistent with the PTFs?		
5. Articulate learning objectives in the three domains of learning?		
6. Use participatory learning activities appropriately matched to the domain of learning?		
7. Use learning-evaluation methods matched to the domains of learning?		
8. Include assessment tools for knowledge, attitude, and skills? a. Tests with answer keys? b. Performance checklists?		
9. Articulate a post-training follow-up plan?		
10. Articulate criteria of successful completion of training (knowledge, attitude, and skills)?		

## STRONG EVIDENCE FOR PAC TRAINING

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- Providing contraceptive technology updates, counseling workshops and in-service training in PAC can:
  - ▶ Increase the number of PAC patients who report that they received important information on their care and family planning options;
  - ▶ Increase the number of PAC patients who leave with a family planning method regardless of whether MVA or sharp curettage is used; and
  - ▶ Improve the quality of care.
  
- Training increases physician satisfaction with MVA.
  
- Training midwives to counsel PAC patients on family planning, STIs/HIV and nutrition (in addition to midwives undertaking other aspects of PAC, including emergency treatment using MVA) can increase counseling on these topics.

## RECOMMENDED TRAINING CURRICULA

**Document Name:** Counseling the Postabortion Client: A Training Curriculum

**Source:** EngenderHealth

**Date:** 2003

**Summary:** A training guide for postabortion care providers (including doctors, nurses, and midwives) who interact with clients before, during, and immediately after the treatment procedure. This innovative curriculum expands the realm of traditional postabortion care counseling services by teaching crucial skills needed to improve communication between providers and clients. This volume contains step-by-step guidelines for conducting a training workshop and participant handouts.

Relevant PAC Content	
<i>Topic</i>	<i>Page Number</i>
Introduction for the Trainers.....	1
<b>Session 1:</b> Opening Session.....	15
<b>Session 2:</b> Values and Attitudes Related to Postabortion Care.....	23
<b>Session 3:</b> Understanding the Client’s Perspective.....	33
<b>Session 4:</b> Interpersonal Communication.....	55
<b>Session 5:</b> Family Planning Information and Counseling for the Postabortion Client.....	75
<b>Session 6:</b> Related Reproductive Health Needs and Other Issues.....	95
<b>Session 7:</b> Postabortion Counseling.....	111
<b>Session 8:</b> Clinical Practicum.....	137
<b>Session 9:</b> Workshop Wrap-Up.....	147



**Document Name:** National Postabortion Care Curriculum for Service Providers

**Source:** Ministry of Health, Kenya

**Date:** July 2002

**Summary:** This National Postabortion Care Curriculum was developed to harmonize and standardize the various curricula used in Kenya to train PAC service providers. This effort came in the wake of the Ministry’s decision to allow the training in, and provision of, PAC services by nurses and clinical officers, a practice previously reserved for medical doctors only.

Relevant PAC Content	
Topic	Page Number
<b>Module 1</b> .....	1-1 to 1-19
Includes developing a climate for learning and introduction to comprehensive PAC.	
<b>Module 2:</b> Concept of Comprehensive PAC .....	2-1
<b>Module 3:</b> MVA Facts.....	3-1
<b>Module 4:</b> Client Assessment and Preparation .....	4-1
<b>Module 5:</b> Pain Control for MVA.....	5-1
<b>Module 6:</b> Performing the MVA Procedure.....	6-1
<b>Module 7:</b> Infection Prevention & Processing of MVA equipment.....	7-1
<b>Module 8:</b> Abortion Complications and Management.....	8-1
<b>Module 9:</b> Values and Attitudes Related to PAC .....	9-1
<b>Module 10:</b> Effective Communication Skills.....	10-1
<b>Module 11:</b> Post Abortion Care Counselling.....	11-1
<b>Module 12:</b> Post Abortion Contraception .....	12-1
<b>Module 13:</b> Managing Sexually Transmitted Infections .....	13-1
<b>Module 14:</b> Keeping and Maintaining Records .....	14-1
<b>Module 15:</b> Community and Service Provider Partnership .....	15-1
<b>Module 16:</b> Sustainability.....	16-1



**Document Name:** Postabortion Care Clinical Skills Curriculum  
Volume 1: Trainer’s Guide

**Source:** Ministry of Health, Tanzania

**Date:** July 2002

**Summary:** This training curriculum is based on a 5-element construct for PAC which includes community involvement and participation, comprehensive PAC counseling, emergency treatment of complications from spontaneous or induced abortion, FP counseling services, and linkages to access comprehensive RH. The curriculum can be adaptable for varied approaches to training (e.g., self-directed/individualized learning, on-the-job training, or whole-site training).

Relevant PAC Content	
Topic	Page Number
<b>Section 1: Foundational Information for Enhancing Effective Comprehensive Postabortion Care Training</b> .....	16 - 28
Includes selection criteria for trainers, trainees, and practicum site; equipment, supplies and essential drugs for PAC service delivery; post-training tasks; training objectives; clinical skills; and training schedule.	
<b>Section 2: The Comprehensive Postabortion Care Training Modules</b> .....	29
<b>Module 1:</b> Developing a Climate for Learning.....	31
<b>Module 2:</b> Advocating for Comprehensive Postabortion Care Services.....	35
<b>Module 3:</b> Providing Emergency Comprehensive Postabortion Care .....	41
<b>Module 4:</b> Counselling to Identify and Respond to Women’s Emotional and Physical Needs and Other Concerns .....	55
<b>Module 5:</b> Organising the health facility for sustainable comprehensive PAC/RH services .....	73
<b>Module 6:</b> Involving the community for improving comprehensive PAC/RH services.....	92
<b>Module 7:</b> Practicing comprehensive PAC clinical skills .....	104
<b>Section 3: Model Session Plan Outlines and Other Trainer’s Guides</b> .....	109
Trainer’s Guides.....	111
Participant Handouts.....	162
PAC Registration Form .....	197
Compatible Instrument Parts .....	199



**Document Name:** Postabortion Care Clinical Skills Curriculum  
Volume 2: Trainee’s Handbook

**Source:** Ministry of Health, Tanzania

**Date:** July 2002

**Summary:** This training curriculum is based on a 5-element construct for PAC which includes community involvement and participation, comprehensive PAC counseling, emergency treatment of complications from spontaneous or induced abortion, FP counseling services, and linkages to access comprehensive RH. The curriculum can be adaptable for varied approaches to training (e.g., self-directed/individualized learning, on-the-job training, or whole-site training).

Relevant PAC Content	
Topic	Page Number
<b>Section 1: Foundational Information for Enhancing Effective Comprehensive Postabortion Care Training</b> .....	15 - 23
Includes selection criteria for trainers, trainees, and practicum site; equipment, supplies and essential drugs for PAC service delivery; post-training tasks; training objectives; clinical skills; and training schedule.	
<b>Module 1:</b> Developing a Climate for Learning.....	30
<b>Module 2:</b> Advocating for Comprehensive Postabortion Care Services.....	33
<b>Module 3:</b> Providing Emergency Comprehensive Postabortion Care .....	46
<b>Module 4:</b> Providing Postabortion Family Planning and Other Reproductive Health Services .....	56
<b>Module 5:</b> Organising the health facility for sustainable comprehensive PAC/RH services .....	93
<b>Module 6:</b> Involving the community for improving comprehensive PAC/RH services.....	118
<b>Module 7:</b> Practicing comprehensive PAC clinical skills .....	104
<b>Section 3: Model Session Plan Outlines and Other Trainer’s Guides</b> .....	109
Trainer’s Guides.....	111
Participant Handouts.....	162
PAC Registration Form .....	197
Compatible Instrument Parts .....	199
<i>(continued)</i>	

<b>Relevant PAC Content (continued)</b>	
<i>Topic</i>	<i>Page Number</i>
<b>Tool No. 3.1:</b> Checklist for Clinical Skills Acquisition, Monitoring, and Assessment .....	145
<b>Tool No. 3.2:</b> Checklist for Counseling Comprehensive PAC Clients Before MVA Procedure .....	155
<b>Tool No. 4.1:</b> Checklist for Assessing Provider Counseling Skills in STD/HIV/AIDS Prevention .....	162
<b>Tool No. 5.1:</b> Checklist for Assessing Provider Skills in Organizing Comprehensive PAC Services .....	168
<b>Tool No. 5.2:</b> Checklist for Assessing Provider Skills in Infection Prevention and Control .....	170
<b>Tool No. 5.3:</b> Checklist for Using Records to Improve Comprehensive PAC Services .....	171
<b>Tool No. 6.1:</b> Checklist for Carrying Out Community Involvement Activities.....	172
<b>Tool No. 7.1:</b> Checklist for Practicing Comprehensive PAC Clinical Skills .....	173
Individual Monitoring Tool for Training .....	178
Comprehensive PAC Form for Plan of Action .....	179
PAC Register Form .....	185
Compatible Instrument Parts .....	187



**Document Name:** Postabortion Care Course Notebook for Trainers

**Source:** JHPIEGO

**Date:** April 2000

**Summary:** This clinical training course is designed for service providers (physicians, nurses, and midwives). The course builds on each participant’s past knowledge and takes advantage of her or his high motivation to accomplish the learning tasks in the minimum time. Training emphasizes doing, not just knowing, and uses competency-based evaluation of performance.

Relevant PAC Content	
Topic	Page Number
<b>Section 1: Guide for Participants</b> .....	7 - 47
Includes introduction; instructions for using Zoe® Gynecologic Simulators; precourse questionnaire; course evaluation; and learning guides and practice checklists for postabortion care clinical skills and family planning counseling skills.	
<b>Section 2: Guide for Trainers</b> .....	1 - 48
Includes model course outline; precourse questionnaire answer key; precourse assessment checklist; and role plays and exercises.	
Midcourse Questionnaire.....	49
Checklist for Postabortion Care Clinical Skills .....	61
Checklist for Family Planning Counseling .....	64
<b>Section 3: Tips for Trainers</b>	
Conducting the Course .....	1
Being a Good Clinical Trainer .....	11
Using Interactive Training Techniques .....	13



**Document Name:** Postabortion Care Course Handbook: Guide for Participants

**Source:** JHPIEGO

**Date:** April 2000

**Summary:** This clinical training course is designed for service providers (physicians, nurses, and midwives). The course builds on each participant’s past knowledge and takes advantage of her or his high motivation to accomplish the learning tasks in the minimum time. Training emphasizes doing, not just knowing, and uses competency-based evaluation of performance.

Relevant PAC Content	
<i>Topic</i>	<i>Slide Number</i>
Overview.....	1 - 21
Includes introduction, instructions for using Zoe® Gynecologic Simulators; and precourse questionnaire.	
Learning Guides and Practice Checklists for Postabortion Care	
Clinical Skills and Family Planning Counseling Skills .....	31
Learning Guide for Postabortion Care Clinical Skills.....	35
Learning Guide for Verbal Anesthesia .....	39
Learning Guide for Postabortion Family Planning Counseling Skills .....	40
Practice Checklist for Postabortion Care Clinical Skills .....	43
Practice Checklist for Postabortion Family Planning Counseling Skills.....	45
Course Evaluation .....	47



**Document Name:** Preservice Implementation Guide: A Process for Strengthening Preservice Education

**Source:** JHPIEGO

**Date:** September 2002

**Summary:** This guide describes the step-by-step process used to create a positive environment on the national level for strengthening medical, nursing, and preservice education, and the steps on the institutional level to improve the existing curriculum and its implementation. Adapted from the World Health Organization’s 2001 document *Integrated Management of Childhood Illness (IMCI): Planning, Implementing and Evaluating Pre-Service Education*.

Relevant PAC Content	
Topic	Page Number
<b>Introduction:</b> The Preservice Strengthening Process.....	Introduction-1
<b>Phase One:</b> Plan and Orient .....	1-1
<b>Phase Two:</b> Prepare for and Conduct Teaching.....	2-1
<b>Phase Three:</b> Review and Revise Teaching.....	3-1
<b>Phase Four:</b> Evaluate Teaching.....	4-1
<b>Appendix:</b> Conducting a Preservice Needs Assessment for Curriculum Strengthening.....	Appendix-1



**Document Name:** Increasing the Efficiency of Training in Postabortion Care Programs: The Zambia Experience

**Source:** JHPIEGO

**Date:** April 2002

**Summary:** Describes the “Training in Reproductive Health” PAC program in Zambia, which incorporated four key elements into its framework: advocacy, access to services, institutionalization of training, and sustainability.



**Document Name:** Educating Advanced Practice Nurses and Midwives: From Practice to Teaching

**Source:** Thompson, JE and Krisman-Scott, MA

**Date:** 2001

**Summary:** Three appendices from this book include suggested guidelines for preparation of preceptors, sample clinical data sheet, and sample clinical teacher report form.



**Document Name:** Postabortion Care Individual Learning Package (CD-ROM)

**Source:** JHPIEGO

**Date:** 2002

**Summary:** This package on CD-ROM uses an individualized learning approach for postabortion care (PAC) skills. It is available on CD-ROM to provide the greatest flexibility in its use and allow it to be adapted easily to meet a particular country's needs. The package comprises a Learner's Guide, Trainer's Guide and Supervisor's Guide, and is designed to be used with the same PAC reference manual, audiovisuals and anatomic models used for group-based training.

