CLINIC BASED FAMILY PLANNING TRAINING (CBFPT) COURSE

for

HEALTH WORKER (F) and
HEALTH SUPERVISOR (F)

in

UTTAR PRADESH

TRAINER'S NOTEBOOK

November 1997
The Innovations in Family Planning Services (IFPS) project proposes to assist the State of Uttar Pradesh (UP) to significantly reduce the total fertility rate through a comprehensive improvement in quality and expansion of family planning services. Poor quality services have been identified as one of the major reasons for the low contraceptive prevalence in UP. Technical competence of providers is essential for ‘quality care’. Several assessments of Auxiliary Nurse Midwives (ANMs) [currently known as Health Worker (Female) (HW(F))] have clearly shown that there are major gaps in their knowledge and skills in the area of Family Planning (FP) and other areas of maternal health. ‘Supportive supervision’ is another essential activity for ensuring quality care. For supportive supervision to be effective, the supervisors have to be competent in performing the tasks which they have to supervise. The Lady Health Visitors (LHVs) [currently known as Health Supervisor or Health Assistant (Female) (HA(F)) ] are the supervisors of the ANMs. Assessments have identified gaps in the knowledge and skills of the LHVs similar to that of the ANMs. Proper screening of clients for medical eligibility is not done and skills of ANMs in counselling are poor.

The assessment of LHV/ANM training needs by JHPIEGO identified major constraints which were:

- a training approach lacking an ‘institutionalised’ system of inservice training which would ensure qualified service providers and trainers; training which was not competency based, not standardized and not up-to-date; and clinical practice sites that do not conform to standards of clinical family planning services.

Considering these observations, the IFPS project identified skill based training of the ANMs and LHVs in Family Planning and other maternal health issues, implemented by State Innovations in Family Planning Services Agency (SIFPSA), as one of the strategies for developing qualified service providers and clinical trainers. The program for International Training In Health, of the University of North Carolina under its PRIME project, (PRIME/INTRAH) will provide technical assistance to SIFPSA for this training. This training should improve the quality of services and improved services should contribute in meeting the demands for Family Planning.
ACKNOWLEDGEMENT

This training package was initially developed by JHPIEGO, New Delhi in 1996. It was reviewed and modified by clinical specialists of PRIME/INTRAH, University of North Carolina at Chapel Hill, USA and PRIME/INTRAH, Regional Office for Asia Near East, New Delhi in 1997.

The training package was pre-tested by PRIME/INTRAH staff and Consultant during training. The master trainers of Queen Mary's Hospital, Lucknow and V. A. B. L. Women's (Dufferin) Hospital, Lucknow and the lead trainers and LHV's, ANMs of Sitapur and Jhansi provided the feedback during the pre-testing of the training package. We are thankful to all of them.

Appreciation is extended to the United States Agency for International Development (USAID) for their helpful suggestions, technical approval and financial support. Funds for the development of this training package were authorized under USAID contract CCP-C-00-95-00005-00.
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# TABLE OF CONTENTS

**TRAINER'S NOTEBOOK**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTRODUCTION</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>CONDUCTING THE CLINIC BASED FAMILY PLANNING TRAINING</strong></td>
<td>10</td>
</tr>
<tr>
<td><strong>COURSE SCHEDULE</strong></td>
<td>18</td>
</tr>
<tr>
<td><strong>CBFPT PROGRAM OUTLINE</strong></td>
<td>20</td>
</tr>
<tr>
<td><strong>TAKE HOME EXERCISE ANSWER KEY</strong></td>
<td>41</td>
</tr>
<tr>
<td><strong>PRECOURSE ASSESSMENT CHECKLIST FOR IUCD COUNSELLING AND CLINICAL SKILLS AND SCREENING AND COUNSELLING SKILLS FOR RTI/STDs/HIV/AIDS</strong></td>
<td>53</td>
</tr>
<tr>
<td><strong>CHECKLISTS FOR COUNSELLING AND CLINICAL SKILLS</strong></td>
<td></td>
</tr>
<tr>
<td>Using the Checklists</td>
<td>54</td>
</tr>
<tr>
<td>Checklist for Family Planning Counselling</td>
<td>56</td>
</tr>
<tr>
<td>Checklist for IUCD Counselling and Clinical Skills</td>
<td>59</td>
</tr>
<tr>
<td>Checklist for COCs Counselling</td>
<td>63</td>
</tr>
<tr>
<td>Checklist for Condom Counselling</td>
<td>65</td>
</tr>
<tr>
<td>Checklist for Minilap/Lap Counselling</td>
<td>67</td>
</tr>
<tr>
<td>Checklist for Screening RTI/STDs/HIV/AIDS and Pelvic Examination</td>
<td>69</td>
</tr>
<tr>
<td><strong>Role Plays</strong></td>
<td>72</td>
</tr>
</tbody>
</table>
INTRODUCTION

OVERVIEW OF THE CLINIC-BASED FAMILY PLANNING TRAINING PROGRAMME

This clinical training experience is designed to prepare competent Health Workers/Health Assistants (HWs/HAs) using a clinic-based training approach. Clinic-based training (also referred to as site-based training) is a form of individualised learning that allows the HW/HA to learn all the essential information to counsel clients and provide appropriate contraceptive methods including, condoms, IUCDs, and oral pills. There are several advantages of learning these skills in a clinic setting:

- Clinic staff control the quality of the training experience.
- Training is designed to meet the individual needs of participants.
- Training is competency-based, humanistic and participatory, emphasizing the skills, rather than just the knowledge, of the participant.

As indicated in the Clinic-Based Family Planning Training (CBFPT) programme outline, the focus of this CBFPT programme is on the participant. As the participant moves through a series of activities (e.g., reading information, observing the trainer, completing practice exercises, practicing clinical skills using role plays and anatomic models, working with clients), there are corresponding activities for the trainer. The focus, however, is always on the participant.

Essential to this CBFPT programme are four basic components.

- Transfer and assessment of the essential knowledge related to IUCDs, condoms, lactational amenorrhoea method (LAM), laparoscopy, minilaparotomy and oral contraceptives (COCs), infection prevention and referral for the management of genital tract infections (GTIs). This knowledge is found in the Clinic-Based Family Planning Training Programme Reference Manual and is reinforced by interaction with the trainer and through various practice exercises.

- Transfer and assessment of counselling and clinical skills using role plays and anatomic models. The skill demonstrations are provided by the trainer, and, before working with clients, the participant will demonstrate that she can competently perform counselling skills and client management during role plays and clinical skills using models.

- Transfer and assessment of counselling, client management and clinical skills working with clients. The skill demonstrations with clients are provided by the trainer, and the participant will demonstrate that she can competently counsel clients and insert and remove IUCDs.

- Attitude transfer through behavior modeling by the trainer and interaction with the clients.
KEY ELEMENTS OF THE CBFPT PROGRAMME

Key to the success of this individualised, self-paced, clinic-based training programme is the motivation of the participant and trainer. The participant must be willing to read, study, complete assignments and work independently in order to complete training in a reasonable period of time. The participant also must be willing to observe the trainer and ask questions. The trainer must be willing to take the necessary time to teach and work closely with the participant throughout the programme.

- The participant uses the CBFPT programme materials to learn to counsel clients more effectively, update their IUCDs skills and to provide other temporary methods of family planning.
- The CBFPT trainer, who serves as a coach to the participant and demonstrates skills, observes the participant's skill development, provides feedback and suggestions, interacts with the participant by asking and answering questions and evaluates the participant to ensure that the essential knowledge and skills are being learned.

Training Materials

- Clinic-Based Family Planning Training Programme Reference Manual
- Clinic-Based Family Planning Training Programme Participant’s Notebook
- Clinic-Based Family Planning Training Programme Trainer’s Handbook
- IUCD insertion and removal kits and Copper T 200B IUCDs in sterile packages
- Anatomic (pelvic) models
- Contraceptive samples (pills and condoms)
- Video films on counselling for IUD insertion/removal, and Infection Prevention

USING THE CBFPT PROGRAMME PACKAGE

This training programme is built around use of the following elements:

- Need-to-know information contained in the Clinic-Based Family Planning Training Programme Reference Manual
- A Participant’s Handbook containing course objectives, course schedule, a step by step program outline, a series of take home exercises, role plays for practicing counselling skills and learning (practice) guides which break down the activity (i.e., method-specific counselling or IUCD insertion and removal) into its essential components
- A Trainer's Notebook containing the items found in the Participant's Handbook, along with the answer keys to the take home exercises, end of the course quiz with answers and the checklists for the final skills assessment
- The ZOE® anatomic model

This training approach stresses the importance of the cost-effective use of resources, application of relevant educational technologies and the use of more humane teaching techniques. The latter encompasses the use of anatomic models such as the ZOE pelvic model to minimise client risk and facilitate learning. Detailed (step-by-step) counselling and clinical skills learning guides have been developed to help participants learn and measure their own progress. Finally, competency-based knowledge questionnaires and skills checklists are provided to assist the trainer to evaluate a participant's performance objectively.
Trainers are encouraged to conduct training activities in a highly interactive fashion, asking questions and involving the participant as much as possible without disrupting services.

As this is a self-paced, clinic-based training programme, it is critical that the trainer thoroughly read their respective materials prior to the start of training.

How to Use this Training Package:

The Reference Manual for this training contains the need to know information about the methods of contraception available under the National Family Welfare Program. The manual is to be referred to throughout the training by both the trainer and participant.

Take Home Exercise

This exercise is designed to help both the trainer and the participant to ensure that the most essential information has been learned. The daily exercise is to be completed by the participant during the evening. The exercise is to be reviewed by the trainer with the participant at the beginning of each day of the training (starting with Day 2). Correct answers to each question are to be discussed with participants to assure that they have learned the material discussed the preceding day.

Using Competency-based Learning Guides

Competency-Based Learning Guides have been developed for each of the family planning methods covered in the course (except Male and Female V.S). The learning guides are intended to assist the participant in learning the correct steps and sequence in providing a family planning method or in providing counselling.

The checklists for which the participants must be assessed as competent are:

- General Counselling
- IUCD insertion/removal
- Method specific counselling for providing condoms and oral pills
- Infection prevention
- Counselling and pelvic examination for Reproductive Tract Infections/Sexually transmitted diseases (RTIs/STDs)

Evaluation of counselling skills may be done with clients, or by observing the participant during a role play. Clinical skills, such as providing the Copper T 200 B, must be evaluated first on the Zoe model, and then in a clinical setting with actual clients.

RESPONSIBILITIES OF THE CBFPT PARTICIPANT

The responsibilities of the participant in a clinic-based training programme are somewhat different than if that same participant were attending a traditional, group-based training course. Because of the unique nature of CBFPT, the ideal participant:

- Is interested in providing the new/upgraded service
- Possesses general family planning skills
- Possesses general counselling skills
• Is interested in learning and is motivated to learn independently
• Demonstrates a positive attitude toward the new/upgraded service

RESPONSIBILITIES OF THE CBFPT TRAINER

Critical to the success of the CBFPT programme is the trainer. The CBFPT trainer is the primary contact for the participant and has a tremendous influence on the development of the participant's knowledge and skills. The CBFPT trainer:

• Demonstrates proficient service provision and counselling skills
• Demonstrates an understanding of the CBFPT approach to training
• Demonstrates an understanding of the components of the CBFPT training package
• Follows the CBFPT programme outline
• Prepares the site for the CBFPT programme
• Ensures that equipment and supplies are available to support clinical training
• Supports the use of family planning
• Demonstrates effective infection prevention skills
• Creates a positive training climate
• Uses interactive training techniques
• Uses models in clinical training
• Coaches in a clinical setting
• Identifies and manages learning and training problems
• Uses competency-based checklists to assess clinical skills
• Determines if a service provider is qualified to provide a clinical service
• Maintains CBFPT records

CBFPT EQUIPMENT AND SUPPLY REQUIREMENTS

In order to provide a quality training experience on the job, there are certain supplies and pieces of equipment that must be in place. These include:

• ZOE model
• IUCDs for training purposes
• Hand-held uterus model
• Training materials, including copies of the Trainer's Notebook, Participant's Handbook, Policy and Standard for Family Planning Service Delivery in Uttar Pradesh, and Reference Manual
• Surgical gloves
• IUCD insertion kits
• Extra cotton swabs and sanitary pads
• Cotton-tipped applicators
• Dressing towels
• Antiseptic solutions and disinfectants
• History-taking cards and client cards
• Contraceptive (demonstration) tray
• Family planning methods flipchart
• Sink with adequate clean water
• Penlight torch and batteries or other light source
• Daily Register

PARTICIPANT LEARNING OBJECTIVES

By the end of the training program, the participant will be able to:

1. Identify health benefits of FP
2. Demonstrate effective FP counselling for permanent and long term methods of contraception
3. Use recommended IP practices in the provision of IUCD services and other family planning services
4. Load Copper T 200B in sterile package.
5. Insert and remove the Copper T 200B IUCD
6. Screening a client for IUCD with specific reference to GTIs
7. Refer COCs and IUCD clients for management of side effects and complications
8. Counsel and refer clients for VS procedures

CBFPT PROGRAMME SYLLABUS

Course Description. This Clinic-Based Family Planning Training programme is designed to prepare the participant to counsel individuals concerning all family planning methods, to become competent in inserting and removing the Copper T 200B and in managing side effects and other health problems associated with the use of IUCDs and other family planning methods.

Programme Goals

- To influence in a positive way the attitudes of the participant toward the benefits and appropriate use of family planning, including condoms, IUCDs, LAM, COCs and voluntary sterilisation.
- To provide the participant with general counselling skills as well as special training in counselling for family planning and GTIs.
- To provide the participant with the knowledge and skills needed to provide comprehensive family planning services, including condoms, Copper T 200B IUCD (insertion and removal), COCs and counselling for minilap/laparoscopy and vasectomy.
- To provide the participant with the knowledge and skills needed to manage side effects and health problems related to IUCD and COC use.
Training/Learning Methods
- Individual study and one-on-one interaction with the trainer
- Individual practice exercises
- Role play
- Simulated practice with anatomic (pelvic) models
- Guided clinical activities

Participant Selection Criteria

Participants for this course must be HWs(F)/HAs(F), already providing FP services, working in a PHC with a caseload sufficient to support the provision of family planning services.

Evaluation

Evaluation of the Participant is carried out by the CBFPT Trainer using the following:
- Learning Guides
- Checklists
- Daily take home exercises
- Pre/Post training assessment questionnaires & checklists

Evaluation of Program
- Program Evaluation will be done by the members of ANM training advisory group during periodic meetings with the CBFPT Trainers.

Minimum Time Required for Training
- 6 days

Suggested Programme Composition (per training site)
- 2 HWs/HAs
- 1 CBFPT trainer

Qualification of Participants

Qualification at the end of the course is given to those participants who:
- achieve 100% at the end of the course quiz and skill competency on each CHECKLIST.
USING THE ZOE GYNECOLOGIC SIMULATOR

The ZOE gynecologic simulator is a full-sized, adult female lower torso (abdomen and pelvis) developed as a training tool to teach the processes and skills needed to perform:

- Bimanual pelvic examination including palpation of normal and pregnant uteri
- Vaginal speculum examination
- Visual recognition of normal and abnormal cervical conditions
- Uterine sounding
- IUCD insertion and removal
- Diaphragm sizing and fitting
- Laparoscopic inspection and occlusion of fallopian tubes
- Minilaparotomy (both interval and postpartum)

Included with the ZOE model are the following:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-pregnant uteri (ante- and retroverted)</td>
<td>2</td>
</tr>
<tr>
<td>10-week pregnant uterus</td>
<td>1</td>
</tr>
<tr>
<td>Postpartum uterus (20-week size) with fallopian tubes</td>
<td>1</td>
</tr>
<tr>
<td>Normal cervix with patent os for IUCD insertion/removal</td>
<td>5</td>
</tr>
<tr>
<td>Normal cervix</td>
<td>1</td>
</tr>
<tr>
<td>Cervix with proliferation of columnar epithelium (ectropion)</td>
<td>1</td>
</tr>
<tr>
<td>Cervix with inclusion (nabothian) cyst and endocervical polyp</td>
<td>1</td>
</tr>
<tr>
<td>Cervix with lesion (cancer)</td>
<td>1</td>
</tr>
<tr>
<td>Fallopian tubes for tubal occlusion</td>
<td>10</td>
</tr>
<tr>
<td>Normal tubal fimbriae and ovaries</td>
<td>2</td>
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</tbody>
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Outer Detachable 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., IUCD insertion and removal).

A 3 cm incision (reinforced at each end) located just below the umbilicus serves as an entry site for a laparoscope into the abdominal cavity to visualise the uterus, ovaries, fallopian tubes, round ligaments and other pelvic anatomy. The incision also can be used for practicing postpartum tubal ligation.
A 3 cm incision located a few centimeters above the symphysis pubis is used for interval minilaparotomy exercises. This incision also is reinforced, which allows the skin to be retracted to facilitate demonstration of the minilaparotomy technique.

**Uterine Assembly**

Each antverted and retroverted uterus has a transparent top half and an opaque lower half. Both uteri are supported by round ligaments attached to the pelvic wall. The round ligaments, ovarian ligaments and fallopian tubes are removable.

ZOE is shipped with the normal, antverted uterus and a normal cervix locked into the vagina. The four uteri and the normal and abnormal cervices may be inserted and removed easily.

- To remove the uterus from the vagina:
  - Unscrew the wide locking ring attached to the uterus using a **counterclockwise rotation**.

- To remove the cervix from the vagina:
  - Unscrew the thin locking ring immediately outside the apex of the vagina.
  - The cervix may be either pulled through the apex of the vagina or pushed through the vagina and removed from the introitus.

- To reassemble, proceed in reverse order.

**Vagina**

To perform a speculum examination:

- Use a **medium** Sim's or medium Cusco bivalve speculum/Sims speculum.

- **Always lubricate the speculum by dipping it into clean water containing a small amount of soap.**

- To visualise the cervix, fully insert the speculum, angle it posteriorly (as in the human, the vagina is angled posteriorly), then open the blades fully.

- To increase the diameter of the opening, use the speculum thumb screw.

**Cervix**

The **normal** cervices have a centrally located elliptical os which permits passage and insertion and removal of an IUCD, a uterine sound or a uterine elevator. The **abnormal** cervices are not patent (open).

To pass a uterine sound or loaded IUCD inserter through the cervical os:

- Use the antverted uterus.

- Apply a small amount of clean water containing a **drop or two** of soap solution to swab the cervix (just as you would swab it with aniseptic solution before IUCD insertion in a client). This will facilitate passage of the uterine sound or inserter tube through the cervical os.
Care and Maintenance of the Simulator

- ZOE is constructed of material that approximates skin texture. In handling the model, therefore, you should use the same gentle techniques as you would in working with a client.
- Instruments and gloved fingers used in the pelvic examination should be well lubricated using a dilute soap solution.
- Clean ZOE after every training session using a mild detergent solution; rinse with clean water.
- Lightly dust ZOE with talcum powder to keep the skin supple.
- Indelible marks made with ballpoint pens, ink or magic marker cannot be removed.
- DO NOT use Betadine® or similar solutions to clean ZOE.
- Store ZOE in the carrying case provided. DO NOT wrap in plastic wrap, newspaper or bags. This may cause the skin to discolor.

Removing and Replacing Skin and Foam Backing

Remove the soft outer skin and foam from the rigid base at the “top” end of ZOE. (“Top” refers to the portion of ZOE nearest to the metal carrying handle located above the umbilicus.) Now, remove skin from around the left leg stump, then the right leg stump. Skin and foam backing now can be lifted off as a unit.

Replace skin/foam unit by first placing the foam inside the soft outer skin, making certain that the foam fills the leg stumps and that the skin contour is smooth.
- Place skin/foam assembly on ZOE.
- Pull skin down around leg stumps.
- Check that rectal opening is aligned with opening in rigid base.
- Pull skin over “top” with corners on the left and right side.
- Check that the foam on the “top” side is fitted over the lip of the rigid base. Check that skin is smoothly fitted over foam and pulled down securely around the rigid base and leg stumps.
CONDUCTING THE CLINIC BASED FAMILY PLANNING TRAINING.

CREATING A POSITIVE TRAINING CLIMATE

A positive training environment does not come about by accident, but through careful planning. This planning takes thought, time, preparation and often some study on the part of the clinical trainer. Although no one can anticipate everything that can happen during CBFPT course, the objective is to minimize the unexpected and then deal with any unplanned events as gracefully as possible.

- It is important for the clinical trainer to know basic information about participants:
  - Why the participants are enrolled in the CBFPT Course
  - The experience and educational background of the participants
  - The types of clinical responsibilities participants will perform in their daily work after training. The exact nature of the work that participants must perform after training is critical to the clinical trainer. It is important to use appropriate, job-specific examples throughout the course so that participants can draw connections between what is being taught and what they will need to do. This is an excellent way to reinforce the importance of what is being learned.
  - How many participants will be attending the CBFPT Course. For the clinical trainer to plan for, training materials, clinical activities, etc., it is critical to know how many participants will be attending the training course. Some training methods, such as coaching and clinical demonstrations, work best with small groups, while other methods, including illustrated lectures, are better suited to larger groups.
  - The sociocultural background of the participants. Beliefs and values are a critical part of acceptance or rejection of family planning and of specific methods, and thus they must be considered when conducting the CBFPT course.

- The clinical trainer must be thoroughly familiar with the course materials. Increasingly, clinical trainers are presented with a training package consisting of a reference manual, course schedule and outline, audiovisuals and competency-based knowledge and skill (performance) assessments. In this instance, clinical trainers may need to adapt it to the local setting. Occasionally, supplemental or new materials must be developed to customize the course.

Even when most of the training activities and training delivery methods are specified in the training package, considerable thought and planning are needed to determine the timing, sequence and progression from one activity to another.
A variety of pre-course activities are important to the clinical trainer's self-preparation, including:

- Reviewing the course goals, participant learning objectives, course syllabus, schedule and outline and making any modifications necessary to meet local training needs
- Updating her/his knowledge about the course topics (e.g., contraceptive technology, infection prevention, STDs)
- Assuring that her/his clinical training skills are up to standard (e.g., coaching, training with models, conducting demonstrations and role plays)

The clinical trainer must consider the physical resources at the training site.

Planning to meet the needs of participants is essential. Some of the questions that must be addressed include:

- Are there physical barriers?
- Will participants be able to see the demonstrations?
- Will there be adequate electric power throughout the course? What will happen if the power fails?
- What plans will be made for meals?
- Are there toilet facilities and are they adequately maintained?

Establishing and maintaining a positive training climate during training depends on how the clinical trainer delivers information because the trainer sets the tone for the training course.

Verbal communication refers to how something is said. In order to capture and maintain participants' interest, clinical trainers should:

- Communicate on a personal level with each of the participants by using their names; however, be sensitive to cultural norms. In some settings using first names may make the participants more comfortable while in other settings, use of first names may be inappropriate.
- Try to incorporate participants' ideas and examples into the training. Remembering a participant's comments, either from a previous session or from outside the training environment, will encourage participant interest and further participation.
- Avoid repeating words or phrases such as "Do you know what I mean?", "Do you see where I'm coming from?" and "Do you understand?" These can be extremely annoying after a short time.
- Try to make logical and smooth transitions between topics.
Take the time to **give clear directions for all and clinical activities** so that participants will not be confused or lose interest. Participants should not have to wonder what will come next, what they are supposed to do or how activities will be conducted.

Remember that family planning involves consideration of intimate issues. Sexual matters may be difficult to talk about because they involve strongly held views, taboos and religious beliefs. **Using words which are acceptable to participants** will encourage them to do the same when they work with clients and fellow staff members.

**Nonverbal communication** is as important as verbal communication. Such things as dress, **eye contact, body language and movement about the room**, as well as other factors, can have a significant impact on establishing and maintaining a positive training climate. To use nonverbal communication effectively:

- **Remember the importance of a first impression.** How you greet participants and the initial “message” you convey can set the tone of the course.
- **Use eye contact** to “read” faces. This is an excellent technique for establishing rapport, detecting understanding or confusion and getting feedback.
- **Use positive facial expressions** to aid in the process of communication.
- **Display enthusiasm** about the topic and its importance. Energy and excitement are contagious and directly affect the enthusiasm of participants.

**OPENING ACTIVITIES**

During the opening session, participants should be introduced to the clinic based approach and to each other. As a group, they will discuss the goals, objectives, schedule, logistical arrangements and general organization of the course. Begin with the following:

- **Welcome** the participants to the training facility. Introduce yourself and other co-clinical trainers and support staff.
- **Introduce** participants to each other using a warm-up activity. Even when participants already know each other, the clinical trainer needs to become acquainted with the participants.
- **Survey** participant expectations about the clinic based FP’training course.

**OVERVIEW OF THE CLINIC BASED FAMILY PLANNING TRAINING PROGRAM**

The clinical trainer will decide how much time to devote to review and discussion following:

- Course goals and participant learning objectives
- Competency-based approach to clinical training used in the course
- Course educational materials and how they will be used (e.g., reference manual, course handbook, training photoset, etc.)

- Course schedule in the course handbook and general organization of the course

- Logistical details such as:
  - daily starting and ending times
  - expectations regarding reading assignments
  - per diem and other financial matters
  - lodging arrangements
  - meal arrangements and facilities
  - location of telephones, toilet facilities, etc.
  - time off, other activities
  - whom to see about problems
BEING A GOOD CLINICAL TRAINER

Health professionals conducting clinical training workshops are continuously changing roles. They are trainers or instructors when presenting illustrated lectures and giving classroom demonstrations. They act as facilitator when conducting small group discussions and using role plays and case studies. Once they have demonstrated a clinical procedure, they then shift to the role of the coach as the participants begin practicing the skill.

Coaching is a training technique in which the clinical trainer:

- Describes the skills and client interactions that the participant is expected to learn
- Demonstrates (models) the skill in a clear and effective manner using training aids such as a photoset, videotape and/or anatomic models
- Provides detailed, specific feedback to participants as they practice the skills and client interactions using the anatomic model and actual instruments in a simulated clinical setting and as they provide services to clients

An effective clinical trainer:

- Is proficient in the skills to be taught
- Encourages participants in learning new skills
- Promotes open (two-way) communication
- Provides immediate feedback:
  - Lets participants know whether they are meeting the objectives
  - Gives positive feedback as often as possible
  - Avoids negative feedback and instead offers specific suggestions for improvement
  - Describes the consequences of the behavior or action; does not judge the person
  - Keeps participants informed of their progress with respect to the learning objectives
  - Does not allow a skill or activity to be performed incorrectly
- Is able to receive feedback:
  - Asks for it. Find people who will be direct with you. Ask them to be specific and descriptive.
  - Directs it. If you need information to answer a question or pursue a learning goal, ask for it.
  - Accepts it. Do not defend or justify your behavior. Listen to what people have to say and thank them. Use what is helpful; quietly discard the rest.

- Recognizes that training can be stressful and knows how to regulate participant as well as trainer stress:
  - Uses appropriate humor
  - Observes participants and watches for signs of stress
  - Provides for regular breaks
  - Focuses on participant success as opposed to failure
Uses a variety of training methods and media:

- Illustrated lecture
- Demonstration
- Brainstorming
- Discussion
- Individual or small group problem-solving exercises
- Role plays

- Involves the participants as much as possible
- Plans all training sessions in advance and provides participants with copies of the workshop schedule and outline, homework assignments and any supporting materials (e.g., handouts).

The characteristics of an effective coach are the same as those of an effective clinical trainer. Additional characteristics especially important for the coach include:

- Being patient and supportive
- Providing praise and positive reinforcement
- Correcting participant errors while maintaining participant self-esteem
- Listening and observing.
CONDUCTING AN EFFECTIVE CLINICAL DEMONSTRATION

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

- Show photosets or videotape in which the steps and their sequence are demonstrated in accordance with the accepted performance standards.
- Use anatomic models such as pelvic or Norplant implants training arm models to demonstrate the procedure and skills.
- Perform role plays in which a participant or surrogate client simulates a client and responds much as a real client would.
- Demonstrate the procedure with clients in the operating or procedure room.

Whatever methods are used to demonstrate the procedure, the clinical trainer should set up the activities using the “whole-part-whole” approach.

- Demonstrate the whole procedure from beginning to end to give the participant a visual image of the entire procedure or activity.
- Isolate or break down the procedure or activity into parts (e.g., pre-operative counselling, getting the client ready, pre-operative tasks, performing the procedure, etc.) and allow practice of the individual parts of the procedure or activity.
- Demonstrate the whole procedure again and then allow participants to practice the procedure from beginning to end.

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

- Prior to beginning, state the objectives of the demonstration and point out what the participants should do (e.g., interrupt with questions, observe carefully, etc.).
- Make sure that everyone can see the steps involved.
- Never demonstrate the skill or activity incorrectly.
- Demonstrate the procedure in as realistic a manner as possible, using instruments, materials and a clinic setting that simulates conditions the participants will be using.
- Include all steps of the procedure in the proper sequence according to the approved performance standards. This includes demonstrating “non-clinical” steps such as pre- and postoperative counselling and communication with the client during surgery (“verbacaine”), use of recommended infection prevention practices, etc.
During the demonstration, explain to participants what you are doing; especially any difficult or hard-to-observe steps.

- Ask questions of participants to keep them involved. “What should I do next?” “What would happen if...?”
- Encourage questions and suggestions.
- Take enough time so that each step can be observed and understood. Remember that the objective of the demonstration is learning the skills, not showing the dexterity and speed of the trainer.
- Use equipment and instruments properly and make sure participants clearly see how they are handled.

Participants should use a learning guide developed specifically for the clinical procedure to evaluate the performance of the clinical trainer during the demonstration. Doing this:

- Familiarizes the participant with the use of competency-based learning guides
- Reinforces the standard way of performing the procedure
- Communicates to participants that the clinical trainer, although very experienced, is not absolutely perfect and can accept constructive feedback on her/his performance

Because the clinical trainer/coach is the role model the participants will follow, s/he must practice what s/he demonstrates (i.e., the approved standard method as detailed in the learning guide). Therefore, it is essential that the clinical trainer “walk the talk” (i.e., use the standard method) during the demonstrations. S/he should also provide supportive behavior and cordial, effective communication with the “client” and staff to reinforce the desired outcome.
<table>
<thead>
<tr>
<th>DAY 1</th>
<th>DAY 2</th>
<th>DAY 3</th>
</tr>
</thead>
</table>
| Introduction and Overview of the CBFPT Training
  - Learning Objectives
  - Review of Training Approach
  - Expectations for Training
| Meet with participants to review take home exercise-IUCDs and Infection Prevention.
  - View video tape on IUCD insertion/removal
  - Practice IUCD insertion/removal and counselling skills on ZOE pelvic model
  - Observe and discuss IP procedures for IUCD insertion
  - Practice of IP steps in IUCD insertion on Zoe model
  - Observation of IUCD insertion/removal in clients
  - Simplified approach to screening for genital tract infection in IUCD clients
  - Review Indications and Precautions for IUCD use and other technical information
  - Practice IP procedures, pelvic examination and client assessment in the clinic. |
| Meet with participants to review take home exercise-counselling. |
| - Continue practice IUCD insertion/removal on Zoe model (or if competent on clients) |
| - Discussion: Common side effects of IUCDs and their management |
| - Discussion: Followup care for IUCD clients |
| - Trainer Demonstration-Method specific counselling for IUCD |
| - Counselling Role Play |
| - Practice: Counselling potential IUCD clients |
| - Rumors and Facts about IUCDs |

Reading Assignments: Day 1
Chapter 5: IUCDs
Chapter 3: Infection Prevention

Reading Assignments: Day 2
Reference Manual
Chapter 1: Counselling
Chapter 5: IUCDs, Appendix B
Chapter 12: RTIs/STDs/HIV/AIDS

Reading Assignments: Day 3
Reference Manual
Chapter 4: COCs
Chapter 7: Condoms

Participant’s Handbook
Take home exercise on IUCDs and Infection Prevention.
Learning guides on IUCD counselling and clinical skills.

Participant’s Handbook
Take Home Exercise on Counselling
Take Home Exercise on RTIs/STDs etc.
Learning guide on counselling skills.
Learning guide on RTIs/STDs/HIV/AIDS

Take Home exercise on COCs and condoms
Learning guides on COCs and Condom counselling
<table>
<thead>
<tr>
<th>DAY 4</th>
<th>DAY 5</th>
<th>DAY 6</th>
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</thead>
<tbody>
<tr>
<td>• Meet with participants to review take home exercise-COCs and condoms</td>
<td>• Meet with participants to review take home exercise-Voluntary Sterilization</td>
<td>• Meet with participants to review information on LAM and newer contraceptives</td>
</tr>
<tr>
<td>• Provide family planning services including IUCD insertion/removal and client counselling in the clinic</td>
<td>• Provide family planning services including IUCD insertion/removal, COCs and Condoms services in the clinic</td>
<td>• Provide family planning services including IUCDs in the clinic and identification of RTIs/STDs</td>
</tr>
<tr>
<td>• Discuss technical information and management of COC users</td>
<td>• Discussion : Key technical Voluntary Sterilization</td>
<td>• Assessment of IUCD and RTI/STDs counselling and clinical skills</td>
</tr>
<tr>
<td>• Observation : Trainer counselling a COCs client</td>
<td>• Demonstration : Trainer counselling a client for VS</td>
<td>• Post training assessment of counselling and clinical skills for IUD insertion/removal</td>
</tr>
<tr>
<td>• Practice : Counselling COCs clients under trainer supervision</td>
<td>• Role play : Counselling for Voluntary sterilization</td>
<td>• Get participant’s reaction form completed from the participants</td>
</tr>
<tr>
<td>• Discussion : Common rumors about COCs</td>
<td>• Practice : Counselling clients for Voluntary sterilization</td>
<td>• Review : Expectations listed on Day 1</td>
</tr>
<tr>
<td>• Discuss technical information on condoms</td>
<td>• Discussion : Common rumors about voluntary sterilization</td>
<td>• Certificate of Completion</td>
</tr>
<tr>
<td>• Observation : Trainer counselling a client for condoms</td>
<td>• Discussion : Key points regarding Vasectomy and advantages of No-scalpel Vasectomy</td>
<td>• Closing</td>
</tr>
<tr>
<td>• Practice : Counselling clients for condoms under trainer supervision</td>
<td></td>
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</tbody>
</table>

Reading Assignments : Day 4
Reference Manual
Chapter 8 : Voluntary Sterilization
Chapter 6 : LAM
Chapter 11 : Newer contraceptives

Reading Assignments : Day 5
Reference Manual
Chapter 6 : LAM
Chapter 11 : Newer contraceptives

Participant’s Handbook:
Take home exercise on voluntary sterilization
Learning guides for minilap/laparoscopy counselling skills.
CBFPT PROGRAM OUTLINE

USING THE CBFPT PROGRAM OUTLINE

This program outline serves as a guide for the Trainer and Health Worker to follow during clinic-based training. It is divided into four columns:

Time

The time column provides estimates of the days required to complete the activities within the major sections of the outline. It is IMPORTANT TO NOTE that these are estimates - one participant may complete a section in more or less time than another participant. Variables that affect the time required include client availability, access to the CBFPT trainer, clinic caseloads and the motivation level of the participant. The approximate time required to complete this program is 6 days.

Participant Activities

This column is the heart of the CBFPT program. The steps listed in this column move the participant through a series of readings, practice exercises, observations and interactions with the trainer and clients. The participant should record her name and the date the program is started at the top of the first page of the outline. As each activity presented in the outline is completed, (eg., Read Chapter 1), the participant should make a mark in the space provided. At the end of each section, the trainer will sign and date in the space provided, indicating that all activities in the section have been completed.

Trainer Activities

This column describes the trainer’s supporting activities and includes tasks such as giving demonstrations using a model, reviewing practice exercise answers, arranging for the participant to observe the trainer work with clients, assessing participant knowledge and skills and being available to observe, coach and provide feedback to the participant.

Key Concepts

The key concepts column details the essential information that is to be taught to the Health Worker (IIW) by the trainer or information that the IIW should learn from reading the reference manual. It is essential that the HW be familiar with all of the key concepts in order to provide high quality family planning services.
## CLINIC-BASED FAMILY PLANNING TRAINING (CBFPT) PROGRAM OUTLINE

<table>
<thead>
<tr>
<th>TIME</th>
<th>PARTICIPANT ACTIVITIES</th>
<th>TRAINER ACTIVITIES</th>
<th>KEY CONCEPTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 2 weeks prior to the start of the training activities</td>
<td>Preparation—before a participant starts the CBFPT program, the trainer should:</td>
<td></td>
<td>Preparation—Establish a schedule to visit the clinic.</td>
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<tr>
<td></td>
<td>Review the CBFPT Trainer’s Notebook and the CBFPT Participant’s Handbook.</td>
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<td>Orient clinic staff to the fact that Health Workers will be in the clinic for training.</td>
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<tr>
<td></td>
<td>Review the CBFPT training skills information presented in the Trainer’s Notebook.</td>
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<td></td>
<td>Ensure that all equipment and supplies for service provision and training are available in the clinic. This includes:</td>
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<td>- Zoe Model(s)</td>
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<td></td>
<td>- IUCD Kits</td>
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<td></td>
<td>- CBFPT Training Package</td>
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<td></td>
<td>- Contraceptive Supplies</td>
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<tr>
<td></td>
<td>(IUCDs, condoms, oral pills)</td>
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<td></td>
<td>- Infection Prevention Supplies</td>
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<td></td>
<td>- 0.5% chlorine solution</td>
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<td>- HLD gloves</td>
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<td>- plastic buckets, brush etc.</td>
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<tr>
<td>TIME</td>
<td>PARTICIPANT ACTIVITIES</td>
<td>TRAINER ACTIVITIES</td>
<td>KEY CONCEPTS</td>
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</tr>
<tr>
<td>Day 1</td>
<td>Meet with your CBFPT Trainer.</td>
<td>Meet with the participant to discuss the CBFPT program and skill-based training in Maternal and Child Health Care.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Read the Introduction and Program Outline in the Participant's Handbook.</td>
<td>Review the goals and objectives of the course.</td>
<td>EXPLAIN: Meeting the objectives will strengthen the ability of the health worker to provide FP and Maternal and Child Health related services and will lead to improved quality for Family Planning and MCH services and also increase the demand for Family Planning.</td>
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<td></td>
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<td>Review the participant's and trainer's role.</td>
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<td>Once the participants have read introduction and program outline, review the CBFPT program outline and explain that the participant should mark and date each step as it is completed. The trainer will sign off each section.</td>
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<td></td>
<td></td>
<td>Ask participants to list five expectations for training in Appendix A in participant's handbook. Make sure these questions are answered by the end of the training.</td>
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<td></td>
<td>Discuss the pre- and post-training knowledge and skill assessment.</td>
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<tr>
<td>Review Learning Objectives for CBFPT Program component:</td>
<td>By the end of this training, participants will be able to:</td>
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<tr>
<td></td>
<td></td>
<td>1. Identify health benefits of FP</td>
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<td>2. Demonstrate effective FP counselling for permanent and long term methods of contraception</td>
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<td>3. Use recommended IP practices in the provision of IUCD and other family planning services</td>
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<td>4. Load Copper T 200B in sterile package.</td>
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<td></td>
<td>5. Insert and remove the Copper T 200B IUCD</td>
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<td>6. Screening a client for IUCD with specific reference to GTIs</td>
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<td>7. Refer COCs and IUCD clients for management of side effects and complications</td>
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<tr>
<td></td>
<td></td>
<td>8. Counsel and refer clients for VS procedures</td>
<td></td>
</tr>
</tbody>
</table>

**REVIEW: CBFPT APPROACH**

- Skills in IUCD insertion to be standardized on Zoe model. Worker must be competent on model before working on clients.
- No formal lectures. The take home exercise will be given each day and will be reviewed on the next day. Each participant is expected to know correct answers to the exercise questions.
- Discuss how participant is expected to complete reading assignments and the take home exercise each day.
- The purpose of reviewing the answers to the exercise each morning is to ensure that participant has learned the information "essential" to providing high quality FP services.
# CLINIC-BASED FAMILY PLANNING TRAINING (CBFPT) PROGRAM OUTLINE

<table>
<thead>
<tr>
<th>TIME</th>
<th>PARTICIPANT ACTIVITIES</th>
<th>TRAINER ACTIVITIES</th>
<th>KEY CONCEPTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Discuss with your trainer the health benefits of family planning.</td>
<td>Ask participants to list one or two health benefits of family planning. Review inside cover page of the reference manual with participants which reviews health benefits of FP.</td>
<td><strong>Key Health Benefits of FP:</strong>&lt;br&gt;1. Approximately 2,50,000 mothers die each year from pregnancy-related complications in India&lt;br&gt;2. FP saves life of mother and child by preventing the births:&lt;br&gt;   - when a woman is too young&lt;br&gt;   - which are too close together&lt;br&gt;   - when a woman has too many&lt;br&gt;   - when a woman is too old&lt;br&gt;3. Spacing of births by at least 2 years has a major effect on reducing maternal and infant mortality. FAMILY PLANNING helps prevent these deaths.</td>
</tr>
<tr>
<td></td>
<td>Review the guidelines for the care of the Zoe models</td>
<td>Discuss the key concepts regarding the use of the Zoe model. Show all the internal organs and discuss the practical anatomy and physiology of the female reproductive tract.</td>
<td><strong>Participants observe the use of the Zoe model and discuss the anatomy and physiology of the female reproductive organs.</strong>&lt;br&gt;&lt;br&gt;&lt;strong&gt;Key Concepts Regarding use of Zoe:&lt;/strong&gt;&lt;br&gt;1. Treat Zoe <strong>EXACTLY</strong> as you would treat a client gently and with care.&lt;br&gt;2. Clients are not harmed or inconvenienced if a mistake is made.&lt;br&gt;3. Practice can be stopped at any time for further explanation or correction by reading.&lt;br&gt;4. Practicing steps in IUCD insertion/removal.&lt;br&gt;5. Practice on Zoe can be carried out whenever the HW has time during the training.&lt;br&gt;&lt;br&gt;The HW will not be permitted to practice IUCD skills on a client until she is rated as “competent” on the model by the trainer.&lt;br&gt;&lt;br&gt;Review the guidelines for the care of Zoe models as given in the trainer’s notebook.</td>
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<tr>
<td></td>
<td>Ask your trainer to demonstrate the use of the Zoe model and discuss the practical anatomy and physiology of female reproductive organs.</td>
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<tr>
<td></td>
<td>Demonstrate the way you perform a pelvic examination for screening a client for IUCD insertion to your trainer on Zoe model.</td>
<td>Arrange for precourse assessment of pelvic examination skills on the Zoe model. Assess participant skills in performing a pelvic examination using the checklist.&lt;br&gt;Provide feedback to the participant on her performance.</td>
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<tr>
<td></td>
<td>Demonstrate the way you perform an IUCD insertion to your trainer on Zoe model</td>
<td>Arrange for precourse assessment of IUCD insertion skills on the Zoe model. Assess participant skills in performing an IUCD insertion using the checklist.&lt;br&gt;Provide feedback to the participant on her performance</td>
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<tr>
<td>Time</td>
<td>Participant Activities</td>
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<td></td>
<td>Read chapter 10 on pelvic examination in the reference manual and discuss with your trainer any questions you have.</td>
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<td></td>
<td>Discuss key steps in pelvic examination and related UIICD insertion/ removal with your trainer.</td>
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<td></td>
<td>Observe your trainer perform complete pelvic examination on a pelvic model.</td>
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<td></td>
<td>Demonstrate the procedure for performing a pelvic exam on a pelvic model using the Zoe model for this section.</td>
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<tr>
<td></td>
<td>Complete the steps for pelvic examination using the Zoe model.</td>
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<td></td>
<td>Obtain feedback from your trainer regarding your performance.</td>
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</tbody>
</table>

**Key Concepts**

- Review the key steps in pelvic examination and related UIICD insertion/removal. Also discuss the importance of performing pelvic exams before UIICD insertion.
- Discuss the implications of findings for FP methods, especially UIICD insertion/removal.

**Objectives**

- Participants practice loading UIICDs in the sterile package until competent. Emphasize upon returning to their own centers that the participant should demonstrate the loading of UIICDs in the sterile package to other workers.
<table>
<thead>
<tr>
<th>TIME</th>
<th>PARTICIPANT ACTIVITIES</th>
<th>TRAINER ACTIVITIES</th>
<th>KEY CONCEPTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>---</td>
<td>Meet with your trainer to review the day’s activities.</td>
<td>Meet with your participant to discuss the observations they made in the clinic and how services are being delivered. Discuss the difference in the way they provide services at the subcenters.</td>
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<tr>
<td>---</td>
<td>Complete reading assignment and the take home exercise.</td>
<td>Review the take home exercise with the participants. Review the learning guides in the participant’s handbook and also discuss the importance of reading them.</td>
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<tr>
<td></td>
<td>Reading Assignments:</td>
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<tr>
<td></td>
<td>Reference Manual</td>
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<tr>
<td></td>
<td>Chapter 5: IUCDs</td>
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<td></td>
<td>Chapter 3: Infection Prevention</td>
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<td></td>
<td>Participant’s Handbook</td>
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<tr>
<td></td>
<td>Take home exercise on IUCDs and Infection Prevention. Learning guides on IUCD clinical and counselling skills.</td>
<td>When participant has completed the knowledge and skill assessment, sign and date this section.</td>
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<tr>
<td></td>
<td>Activities Completed:</td>
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<td></td>
<td>CBFPT Trainer Dates</td>
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<tr>
<td>TIME</td>
<td>PARTICIPANT ACTIVITIES</td>
<td>TRAINER ACTIVITIES</td>
<td>KEY CONCEPTS</td>
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</tr>
<tr>
<td>Day 2</td>
<td>Meet with the trainer to review your responses to the take home exercise on infection prevention and IUCDs</td>
<td>Meet with the participant to review the answers to the take home exercise on Infection Prevention and IUCDs. If the exercise has been completed correctly, sign and date this section. If not, discuss the exercise with the participant and ask the participant to correct or complete the exercise. When all questions are answered correctly, sign and date this section. Signature: __________________________ Date: __________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>View video tape on IUCD insertion/removal</td>
<td>Make available a video player so participants can watch the tape. Answer participants questions.</td>
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<tr>
<td></td>
<td>Review Appendix D: Instruction for inserting loaded Copper T 200B in chapter 5 of reference manual. Meet with your trainer to answer any question you have.</td>
<td>Answer participant's question on the instructions for IUCD insertion. Discuss with the participants the differences between the way they had been performing the procedures and the procedure in the checklist. Trainer ask participants to note the IP steps, loading copper T 200B in the sterile package and &quot;withdrawal&quot; technique.</td>
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<tr>
<td></td>
<td>Arrange with your trainer to practice IUCD insertion/removal on the model using the learning guides for IUCD counselling and clinical skills. After practicing on a model the participants visit the clinic with trainer to observe IUCD insertion removal and counselling.</td>
<td>Demonstrate IUCD insertion/removal on Zoe following steps in the learning guides for IUCD counselling and clinical skills. Participants then are given an opportunity to practice IUCD insertion/removal on the model under the supervision of the trainer. Trainer should observe/provide feedback on at least the first two or three insertions by the participant.</td>
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<tr>
<td>TIME</td>
<td>PARTICIPANT ACTIVITIES</td>
<td>TRAINER ACTIVITIES</td>
<td>KEY CONCEPTS</td>
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<td></td>
<td>Review with the trainer IP steps for IUCD insertion. Observe IP Practices in the clinic.</td>
<td>Demonstrate to the participants key IP procedures related to IUCD services:  - Handwashing,  - Decontamination  Arrange for demonstration of the following steps:  - Cleaning of instruments  - High-level disinfection by boiling and sterilization for processing gloves and instruments  Ask the participants to mark the infection prevention steps in the learning guides for IUCD clinical skills, found in the participant's handbook.</td>
<td>Key points to discuss  - Handwashing is the single most important IP procedure  - Wash hands before and after touching any client  - Wash hands after removing gloves because they may have holes in them  - Wash hands after exposure to blood or body fluids, even if gloves are worn  - Use fresh water to wash hands  - Do not use shared towels to dry hands  - Wear gloves when  - Performing a procedure with a client  - Handling soiled instruments and other items  - Disposing of contaminated waste items  - Boiling  - Always boil for 20 minutes using a pot with a lid.  - Cover items completely with clean water.  - Start timing when water begins to boil.  - Do not add anything after water begins to boil.  - Air dry before use.</td>
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<tr>
<td></td>
<td>Observe your trainer perform a complete IUCD insertion on a client. Refer to the checklist for counselling and clinical skills during the procedure. This observation will help you understand the remaining activities in this training program. Watch for IP practices.</td>
<td>Arrange for your participant to observe a complete IUCD insertion procedure. Ensure that you are following the steps given in the checklist for IUCD counselling and clinical skills. This observation will help your participant to understand the remaining activities in the training program.</td>
<td>Participants observe using the IUCD checklist. Trainer emphasizes during demonstration the key IP steps, client screening and &quot;withdrawal&quot; technique for IUCD insertion.  - Give participants the hand held uterus models to carry home and practice &quot;withdrawal&quot; technique.  - An arrangement should be made for those participants who want to practice for extended hours on the Zoo model.</td>
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<tr>
<td></td>
<td>Discuss with the trainer the simplified approach to screening for genital tract infection in IUCD clients.</td>
<td>Discuss with participant:  - Simplified approach to screening IUCD users for GTIs.</td>
<td>Key Concepts to be emphasized:  - Taking thorough history is essential to screen client for STDs and GTIs.  - Because some of the questions regarding GTIs and STDs are very sensitive, ask these questions in a respectful and culturally sensitive manner.  - Vaginal discharge, genital ulcers or sores with or without enlarged glands, and lower abdominal pain are key symptoms suggesting GTIs and STDs.</td>
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<tr>
<td>TIME</td>
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<td></td>
<td>Practice IP procedures, pelvic examination, and client assessment (Appendix A in Chapter 5) for IUCD in the clinic.</td>
<td>Arrange for your participants to practice I.P. procedures, pelvic examination, and client assessment for IUCD in the clinic. (Participants should use Appendix A: client assessment checklist, Chapter 5, in the reference manual).</td>
<td>Arrange for your participants to practice following IP procedures in the clinic.</td>
</tr>
<tr>
<td></td>
<td>Discuss key technical information regarding IUCDs with trainer.</td>
<td>Review key technical information regarding IUCDs.</td>
<td>Immediately effective after insertion</td>
</tr>
<tr>
<td></td>
<td>Discuss indications and precautions for IUCD use with trainer.</td>
<td>Review indications and precautions for IUCD use.</td>
<td>Who can Use IUCD</td>
</tr>
</tbody>
</table>

Who can Use IUCD:
- women of any reproductive age or parity
- women after 6 weeks postpartum
- women who are pregnant or suspected of being pregnant
- women with unexplained abnormal vaginal bleeding
- women with acute purulent discharge from vaginal canal or PID
- women with distorted uterine anatomy
- women with genital tract cancers
- women with more than one sexual partner or whose partner has more than one partner
- severe menstrual pain
- history of previous ectopic pregnancy
- anaemia
- simple vaginal infection

Who cannot Use the IUCD without further evaluation or treatment:
- women who have IUCD.
- women with metal in the cervix.
- women with cervical cancer.
- women with genital cancers.

Review appendix A, Chapter 5 on IUCDs in reference manual (Sample Client Assessment Checklist for IUCD Users).
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<tr>
<td></td>
<td>Discuss with your trainer the day’s activities, and ask any questions you have regarding the topics covered during the day.</td>
<td>Review the activities completed during the clinic hours and provide feedback to the participants on their performance. Answer the participant questions and reinforce the key points covered during the day.</td>
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<tbody>
<tr>
<td>Day 3</td>
<td>Meet with your trainer to review your responses to the take home exercise on counselling and RTI/STDs/HIV/AIDS.</td>
<td>Meet with your participant to review the answers to the take home exercise on counselling and RTI/STDs/HIV/AIDS. If the exercise has been completed correctly, sign and date this section. If not, discuss the exercise with the participant and ask the participant to correct or complete the exercise. When all questions are answered correctly, sign and date this section.</td>
<td></td>
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<tr>
<td></td>
<td>Arrange with your trainer to continue practicing IUCD insertion/removal (following 1P steps) on Zoe model using the learning guide for IUCD and RTI/STDs/HIV/AIDS counselling and clinical skills.</td>
<td>Arrange for your participants to continue practicing IUCD insertion/removal on Zoe model (following 1P steps) using the learning guide for IUCD and RTI/STDs/HIV/AIDS counselling and clinical skills.</td>
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CBFPT Program for Health Workers
Trainer's Notebook
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<tr>
<td></td>
<td>When you feel that you are competent in inserting an IUCD on the Zoe model, arrange with your trainer to assess your skills using the checklist for IUCD and RTI/STDs/HIV/AIDS counselling and clinical skills. If you are found &quot;competent&quot; you will be permitted to move on to practice on clients.</td>
<td>Meet with your participant to determine if she feels competent in inserting/removing the IUCD on the Zoe model. If yes, assess participant’s skills using the checklist for IUCD and RTI/STDs/HIV/AIDS counselling and clinical skills. If the participant is competent, sign and date this section. The participant will now be able to provide IUCD insertion/removal under your supervision. If participant is not competent, ask her to practice on Zoe model until she is ready for another assessment. Signature: __________________________  Date: ____________</td>
<td>Participant is not allowed to practice on clients until she has been rated as competent on the Zoe model. Participants continue to practice on the Zoe model until she feels confident and is rate competent. This may mean repeated assessments before she starts practicing on the client.</td>
</tr>
</tbody>
</table>
|      | Discussion common side effects of IUCDs and their management with the trainer.                                                              | Review common side effects of IUCD and their management with the participants. Also review when the Health Worker (F) should refer the client for further management.                                                                                                           | - irregular or heavy bleeding  
- amenorrhea  
- missing strings  
- vaginal discharge/suspected PID (RTI/STDs)  
- cramping                                                                                                                                                                                                 |
|      | Discuss followup care of IUCD clients with the trainer.                                                                                       | Review followup care of IUCD clients with participants.                                                                                                                                                         | When client should return for check-up  
- after 6 weeks to check strings or when she is concerned about a problem  
HW (F) should tell client to return to clinic if they:  
- cannot feel strings  
- feel hard part of the IUCD  
- expel the IUCD  
- miss a period or have pregnancy symptoms  
- have persistent or lower abdominal pain, particularly if accompanied by fever |
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</table>
|      | Arrange to observe your trainer counsel several clients. Refer to your learning guides on counselling and RTI/STDs etc. during the observation. | Arrange for your participant to observe you counsel several clients. Ensure that you are correctly demonstrating the skills presented in the learning guides on counselling and RTI/STDs etc. given in the participant’s handbook. | Key Points to discuss:  
Explain the role of counselling is to help a client to:  
- choose a family planning method that is best for them  
- use the method safely and effectively  
Discuss clients rights during counselling:  
- right to information  
- right to choose a method  
- right to discontinue a method  
- right to be treated respectfully  
- right to privacy and confidentiality  
Indicate counselling for family planning includes discussion of the:  
- reproductive goals of the woman or couple  
- all of the methods from which the woman can choose  
- benefits and limitations of the method chosen  
- reversibility  
- long or short-term side effects  
- how to use the method effectively |
|      | Meet with your trainer following the counselling sessions to discuss your observations and to ask questions if, any. | Discuss the counselling sessions and your participant’s observations. Focus on the steps in the learning guides on counselling. | Practice: Utilize the role plays included in the trainer’s notebook and participant handbook.  
Have two participants in a “role play” practice.  
General counselling as the trainer observes and suggests how the counselling may have been improved. |
<p>|      | Arrange to role-play a series of counselling sessions with your trainer following the steps outlined in the learning guide on counselling. Once you feel competent, meet your trainer for feedback regarding your counselling skills using the learning guides on counselling or, if you are competent then with the checklist on counselling skills. | Role play a series of counselling sessions with your participants following the steps outlined in the learning guide on counselling. You should provide feedback regarding the participant’s counselling skills using the learning guide on counselling or if the participant is competent, with the checklist. |  |
|      | Arrange with your trainer to counsel potential FP clients and provide method specific counselling for IUCDs in the clinic. | Arrange for your participant to provide method specific counselling to potential IUCD clients in the clinic under your supervision. Refer to the checklist on IUCD counselling skills given in the participant’s handbook. Provide feedback and coaching as needed. |  |</p>
<table>
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<tr>
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<tbody>
<tr>
<td></td>
<td>With another participant, make a list of common rumors about IUCDs in your community.</td>
<td>Meet with your participants to review and clarify common rumors about IUCDs.</td>
<td>Common rumors about IUCDs. -The IUCDs might travel through the woman’s body, may be in her heart or brain. -IUCD prevent pregnancy by causing abortion. Clarify any other rumors that might be prevalent in the community served by the participant. Refer to the reference manual to.</td>
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<tr>
<td></td>
<td>Review day’s activities with your trainer. Ask questions if you have any.</td>
<td>Review the activities. Provide feedback to the participants on their performance. Answer the participant questions and reinforce the key points covered during the day.</td>
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<tr>
<td></td>
<td>Complete reading assignment and the take home exercise.</td>
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</table>

**Reading Assignments:**
- **Reference Manual**
  - Chapter 4: COCs
  - Chapter 7: Condoms
- **Participant’s Handbook**
  - Take home exercise on COCs and condoms.
  - Learning guides on COCs and Condom counselling

**Activities Completed:**
CBFPT Trainer Dates
<table>
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<tr>
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</table>
| Day 4 | Review your responses to the take home exercise on COCs and condoms with your trainer. | Meet with your participant to review the answers to the take home exercise on COCs and condoms. If the exercise has been completed correctly, sign and date this section. If not, discuss the exercise with participant and ask the participant to correct or complete the exercise. When all questions are answered correctly, sign and date this section. Signature: ______________________ Date: ________________ | Emphasize pills:  
- work by preventing ovulation and fertilization  
- Must be taken daily to be effective, preferably at the same time each day  
- Do not protect against STDs/AIDS  
Discuss advantages and non-contraceptive health benefits, including  
- Effective immediately if started within first 7 days of menstrual cycle  
- A pelvic exam is not needed prior to providing pills to a client  
- Pills reduce menstrual flow  
- Decreases menstrual cramps  
- Protect against ovarian and endometrial cancer  
Discuss who can use:  
- Women of any reproductive age  
- Women of any parity, including nulliparous women  
- Postabortion clients (may begin within 7 days)  
- Women with anemia |
<p>| | Arrange with your trainer to continue providing family planning services, including IUCD services including screening for STDs and client counselling in the clinic. | Arrange for your participants to continue providing family planning services, including providing IUCD services including screening for STDs and client counselling, in the clinic. | |
| | Discuss key technical information regarding COCs with your trainer. | Ask participants some of the important technical questions relating to the management of COC users. Address the key misconceptions and issues. | |</p>
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<tr>
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</table>
|        | Obtain packets of COCs provided by the clinic | Discuss clinic policies for provision of COCs with your participant. | Discuss who cannot use without additional evaluation:  
Women who are pregnant or suspected of being pregnant  
Breast-feeding mothers before 6 months postpartum  
Women with unexplained abnormal vaginal bleeding  
Women with breast cancer  
Women with a history of blood clotting disorders  
Women with jaundice  
Women with severe hypertension  
Women taking anticonvulsant or rifampicin  
Discuss management of common side effects:  
Breast tenderness  
Nausea/vomiting  
Spotting  
Amenorrhoea  
Service provision policies in UP:  
Client may be given up to three months supply of pills after screening for any precautions.  
Client should be instructed to return to clinic within 3 months for follow-up and at that time can be provided 3 additional cycles.  
Five key warning signs for COCs users are:  
1. Severe abdominal pain  
2. Severe chest pain, cough, shortness of breath  
3. Headaches severe  
4. Eye problems like blurring or loss of vision  
5. Severe leg pain in calf or thigh. In case of the above signs client should stop taking COCs and should immediately meet the physician. |
|        | Observe your trainer counselling a client for oral contraceptives. Refer to learning guides for COCs counselling.  
Discuss observations with trainer. | Review learning guide with the participant. Arrange for your participant to observe you counsel a client seeking COCs and/or manage a client experiencing side effects or other health problems, if such clients are available. Arrange for participant to counsel COCs clients (new or follow up). | |
<p>|        | Counsel clients for COC use and followup. | Discuss the key counselling points. | |
|        | Manage side effects in a client using COCs. | Arrange for your participant to manage a client experiencing side effects or other health problems (if such a client is available). Discuss when to refer a client to the doctor for further management. You will observe, coach, and provide feedback. If your participant is competent, she can move on to the next section. If more practice is required, please arrange this. | |</p>
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|      | With another participant, make a list of the rumors present in your community about oral contraceptives. | Review and clarify the rumors about COCs with participants. | Common rumors about combined oral contraceptives:  
- Women need to take a break from the pill after some period of time  
- The pill will cause miscarriage  
- COCs increase the risk of cancer  
- Use of COCs may cause infertility  
- COCs may cause birth defects |
|      | Discuss key technical information regarding condoms with your trainer. | Review key technical information regarding condoms. | Key Points to Discuss:  
Condoms:  
- Prevents sperm from reaching female reproductive tract  
- Are effective immediately  
- Are protective against STDs/HIV transmission  
- Must be used at every act of intercourse  
- Should not be used with Vaseline or other petroleum based lubricants  
- Cannot be reused  
- Can be used as a back-up method to other methods (e.g., when a client forgets to take her pills) |
|      | Arrange a role play on counselling for condoms with another participant, emphasizing the benefits and precautions of condom use. Refer to the learning guides on condom counselling from the participant's handbook. | Demonstrate the method specific counselling for condoms in a role-play with participant. Participant follows the learning guide during role-play. Ask participants to practice condom counselling with another participant using learning guide for condom counselling. |  
- Condoms must be rolled entirely on erect penis  
- Small space should be left at tip  
- After ejaculation, hold rim of the condom and pull penis out before it gets soft. |
|      | Demonstrate to your trainer correct placement of condoms on a model or stick. | Make sure proper technique for condom placement is used. |  
- Condoms must be rolled entirely on erect penis  
- Small space should be left at tip  
- After ejaculation, hold rim of the condom and pull penis out before it gets soft. |
|      | Arrange to counsel a client interested in using condoms as their method of family planning. | Arrange for your participants to counsel a client for condoms in the clinic. You should observe and coach as needed. |  
- Common rumors about condoms:  
- May come off or get stuck in vagina  
- May burst during intercourse  
- Condoms cause impotence |
|      | Meet with your trainer following the counselling session to discuss your observations and any questions. | Discuss the counselling session and your participants' observations. Focus on the steps in the checklist for counselling for condoms. |  
- Common rumors about condoms:  
- May come off or get stuck in vagina  
- May burst during intercourse  
- Condoms cause impotence |
|      | With another participant, make a list of common rumors present in your community about condoms. | Review and clarify common rumors about condoms with participants. |  
- Common rumors about condoms:  
- May come off or get stuck in vagina  
- May burst during intercourse  
- Condoms cause impotence |
### CLINIC-BASED FAMILY PLANNING TRAINING (CBFPT) PROGRAM OUTLINE

<table>
<thead>
<tr>
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<td></td>
<td>Review the day’s activities with your trainer. Ask questions if you have any.</td>
<td>Review days activities, provide feedback to the participants on their performance. Answer the participant questions and reinforce the key points covered during the day.</td>
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<td></td>
<td>Complete reading assignment and the take home exercise.</td>
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</table>
|      | **Reading Assignments:**  
|      | Reference Manual  
|      | Chapter 8: Voluntary Sterilization  
|      | Participant’s Handbook  
|      | Take home exercise on voluntary sterilization  
|      | Learning guides for minilap/laparoscopy counselling skills. |               |               |
|      | Activities Completed: ___________________________  
|      | CBFPT Trainer ___________________ Date __________ |               |               |

### CLINIC-BASED FAMILY PLANNING TRAINING (CBFPT) PROGRAM OUTLINE

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<tr>
<td>Day 5</td>
<td>Review your responses to the take home exercise on voluntary sterilization with your trainer.</td>
<td>Meet with your participant to review the answers to the take home exercise on voluntary sterilization. Discuss the exercise with the participant and ask the participant to complete or correct the exercise. When all questions are answered correctly, sign and date this section.</td>
<td>Signature: ___________________ Date __________</td>
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<tr>
<td></td>
<td>Arrange with your trainer to continue practicing IUCD insertion/removal (following IP steps) using the learning guide for IUCD and screening for STDs etc and counselling and clinical skills.</td>
<td>Arrange for your participants to continue practicing IUCD insertion/removal in the clinic using the checklist for IUCD and screening for STDs etc and counselling and clinical skills.</td>
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<tr>
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</table>
|      | Discuss key technical points regarding voluntary sterilization with your trainer. | Trainer describes key points regarding minilap and laparoscopy. | Key points to discuss:  
- mechanism of action  
- client assessment  
- advantages and limitations  
- precautions and indications  
Key Points:  
- highly effective  
- permanent  
- does not interfere with intercourse  
Client Issues:  
- the client has the right to change her mind anytime prior to the procedure  
- a standard consent form must be signed by the client for the procedure  
- spouse consent is not required for the procedure. |
|      | Meet with your trainer. Discuss differences between minilap and laparoscopy. | Meet with your participant to discuss major differences between minilap and laparoscopy. Show laproscope to the participants and how they are placed on tubes. | For laparoscopy:  
- emphasize procedure is performed under local anesthesia and that client can return home the same day of the procedure.  
For Minilaparotomy:  
- emphasize procedure is performed under local anesthesia  
- show how procedure is performed on the Zoe model  
- can be performed postpartum |
|      | Discuss warning sign in a client after tubal ligation with the trainer. | Review key warning signs in a client after tubal ligation with the participants and how to recognize them. Emphasize the need for referring (without delay) the clients with warning signs to the doctor. | Warning signs for tubal ligation clients:  
- fever greater than 38°C or 100.4°F  
- dizziness or fainting  
- persistent or increasing abdominal pain  
- bleeding or fluid coming from the incision  
- missed menstrual period  
Tell client to contact health care provider if any of the above symptoms develop. Refer such client to the nearest facility where physician is available. |
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| ---  | **Observe your trainer counselling a client for either minilap or laparoscopy. Refer to the learning guide for minilap and laparoscopy counselling given in the participant's handbook.** | **Review informed consent forms for VS and how and when used.** | **Candidates for Tubal Ligation**  
- women between the ages of 22 and 45  
- women who are married and whose spouse is living  
- women who want highly effective, permanent protection against pregnancy  
- women who are breastfeeding (within 48 hours or after 6 weeks)  
- women who are postpartum (within 3 days) or immediately postabortion  
- women who are certain they have achieved their desired family size  
- women who understand and voluntarily consent to the operation |
| ---  | **Discuss observations of the counselling.** | **Arrange for your participant to observe you counsel a client who is a considering a VS procedure (minilap or laparoscopy).** | **Who should not use Tubal Ligation**  
- women who are pregnant (except following MTP)  
- women with acute pelvic or systemic infections (until controlled)  
- women who cannot withstand the surgery  
- women who may want additional children  
- women who do not give voluntary, informed consent. |
| ---  | **Practice minilap/laparoscopy counselling in role-play situation.** | **Arrange for your participants to practice minilap and laparoscopy counselling skills in a role play situation. Participants use learning guides for minilap/laparoscopy counselling during practice. Observe, coach and provide feedback to the participants.** | |
| ---  | **Counsel clients for minilap or laparoscopy.** | **Arrange for participant to counsel minilap and laparoscopy clients.** | |
| ---  | **Discuss with your trainer the key points regarding vasectomy.** | **Discuss with your participants how vasectomy is performed. Also discuss the "No-scalpel" procedure.** | **Blocks vas deferens so sperm not present in ejaculate**  
- highly effective and permanent  
- does not interfere with intercourse  
- does not affect man's ability to have sex  
- simple surgery done under local anesthesia  
- consent form must be signed by the man for the procedure  
- only men who are sure they have achieved their desired family size should have operation. |
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|      | With another participant, make a list of common rumors about tubal ligation and vasectomy in your community. | Meet with your participant and review and clarify list of common rumors about sterilization. | **Common Rumors about Vasectomy:**  
- vasectomy causes weakness and inability to work  
- vasectomy does not cause any adverse health effects  
- vasectomy causes impotence and lack of sex drive  
- vasectomy does not affect a man's ability to have sex  
- vasectomy is reversible  
- vasectomy should be considered permanent. Reversibility is difficult and often not successful. |
|      | Review the days activity with your trainer. Ask questions if you have any.             | Review the activities completed during the clinic hours and provide feedback to the participants on their performance. Answer the participant's questions and reinforce the key points covered during the day. Discuss the evaluation plan for the next day. Ask the participants to review all the learning guides and practice checklist for IUCD insertion removal from the participant's handbook. | **Common Rumors about Tubal Ligation:**  
All of the following are FALSE:  
- tubal ligation causes weakness, weight gain/loss or other medical problems  
- tubal ligation causes gas  
- tubal ligation is EASILY reversible  
Emphasize that participants will get one more opportunity to practice all the skills on Zoe model during morning hours before they will be evaluated for qualification. |
<p>|      | Activities completed:                                                                 |                                                                                     |                                                                                                                        |</p>
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<td>Day 6</td>
<td>Meet with your trainer to discuss information regarding LAM and newer contraceptives.</td>
<td>Meet with your participants to discuss information regarding LAM and newer contraceptives.</td>
<td>Give participant a chance to practice the skills before they are evaluated working with clients.</td>
</tr>
<tr>
<td></td>
<td>Arrange with your trainer to continue providing family planning services, including providing IUCD services, screening for STDs and client counselling in the clinic</td>
<td>Arrange for your participant to continue providing family planning services, including providing IUCD services, screening for STDs and client counselling in the clinic</td>
<td></td>
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<tr>
<td></td>
<td>Meet with your trainer to review program outline. If not assessed yet as competent on IUCD insertion/removal and RTI/STDs counselling and clinical skills arrange with trainer to be assessed using IUCD and RTI/STDs counselling and clinical skills checklist.</td>
<td>Meet with participant to review program outline. If participant has not yet been assessed as competent inserting and removing an IUCD using the IUCD and RTI/STDs counselling and clinical skills checklist, arrange to observe the HW provide these services. If participant is competent, sign and date this section. If participant is not competent, arrange for follow-up practice.</td>
<td>Participants should be able to perform all the steps as given in checklist for IUCD and RTI/STDs counselling and clinical skills correctly. If not, additional practice will be required.</td>
</tr>
<tr>
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<td>Meet with your trainer to take the Post training assessment.</td>
<td>Arrange for your participant to take the Post training assessment.</td>
<td></td>
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<td>Complete the participant reaction form</td>
<td>Arrange for the participant to complete the participant reaction form.</td>
<td></td>
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<tr>
<td></td>
<td>Review with your trainer your expectations as listed on day 1.</td>
<td>Review with your participants their expectations as listed on day 1. Discuss any issues not covered during the training.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All Activities Completed:</td>
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CBFPT Trainer Dates

CBFPT Program for Health Workers
Trainer's Notebook
ANSWERS TO TAKE HOME EXERCISES
TAKE HOME EXERCISE-I
COPPER T 200B IUCD

Instructions: Encircle the letter of the single best answer to each statement given below

1. An IUCD client should be counselled:
   a. before insertion
   b. after insertion
   c. during each follow up visit
   d. all of the above

2. Postinsertion counseling should inform the woman of common side effects of Copper T 200B IUCD use such as:
   a. nausea and headaches
   b. heavy vaginal discharge requiring frequent personal hygiene (douching)
   c. mild cramping for a few days and possible intermenstrual spotting
   d. increased risk of heart disease

3. A good candidate for using an IUCD is a woman who has:
   a. painful menstrual periods
   b. a past history of an ectopic pregnancy
   c. never been pregnant
   d. been breastfeeding for 6 months

4. Precautions for IUCD insertion would be:
   a. less than 6 months postpartum
   b. recent (within last 3 months) jaundice
   c. retroverted uterus
   d. none of the above

5. When taking a history of a client considering an IUCD, questions should include:
   a. menstrual history, parity, and previous GTIs or Pelvic Infection
   b. a description of past contraceptive use
   c. a social history regarding sexual practices (mutually faithful relationship)
   d. All of the above.

6. Using the safe and gentle IUCD insertion technique:
   a. eliminates the need for sterile gloves
   b. minimizes the risk of postinsertion infection
   c. reduces the need for local anesthesia
   d. all of the above
7. Reasons for removing an IUCD include,
   a. if the woman wants to become pregnant
   b. if the woman wants to have it removed
   c. if there are persistent side effects or other problems
   d. all of the above

8. If a client requests a second IUCD immediately on removal of the first one,
   a. there is no harm in inserting a new IUCD immediately after the old one
      has been removed.
   b. she should be advised to rest for 3 months before the new IUCD is inserted.
   c. she should be advised to choose another method of contraception.
   d. none of the above

9. If a woman with an IUCD cannot feel the strings of her IUCD when she checks them
    after her period, she should:
   a. not worry because sometimes the strings dissolve
   b. wait until her next period and check them again before doing anything else
   c. check them every day until they reappear
   d. go immediately to the health worker because her IUCD may have fallen out
      and she may be able to become pregnant.

Instructions: For the statements given below, write "T" if the statement is "TRUE" and "F" if it is "FALSE" in the space given at the end of each statement.

1. Allowing the client to handle a sample Copper T 200B should be discouraged because it will only frighten her.  F
2. The Copper T 200B IUCD is inserted using a withdrawal technique.  T
3. The Copper T 200B IUCD is effective for 3 years.  T
4. Following the insertion of the IUCD, the woman should return to the clinic only if she is having a problem or wants to have it removed.  F
5. Once inserted, the Copper T 200B IUCD is effective only after one complete cycle.  F
6. A tarnished IUCD in a sealed, undamaged package can be used safely.  T
7. The "no touch" technique should be used when inserting the Copper T 200B IUCD.  T
TAKE HOME EXERCISE-II
INFECTION PREVENTION

Instructions: Encircle the letter of the single best answer to each statement given below

1. The primary objective of infection prevention for family planning service delivery is to:
   a. minimize the cost of medicines and supplies used after providing family planning services like IUCD and VS
   b. develop standards for use of antibiotics following IUCD insertion
   c. **minimize transmission of HBV and HIV to clients, health workers, other staff, and the community.**
   e. all of the above

2. Handwashing is indicated **before**:
   a. examining the client
   b. performing a pelvic examination
   c. putting on sterile or high-level disinfected gloves to insert an IUCD
   d. **all of the above**

3. Handwashing is indicated **after**:
   a. contact with (examining) a client
   b. touching mucous membranes, blood or body fluids
   c. removing gloves
   d. **all of the above**

4. To minimize the risk of staff contracting hepatitis B or AIDS during the cleaning process, all soiled 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 solution for 10 minutes before cleaning**
   c. rinsed in water and scrubbed with a brush before sterilizing
   d. soaked overnight in Savlon.

5. Which instruction is not correct for boiling instruments to achieve HLD.
   a. boil in a pot with a lid for 20 minutes
   b. start timing when the water begins to boil
   c. add nothing to the pot after the item is added and the water begins to boil
   d. **there is no need to have instruments fully submerged in the water**

6. To make a 0.5% solution of chlorine from 30% bleaching powder
   a. add three teaspoonful of 30% bleaching powder in 10 liters of water
   b. add three teaspoonful of 30% bleaching powder in 5 liters of water
   c. **add three teaspoonful of 30% bleaching powder in 1 liter of water**
   d. add three teaspoonful of 30% bleaching powder in 7 liters of water
7. Cleaning instruments by scrubbing with detergent and water until visibly clean and then thoroughly rinsing them:
   a. **is an effective way to remove most microorganisms**
   b. is not necessary provided items are soaked in Savlon for 20 minutes before reuse.
   c. is not necessary provided the instruments are sterilized or high-level disinfected before reuse
   d. decreases the effectiveness of high-level disinfection by boiling or sterilization

8. Correctly loading the Copper T 200B IUCD in the sterile package:
   a. is not necessary if high-level disinfected gloves are available
   b. assures that the IUCD will remain sterile until it is removed from the package
   c. is difficult to learn to do
   d. all of the above

9. Use of prophylactic antibiotics with IUCDs:
   a. prevents postinsertion pelvic infection
   b. eliminates the need for thorough cleansing of the cervix with antiseptic prior to IUCD insertion
   c. **is not necessary**
   d. all of the above

10. After completing an IUCD insertion the health worker should
   a. dispose off waste items such as cotton or gauze pads before removing gloves
   b. place soiled instruments and other items in 0.5% chlorine solution before removing gloves
   c. remove gloves and put them in 0.5% solution for decontamination before leaving the procedure room
   d. **all of the above**

11. At the subcenter, before an IUCD insertion instruments should be
   a. washed and cleaned
   b. **boiled for 20 minutes in the container with the lid on**
   c. soaked in savlon for 10 minutes
   d. always sterilized before use

12. The scissors for cutting the IUCD strings should be
   a. soaked in Savlon
   b. sterilized only
   c. **boiled for 20 minutes in a container with the lid on**
   d. cleaned with a spirit swab
TAKE HOME EXERCISE -III
COUNSELLING

Instructions: Encircle the letter of the single best answer to each statement given below.

1. For most clients, the best family planning method is:
   a. the one that health worker thinks is best for a particular client
   b. the one that is most effective
   c. the one that is most convenient for the provider
   d. the one that the client chooses after learning about all the available methods

2. An informed consent form signed by the client is required by the National Family Welfare Program for the use of the following:
   a. COCs
   b. an IUCD
   c. voluntary sterilization
   d. none of the above

3. Detailed information about a particular method is usually discussed with a client during
   a. general FP counselling
   b. method-specific counselling
   c. follow up counselling
   d. all of the above

4. Which of the following is characteristic of "active listening?"
   a. looking at the client when she is talking
   b. thinking about what you will say next to the client
   c. interrupting the client
   d. writing or reading notes when the client is speaking

5. Which of the following is characteristic of "effective questioning"?
   a. asking more than one question at a time
   b. asking questions that begin with "why"
   c. asking leading questions
   d. using tone of voice that indicates interest and concern

6. A woman has had an IUCD in for 3 months and now wants to have it removed. What would be the best counselling response?
   a. Explain it sometimes takes more than 3 months to get used to the IUCD and try to persuade her to try it for another 3 months
   b. do not ask any questions, simply remove it and help her choose another method
   c. ask her why she wants it removed. If it is to become pregnant, remove the IUCD. If not, discuss her reasons and concerns. If she wants it removed, do so and help her choose another method.
   d. suggest she use the IUCD for a year
Instructions: For the statements given below write "T" if the statement is "TRUE" and "F" if it is "FALSE" in the space given at the end of each statement.

1. The FP counselling process may be described a process of communication where the health worker asks the questions and the client answers questions, before the service provider will recommend a method to the client.  
   
   F

2. "Informed choice" means that a FP client has the right to choose any method she wants based on full information of the benefits and risks of all the methods available (including not to use any method), and has been counselled on all aspects of the method chosen.  
   
   T

3. Privacy, confidentiality, and using simple language are important elements of a counselling session.  
   
   T

4. If a client is unsure about what is the best FP method for her, a health worker would tell the client which method the health worker thinks is best.  
   
   F

5. The best way to correct a rumor about a FP method is to politely tell the client that the rumor is not true, and lightly brush off the comment.  
   
   F

6. If the client is illiterate the health worker should spend more time to counsel her to help her choose a method rather than suggesting a method for her.  
   
   T
TAKE HOME EXERCISE-IV
COMBINED ORAL CONTRACEPTIVES

Instructions: Encircle the letter of the single best answer to each statement given below.

1. A new COC user should:
   a. begin taking her first pack of pills within the first 7 days of her menstrual cycle
   b. begin taking her pills on the 10th day of her menstrual period
   c. begin taking her pills whenever she wants to begin
   d. none of the above

2. COCs act mainly by
   a. preventing ovulation
   b. blocking the sperm from fertilizing the ovum
   c. preventing the implantation of fertilized ovum in the uterus
   d. none of the above

3. If a woman forgets to take one pill, she should
   a. not worry, and should continue taking rest of the pills as per schedule
   b. take two pills the next day
   c. take the forgotten pill as soon as she remembers it and take the subsequent pill as per schedule even if it means taking two pills on one day
   d. should immediately go to her health worker for further advice

4. If a woman forgets to take two or more pills, she should
   a. stop taking the pills and begin again when she has her menstrual period
   b. throw away the pills she missed and continue on taking the rest of the pack
   c. take 2 pills the day she discovers that she has forgotten to take her pills and continue taking 2 pills a day until she is back on schedule, and then return to taking one pill a day and use a back up method for 7 days
   d. use another method of contraception, she is not a good candidate for pills

5. Common side effects of combined oral contraceptives include:
   a. blurred vision
   b. jaundice
   c. feet pain
   d. spotting, nausea, breast tenderness, and weight gain which last only for few months of use.

6. When a woman finishes a packet of 28 pills, she should start the next packet:
   a. after 5 days
   b. after 7 days
   c. only after she has had her menstrual period
   d. on the next day
7. A woman can take oral contraceptives:
   a. for a 1 year period, followed by a rest period of two cycles during which she should be protected by condoms
   b. **indefinitely, as long as she is happy with the method and there are no major side effects**
   c. for 2 years, followed by up to a 6 months rest period during which she should switch to barrier method or IUCD
   d. for maximum of 10 years, after which she should switch to some other method

8. Prior to starting a client on combined oral contraceptives, a pelvic examination:
   a. must be done
   b. must be performed only if the woman is under 20 years of age
   c. **is not necessary**
   d. must only be performed for women who have never had children

9. Combined oral contraceptives give protection against:
   a. jaundice
   b. **cancers of the ovary and uterus**
   c. migraine headaches
   d. all of the above

**Instructions:** For the statements given below, write "T" if the statement is "TRUE" and "F" if it is "FALSE" in the space given at the end of each statement.

10. If a woman has taken a cycle of COCs perfectly (everyday) and misses her period, she can start her next package of pills on schedule. **T**

11. COCs can be prescribed to a woman who is breastfeeding and less than 6 month postpartum. **F**

12. COCs should not be prescribed to a woman who is 35 years of age and is a heavy smoker. **T**

13. The efficacy of COCs is reduced in a woman taking rifampin for the treatment of tuberculosis. **T**

14. If a woman on COCs develops severe headaches with blurred vision, she should discontinue the pills and report to the doctor immediately. **T**

15. COCs should not be given to a woman who has high blood pressure. **T**
TAKE HOME EXERCISE-V
CONDOMS

Instructions: Encircle the letter of the single best answer to each statement given below.

1. The condom is the only FP method that provides protection against:
   a. pregnancy
   b. HIV/AIDS and STDs
   c. ovarian cancer
   d. none of the above

2. The main reasons for condom failure are:
   a. inconsistent and incorrect use
   b. penis too small causing leakage around the condom
   c. penis too large causing condom breakage
   d. none of the above

3. If a condom is carefully removed from the penis, washed and examined for tears, it can be reused:
   a. three times
   b. two times
   c. as many times as client wants provided no tears are present
   d. never

4. For a condom to be effective it is important that the penis be withdrawn from the vagina:
   a. when still moderately erect
   b. when flaccid
   c. just before ejaculation
   d. none of the above

5. Counselling a client about how to use a condom, it is essential that the health workers explain:
   a. that the condom must be used with every act of intercourse
   b. in detail how to use condoms
   c. that oil based lubricant should never be used
   d. all of the above
Instructions: For the statements given below write "T" if the statement is "TRUE" and "F" if it is "FALSE" in the space given at the end of each statement.

1. It is appropriate to counsel couples, who are successfully using other methods, to also use condoms.  \( T \)

2. There is no need to leave a space at the tip of the condom to collet semen.  \( F \)

3. When counselling a client about condoms, it is essential that the health worker explain in detail how and when to use condoms as well as demonstrate clearly how to put on and take off condom.  \( T \)
TAKE HOME EXERCISE-VI
VOLUNTARY STERILIZATION

Instructions: Encircle the letter of the single best answer to each statements given below.

1. The mechanism of action for female voluntary sterilization is to:
   a. prevent production of ova
   b. block the fallopian tubes to prevent ovum and sperm from uniting
   c. block the entry of sperm to the uterine cavity
   d. prevent implantation

2. The best time to discuss postpartum tubectomy with a married woman is:
   a. in the prenatal period
   b. immediately after delivery
   c. at the 6 week postpartum
   d. none of the above

3. After a man has had a vasectomy, the couple needs to continue to use another contraceptive method until:
   a. the stitches are removed
   b. 1 month has passed
   c. he receives a lab report which shows a negative sperm count
   d. he has had 20 ejaculations/or 3 months have passed

4. A client who has received a tubal ligation should be counselled to return to the clinic or hospital for a check up if she has:
   a. fever (greater than 38°C or 100.4°F)
   b. shoulder pain
   c. nausea
   d. cough and nasal congestion

Instructions: In the space given against each statement write "T" if the statement is "TRUE" and "F" if it is "FALSE".

1. The most important characteristic of VS that should be stressed in counselling is that it is a permanent procedure.  
   T

2. Men who must work to support their families should not have vasectomies because the operation will make them become weak and unable to work.  
   F

3. Once a couple is sure they want no more children and have decided on VS, it is a waste of time to go into detailed counselling.  
   F
TAKE HOME EXERCISE-VII
RTI/STD/HIV/AIDS

Instructions: Encircle the letter of the single best answer to each statement given below.

1. STDs/HIV/AIDS can be transmitted by
   a. handshaking, sharing eating utensils
   b. living in the same room/house with an infected person
   c. mosquito bites
   d. none of the above

2. Correct Infection prevention practices to prevent all STDs include
   a. savlon / dettol solution for 30 minutes
   b. spirit for 15 minutes
   c. 0.5% bleach solution for 10 minutes and boiling for 20 minutes
   d. 0.5% bleach solution for 5 minutes and boiling for 10 minutes

3. The presence of RTIs/STDs in a client may be suspected by a health worker by
   a. the pulse rate
   b. taking history using the syndromic approach
   c. X-Rays
   d. none of the above

4. In the absence of any sexual contact, RTIs can occur in a woman by
   a. unhygienic practices during her menses
   b. using contaminated / unsterile gloves or instruments during any pelvic procedure such as pelvic examination, IUCD insertion/removal
   c. unsafe abortion and delivery practices
   d. all of the above

Instructions: In the space given against each statement write “T” if the statement is “TRUE” and “F” if it is “FALSE”.

1. It is possible to diagnose many STDs by symptoms and signs. T

2. HIV infected individuals may remain well for many years. T

3. If a non-sexually active woman complains of vaginal itchiness and reports a white discharge, you would suspect an STD. F
USING THE CHECKLIST

This skills assessment activity is intended to assist both the clinical trainer and participant as they begin their work together in the course. The results will identify those counselling and clinical skills (i.e. pelvic examination) which are performed satisfactorily and those which may need to be learned or require additional practice during the course.

Each participant should be informed individually about the assessment findings at the beginning of the course. They should use the results of the assessment to guide her learning activities during guided clinical activity sessions.

To use the following checklists for assessment of participants, please follow the instructions given with each checklist.
CHECKLIST FOR COUNSELLING AND CLINICAL SKILLS

USING THE CHECKLIST

The Checklist for Counselling and Clinical Skills is used by the clinical trainer to evaluate each participant's performance in providing Family Planning services (i.e., counselling, client screening, infection prevention practices, IUCD insertion or removal). This checklist is derived from the information provided in the CBFPT reference manual. Unlike the learning guides, which are quite detailed with the counselling and clinical skills activities the checklist focuses on only the key steps in the entire process.

Criteria for satisfactory performance by the participant are based on the knowledge, attitudes and skills set forth in the reference manual and learning guides.

<table>
<thead>
<tr>
<th>Satisfactory: Performs the step or task according to the standard procedure or guidelines</th>
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Evaluation of the counselling skills of each participant may be done with clients; however, it may be accomplished also through observation during role plays with volunteers or clients in real situations at any time during the course.

Evaluation of clinical skills usually will be done during the last days of the workshop. In the first few cases, it is not mandatory (or even possible) for the trainer to observe the participant perform a procedure from beginning to end. For example, early on s/he may watch the participant load the IUCD in the sterile package in one case, insert the IUCD in another and decontaminate instruments in yet a third. What is important is that each participant demonstrates the steps or tasks at least once for feedback and coaching prior to the final evaluation. (If a step or task is not done correctly, the participant should repeat the entire skill or activity sequence, not just the incorrect step.) In addition, it is recommended that the clinical trainer not stop the participant at the incorrect step unless the safety of the "client" is at stake. If it is not, the clinical trainer should allow her/him to finish the skill/activity before providing coaching and feedback on her/his overall performance.

In determining whether the participant is qualified, the clinical trainer(s) will observe and rate the participant's performance on each step of a skill or activity. The participant must be rated "Satisfactory" for each skill/activity group covered in the checklist in order to be evaluated as qualified.
Finally, during the workshop, it is the clinical trainer’s responsibility to observe each participant’s overall performance in providing Family Planning services. Only by doing this can the clinical trainer assess the way the participant uses what s/he has learned (e.g., her/his attitude towards clients). This provides a key opportunity to observe the impact of the participant’s attitude on clients—a critical component of quality service delivery.

Qualification

The number of procedures each participant needs to observe, assist with and perform will vary depending on her/his previous training and experience. The number of cases needed must be assessed on an individual basis; there is no “magic number” of cases which automatically makes a person qualified to provide providing family planning services.

The goal of this training is to enable every participant to achieve competency (i.e., be qualified to provide family planning services). Therefore, if additional practice in, for example counselling or IUCD insertion is needed, sufficient extra cases should be allocated during the course to ensure that the participant is qualified. Finally, once qualified, each participant should have the opportunity to apply her/his new knowledge and skills as soon as possible. Failure to do so quickly leads to loss of provider confidence and ultimately loss of competence.
# Checklist 1

## Checklist for Family Planning Counselling

Place a tick "✓" in case box if step/task is performed **satisfactorily**, "x", if **not performed satisfactorily**, or **N/A** if not observed.  

Each tick equals 1 point  
**Satisfactory:** Performs the steps or task according to the standard procedure or guidelines  
**Unsatisfactory:** Unable to perform the step or task according to the standard procedure guidelines  
**Not Observed:** Step or task or skill not performed by participant during evaluation by clinical trainer

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### Checklist for Family Planning Counselling

#### Task/Activity

#### I General Counselling Skills

1. Is patient with the client.  
2. * Is respectful of the client and non-judgmental.  
3. * Is knowledgeable of family planning methods.  
4. Reassures the client that the information in the counselling session is confidential.  
5. * Listens to client actively; gives client complete attention.  
6. Is brief; gives only important points about the method.  
7. Uses body language to show interest in and concern for client.  
8. Asks questions appropriately.  
9. * Asks questions that need more answer than "yes" or "no".  
10. * Encourages the client to ask questions.  
11. * Uses language that the client can understand.  
13. Explains information in different ways to be sure the client understands.  
14. Uses visual aids, such as posters, flip charts, drawings, samples of methods, and anatomic models.  
15. * Asks the client to repeat what he or she has understood as a way to be sure that he or she has the correct information.  

#### II Initial Counselling (Groups or Individuals)

1. * Greets the client(s) respectfully and with kindness, introduces herself/himself to the client(s).  
2. Ask client why she has come and how can she be helped.  
3. What is her previous experience with Family Planning.
<table>
<thead>
<tr>
<th>TASK/ACTIVITY</th>
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<tbody>
<tr>
<td>4. Briefly tells the client(s) about the family planning methods available and how they work.</td>
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<tr>
<td>5. Tells client(s) the benefits and limitations of the available methods.</td>
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<td>6. Asks which method(s) interests the client(s).</td>
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<tr>
<td>7. Determines what the client(s) already know about these methods; corrects any misinformation.</td>
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<tr>
<td>8. Determines the risk of RTIs/STDs/HIV/AIDS. Answers any questions the client(s) may have.</td>
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**III FOLLOW-UP COUNSELLING**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Greets the client respectfully and with kindness; introduces herself/himself to the client.</td>
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<tr>
<td>2. Explores changes in the client’s current health status or lifestyle that may mean she needs a different method or may not need a method at all.</td>
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<td>3. Finds out if the client is satisfied with the method and still using it.</td>
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<tr>
<td>4. Explores how the client is using the method to be sure she is using it correctly; if appropriate, have the client repeat the instructions.</td>
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<tr>
<td>5. Asks the client about any problems she may be having with the method.</td>
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<tr>
<td>6. Reassures the client about any minor side effects she may have and treats them if appropriate.</td>
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<tr>
<td>7. Determines risk of RTIs/STDs/HIV/AIDS. Checks for medical complications and refers the client for medical evaluation if necessary.</td>
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<tr>
<td>8. Asks for questions from the client and answers them.</td>
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<td>9. Provides supplies if necessary.</td>
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<tr>
<td>10. Makes a return appointment for the client, if necessary.</td>
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<tr>
<td>11. Says goodbye to the client and invites her/him to return again.</td>
<td>Score %</td>
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**CBFPT Program for Health Workers**

57
CORING
Each correct answer receives 1 point
Section I: Total possible score 15 Number correct _______
Section II: Total possible score 8 Number correct _______
Section III: Total possible score 11 Number correct _______
Activities marked with a star are critical to be done according to standards to pass the assessment.

PERCENTAGE:
Calculate percentage based on the sections observed
Example: if Sections I and II were observed the total possible score is 23. If 19 out of 23 were correct
the score would be: 19 divided by 23 x 100 = 83%
Passing grade = 80% or above
# CHECKLIST FOR IUCD COUNSELLING AND CLINICAL SKILLS

Place tick `✓` in case box if step/task is performed satisfactorily, `✗`, if it is not performed satisfactorily, or `N/A` if not observed.

Each tick equals 1 point. The tasks marked with a `*` are essential while those marked with `**` are critical. While assessing the IUCD insertion check-list for assessing the competence, successful performance in these (`**`) critical tasks is mandatory, irrespective of the scores on all other steps prescribed in the check list.

Satisfactory: Performs the steps or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure guidelines

Not Observed: Step or task or skill not performed by participant during evaluation by clinical trainer

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## CHECKLIST FOR IUCD COUNSELLING AND CLINICAL SKILLS

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### IUCD INSERTION

### SECTION I PRE-INSERTION COUNSELLING

1. * Greets woman respectfully and with kindness

2. Asks woman about her reproductive goals and risk of RTs/STDS/HIV/AIDS

3. * If IUCD counselling not done, arranges for counselling prior to performing procedure

4. * Determines that the client’s contraceptive choice is the IUCD

5. Reviews medical record to determine if the client is an appropriate candidate for the IUCD

6. Assesses client’s knowledge about the IUCD’s major side effects

7. Is responsive to client’s needs and concerns about the IUCD (e.g. side effects and disadvantages)

8. * Describes insertion process and what to expect

### SECTION II INSERTION OF COPPER T 200B

**Pre-Insertion Tasks**

1. * Asks client if she has emptied her bladder

2. * Tells client what is going to be done and encourages her to ask questions

*CBFPT Programme for Health Workers*
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<tr>
<td>3. Palpates abdomen and checks for suprapubic or pelvic tenderness</td>
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<tr>
<td>4. * Washes hands thoroughly with soap and water and air dries</td>
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<tr>
<td>5. ** Puts High Level Disinfected gloves on both hands</td>
<td></td>
</tr>
<tr>
<td>6. Arranges instruments and supplies</td>
<td></td>
</tr>
<tr>
<td>7. * Performs speculum examination and checks cervix and vagina</td>
<td></td>
</tr>
<tr>
<td>8. * Performs bimanual examination</td>
<td></td>
</tr>
<tr>
<td>** IUCD Insertion</td>
<td></td>
</tr>
<tr>
<td>9. ** Inspects vulva/genitalia for any abnormality or discharge. Inserts vaginal speculum and inspects cervix and vagina and applies antiseptic to cervix and vagina 2 times.</td>
<td></td>
</tr>
<tr>
<td>10. ** Gently grasp cervix with vulsellum/tenaculum at the correct position.</td>
<td></td>
</tr>
<tr>
<td>11. ** Sounds uterus using no-touch technique, STOPS if any resistance</td>
<td></td>
</tr>
<tr>
<td>12. Briefly dips gloved hands in 0.5% chlorine solution</td>
<td></td>
</tr>
<tr>
<td>13. ** Loads Copper T 200B in a sterile package and sets the depth gauge.</td>
<td></td>
</tr>
<tr>
<td>14. ** Inserts the Copper T 200B using withdrawal technique</td>
<td></td>
</tr>
<tr>
<td>15. ** Removes the plunger and gently pushes in on the inserter tube to ensure high fundal placement of IUCD.</td>
<td></td>
</tr>
<tr>
<td>16. * Cuts the strings and gently removes vulsellum / tenaculum and speculum</td>
<td></td>
</tr>
<tr>
<td>** Post insertion Tasks</td>
<td></td>
</tr>
<tr>
<td>17. ** Places used instruments in 0.5% chlorine solution for decontamination</td>
<td></td>
</tr>
<tr>
<td>18. Disposes off waste material in covered waste container</td>
<td></td>
</tr>
<tr>
<td>19. ** If reusing surgical gloves, removes and places them in chlorine solution</td>
<td></td>
</tr>
<tr>
<td>20. Washes hands thoroughly with soap and air dries</td>
<td></td>
</tr>
<tr>
<td>21. Completes client record</td>
<td></td>
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</tbody>
</table>

*CBFPT Programme for Health Workers*
<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Post Insertion Counselling</strong></td>
<td></td>
</tr>
<tr>
<td>22. * Teaches client how and when to check for strings</td>
<td></td>
</tr>
<tr>
<td>23. * Discusses what to do if client experiences any side effects or problems</td>
<td></td>
</tr>
<tr>
<td>24. Assures client that she can have the IUCD removed at any time</td>
<td></td>
</tr>
<tr>
<td>25. * Observes client for at least 15-30 minutes before sending her home</td>
<td></td>
</tr>
<tr>
<td><strong>SECTION III IUCD REMOVAL</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Pre-Removal Counselling</strong></td>
<td></td>
</tr>
<tr>
<td>1. * Greets woman respectfully and with kindness</td>
<td></td>
</tr>
<tr>
<td>2. * Asks client her reason for removal and answers any questions</td>
<td></td>
</tr>
<tr>
<td>3. Reviews client’s present reproductive goals and risk of RTIs/STDs/HIV/AIDS.</td>
<td></td>
</tr>
<tr>
<td>4. Describes the removal procedure and what to expect</td>
<td></td>
</tr>
<tr>
<td><strong>Removal of Copper T 200B</strong></td>
<td></td>
</tr>
<tr>
<td>1. * Washes hand thoroughly with soap and water and air dries</td>
<td></td>
</tr>
<tr>
<td>2. Puts on High Level Disinfected gloves on both hands</td>
<td></td>
</tr>
<tr>
<td>4. * Inserts vaginal speculum and inspect cervix and vagina and applies antiseptic to cervix and vagina two times</td>
<td></td>
</tr>
<tr>
<td>5. * Grasps strings with Bozeman forceps close to cervix and pulls gently but firmly to remove IUCD.</td>
<td></td>
</tr>
<tr>
<td><strong>Post removal Tasks</strong></td>
<td></td>
</tr>
<tr>
<td>6. * Places used instruments in chlorine solution for decontamination</td>
<td></td>
</tr>
<tr>
<td>7. * Disposes off waste material in covered waste container.</td>
<td></td>
</tr>
<tr>
<td>8. * Removes gloves and places them in chlorine solution for decontamination</td>
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</tbody>
</table>
## Checklist for IUCD Counselling and Clinical Skills

<table>
<thead>
<tr>
<th>STEP/TASK</th>
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<tbody>
<tr>
<td>9. Washes hands thoroughly with soap and water and air dries</td>
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<tr>
<td>10. * Records IUCD removal in client record</td>
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<tr>
<td><strong>Post removal Counselling</strong></td>
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</tr>
<tr>
<td>1. * Discusses what to do if client experience any problems</td>
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<tr>
<td>2. Counsels client regarding new contraceptive method, if desired</td>
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<tr>
<td>3. Assists clients in obtaining new contraceptive method or provides temporary method until method of choice can be started</td>
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</tr>
</tbody>
</table>

Total points
Score %

## Scoring

Each correct answer receives 1 point

<table>
<thead>
<tr>
<th>Section</th>
<th>Total possible score</th>
<th>Number correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section I</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Section II</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Section III</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

## Percentage:

Calculate percentage based on the sections observed

**Example:** If Sections I and II were observed the total possible is 33. If 28 out of 33 were correct (including all the critical steps - the score would be: 28 divided by 33 x 100 = 85%)

Passing grade 80% or above

**Note:** Please (✓) whichever is applicable:

* The procedure terminated / asked to terminate if
  1. detected abnormal discharge or abnormal cervix on speculum examination.
  2. if abnormalities detected on bimanual examination.
  3. if abnormalities detected on sounding ie. < 6 cm. and / or > 10 cm. uterine length.

If the participant terminates the procedure without prompting from the trainer in the presence of any of the above conditions, consider the participant competent for screening for IUD insertion.
CHECKLIST 3 (Learning Guide 5)
CHECKLIST FOR COC COUNSELLING

Place tick "✓" in case box if step/task is performed satisfactorily, "x" if is not performed satisfactorily, or N/O if not observed.

Each tick equals 1 point

Satisfactory: Performs the steps or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure guidelines

Not Observed: Step or task or skill not performed by participant during evaluation by clinical trainer

<table>
<thead>
<tr>
<th>PARTICIPANT</th>
<th>COURSE DATES</th>
<th>DATE OF FOLLOW UP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TASK/ACTIVITY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Greets client/couple respectfully and with kindness; introduces herself/himself</td>
<td></td>
</tr>
<tr>
<td>2. Asks about the client's reproductive goals</td>
<td></td>
</tr>
<tr>
<td>3. Takes a reproductive and basic medical history of the client, including any risk of STDs etc. and any medical conditions that may be a precaution for oral contraceptives</td>
<td></td>
</tr>
<tr>
<td>4. Asks the client what she already knows about pills; appropriately corrects any misinformation that the client has.</td>
<td></td>
</tr>
<tr>
<td>5. Briefly, giving only the most important information, tells the client about pills:</td>
<td></td>
</tr>
<tr>
<td>• effectiveness</td>
<td></td>
</tr>
<tr>
<td>• how the pill prevents pregnancy</td>
<td></td>
</tr>
<tr>
<td>• how the pill is used</td>
<td></td>
</tr>
<tr>
<td>• advantages and disadvantages</td>
<td></td>
</tr>
<tr>
<td>• side effects</td>
<td></td>
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<tr>
<td>• warning signs that should return to clinic</td>
<td></td>
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<tr>
<td>6. Emphasizes that the client may discontinue the method any time she wants to, for any reason</td>
<td></td>
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<tr>
<td>7. Provides oral contraceptives to the client</td>
<td></td>
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<tr>
<td>8. Gives the client instruction on:</td>
<td></td>
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<tr>
<td>• how to take oral contraceptives</td>
<td></td>
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<tr>
<td>• side effects and their management</td>
<td></td>
</tr>
<tr>
<td>• problems or complications that mean the client must return to the health post right away</td>
<td></td>
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<tr>
<td>• what to do for missed pills</td>
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</tr>
<tr>
<td>9.</td>
<td>Allows the client to repeat the instructions to be sure she understands.</td>
</tr>
<tr>
<td>10.</td>
<td>Asks the client if she has any questions or concerns.</td>
</tr>
<tr>
<td>11.</td>
<td>Discusses return visits and follow-up with the client including risk of STDs.</td>
</tr>
<tr>
<td>12.</td>
<td>Encourages the client to return at any time they have a question or problem.</td>
</tr>
<tr>
<td>13.</td>
<td>Politely says goodbye to the client and invites her/him to return again.</td>
</tr>
<tr>
<td></td>
<td>Total Points</td>
</tr>
<tr>
<td></td>
<td>Score %</td>
</tr>
</tbody>
</table>

**SCORING**

Percentage: divide the number correct by 13 (total number) x 100

Example: if 11 out of 13 were correct the score would be 11 divided by 13 x 100 = 85%

Passing grade = 80% or above
# CHECKLIST 4
## CHECKLIST FOR CONDOM COUNSELLING

Place tick "✓" in case box if step/task is performed satisfactorily, "x" if it is not performed satisfactorily, or N/O if not observed.

Each tick equals 1 point

**Satisfactory:** Performs the steps 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 participant during the evaluation by clinical trainer

### CHECKLIST FOR CONDOMS COUNSELLING

<table>
<thead>
<tr>
<th>TASK/ACTIVITY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Greets client/couple respectfully and with kindness; introduces herself/himself</td>
<td></td>
</tr>
<tr>
<td>2. Asks about the client’s reproductive goals and risk of STDs etc. if appropriate</td>
<td></td>
</tr>
<tr>
<td>3. Takes a brief history of the client if appropriate</td>
<td></td>
</tr>
<tr>
<td>4. Asks the client what he/she already knows about condoms; appropriately corrects any misinformation that the client has.</td>
<td></td>
</tr>
</tbody>
</table>
| 5. Briefly, giving only the most important information, tells the client about condoms.  
  - effectiveness  
  - how condoms prevents pregnancy  
  - advantages and disadvantages  
  - side effects |   |
| 6. Provides condoms to the client |   |
| 7. Gives the client instruction on how to use condoms (used only once, storage, lubrication, risk of STDs) |   |
| 8. Demonstrates with a model how to put on a condom |   |
| 9. Explains what to do if a condom breaks or leaks during intercourse |   |
| 10. Allows the client to repeat the instructions to be sure she understands. |   |
| 11. Asks the client if she has any questions or concerns. |   |
| 12. Encourages the client to return at any time they have a question or problem. |   |
| 13. Politely says goodbye to the client and invites her/him to return again. |   |

**Total Points**

**Score %**
SCORING

Percentage: divide the number correct by 13 (total number) x 100
example: if 11 out of 13 were correct the score would be 11 divided by 13 x 100 = 85%
Passing grade = 80% or above
CHECKLIST 5 (Learning Guide 7)
CHECKLIST FOR MINILAP/LAP COUNSELLING SKILLS

Place tick "✓" in case box if step/task is performed satisfactorily, "x" if it is not performed satisfactorily, or N/O if not observed.

Each tick equals 1 point. Activities marked with a star are critical to be done according to standards to pass the assessment.

Satisfactory: Performs the steps 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 participant during evaluation by clinical trainer

<table>
<thead>
<tr>
<th>PARTICIPANT</th>
<th>COURSE DATES</th>
<th>DATE OF FOLLOW UP</th>
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<table>
<thead>
<tr>
<th>CHECKLIST FOR MINILAP/LAP COUNSELLING SKILLS</th>
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<tbody>
<tr>
<td>TASK/ACTION</td>
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<td>---------------------------------------------</td>
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<tr>
<td>1.</td>
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<td>2.</td>
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<td>4.</td>
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<td>6.</td>
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<td>8.</td>
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<td>9.</td>
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<td>10.</td>
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<tr>
<td>11.</td>
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<tr>
<td>12.</td>
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<tr>
<td>TASK/ACTIVITY</td>
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<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>13. * Briefly, giving only the most important information, tells the client about Minilap and Laparoscopy.</td>
</tr>
<tr>
<td>14. * Gives the client instruction on pre and postoperative care</td>
</tr>
<tr>
<td>15. * Explains the need for informed consent that she will have to sign before the procedure and importance of the spouse being involved in decision for minilap and laparoscopy.</td>
</tr>
<tr>
<td>16. * Allows the client to repeat the instructions to be sure she understands.</td>
</tr>
<tr>
<td>17. * Asks the client if she has any questions or concerns.</td>
</tr>
<tr>
<td>18. Tells client that she will be followed up at her residence following the procedure.</td>
</tr>
<tr>
<td>19. * Tells the client that she can return anytime if she has any question or problem.</td>
</tr>
<tr>
<td>20. * Tells the client that she will have to go to the facility where these services are available. She also should be accompanied by any of her relatives. You will accompany her if possible.</td>
</tr>
<tr>
<td>21. * Politely says goodbye to the client after fixing the time and date for going to the health facility for minilap/laparoscopy. Gives her enough condoms to use till the date of procedure.</td>
</tr>
</tbody>
</table>

Total Points
Score %

**SCORING**

Percentage: divide the number correct by 21 (total number) x 100

Example: if 17 out of 21 were correct the score would be 17 divided by 21 x 100 = 81%

Passing grade = 80% or above
# CHECKLIST 6 (Learning Guide 8)
**CHECKLIST FOR SCREENING FOR RTIs/STDs/HIV/AIDS AND FOR PELVIC EXAMINATION**

Place tick "√" in case box if step/task is performed satisfactorily, "x" if it is not performed satisfactorily, or N/O if not observed.

Each tick equals 1 point

**Satisfactory:** Performs the steps 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 participant during evaluation by clinical trainer

<table>
<thead>
<tr>
<th>PARTICIPANT</th>
<th>COURSE DATES</th>
<th>DATE OF FOLLOW UP</th>
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</thead>
<tbody>
<tr>
<td>CHECKLIST FOR SCREENING FOR STDs etc. AND PELVIC EXAMINATION</td>
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<tr>
<td><strong>TASK/ACTIVITY</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>SECTION I</strong> SCREENING FOR STDs etc. THROUGH HISTORY</td>
<td></td>
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</tr>
<tr>
<td><strong>TAKING SKILLS.</strong></td>
<td></td>
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</tr>
<tr>
<td>1.</td>
<td>Greets client respectfully and with kindness; makes them comfortable</td>
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</tr>
<tr>
<td>2.</td>
<td>Introduces herself to the client</td>
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<tr>
<td>3.</td>
<td>Maintains privacy and asks client about their sexual activity and behaviour. Determines risk factors for STDs etc.</td>
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</tr>
<tr>
<td></td>
<td>• more than 1 sexual partner, new partner in last 3 months</td>
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<tr>
<td></td>
<td>• presence of any abnormal or unusual discharge at present or in the past</td>
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<tr>
<td></td>
<td>• presence of sores, blisters, cuts or irritation in the vaginal or vulval area at present or in the past</td>
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<tr>
<td></td>
<td>• painful or frequent urination now or in the past</td>
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<tr>
<td></td>
<td>• pain in the lower abdomen</td>
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<tr>
<td></td>
<td>• pain during or after sexual intercourse</td>
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<tr>
<td>4.</td>
<td>Asks client about their male partner/s</td>
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<tr>
<td></td>
<td>• more than 1 sexual partner or a new partner in last 3 months</td>
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<td></td>
<td>• unprotected sex with another partner</td>
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</tr>
<tr>
<td></td>
<td>• pain during urination now or in the past</td>
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</tr>
<tr>
<td></td>
<td>• discharge from the penis</td>
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</tr>
<tr>
<td></td>
<td>• presence of cuts, sores or swelling on the penis, groin at present or in the past</td>
<td></td>
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<tr>
<td><strong>SECTION II</strong> PELVIC EXAMINATION</td>
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</tr>
<tr>
<td>1.</td>
<td>Washes hands thoroughly with soap and water and air dries</td>
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</tr>
<tr>
<td>2.</td>
<td>Asks client if she has emptied her bladder</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Palpates abdomen and checks for suprapubic or pelvic tenderness and masses or other abnormalities</td>
<td></td>
</tr>
</tbody>
</table>
### TASK/ACTIVITY

4. Drapes client appropriately for the pelvic exam

5. Puts high-level disinfected gloves on both hands

6. Provides adequate light to see the cervix.

7. Inspects the external genitalia and urethral opening.

8. Inserts vaginal speculum to examine vagina and cervix

9. Gently removes the speculum and places it in decontamination solution or keeps it aside in a HLD kidney tray if IUCD insertion is to be carried out

10. Performs bimanual exam:
   - determines if there is cervical motion tenderness
   - determines size, shape and position of uterus
   - palpates pelvic organs for abnormalities and refers the client to a medical officer if indicated
   - removes gloves and puts in 0.5% chlorine solution for decontamination

11. Dips gloved hands into chlorine solution and removes by inverting them and places in chlorine solution for 10 minutes

12. Explains results of exam to the client

13. Refers client for further evaluation if indicated

14. Reviews the findings of the exam and medical history; assesses appropriateness of client's choice of family planning methods

### SECTION III POST SCREENING COUNSELLING

1. Counsel for safe sexual practise

2. Early treatment of both partners for STDs simultaneously

3. Avoid anal sex

4. Ways of spread of STDs etc.

5. Ways how STDs etc. do not spread

6. Complications of RTIs/STDs

7. Inform client about signs, symptoms to identify RTIs/STDs etc.

Score %
SCORING

Each correct answer receives 1 point

Section I: Total possible score 4  Number correct _______
Section II: Total possible score 14 Number correct _______
Section III: Total possible score 7  Number correct _______

PERCENTAGE:
Calculate percentage based on the sections observed
Divide numbers correct by denominator x 100
Passing grade = 80% or above
ROLE-PLAYS

What is Role Play?

A role play is a training method in which participants act out roles in a situation related to the training objectives.

Advantages of role play include:

- Role play can create a highly motivational climate because participants are actively involved in a realistic situation.
- Participants can experience a real-life situation without having to take a real life risks.
- Role play gives participants an understanding of the client’s situation

Examples

- Make participants aware of the communication skills needed to counsel a client about family planning by asking them to assume the roles of the client seeking contraception and a family planning counsellor
- Practice a clinical skill by asking two participants to role play the procedure using an anatomic model.

Purpose:

- To practice counselling and communication skills
- To practice the steps in the GATHER (See Chapter 1 on Counselling) approach
- To apply information learned about different methods of contraception

General Instruction for the Role-plays:

1. Every participant should be involved in the role play exercise either as a player or observer
2. Players should meet for 10-15 minutes before to prepare: assigned roles, decide what is the major message/main point the role play is to make, who is going to say what etc.
3. As much as possible, use the steps of GATHER (See chapter on Counselling) to structure your role-play.
4. Observers should pay close attention to the process and content of the role play and record your observations on the observers form for feedback
5. All the participants should get chance to practice during the course of training

TIME LIMIT:

Preparation: 15 minutes
Role play presentation: 10 minutes
Analysis and Feedback: 20 minutes

(For role plays please refer to Participant Handbook)