

A Guide to IUD In-Service Training and Pre-Service Education

In-service Training Guidelines

In-service training can be used either to transfer knowledge and skills about IUDs to providers who did not get this in their pre-service education or to update the knowledge and skills of providers currently providing IUD services (refresher training). The content of in-service training should be based on national policy and service delivery norms or guidelines that incorporate international standards in order to promote high quality, standardized practices. Because the body of knowledge and information on IUDs continues to grow, it is important to update norms and guidelines as well as in-service curricula periodically.

The following guidelines will increase the effectiveness of either type of in-service training.

Participant Selection Criteria

Clear and accurate participant selection criteria must be developed and enforced, including a plan for how to deal with those inappropriate participants who still make it to the course. In general, participants in IUD training courses should:

- Have the needed supporting skills, especially pelvic examination skills. Verify either in advance or at the beginning of the course that each participant meets this criterion. If not, the participant should not continue ahead with learning IUD insertion/removal skills. There are several alternatives for these individuals, including: return to their worksite to develop the missing skills; focus on the missing skills during the IUD course or in a separate course (learning pelvic examination skills may be considered a first step of IUD insertion training); or focus on other aspects of IUD services, such as counseling, during the course.
- Have these skills within their job description or professional scope of practice.
- Have an established need in the worksite for these skills. Only those individuals who will be providing IUD services routinely in their work should receive training.

- Work in an institution capable of providing IUD services, i.e., one that has an adequate number of clients, staffing, space, supplies, infection prevention practices, and counseling capacity.
- Have the support of their supervisors or managers. Without the endorsement of these individuals of participation in the course, and their expectation that new knowledge and skills will be applied on the job, the impact of a course may be limited.

Fostering Skill Development

- Skill development requires hands-on practice with anatomic models, role plays and simulations in the classroom. Be sure that there are enough models, equipment and supplies so that all participants have access and adequate practice time. More than one trainer may also be needed in order to provide adequate feedback and help if the training group is large.
- Skill development also requires working with clients in a clinical setting. The clinical sites used for training must be providing quality IUD services so that they provide a good model for participants to follow. There must also be an adequate client load so that each student can have adequate practice.

Reducing Training Time

A frequent complaint about in-service courses is that they take providers out of their worksites for long periods of time, thereby disrupting services. There are training approaches that can help limit participants' time away from the job.

- On-the-job training allows the providers to complete their regular job responsibilities while acquiring new IUD skills.
- A blended learning approach can be effective in shortening training time. Knowledge transfer is achieved using innovative training approaches such as distance learning or computer assisted learning, which participants can complete before coming together for skills development.
- If a group-based approach must be used, it is advisable to limit the number of participants so that each can get the individualized feedback and help they need to develop skills quickly, and so that prolonged periods of clinical time are not needed in order to give each enough experience with clients.

Training New Providers vs Refresher Training

The training needs of participants learning IUD skills for the first time are different from those participants who are in need of an update or refresher.

- A training course for new providers must include all the essential, need-to-know information on the IUD, counseling skills, and infection prevention skills as well as IUD insertion and removal skills. Participants will need considerable time working with anatomic models to gain competency in the basic skills before going into the clinical setting to work with clients.

- Generally, a refresher course does not need to include all the background information on IUDs, rather it can focus on what is new or updated. Participants will not need as much practice time on models or with clients; in some cases, it may even be possible to eliminate the clinical practice portion of the course entirely when clients are scarce, participants are highly skilled and modifications to technique are limited.
- Therefore, training courses should be designed and conducted to meet the training needs of only one type of learner at a time. Short refresher-type courses that focus only on new information and provide limited practice will not give the new learner adequate opportunity to develop the knowledge and skills needed to be a safe provider, while an experienced IUD service provider will be bored in a course for new learners and it will not be a good use of their time.

Guidelines for Teaching IUD Skills in Pre-Service Education

All doctors, nurses and midwives should be sensitized to IUDs during their pre-service education. This sensitization should include: key supporting skills, such as pelvic examination; infection prevention practices relevant to providing IUD services; family planning, including IUD, counseling skills; and essential, need-to-know information on the IUD. It may also include practice of IUD insertion and removal with anatomic models.

Those students, and only those students, who have safely demonstrated their skills on a model can then be allowed to work with clients if the opportunity arises.

It is not appropriate to include IUD insertion and removal skills in the pre-service education of all cadres of providers. Only those programs that can provide the following conditions should teach insertion and removal skills. Generally, these will be curricula that can include longer clinical rotations or internships, such as medicine.

- IUD insertion and removal is within the scope of practice for this cadre.
- The majority of the practitioners in this cadre will use these skills regularly. If only a limited number of practitioners will do so, then the skills should be taught through the in-service training system.
- There is adequate time and opportunity as well as anatomic models, equipment and supplies for all students to fully and safely develop their skills in the classroom. Skills or learning laboratories, also called student learning centers, are one strategy to increase student opportunities for practice. They can access these labs, individually or in groups, outside of class time in order to practice on models, view audiovisual aids, etc. and get feedback and help from teachers or preceptors. There is a document included in this section of the toolkit that provides guidance on how to set up and manage such learning labs or centers.

- There are an adequate numbers of clinical sites providing quality IUD services, with adequate client loads to ensure sufficient practice opportunities for students.

Incorporating IUD Content into a Curriculum

Incorporating IUD content into a pre-service curriculum requires a different approach than the development of an in-service course. An in-service course is a self-contained package that includes all relevant information – anatomy and physiology, infection prevention, counseling, method-specific information, and so forth – which is covered within a defined time period. Pre-service curricula, on the other hand, are generally designed to build from basic to complex knowledge and skills over time, and teach those skills common to many clinical areas once in an introductory or focused course.

For IUDs, the technical content, and insertion and removal skills, if appropriate, is taught in the family planning or reproductive health portion of a curriculum, which usually falls later in the course of studies. For it to be taught effectively, it is critical that other supporting knowledge and skills – anatomy and physiology, pelvic examination, infection prevention, interpersonal relations, and basic counseling – be adequately covered in other appropriate courses within the curriculum and before family planning is taught. They can then be integrated and applied to the provision of IUD services during the classroom and clinical family planning sections.

To incorporate IUD content into a pre-service curriculum, the steps are:

- Identify the knowledge and skills that are prerequisite to the efficient learning of IUD-specific content, e.g., infection prevention, physical examination
- Review the existing curriculum to identify where and how this content is taught.
- If it is missing, out-of-date, or in need of other strengthening such as including a focus on skills, make the appropriate revisions in these areas of the curriculum.
- Then review the family planning/reproductive health portion of the curriculum and its IUD content for completeness, accuracy, and appropriateness. Make necessary revisions, based on up-to-date national policy and service delivery norms and guidelines that incorporate international standards.
- Be sure that in this portion of the curriculum, the supporting material (anatomy, physiology, examination skills, infection prevention, etc.) are reviewed briefly and put into the context of IUDs and family planning, not taught as if they are new material. A more detailed presentation of these topics will take needed time away from the IUD-specific content and limit learning of what should truly be the new information - IUDs.

Working with Clients during Training

The rights of clients to privacy and confidentiality should be considered at all times during both pre-service education and in-service training courses. The following practices will help ensure that client's rights are routinely protected during clinical sessions.

- The right to bodily privacy must be respected whenever a client is undergoing a physical examination or procedure.
- The confidentiality of any client information obtained during counseling, history taking, physical examinations or procedures must be strictly observed. Clients should be reassured of this confidentiality.
- Confidentiality can be difficult to maintain when specific cases are being used in learning exercises such as case studies and clinical meetings. Such discussions always should take place in a private area where other staff and clients cannot overhear and should be conducted without reference to the client by name.
- When receiving counseling, undergoing a physical examination or receiving contraceptive services, the client should be informed about the role of each person involved (e.g., clinical trainers, individuals undergoing training, support staff, researchers).
- The client's permission should be obtained before having a clinician-in-training observe, assist with or perform any procedures. Understanding the right to refuse care from a clinician-in-training is important for every client. Furthermore, care should not be rescheduled or denied if the client does not permit a clinician-in-training to be present or provide services. In such cases, the clinical trainer, teacher or other staff member should perform the procedures.
- The clinical trainer or teacher should be present during any client contact in a training situation and the client should be made aware of the trainer/teacher's role. Furthermore, the clinical trainer/teacher should be ready to intervene if the client's safety is in jeopardy or if the client is experiencing severe discomfort.
- The trainer or teacher must be careful how coaching and feedback are given during practice with clients. Corrective feedback in the presence of a client should be limited to errors that could harm or cause discomfort to the client and be given in a low-key or restrained manner. Excessive negative feedback can create anxiety for both the client and clinician-in-training. Positive feedback can also be given in the presence of a client, in words and through facial expression or tone of voice. When given in a low-key manner, it can be reassuring to the client and clinician-in-training alike.
- Clients should be chosen carefully to ensure that they are appropriate for clinical training purposes. For example, participants should not practice with "difficult" clients until they are proficient in performing the procedure.