

Competency-Based Skills Checklist for IUC Counseling and Clinical Skills

Date of Assessment _____ Dates of Training _____

Place of Assessment: Facility _____

Name of Facility _____

Name of the Service Provider _____

Name of the Assessor _____

This assessment tool contains the detailed steps that a service provider should follow in counseling and providing client instructions for IUCs. The checklist may be used during training to monitor the progress of the trainee as s/he acquires the new skills and it may be used during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. It may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

Instructions for the Assessor

1. Always explain to the client what you are doing before beginning the assessment. Ask for the client's permission to observe.
2. Begin the assessment when the trainee greets the client.
3. Use the following rating scale:
 - 1= Needs Improvement.** Step or task not performed correctly or out of sequence (if necessary) or is omitted.
 - 2= Competently Performed.** Step or task performed correctly in proper sequence (if necessary) but participant does not progress from step to step efficiently.
 - 3= Proficiently Performed.** Step or task efficiently and precisely performed in the proper sequence (if necessary).
- Not observed:** Step, task, or skill not performed by the trainee during evaluation by the trainer.
4. Continue assessing the trainee throughout the time s/he is with the client, using the rating scale.
5. Observe only and fill in the form using the rating numbers. Do not interfere unless the trainee misses a critical step or compromises the safety of the client.
6. Write specific comments when a task is not performed according to standards.
7. Use the same copy for several observations.
8. When you have completed the observation, review the results with the trainee. Do this in private, away from the client or other trainees.

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
INITIAL INTERVIEW				
Greets client in a friendly and respectful manner.				
Maintains eye contact with the client.				
Concentrates fully on what the client is saying.				
Asks what family planning service she is seeking and respond to any general questions she may have.				
Provides general information about family planning services and methods available.				
Explains what to expect during clinic visit.				
Asks client if she has a method in mind.				
Asks client her feelings about or experience with a method.				
Helps client to make an informed choice: e.g.,				
– Asks client about reproductive goals, to space or limit births				
– Explores any attitudes or religious beliefs that may favor or rule out one or more methods				
– Briefly explains contraceptive choices available				
– Briefly explains benefits/advantages of each				
– Briefly explains risks/disadvantages of each				
– Asks client if she has any questions and responds to these				
– Asks client which method she prefers				
METHOD-SPECIFIC COUNSELING	1	2	3	
Ensures necessary privacy.				
Obtains necessary biographical data (name, address, age, etc.).				
If the client chooses IUC:				
– Asks her what she knows about IUCs. Corrects any myths, rumors or misinformation she may express				
– Asks if she has used IUC in the past. What was her experience?				

TASK/ACTIVITY	CASES			COMMENTS
– Gives client an IUC to look at and handle.				
– Explains advantages of the IUC, including non-contraceptive benefits.				
– Briefly explains how IUC work.				
<ul style="list-style-type: none"> – Explains potential common side effects of the IUC. Stress that she may experience some (or possibly none) of these and that they can all be managed: – LNG-IUS <ul style="list-style-type: none"> --Some cramps for several days --irregular bleeding and/or spotting for first weeks to month --decreased spotting bleeding over time with amenorrhea in some women – Copper bearing <ul style="list-style-type: none"> – Some cramps for several days – Some spotting for a few weeks – Longer and heavier periods – Bleeding or spotting between periods – More cramps or pain during periods 				
– Reassures client that most side effects are not serious and will decrease or stop after a few months of use.				
– Describes the insertion process and what the client should expect during and after the procedure.				
– Responds to any questions or concerns the client may have.				
– Explains that s/he will ask the client some questions and perform a pelvic examination to insert the IUC.				
CLIENT SCREENING	1	2	3	
Screens client using <i>Checklist for Screening Clients Who Want to Initiate Use of the IUC.</i>				
Asks all questions on checklist and record responses.				
1. Have you had a baby in the last 4 weeks?				

TASK/ACTIVITY	CASES			COMMENTS
2. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?				
3. Have you abstained from sexual intercourse since your last menstrual period or delivery?				
4. Did your last menstrual period start within the past 12 days?				
5. Have you had a miscarriage or abortion in the last 12 days?				
6. Have you been using a reliable contraceptive method consistently and correctly?				
<p>If the client answered YES to any one of questions 1–6 and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. Proceed to questions 7–14.</p> <p>However, if she answers YES to question 1, the insertion should be delayed until 4 weeks after delivery. Ask her to come back at that time.</p> <p>If the client answered NO to all of questions 1-6, pregnancy cannot be ruled out. The client should await menses or take a pregnancy test.</p>				
<p>To determine whether the client is medically eligible to use an IUC, ask questions 7-14. As soon as the client answers YES to any question, stop and follow the instructions after question 14.</p>				
7. Do you have bleeding between menstrual periods that is unusual for you, or bleeding after intercourse (sex)?				
8. Have you been told that you have any type of cancer in your genital organs, trophoblastic disease, or pelvic tuberculosis?				
9. Have you ever been told that you have a rheumatic disease such as lupus?				
10. Within the last 3 months, have you had more than one sexual partner?				
11. Within the last 3 months, do you think your partner has had another sexual partner?				
12. Within the last 3 months, have you been told you have an STI?				
13. Within the last 3 months, has your partner been told that he has an STI, or do you know if he has had any symptoms – for example, penile discharge?				
14. Are you HIV-positive, and have you developed AIDS?				
<p>If the client answered NO to all of questions 7–14, proceed with the pelvic exam. During the pelvic</p>				

TASK/ACTIVITY	CASES			COMMENTS
<p>exam, the provider should determine the answers to questions 15–21.</p> <p>If the client answered YES to any of questions 7–9, an IUC cannot be inserted. Further evaluation of the condition is required.</p> <p>If the client answered YES to any of questions 10–13, she is not a good candidate for an IUC unless chlamydia and/or gonorrhoea infection can be reliably ruled out.</p> <p>If she answered YES to the second part of question 14 and is not currently taking ARV drugs, IUC insertion is not usually recommended. If she is doing clinically well on ARVs, the IUC may generally be inserted. HIV-positive women without AIDS also generally can initiate IUC use.</p>				
15. Is there any type of ulcer on the vulva, vagina, or cervix?				
16. Does the client feel pain in her lower abdomen when you move the cervix?				
17. Is there adnexa tenderness?				
18. Is there purulent cervical discharge?				
19. Does the cervix bleed easily when touched?				
20. Is there an anatomical abnormality of the uterine cavity that will not allow appropriate IUC insertion?				
21. Were you unable to determine the size and/or position of the uterus?				
<p>If the answer to all of questions 15–21 is NO, you may insert the IUC.</p> <p>If the answer to any of questions 15–21 is YES, the IUC cannot be inserted without further evaluation. See explanations for more instructions.</p>				
Physical Examination Prior to IUC Insertion	1	2	3	
Ensures that sterile instruments are prepared on a sterile tray.				
Asks client to empty her bladder and rinse the skin area around her vagina if possible.				
Explains the procedure to the client.				
Washes hands and air dries hands or uses a clean towel.				
Palpates the lower abdomen to check for tenderness, swelling or other abnormalities				
Puts new exam gloves on both hands.				
Performs visual exam of external genitalia -- checking				

TASK/ACTIVITY	CASES			COMMENTS
for ulcers, lesions, sores, or discharge				
If no problems found, proceeds to bimanual exam. If problems found, performs speculum exam next.				
Performs bimanual exam checking for checking for cervical, adnexal, or uterine abnormalities that would preclude insertion				
Removes and disposes of gloves correctly				
Puts new sterile exam gloves on both hands.				
Performs speculum exam, checks for purulent vaginal discharge, ulcers, lesions or sores. Locates cervix checking for purulent cervicitis, bleeding, and erosions, narrowing of the cervical canal or any other vaginal problems that might preclude insertion at this time.				
Makes appropriate findings based decision on whether or not to proceed with insertion and explains decision to client				
If decision is to NOT insert the IUC at this time, then terminates exam and explains reasons to client and makes recommendations for other method and for any necessary treatment needed.				
If decision is to go ahead with insertion, proceeds with the procedures that follow.				
IUC INSERTION	1	2	3	
Loads the IUC inside the sterile package according to package instructions/protocols.				
Puts new examination sterile gloves on both hands.				
Inserts vaginal speculum.				
Swabs cervix and vagina with antiseptic at least twice. Waits for two minutes if using an iodophor.				
Gently grasps cervix with tenaculum or Vulsellum Forceps.				
Sounds uterus using no touch technique.				
Sets blue depth gauge on the loaded IUC inserter to the depth of the sound.				

TASK/ACTIVITY	CASES			COMMENTS
Inserts the IUC using the withdrawal technique.				
Cuts strings and gently removes tenaculum.				
POST-INSERTION TASKS	1	2	3	
Places used instruments in antiseptic solution for decontamination.				
Disposes of waste materials according to guidelines.				
Removes gloves and discards.				
Washes hands with soap and water.				
Completes the client record.				
POST-INSERTION COUNSELING	1	2	3	
Teaches client how and when to check for strings, if she wants.				
Assures the client that she can have the IUC removed at any time.				
Explains in a non-alarming way the <u>warning signs</u> , stressing the rarity of these:				
– Some bleeding and severe abdominal cramping within a few days post-insertion.				
– Irregular bleeding or pain every cycle.				
– Fever, unusual vaginal discharge, low abdominal pain.				
– Missing IUD strings, missed period.				
Discusses what to do if the client experiences any side effects or problems.				
Asks client a few questions to ensure that she understands and remembers key instructions.				
Observes the client for at least 15 minutes before sending her home.				
Reassures client that s/he is available to see her if she has any problems or questions or needs advice.				
Plans for a return visit after her first monthly bleed or in 3-6 weeks.				

TASK/ACTIVITY	CASES			COMMENTS
Documents/records the visit according to local clinic guidelines.				

TASK/ACTIVITY	CASES			COMMENTS
RETURN VISIT COUNSELING	1	2	3	
Greets the client in friendly and respectful manner.				
Ensures privacy.				
Asks the following questions:				
– Have you been happy using the IUC?				
– Have you had any concerns or problems?				
– Has your health changed in any way since you had your IUC inserted?				
– Do you have any questions you would like me to answer?				
– How are you protecting yourself from STIs? (Explains dual protection)				
– Do you need some condoms?				
– May I examine you?				
FOLLOW UP EXAMINATION (3-6 WEEKS AFTER INSERTION)	1	2	3	
Explains to the client why and how she will do the pelvic examination.				
Prepares the client while ensuring dignity and privacy.				
Performs a pelvic examination and checks to make sure the string is visible and that there is no partial or complete expulsion.				
Checks for pelvic infection.				
Explains findings and reassures the client.				
PRE-REMOVAL COUNSELING	1	2	3	
Greets the client in friendly and respectful manner.				
Establishes the purpose of the visit.				

TASK/ACTIVITY	CASES			COMMENTS
Asks the client her reason for removal and answers any questions she may have.				
Reviews the client's present reproductive goals (e.g., does she want to continue spacing or limiting births?).				
Describes the removal procedure and she should expect during the removal and afterwards.				
REMOVAL OF IUC	1	2	3	
Washes hands thoroughly with soap and water and dries with a clean cloth or allows to air dry.				
Puts new gloves on both hands.				
Performs bimanual exam.				
Inserts vaginal speculum and looks at length and position of strings.				
Swabs cervix and vagina with antiseptic.				
Grasps strings close to the cervix and pulls gently but firmly to remove the IUC.				
POST-REMOVAL TASKS	1	2	3	
Places used instruments in chlorine solution for decontamination.				
Disposes of waste materials according to guidelines.				
Removes reusable gloves and places them in chlorine solution.				
Washes hands with soap and water.				
Records IUC removal in client record.				
POST-REMOVAL COUNSELING	1	2	3	
Discusses what to do if the client experiences any problems (e.g., prolonged bleeding or abdominal or pelvic pain).				
Asks the client to repeat the instructions.				
Answers any questions.				
Reviews general and method-specific information about family planning methods, if the client wants to				

TASK/ACTIVITY	CASES			COMMENTS
continue spacing or limiting births.				
Assist the client in obtaining new contraceptive methods or provides temporary (barrier) method until method of choice can be started.				
Observes the client for five minutes before sending her home.				

Comments: _____

Adapted from <https://www.fptraining.org/projects/intrauterine-devices-iuds>