

Skills Update
for Contraceptive
Implant Side Effect
Management
and Removal:
**Implementation
Guide**

Jhpiego, a nonprofit global leader in the creation and delivery of transformative health care solutions for the developing world.

In partnership with national governments, health experts and local communities, we build health providers' skills, and we develop systems that save lives now and guarantee healthier futures for women and their families. Our aim is revolutionizing health care for the planet's most disadvantaged people.

Published by:

Jhpiego Corporation

Brown's Wharf

1615 Thames Street

Baltimore, Maryland 21231-3492, USA www.jhpiego.org

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Acknowledgements

This course was developed by Jhpiego, an affiliate of Johns Hopkins University, to respond to the growing popularity of implants and in turn, to meet the growing need of family planning trainers and service providers to manage implant-related side effects and conducting implant removals.

Some of the material was adapted from prior publications, including:

- Maternal Child Survival Program. Long-Acting and Reversible Contraception Learning Resource Package. 2016
- Jhpiego. Implanon NXT: On-the-Job Training Course for Current Implant Providers. 2016.
- WHO. Training Resource Package: Implant Module. 2012.
- Reynolds, Ronald D. The ‘Modified U’ Technique: A Refined Method of Norplant Removal. 1995.
- Manual for localizing deeply placed contraceptive implants with ultrasound assistance. Baltimore: Jhpiego. 2018.

This course was drafted by Erica Troncoso, MA and Megan Christofield, MPH. Invaluable contributions to the development and review of this package were provided by Ricky Lu, MD, MPH; Emmah Kariuki, BSN; and Neeta Bhatnagar, MBBS, DGO; with support from Lindsay Breithaupt, MPH and Elaine Charurat, MBA, MHS. Thank you also to those involved in the development and field testing of earlier versions of these materials in Uganda and Kenya.

Gratitude is also extended to the Global Implant Removal Task Force members for their collaborative effort to identify existing best practices and call attention to research and programming gaps for expanding access to quality contraceptive implant removal services. Among the task force’s activities is an effort to identify gaps related to implant removal and develop resources to address these gaps to contribute to greater access to quality implant removal services.

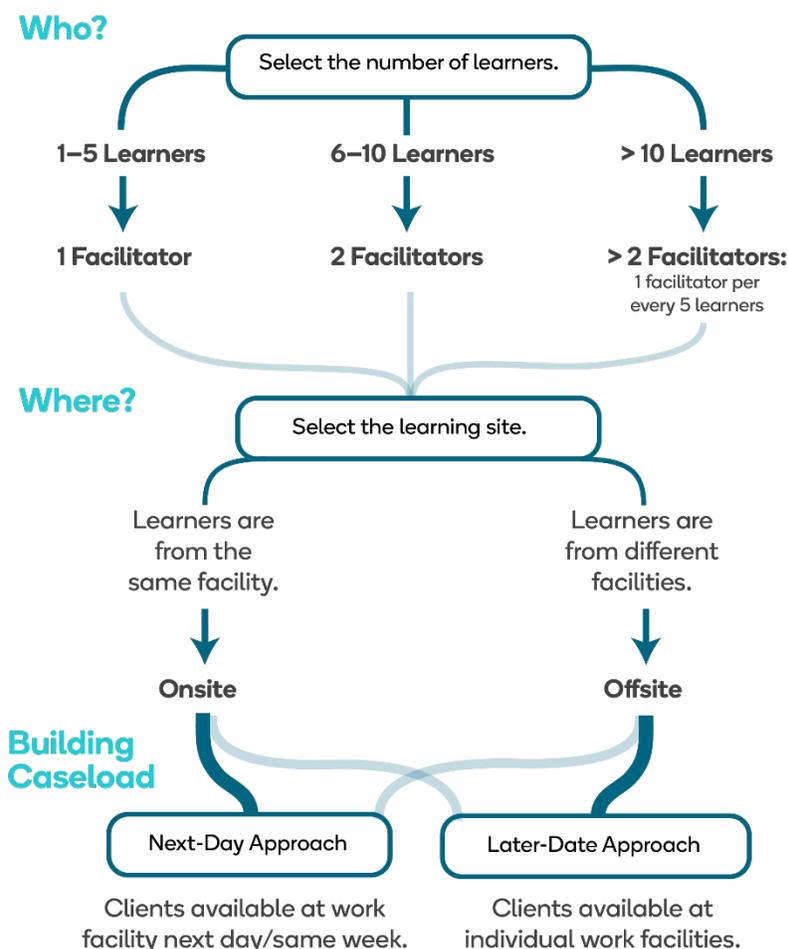
Finally, sincere thanks to the Jhpiego publications staff who directed the copy-editing, formatting, and production of this course.

Funding for this course was generously provided by the Bill & Melinda Gates Foundation through Global Development Grant Number OPP1134109, Identifying Best Practices to Ensure Access to Quality Implant Removal Services. The views expressed herein are those of Jhpiego and do not necessarily reflect those of the Bill & Melinda Gates Foundation.

Skills Update for Managing Implant Side Effects and Removal: Implementation Guide

You have identified a need for a skills update on contraceptive implant removal with providers you work with. Use this guide and decision aid (Figure 1) to help structure and design a training that is right for the providers and your situation.

Figure 1. Decision aid



Who? Determine who your learners are and if this is the appropriate training for them.

The objective of this Skills Update Course is to update current contraceptive implant providers on the skills for implant side effect management and removal. Determine if all of the providers who are the intended learners meet the selection criteria below:

- Currently and competently providing family planning (FP) services, including implants (within the past year)
- Interested in receiving a skills update in implant side effects management and removal

- Recommended by service delivery site supervisor to conduct implant removals for clients upon completion of this course
- Optional: Willingness to coach other service providers to conduct implant removals (if requested by the facility in-charge or site supervisor)

Those providers who are not trained in providing FP services AND implant insertion are not suitable for this course.

Once the learners are identified and appropriately selected, determine how many facilitators are needed for the course.

- One to five learners: one facilitator
- Six to 10 learners: two facilitators
- More than 10 learners: one facilitator per every five learners (for example: if 20 learners, there should be four facilitators)

Next, select facilitators who are qualified clinical trainers with facilitation skills that include:

- Competence in implant service provision
- Proficiency in knowledge and skills transfer
- Demonstrated use of competency or performance assessment tools

If you have more learners than available facilitators, consider scheduling separate trainings as to not compromise individual learning. For example, if there are 10 learners identified but only one facilitator available, split the learners into two groups of five and conduct two separate trainings at different times of the year.

Where? Determine the most appropriate location for the Skills Update Course.

There are two considerations for selecting a location: accessibility to the learners and the client volume of a facility. **Ideally, trainings occur at the learner's own work site facility, if it has a high volume of implant clients.** The availability of clients should be the most prioritized objective when choosing the location of the training. The timing of the course should be prioritized around client availability or an attempt should be made to respectfully schedule clients accordingly. Evaluate the volume of implant revisit and removal clients at each learner's facility to better understand the training context. If volume is low, it may be necessary for that learner's clinical practice to take place in a setting where there are more clients. Otherwise, begin to plan for how to practice with clients. Plan to have at least four cases per participant in case competency is not achieved on the first two cases. Performance and competence will be based on a learner's ability to demonstrate competence during clinical practice with two clients. High-volume facilities, mobile outreach events, or partnering with other organizations should be explored as options when considering the location and timing of conducting the skills update.

The theoretical learning and practice section of this skills update may be delivered at the facility work site or an offsite location (another health facility or nonfacility site). In either case, learners will still need to demonstrate competency in clinical practice at a facility work site. You may have high client volume at a facility site but not enough space at the facility to conduct the theoretical learning and practice part of the training with a large group. In this case, you may need to arrange for a nearby offsite location to conduct the theoretical part of the training and schedule clients at the work facility for the following day. An option for low-volume settings may be for the next-day clinical practice to be opened near

where learners from low-volume centers completed the offsite theoretical training. Select the location based on identified learner access and client volume:

- **Onsite:** Theoretical learning and practice are conducted at the facility work site.
 - Consider if there is adequate space at the facility work site. This part of the training may require access to a projector or white/paper/chalkboard, in addition to enough space for the group-based activities and practice simulations on the models.
 - If this is not a high-volume facility, focus on building the caseload to align with the timing of the training (e.g., through scheduling an outreach/in-reach or booking clients with consent).
- **Offsite:** Learners gather from various facilities at one location (a centrally located facility or a nonfacility site, such as a hotel or conference hall) for the theoretical portion of the training and arm model practice.
 - Consider selecting an offsite location that has residential capacity for learners and facilitators, and that is close to the work facility if they do not reside nearby.
 - If offsite, this part of the training will not be conducted at the learner's work facility. You should focus on building the caseload for each of the learners back at their individual facility sites or a nearby, high-volume facility. Attempt to build caseload to align with the timing of the training (e.g., through scheduling an outreach/in-reach or booking clients) so that the day following the theoretical learning and practice section is the client practice at the work facility.

In all locations, practice activities are designed to be performed using the learner workbook materials and arm models, which should be provided for the learners.

What? Determine what you need to prepare.

Before the start of the training, check that the materials and consumables needed for the training are available. The checklist in Table 1 can be used as a job aid for the facilitator and/or organizer when preparing for the training.

Table 1. Facilitator’s Materials Checklist for Implant Removal Training

Item	Unit Quantity	Unit Quantity Needed (Facilitator to complete)	Source (who is responsible for supplying)	Notes
Facilitator guide and learner workbooks	<ul style="list-style-type: none"> One facilitator guide and one learner workbook per facilitator One learner workbook per learner 		Responsible: organizer Recipient: facilitator and learners Availability status:	Facilitator is responsible for coordinating with the organizer to make sure there are enough printed facilitator’s guides and learner workbooks for each facilitator and learner.
Tests	Two tests for each learner		Responsible: organizer Recipient: facilitator and learners Availability status:	Facilitator is responsible for coordinating with the organizer to make sure there are enough printed tests for each learner to have a pre- and post-test.
Implant insertion/removal simulator model	One model per three to four learners		Responsible: organizer Where to borrow:	Facilitator is responsible for coordinating with the organizer for access to the models and checking to ensure that the models are functional.

Item	Unit Quantity	Unit Quantity Needed (Facilitator to complete)	Source (who is responsible for supplying)	Notes
Implant removal instrument kit	One kit per learner		Responsible: organizer Recipient: participating facility Availability status:	<ul style="list-style-type: none"> Facilitator is responsible for coordinating with the organizer to make sure that the instrument kits have been delivered to the training venue, and appropriate documentation and reporting of turnover of the kits have been done. While each kit is supplied to a learner, the ownership of the kits lies with the work facility of the learner.
Simulation practice activity accessories for each practice station: <ul style="list-style-type: none"> Examination gloves Placebo implant rods Syringe and hypodermic needle Eye-sheet linen or linen Cotton balls Local anesthetic (1% lignocaine) Lodophor antiseptic Adhesive tape Cotton gauze Elastic bandage 	Enough accessory items for each practice station (three rounds of practice)		Responsible: organizer Recipient: facilitator Where to access supply: Availability status:	<ul style="list-style-type: none"> Facilitator is responsible for site readiness for simulation practice. Schedule training to coincide with facility readiness for clinical practice.

Item	Unit Quantity	Unit Quantity Needed (Facilitator to complete)	Source (who is responsible for supplying)	Notes
Clinical practice consumable materials (for each client) <ul style="list-style-type: none"> • Sterile surgical gloves • Sterilized linen for cover • Sterilized or high-level disinfection instrument kits • Iodophor antiseptic • 1% anesthetic • Sterile syringe and needle • Adhesive tape • Cotton gauze • Elastic bandage 	Enough consumables for each client		Responsible: facilitator and clinical facility site Readiness status:	<ul style="list-style-type: none"> • Facilitator is responsible for site readiness for clinical practice. • If materials are needed to start clinical practice, the facilitator is expected to coordinate with the organizer and the facility administration to have these available. • Schedule training to coincide with facility readiness for clinical practice.
Registry book <ul style="list-style-type: none"> • Existing or revised registry logbook • Includes referral entry 	One per facility		Responsible: facilitator and clinical facility site Readiness status:	<ul style="list-style-type: none"> • Facilitator is responsible for site readiness for clinical practice documentation. • If materials are needed to document and report, the facilitator is expected to coordinate with the organizer and the facility administration to have these available.
Documentation form <ul style="list-style-type: none"> • Each client documented with this form and included in their medical record folder • Includes final disposition (referred, removed, or reinserted) 			Responsible: facilitator and clinical facility site Readiness status:	<ul style="list-style-type: none"> • Schedule training to coincide with facility readiness for clinical practice. • The learner workbook also includes a practice log in the annex, if the facilitator decides to require additional documentation of practice by learner.

Clinical Practice: Building Caseload

Learners are required to demonstrate competency in at least two clinical practice opportunities. Since some learners will not be able to demonstrate competency in one case and may need more than two cases for clinical practice, consider scheduling double the amount of cases for clinical practice. Additionally, further practice may be requested by or recommended to certain learners to increase experience and confidence in conducting implant removals. There are two main approaches to build caseload for learners:

- **Next-Day Approach:** This approach is used if conducting the training in a high-volume facility or if the clients are arranged to be available for implant removal the same week of the training. This approach may also be used if prospectively scheduling the training around a mobile outreach event or prescheduled day or week with multiple implant removal clients.
- **Later-Date Approach:** This approach is used if conducting the training at a site with initially low client caseload. In this approach, the facilitator and each learner work together to schedule clients one at a time or on particular days following the training. On these dates, the facilitator will need to assess the learners in their respective facilities for skill competency. The facilitators may also use this opportunity to assist with any further issues or questions that may arise. It is advised to complete at least one clinical practice with a client within 5 days form the training. If there are more than 5 days between the training and the learner's first client practice, have the learner take home the arm model for practice before the learner's first client.

In both approaches, the learners will need to help build their caseload by booking implant clients on specific days. The facilitators might also need to help by requesting facilities to refer all identified cases to the learner facility on a defined date.

It is critical to consider the client's needs first and foremost. A training event should never compromise the safety or availability of services for the client. For example, if you wish to book the client for removal at a later date (no more than 5 days from her original request), the client should be allowed to reject this request and receive services from a skilled provider immediately, as available. If the client is willing to delay her removal for a few days, make sure she is well informed and has consented to doing so. Remember, there is always a risk of an implicit power dominance of the provider in this interaction. The provider should be cognizant of this and attempt to mitigate a balance. The client has a right to information and the agency to decide when to receive services if options are available to her. In the situation where the facility does not currently have a functional removal service, rescheduling or referral to the next nearest facility should be done within the training time frame or no more than 5 days from the client's original request. If there are options for scheduling a client's removal service, offer all to the client and respect her decision if she does not choose an appointment that coordinates with the client practice training. In any case, speaking with the client about her options and seeking her consent for scheduling her for client practice is the right approach.

A partner organization that conducts family planning campaigns, in-reaches, or outreaches might be an avenue for building caseload for learners. In-reaches are defined as clinical teams that join facility teams at a health facility to support the provision of services that are traditionally offered in that facility. Outreaches are defined as clinical teams offering services in the community or in a facility that does not traditionally offer those services. Coordination with a point person from these organizations with clinical teams will be essential for planning the schedule of events, booking clients, and obtaining any permissions necessary for collaboration.

Optional or Required Follow-Up Visits

As the implementer of the Skills Update Course, you will have to decide based on the course parameters you identified above whether to require the facilitator to conduct follow-up visits to each learner work site.

Requiring a follow-up visit may be important for when training and client competency are achieved within a two-day timeline to ensure that quality implant removal services and side effect management are being continued. If requiring follow-up visits, be sure to tell the facilitators specifically when to conduct these visits (i.e., weeks or months later) and to use their follow-up tool during these visits (found in Annex C of the facilitator's guide).

Whether required or not, follow-up visits should take place whenever a learner has not achieved competency, if additional one-on-one support is needed, or if there are doubts about a learner's competency. Follow-up visits are optional but encouraged, even after the learner has achieved competence for continuity of skills development and retention.