

LEVOPLANT

TRAINING MANUAL

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CREDITS

This training manual has been drafted by Dr Asma Khalid on behalf of DKT WomanCare Global.
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Credit to EngenderHealth

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GUIDANCE FOR TRAINERS

INTRODUCTION

This three-module package has been written with a view to training health care workers to provide Levoplant™ as part of a rights's-based long acting reversible contraceptive (LARC) service. It should be delivered by a health care professional who is trained and assessed as competent to insert and remove 2 rod implants.

OBJECTIVES

Objectives are for trainees to be able to:

- Describe the method of action, advantages, disadvantages of Levoplant™ within the context of contraceptive choice
- Describe and demonstrate competency in counselling for Levoplant™
- Assess client eligibility using Medical Eligibility Criteria (MEC)
- Demonstrate competency in insertion and removal of 2 rod implant and the provision of accurate discharge and follow up information

Course Structure

This training is modular in structure. It is designed in the form of three half day sessions that can be delivered separately if required. If delivered together it is possible that the training could be conducted in a single day.

The timings for each session are left to your discretion as this will depend for example on number of trainees and their pre course experience. There are no suggested timings provided for any training with live clients because this will also depend on local factors such as the number of expected clients.

This training is designed for staff of all levels who may be involved with Levoplant™ service delivery. Once the trainees are selected for training, it is possible to deliver each module separately for refresher training where required and there is flexibility for the trainer to focus on specific components of counselling, insertion and removal depending on the background and needs of trainees.



The training is competency-based

These competencies provide the basis for ongoing clinical supervision; the trainees can use the checklist on page 4 (Table 1) for post training self-assessment and with their clinical supervisor. It is also contained in the Levoplant™ Trainee Manual. The competencies also provide an objective way for the trainer to assess whether the trainees show adequate skills to provide Levoplant™ services. You will need to assess whether trainees have reached essential competencies sufficient to 'pass' the

course. Ideally, each trainee should be formally assessed at the end of the day as part of their feedback. If formal implant insertion or removal assessment is not possible, you should observe each trainee complete an insertion before the end of the 4 stage sessions (see Box 1, page 6). In other words, each participant should have the chance to practice then have another attempt to demonstrate competence.

TABLE 1

Competencies for Levoplant™ insertion and removal 1/2

LEVOPLANT™ AND COUNSELLING (observed during role play)			
Competency	Achieved	Not Achieved	Plans for improvement
Understand principles of rights- based care			
Able to discuss full range of contraceptive options			
Knowledge of Levoplant™ – risk benefits, knowledge of eligibility criteria			
Observed ability to counsel and provide client centred information. Build rapport. Good body language or talk through what is required for good counselling			
Able to take consent			
List all equipment and supplies required for insertion and removal of Levoplant™			
INSERTION OF LEVOPLANT™			
Competency	Achieved	Not Achieved	Plans for improvement
Wash hands			
Clean skin and ensure infection control throughout			
Position arm correctly			
Mark correct position on arm for insertion			
Correct technique in local anaesthetic injection			
Check for anaesthetic effect			
Make skin incision with blade/scalpel			
Correct insertion and advancement of trocar			
Correct loading of obturator			
Correct placement techniques of both implant rods			
Bring together incision close with sterile gauze or tape. Apply pressure			

TABLE 1 cont.

Competencies for Levoplant™ insertion and removal 2/2

CORRECT INSERTION AFTERCARE ADVICE:			
Competency	Achieved	Not Achieved	Plans for improvement
● Keep site clean and dry for 48 hours			
● Leave dressing in place for 3-5 days			
● Follow up instructions if concerns or worries			
REMOVAL OF LEVOPLANT™			
Competency	Achieved	Not Achieved	Plans for improvement
● Use of HLD or sterile equipment			
● Clean skin and ensure infection control throughout			
● Palpate rods to determine point of removal			
● Correct technique in local anaesthetic injection under ends of implant			
● Check for anaesthetic effect			
● Correct placement of small incision with blade/scalpel			
● Guide implant by pushing rods toward incision			
● Grasp with straight Crile/Kelly forceps, gentle removal of rod without twisting			
● Bring together incision close with sterile gauze or tape. Apply pressure			
CORRECT REMOVAL AFTERCARE ADVICE:			
Competency	Achieved	Not Achieved	Plans for improvement
● Keep site clean and dry for 48 hours			
● Leave dressing in place for 3-5 days			
● Follow up instructions if concerns or worries			

Name of trainee:

Date of training:

BOX 1: THE 4 STAGE TRAINING TECHNIQUE

This training for insertion and removal of implants can be conducted using the 4-stage technique – *demonstration, deconstruction, formulation and performance*. This is because people learn in different ways: some through observation, others through listening. You can adapt this depending on time available.

1

Stage 1: Silent demonstration by the trainer in real time without any comments or explanation

2

Stage 2: Demonstration by trainer with commentary and explanation. You can take more time at this stage to demonstrate each step in greater detail

3

Stage 3: Demonstration by trainer but this time ask a volunteer trainee to provide commentary. If there is time, ask each trainee to provide some commentary

4

Stage 4: Ask a trainee to perform the skill and provide their own commentary. If there is time, each of the trainees can do this

A one to one meeting at the end of the training is crucial and provides the opportunity to discuss where improvement and support are required and to provide encouragement and motivation. At the end of the training, you may also decide that some trainees need more practice to become proficient under supervision in their

home training environment. This feedback can be part of their individual post training debrief. Additionally, you may make the decision that some trainees should have to repeat training to attain competency. These expectations and possible outcomes should be communicated at the start of training.

Pre-Training Preparation



The Pre-Training Preparation Checklists (Appendix 1 and 2) will assist you with planning the training and ensuring you have the necessary equipment and supplies in advance.



Prepare yourself and other trainers by going through the modules and become familiar with the components, especially the 4-stage training technique and competency assessments. Liaise with any other trainers and discuss the format and methods with them, especially if the organisers are providing trainers. This is the time to ask if they have the necessary experience to train alongside you.



Select trainees. *Communication* with training site focal persons should be done in advance of the training so that there is adequate time to obtain information on the trainees (see Table 2, pg. 8). Each trainee should receive the Levoplant™ Trainee Manual in advance and should return the completed Pre-Training Questionnaire to document their competencies and suitability for training. You can review this as part of the trainee selection and should be done in advance with enough time to allow trainers and organisers to decide who is eligible for training, which modules are required and adequately prepare so enough time is allocated for the required modules. It may be that some potential candidates are not suitable to come to training for example they will not have adequate case load in their practice. It is important to manage the organisers expectations about the training and who is eligible to attend.



Ideally the trainees should be of the same cadre e.g. all nurses or all doctors, or all to have the same level of experience in 2 rod implant insertion and removal. Trainees should reflect on who will support and supervise them when they go back to their practice so that they can maintain skills. They can consider how they will procure or access implants to ensure consistent supplies for provision adequate method mix. Their review of the subject matter in advance will also maximise impact of training.



Numbers of trainers. You must ensure there is a realistic trainer to trainee ratio; in an ideal scenario, this should be 1:4. This is to ensure that each trainee has enough exposure to practice during training and that the trainer has enough time to provide high quality input so that competencies can be achieved.



Follow up activities. See if there are any opportunities for training follow up or how you as the trainers can provide support after training in the way of supervision or repeat training if required. You can contribute to decisions about who could be suitable to return for a training the trainer course in future and who will be eligible to train other providers based on competencies achieved.



Copies of training materials. Ensure that there are enough copies of role play, knowledge tests.



Certificates can be given to trainees who pass the training. This should be reserved to trainees assessed as competent in counselling and for those who have passed for counselling, insertion and removal of Levoplant™. It is not recommended that certificates are given to all attendees.



Leave plenty of time in advance of training to organise logistics such as dates times accommodation and travel plans. This will reduce the pressure on the day of training.

Confirm that the site will be large enough for the number of trainees and accessible for any trainees with disabilities.

Ensure that the trainees receive the Levoplant™ Trainee Manual in advance.

Review the training schedule to ensure that breaks are planned. Sometimes, when there is a fall in energy of the trainees, for example after lunch, consider activities that get people up and moving around – ‘energisers’

It is recommended that each module be a half-day session. This training provides guides for timings within these sessions, but this can remain flexible so that trainers can tailor the training in a variety of different circumstances with different mixes of trainees. For example, some trainees may require more insertion practice or more counselling

TABLE 2

(This table can also be found as Appendix 1 of this manual.)

Checklist for trainee selection

Ensure that the trainees are suitable for training as per the WHO task-sharing guidelines ¹		
Trainee Role:	Module suitable for:	Number or trainees:
<ul style="list-style-type: none"> Are they eligible to provide counselling and information about LARC? 	<p>Staff who provide counselling and information (e.g. community mobilisers, staff providing counselling but not insertions/removals) are eligible to attend Module 1</p>	
<ul style="list-style-type: none"> Are they eligible to insert and remove implants? 	<p>Nurses and other health care professionals who are eligible to provide insertion and removal of 2 rod implants who have not been trained before on insertion and removal of 2 rod implants</p>	
	<p>Nurses and other health care professionals who have been trained in 2 rod implants before who are attending because they want a refresher or are unfamiliar with Levoplant™.</p>	
<ul style="list-style-type: none"> Are they going to have enough case load to maintain their skills after training? 		
<ul style="list-style-type: none"> Do they have supervisors that can assist with skills retention and ongoing educational support? 		
<ul style="list-style-type: none"> Are they motivated to provide high quality contraceptive services? 		

¹ WHO. (2017). Task sharing to improve access to family planning/contraception. (No. WHO/RHR/17.20). Geneva: World Health Organization

GUIDANCE FOR INSERTIONS IN LIVE SUBJECTS

This may or may not be possible in your circumstances. The same methods as used on model arms can be employed with clients. Also consider the following:

1

Ensure that the trainee to trainer ratio is 1:4.
This is to safeguard the patients and ensure the learning is not rushed.

2

The clients must have received counselling for a range of contraceptive methods and the training should be halted if there are any signs of coercion.

3

Take the opportunity to practice counselling with live clients.

4

In a training setting, clients must consent to receive services in a training environment. This is because the procedure may take longer and may not be successful on first attempt (Appendix 3)

Proposed Schedule and Timings

Introduction to Levoplant™ & Counselling

TOPIC	METHODS	SUGGESTED TIME ALLOCATION
● Introduce course and trainers	Individuals, with hard copy	5 minutes
● Introductions for trainees and expectations of training	Slide & Flip chart	15 minutes
● Ground rules	Brainstorm & Flipchart	5 minutes
● Purpose of training	Slides	15 minutes
● Pre course knowledge test	Individuals, with hard copy	10 minutes
● Module 1: Introduction to Levoplant™ and Counselling starts here (Slide 6)	Slides	45 minutes
BREAK		
● Counselling and a rights-based approach	Brainstorm & Slide	10 minutes
● What is good counselling?	Brainstorm & Slide	10 minutes
● Importance of informed consent	Brainstorm & Slide	10 minutes
● Role plays and feedback	Slide Handout	30 minutes

Introduction to Levoplant™ Training Guidance

Notes: slides 1-5



Slide 1: Introductions



Introduce course and trainers

Say who the trainers are, their backgrounds and experience. Show the trainees where the rest rooms and fire exits are.



Emphasise that this is a participatory course where we will learn from each other and be free to ask questions.



Slide 2: Introduce trainees



Ask trainees to split into pairs

Find out each other's:

- name
- where they are from
- their experience with 2 rod implants
- one expectation of the training.



With the flip chart: write down each expectation. Ensure that these are revisited at the end of the training day



Slide 3: Ground rules



Brainstorm

Ask trainees to say what they think is acceptable or non-acceptable in the training environment. These may include not using cell phones, keeping computers closed, no talking over each other, respecting all opinions.



Document results onto flipchart. Ensure this stays visible during training.



Slide 4: Purpose of training



Talk through objectives of training

Introducing Levoplant™, how to provide information on best practice for contraceptive counselling. There will then be opportunities to practice insertion and removal of Levoplant™ on model arms.



It is important to make clear to the trainees how they will be assessed and manage expectations.



This is competency-based training and the outcomes for the trainees are as follows:

- Either they pass with the ability to provide contraceptive counselling and insert and remove of implants without supervision,
- They can insert and remove implants but are not able to practice independently, and they are required to practice more with a named supervisor or return for a refresher training,
- There are some trainees who will not be passed as competent and who will need to train again.
- Some trainees may only be passed as eligible for contraceptive counselling.



Reinforce that this training as an opportunity to refresh your skills and knowledge even if trainees already have experience with 2 rod implants.



Ask the group if anyone has any questions at this point.



Slide 5: Pre course knowledge test



Give each trainee the Pre and Post Course knowledge test handout (Appendix 4)



Ask them to take 5 minutes to answer the questions.



Make it clear that this test is not part of the competency assessment but a tool to see how their knowledge and skills have progressed over the day.



The answers are as follows:

● Subdermal implants, such as LEVOPLANT™, are one of the most effective family planning methods.	TRUE	FALSE
● In the counseling process, the provider should choose the method for the patient based on the provider's experience and knowledge.	TRUE	FALSE
● Weight is not important for any patient, when you want to plan with Levoplant™.	TRUE	FALSE
● Amenorrhea is one of the expected side effects when Levoplant™ is used as a family planning method.	TRUE	FALSE
● Levoplant™ can be inserted immediately after delivery, cesarean section, or abortion.	TRUE	FALSE
● If I remove Levoplant™ implants, I cannot insert another set of implants immediately.	TRUE	FALSE
● The effectiveness of Levoplant™ starts within 24 hours after insertion.	TRUE	FALSE
● Levoplant™ is contraindicated in patients with HIV.	TRUE	FALSE
● Informed consent is not necessary if I give good advice.	TRUE	FALSE
● It is better if I insert Levoplant™ in the patient's dominant arm.	TRUE	FALSE



Slides 6 - 24: Module 1 - Introduction to Levoplant™ and Counselling



A slide-based session which covers essential information about

- Levoplant™ and DKT
- Comparison with other implants
- Mode of action
- Levoplant™ effectiveness
- Benefits of Levoplant™



Recap of Medical Eligibility Criteria, Screening.



Who can and cannot use Levoplant™, Pregnancy exclusion checklist.



Precautions: drug interactions.



Discuss side effects and management and when Levoplant™ can be inserted.

BREAK



Slides 25 - 36: Counselling for contraception



The first 3 parts of this section focuses on brainstorming then confirming correct answers with slides. Suggest each brainstorm takes 2 minutes only to ensure that there is enough time to present the essential information on the slides.



Brainstorm:

Counselling and a rights-based approach: how can we ensure that the client is getting rights-based care?'

Then summarise with slide 27 and 28



Brainstorm:

What is good counselling?

Then summarise with slide 29 -34



Brainstorm:

Importance of informed consent 'what are the principles of informed consent'

Then summarise with slides 35 and 36



Slides 37 - 38: Role plays



Trainees to practice counselling and communication skills for contraceptive provision in a role play.



Split trainees into pairs and hand out Role Play Scenarios (Appendix 5)



Ask them to choose one scenario each and imagine themselves in the characters.

- One will play client and one provider. After 5 minutes get them to swap roles.
- Observe the trainees individually in the role plays with their competency checklists.



Ask each pair to feedback to whole group.

- What did each trainee feel was well done and what could be done better?



Keep Slide 30 on the screen which summarises the for REDI framework for counselling.

Proposed Schedule and Timings

Module 2: Insertion of Levoplant™

TOPIC	METHODS	SUGGESTED TIME ALLOCATION
● Counselling the client before insertion and taking consent	Slides 39 - 42	10 minutes
● How to set up equipment for insertion	Slides 43, 44, 45	5 minutes
● How to insert implant & aftercare	Slides 46 - 59	20 minutes
● Summary: How to insert implant	Slide 60 Video (if available)	
● Time to practice Introduction to 4 stage approach	Slide 61	5 minutes
● Practice on models	With model	90 minutes
BREAK		
● Practice on models (continued) Assessment of individual trainees	With model	At trainer's discretion

Module 2: Guidance for trainers



Key points:

Start the session with a recap of best practices in counselling and what key facts the client needs to know before receiving Levoplant™.

Discuss the importance of dual protection.

Be clear on the importance of informed consent.

Go through supplies and equipment for insertion and removal. Emphasise the importance of infection control.

If there are video facilities, show the Levoplant™ insertion video.

Introduce 4 stage approach [Slide 61](#). This can be kept on the screen for training.

Split into groups of 4 and start demonstration with model arms using the 4 stage approach.

STAGE 1

As the trainer, start with silent demonstration in real time without any comments or explanation and then,

STAGE 2

Demonstration with commentary and explanation.

STAGE 3

Then ask each trainee to take turns to describe what the trainer is doing.

STAGE 4

Each trainee should then take turns to perform insertion and provide their own commentary. This should be structured with a break half way through the session.

Ensure that there is time to assess each provider completing an insertion and giving them the chance to repeat if required.

Proposed Schedule and Timings

Module 3: Removal of Levoplant™

TOPIC	METHODS	SUGGESTED TIME ALLOCATION
● Counselling the client before removal and taking consent	Slides 62 - 65	5 minutes
● How to set up equipment for removal	Slide 66	5 minutes
● How to remove implant & aftercare	Slides 67 - 77	15 minutes
● Summary: How to remove implant	Slide 78 Video (if available)	5 minutes
● Time to practice Introduction to 4 stage approach	Side 79	5 minutes
● Practice on models	With model	90 minutes
BREAK		
● Practice on models (continued) Assessment of individual trainees	With model	At trainer's discretion

Module 3: Guidance for trainers



Note that this Module can be shortened if the training is delivered with Module 2: Insertion of Levoplant™



Start the session with a recap of best practices in counselling and what key facts the client needs to know before receiving Levoplant™.



Discuss the importance of dual protection.



Be clear on the importance of informed consent.



Go through supplies and equipment for insertion and removal. Emphasise the importance of infection control.



If there are video facilities, show the Levoplant™ removal video.



Introduce 4 stage approach [Slide 79](#). This can be kept on the screen for training.



Split into groups of 4 and start demonstration with model arms using the 4 stage approach.



STAGE 1

As the trainer, start with silent demonstration in real time without any comments or explanation and then,



STAGE 2

Demonstration with commentary and explanation.



STAGE 3

Then ask each trainee to take turns to describe what the trainer is doing.



STAGE 4

Each trainee should then take turns to perform removal and provide their own commentary. This should be structured with a break half way through the session.



Ensure that there is time to assess each provider completing a removal and giving them the chance to repeat if required.

Post training guidance



Slide 80: After delivering the training modules ask if there are any questions



Ensure that you have time to go back to the flip chart with expectations from the start of the day. Go through each one to and ask the group if they have been met. If not, resolve the outstanding queries.



Return to the knowledge test and allow 5 minutes for each trainee to repeat the test.



Ask trainees to fill out a Post Training Evaluation form (Appendix 6) and ensure that this is returned to you.

Provision of 1:1 feedback



Provide feedback on a one to one basis.



Use the trainees' own observations and reflections as a guide for this by asking them:

- What did you feel you did well?
- What do you feel you could improve?
- How will you do this?



Take time to give each trainee individual feedback whether they have passed the course or not as per their performance in role play for counselling and insertion and removal (Table 3).



You may be able to decide whether a trainee is able to go on and train others.



If they have not achieved competency, be specific about the reasons for this.



Table 3 below is in the Trainee Manual as a personal record for each participant. Also keep a copy of this for each trainee as part of your records of the training.

IN CONCLUSION

- Ask if there are any questions or clarifications on the answers,
- Ensure that the feedback ends on a positive note of encouragement!
- Thank everyone.

TABLE 3

(This table is also found in the Levoplant Trainee Manual and Appendix 7 of this manual.)

Competency assessment for individual trainees

Name of trainee:

Date of training:

Area of competency	Provide independently without need for supervision?	Requires direct supervision before	Not able provide service independently?
Counselling	Yes / No	Yes / No	Yes / No
Insertion	Yes / No	Yes / No	Yes / No
Removal	Yes / No	Yes / No	Yes / No

Follow up actions agreed with timeframe:

Who will support trainee in their setting?

Is the trainee competent to train others?

Yes	No
-----	----

 Further numbers of insertions required first:

Is the trainee suitable to return for a training of trainers?

Yes	No
-----	----

 Unable to comment

Other reflections about Levoplant™ and training:

APPENDICES

1

Pre-Training Checklist for trainers

2

Supplies and equipment

3

Informed consent form for use during training with live subjects

4

Pre and Post Course Knowledge Test

5

Role Play Scenarios

6

Post Training Evaluation form

7

Pre training questionnaire to submit prior to training

APPENDIX 1

Pre-Training Checklist for trainers

- Date and Location of Training:
- Logistics:
- Identified training site focal persons:
- Has the date and time and accommodation and travel been confirmed?
- Have Levoplant™ Trainee Manuals been sent to the trainees?
- Have you received their Pre-Training Questionnaires?
- Have you discussed numbers of trainees?
- Do you have enough copies of the Role Play Scenarios, Competency Assessment sheets, Pre and Post course Knowledge tests and Training Evaluation forms?
- On the basis of the submitted information have you assessed the skills mix of the trainees to ensure that they are as uniform a group as possible so that you can prepare the correct modules (as per Table 2)?

Table 2: Checklist for trainee selection

Ensure that the trainees are suitable for training as per the WHO task-sharing guidelines ¹		
Trainee Role:	Module suitable for:	Number of trainees:
<input type="checkbox"/> Are they eligible to provide counselling and information about LARC?	Staff who provide counselling and information (e.g. community mobilisers, staff providing counselling but not insertions/removals) are eligible to attend Module 1	<input type="text"/>
<input type="checkbox"/> Are they eligible to insert and remove implants?	Nurses and other health care professionals who are eligible to provide insertion and removal of 2 rod implants who have not been trained before on insertion and removal of 2 rod implants	<input type="text"/>
	Nurses and other health care professionals who have been trained in 2 rod implants before who are attending because they want a refresher or are unfamiliar with Levoplant™.	<input type="text"/>
<input type="checkbox"/> Are they going to have enough case load to maintain their skills after training?	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Do they have supervisors that can assist with skills retention and ongoing educational support?	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Are they motivated to provide high quality contraceptive services?	<input type="text"/>	<input type="text"/>

APPENDIX 2

Supplies and Equipment Checklist

REQUESTS FOR TRAINING ROOM:

<input type="radio"/> Flipchart and 4 pens	<input type="text" value="Yes"/>	<input type="text" value="No"/>
<input type="radio"/> Slide projector	<input type="text" value="Yes"/>	<input type="text" value="No"/>
<input type="radio"/> Video player	<input type="text" value="Yes"/>	<input type="text" value="No"/>

NOTES:

SUPPLIES AND EQUIPMENT FOR EACH TRAINING STATION

<input type="radio"/> Model arm 1 for every 4 trainees	<input type="text" value="Yes"/>	<input type="text" value="No"/>
<input type="radio"/> Marker for skin	<input type="text" value="Yes"/>	<input type="text" value="No"/>

INFECTION CONTROL:

<input type="radio"/> Cotton swabs	<input type="text" value="Yes"/>	<input type="text" value="No"/>
<input type="radio"/> Antiseptic solution	<input type="text" value="Yes"/>	<input type="text" value="No"/>
<input type="radio"/> Gallipot	<input type="text" value="Yes"/>	<input type="text" value="No"/>
<input type="radio"/> Sterile drape	<input type="text" value="Yes"/>	<input type="text" value="No"/>
<input type="radio"/> Sterile gloves	<input type="text" value="Yes"/>	<input type="text" value="No"/>

LOCAL ANAESTHETIC:

<input type="radio"/> Syringe and needle	<input type="text" value="Yes"/>	<input type="text" value="No"/>
<input type="radio"/> Vials of local anaesthetic	<input type="text" value="Yes"/>	<input type="text" value="No"/>

DRESSING:

<input type="radio"/> Gauze	<input type="text" value="Yes"/>	<input type="text" value="No"/>
<input type="radio"/> Bandage for compression	<input type="text" value="Yes"/>	<input type="text" value="No"/>
<input type="radio"/> Plaster/Band Aid	<input type="text" value="Yes"/>	<input type="text" value="No"/>

EQUIPMENT:

<input type="radio"/> Levoplant™ trocar and implants (to add number) with instrument tray	<input type="text" value="Yes"/>	<input type="text" value="No"/>
<input type="radio"/> Crile/Kelly forceps	<input type="text" value="Yes"/>	<input type="text" value="No"/>
<input type="radio"/> Sponge holding forceps	<input type="text" value="Yes"/>	<input type="text" value="No"/>
<input type="radio"/> Scalpel - for removal	<input type="text" value="Yes"/>	<input type="text" value="No"/>

APPENDIX 3

Informed consent form for use during training with live subjects

INFORMED CONSENT FOR SUBDERMAL IMPLANT INSERTION OR REMOVAL IN A TRAINING SETTING

LEVOPLANT™ is a contraceptive implant offered to women of reproductive age who wish to adequately space their pregnancies or delay a pregnancy. It is offered at health facilities within the public and private sector. The implant has a duration of three years. I hereby confirm:

I have received a leaflet, accompanying this consent form, with information on the implant and other options for contraception.

Yes

No

I have read the information contained within this leaflet.

Yes

No

I consent to have insertion or removal of Levoplant™ by a trainee under supervision.

Please fill the data requested below:

LEVOPLANT™ User's Name

User's Phone Number

User's Signature

LEVOPLANT™ Provider's Name

Provider's Phone Number

Provider's Signature

Location

Date

APPENDIX 4

Pre and Post Course Knowledge Test

Name of trainee: Date of training:

<p>● Subdermal implants, such as LEVOPLANT™, are one of the most effective family planning methods.</p>	TRUE	FALSE
<p>● In the counseling process, the provider should choose the method for the patient based on the provider's experience and knowledge.</p>	TRUE	FALSE
<p>● Weight is not important for any patient, when you want to plan with Levoplant™.</p>	TRUE	FALSE
<p>● Amenorrhea is one of the expected side effects when Levoplant™ is used as a family planning method.</p>	TRUE	FALSE
<p>● Levoplant™ can be inserted immediately after delivery, cesarean section, or abortion.</p>	TRUE	FALSE
<p>● If I remove Levoplant™ implants, I cannot insert another set of implants immediately.</p>	TRUE	FALSE
<p>● The effectiveness of Levoplant™ starts within 24 hours after insertion.</p>	TRUE	FALSE
<p>● Levoplant™ is contraindicated in patients with HIV.</p>	TRUE	FALSE
<p>● Informed consent is not necessary if I give good advice.</p>	TRUE	FALSE
<p>● It is better if I insert Levoplant™ in the patient's dominant arm.</p>	TRUE	FALSE

APPENDIX 5

Role Play Scenarios

A

Scenario A:

A 17-year-old woman attends your clinic requesting contraception. She is of normal weight with no other risk factors. She has recently become sexually active and would like to delay pregnancy until she finishes her studies.

B

Scenario B:

A 45-year-old woman attends your clinic requesting information on family planning. She has five children and does not wish to get pregnant again. She has a body mass index of 30 and is a non-smoker.

C

Scenario C:

A 29-year-old woman attends your clinic with her husband. She has had a 2 rod implant for 3 years. She has had two children and does not want any more pregnancies for the time being and wants to know about her contraceptive options.

APPENDIX 6

Post Training Evaluation form

Please take some time to complete this form so that we can further improve the quality of our training for future trainees.

Any information will be anonymous.

Are you a nurse/doctor/community health worker/Other? please specify:

Date of training:

MODULE 1: COUNSELLING

<input type="radio"/> How satisfied are you with the training?	<input type="text" value="0"/> <small>Low</small>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/> <small>High</small>
<input type="radio"/> Was the content or language ...	<input type="text" value="Too basic"/>		<input type="text" value="Too advanced"/>		<input type="text" value="Just right for you"/>	

MODULE 2: INSERTION OF LEVOPLANT™

<input type="radio"/> How satisfied are you with the training?	<input type="text" value="0"/> <small>Low</small>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/> <small>High</small>
<input type="radio"/> Was the content or language ...	<input type="text" value="Too basic"/>		<input type="text" value="Too advanced"/>		<input type="text" value="Just right for you"/>	
<input type="radio"/> Did you get enough time to practice your skills?	<input type="text"/>					

MODULE 3: REMOVAL OF LEVOPLANT™

<input type="radio"/> How satisfied are you with the training?	<input type="text" value="0"/> <small>Low</small>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/> <small>High</small>
<input type="radio"/> Was the content or language ...	<input type="text" value="Too basic"/>		<input type="text" value="Too advanced"/>		<input type="text" value="Just right for you"/>	
<input type="radio"/> Did you get enough time to practice your skills?	<input type="text"/>					

GENERAL FEEDBACK

<input type="radio"/> Did you learn anything new?	<input type="text"/>					
<input type="radio"/> How do you rate the trainee handbook?	<input type="text" value="0"/> <small>Low</small>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/> <small>High</small>
<input type="radio"/> What parts of this did you find useful?	<input type="text"/>					
<input type="radio"/> Any comment on how this could be improved?	<input type="text"/>					
<input type="radio"/> Any further comments for the trainers?	<input type="text"/>					
<input type="radio"/> Anything that DKT should be aware of?	<input type="text"/>					

APPENDIX 7

Competency assessment for individual trainees

Name of trainee:

Date of training:

Area of competency	Provide independently without need for supervision?	Requires direct supervision before	Not able provide service independently?
Counselling	Yes / No	Yes / No	Yes / No
Insertion	Yes / No	Yes / No	Yes / No
Removal	Yes / No	Yes / No	Yes / No

Follow up actions agreed with timeframe:

Who will support trainee in their setting?

Is the trainee competent to train others?

Yes	No
-----	----

Is the trainee suitable to return for a training of trainers?

Yes	No
-----	----

Other reflections about Levoplant™ and training:

Contact

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