

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

In-service Training Guidelines

In-service training can be used either to transfer knowledge and skills about implants to providers who did not get this in their pre-service education or to update the knowledge and skills of providers currently providing implants 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. The recent introduction of several new implants that are easier to insert and remove—Jadelle, Sino-implant II, and Implanon—makes in-service training an essential part of providing good implant services, both for programs needing to transition to the new implants (from use of Norplant) and those wishing to introduce implants to expand their method mix. As in the past, particular attention to training in implants removal is needed and requires careful planning. The following guidelines will increase the effectiveness of either type of in-service training.

Participant Selection Criteria

Clear and accurate participant selection criteria for participating in implants training must be developed and enforced, including a plan for how to deal with inappropriate participants who may arrive at the course. In general, participants in implants training courses should:

- Have the provision of implant services within their job description or professional scope of practice. Although it has been demonstrated that a wide variety of health care professionals, with appropriate training, can safely provide implants, they should not be trained to do so unless they have this official authorization to perform the skills.
- Have an established need in the worksite for these skills. Only those individuals who will be providing implants services routinely in their work should receive training even if providing implant services is otherwise within their job description or professional scope of work.
- Work in an institution capable of providing implants services—that is, 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 supervisors and managers for trainees to participate in the course and their subsequent support after training the trainee will have difficulty applying new knowledge and skills on the job and the impact of the training will be limited.

Fostering Skills Development

Skills development requires hands-on practice with arm models, role plays and simulations in the classroom. It is important that there be enough arm models and supplies so that all participants have access to an arm model and adequate practice time. More than one trainer may be needed in order to provide adequate feedback and help if the training group is large.

Skills development must focus not only on the minor surgical skills needed for insertion and removal of implants but also on the screening and counseling skills needed to fully inform the user about the method, and especially about likely side effects. Careful client selection, fully informing the client of side effects, and being sure that she understands the side effects and what to do about them can all help her keep using an implant should side effects occur.

Skills development also requires working with clients in a clinical setting. The clinical sites used for training must be providing quality implants services routinely, so that they provide a good model of service provision for trainees to follow. There must also be an adequate client load so that each trainee can have adequate practice, at least for insertions. Initially, opportunities for removal training in actual clients may be limited as the method itself or new types of implants are introduced, but additional opportunities for training and skill development in removal must be offered as more users become ready for removal.

During practice and feedback sessions, the language used by trainers and participants needs to be neutral and constructive, when communicating with each other and with clients. This will promote learning by the participant and a positive healthcare experience for the client. In particular, care must be taken during counseling to present balanced information on implants

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 implants 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. There are many information and communication technology tools available on implants that can be used to help train providers. Some can be used during group-based courses as well.
- 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 versus Refresher Training

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

- A training course for providers who are learning new skills must include all the essential, need-to-know information about implants, counseling skills, and infection prevention skills as well as implants insertion and removal skills. Participants will need more time working with arm models to gain competency in the basic skills before going into the clinical setting to work with clients.
- A refresher course generally does not need to include all the background information on implants. Rather, it can focus on what is new or updated--in the case of implants, this includes a comparison of the new implants being introduced with what is currently available. Providers who have been inserting and removing Norplant will find the techniques very similar for insertion and removal of Jadelle and Sino-implant (II). Participants will not need as much practice time on arm models or with clients; in some cases, it may even be possible to eliminate the clinical practice portion of the course entirely. The technique for Implanon, however, is more distinct and may require some practice.

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 implants service provider will be bored in a course for new learners and it will not be a good use of their time to attend such a course.

Training for Removals

As mentioned, implants provide a particular challenge for training in removals. Whether a family planning program is introducing implants for the first time or transitioning from one implant to another, initially there will be fewer cases of removal for demonstrating and practicing removal than there will be of insertion. In some instances, the problem is not as great as it might first appear. For example, when transitioning from Norplant to Jadelle or Sino-implant (II), providing clients with access to removals probably will not be difficult because all of these implants use essentially the same removal technique. However, in other cases it can be a significant challenge to ensure that each user is able to have her implants removed whenever she wants. Consequently, a key part of an implants training program is developing and implementing an ongoing removal training program that is conducted according to the same concepts of skills development described above.

Guidelines for Teaching Implant Skills in Pre-Service Education

All doctors, nurses and midwives should be sensitized to implants during their pre-service education. This sensitization should include: key supporting skills, such as infection prevention practices relevant to providing implant services; family planning, including implants, counseling skills; and essential, need-to-know information on the implant. It may also include practice of implant insertion and removal with arm 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 may not be appropriate to include implant insertion and removal skills in the pre-service education of all cadres of providers, especially as a requirement for graduation. Only those programs that can provide the following conditions should teach insertion and removal skills on clients.

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

Incorporating Implants Content into a Curriculum

Incorporating implant 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 implants, the technical content, and insertion and removal skills, if appropriate, are taught in the family planning or reproductive health portion of a curriculum, which usually falls later in the course of studies. For implants to be taught effectively, it is critical that other supporting knowledge and skills – anatomy and physiology, 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 implant services during the classroom and clinical family planning sections.

The steps to incorporate implants content into a pre-service curriculum include:

- Identify the knowledge and skills that are prerequisite to the efficient learning of implant-specific content, for example, infection prevention, and 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 implant 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 implants and family planning, not taught as if they are new concepts to the student. A more detailed presentation of these topics will take needed time away from the implant-specific content and limit learning of what should truly be the new information—that is, information about implants.

Working With Clients During Training

The rights of clients to privacy and confidentiality should be maintained 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 (for example, 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 preventing or correcting errors that could harm or cause discomfort to the client and should 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, “difficult” clients should not be assigned to clinicians-in-training until they have become proficient in performing the implants insertion or removal procedure.

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Available: <http://www.k4health.org/toolkits/iud/training/trainingbrief>