

Competency-based Skills Checklist for Progestin-Only Injectables Counseling and Clinical Skills

Date of Assessment: _____ Dates of Training: _____

Place of Assessment: Facility: _____ Classroom: _____

Name of Facility: _____

Type of Facility: ☐ MOH/Gov't ☐ NGO ☐ Other

Level of Facility: ☐ Primary ☐ Secondary ☐ Tertiary

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 injectables. 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
Initial Interview	1	2	3	
Greets client in a friendly and respectful manner.				
Maintains eye contact with the client.				
Concentrates fully on what the client is saying.				
Asks what MCH/FP service she is seeking and respond to any general questions she may have.				
Provides general information about MCH services and FP 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				
• 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.).				

TASK/ACTIVITY	CASES			COMMENTS
Method-Specific Counseling, continued	1	2	3	
If the client chooses injectables (DMPA or NET-EN):				
<ul style="list-style-type: none"> Asks her what she knows about injectable contraceptives. Corrects any myths, rumors or misinformation she may express. 				
<ul style="list-style-type: none"> Asks if she has used injectables in the past. What was her experience? 				
<ul style="list-style-type: none"> Explains advantages of the injectable contraceptives, including non-contraceptive benefits. 				
<ul style="list-style-type: none"> Briefly explains how injectables work. 				
<ul style="list-style-type: none"> Explains potential common side effects of the injectable contraceptives. Stress that she may experience some (or possibly none) of these and that they can all be managed: <ul style="list-style-type: none"> Changes in bleeding patterns with DMPA, first 3 months, irregular or prolonged bleeding. At one year, no monthly bleeding, infrequent bleeding, irregular bleeding). Changes in bleeding pattern with NET-EN, Affects bleeding patterns less than DMPA. Have fewer days of bleeding in the first 6 months and are less likely to have no bleeding after a year of use than DMPA users. Headaches or dizziness Abdominal bloating or discomfort Weight gain Breast tenderness Dizziness 				
<ul style="list-style-type: none"> Reassures client that these side effects are not serious and many will decrease or stop after a few months of use. 				

TASK/ACTIVITY	CASES			COMMENTS
<ul style="list-style-type: none"> Describes the injection process and what the client should expect during and after the procedure. 				
<ul style="list-style-type: none"> Responds to any questions or concerns the client may have. 				
<ul style="list-style-type: none"> Explains that s/he will ask the client some questions. 				
Client Screening	1	2	3	
Screens client using <i>Checklist for Screening Clients Who Want to Initiate Progestin-only injectable contraceptive</i>. Asks all questions on checklist and record responses.				
1. Have you ever been told you have breast cancer?				
2. Have you ever had a stroke or heart attack or do you currently have a blood clot in your legs or lungs?				
3. Do you have a serious liver disease or jaundice (yellow skin or eyes)?				
4. Have you ever been told you have diabetes (high sugar in your blood)?				
5. Have you ever been told you have high blood pressure?				
6. Have you ever been told that you have a rheumatic disease such as lupus?				
7. Do you have bleeding between menstrual periods, which is unusual for you, or bleeding after intercourse (sex)?				
8. Do you have two or more conditions that could increase your chances of a heart attack or stroke, such as old age, smoking, obesity, high blood pressure, or diabetes?				
9. Are you currently breastfeeding a baby less than 6 weeks old?				

TASK/ACTIVITY	CASES	COMMENTS
<ul style="list-style-type: none"> If the client answered NO to <i>all of questions 1–9</i>, she can use injectables. Proceed to questions 7–12. If the client answered YES to <i>question 1</i>, she is not a good candidate for injectables. Counsel about other available methods or refer. If the client answered YES to <i>any of questions 2–8</i>, injectables cannot be initiated without further evaluation. Evaluate or refer as appropriate, and give condoms to use in the meantime. See explanations for more instructions. If the client answered YES to <i>question 9</i>, instruct her to return for DMPA as soon as possible after the baby is six weeks old. 		
Ask questions 10–15 to be reasonably sure that the client is not pregnant. As soon as the client answers YES to <i>any question, stop, and follow the instructions after question 15.</i>		
10. Did your last menstrual period start within the past 7 days?		
11. 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?		
12. Have you abstained from sexual intercourse since your last menstrual period or delivery?		
13. Have you had a baby in the last 4 weeks?		
14. Have you had a miscarriage or abortion in the last 7 days?		
15. Have you been using a reliable contraceptive method consistently and correctly?		
<p>If the client answered YES to <i>at least one of questions 10–15</i> and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can start DMPA now. If the client began her last menstrual period <i>within the past 7 days</i>, she can start DMPA immediately. No additional contraceptive protection is needed.</p> <p>If the client began her last menstrual period <i>more than 7 days ago</i>, she can <i>be given DMPA now</i>, but instruct her that she must <i>use condoms or abstain from sex for the next 7 days</i>. Give her condoms to use for the next 7 days. If the client answered NO to <i>all of questions 10–15</i>, pregnancy cannot be ruled out. She must use a pregnancy test or wait until her next menstrual period to be given DMPA. Give her condoms to use in the meantime.</p>		

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
Tasks specific to DMPA or NET-EN				
Asks client where she would like to receive the injection.				
Shows sealed bottle and expiration date on label to client				
Washes hands well with soap and water.				
Dries hands with a clean towel or lets them air dry.				
If skin is dirty, cleans injection site with water-soaked cotton ball				
Double-checks the bottle for content, dose, and expiration date				
Rolls bottle between palms or shakes gently (DMPA only)				
Removes plastic cap from bottle.				
Opens sterile package for syringe/needle (attaches needle if needed).				
Inserts needle into rubber cover of vial				
Fills syringe with contents of the bottle				
Expels air from syringe				
Locates the exact site for injection				
Inserts needle straight into the muscle				
Injects the entire contents of the syringe				
Gently presses the injection site with a clean cotton ball				
Places the used syringe into the sharps container				
Washes hands with soap and water				
Instructs the client not to massage the site				

TASK/ACTIVITY	CASES			COMMENTS
Calculate reinjection date (3 months or 13 weeks DMPA; 2 months or 8 weeks NET-EN)				

Comments: _____
