

## Competency-based Skills Checklist for Contraceptive Implants 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 Student: \_\_\_\_\_

Name of the Assessor: \_\_\_\_\_

This assessment tool contains the detailed steps that a student should follow in counseling and providing client instructions for implants. 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 student 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 student. The student 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 student during evaluation by the trainer.
4. Continue assessing the student 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 student 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 student. Do this in private, away from the client or other students.

TASK/ACTIVITY	CASES			COMMENTS
<b>Initial Interview</b>	<b>1</b>	<b>2</b>	<b>3</b>	
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				
<b>Method-Specific Counseling</b>	<b>1</b>	<b>2</b>	<b>3</b>	
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 implants:				
<ul style="list-style-type: none"> <li>Asks her what she knows about implants. Corrects any myths, rumors or misinformation she may express.</li> </ul>				
<ul style="list-style-type: none"> <li>Asks if she has used implants in the past. What was her experience?</li> </ul>				
<ul style="list-style-type: none"> <li>Gives client an implant to look at and handle.</li> </ul>				
<ul style="list-style-type: none"> <li>Explains advantages of the implants, including non- contraceptive benefits.</li> </ul>				
<ul style="list-style-type: none"> <li>Explains that implants are one of the most effective methods and last for 3-5 years, (depending on the kind of implant).</li> </ul>				
<ul style="list-style-type: none"> <li>Briefly explains how implants work.</li> </ul>				
<ul style="list-style-type: none"> <li>Explains potential common side effects of the implant. Stress that she may experience some (or possibly none) of these and that they can all be managed:               <ul style="list-style-type: none"> <li>Changes in bleeding patterns</li> <li>Headaches</li> <li>Abdominal pain</li> <li>Acne (can improve or worsen)</li> <li>Weight changes</li> <li>Breast tenderness</li> <li>Dizziness</li> <li>Mood changes</li> <li>Nausea</li> </ul> </li> </ul>				
<ul style="list-style-type: none"> <li>Reassures client that most side effects are not serious and will decrease or stop after a few months of use.</li> </ul>				
<ul style="list-style-type: none"> <li>Describes the insertion process and what the client should expect during and after the procedure.</li> </ul>				
<ul style="list-style-type: none"> <li>Responds to any questions or concerns the client may have.</li> </ul>				

TASK/ACTIVITY	CASES			COMMENTS
<ul style="list-style-type: none"> <li>Explains that s/he will ask the client some questions and performs a pelvic examination to insert the implant.</li> </ul>				
<b>Client Screening</b>	<b>1</b>	<b>2</b>	<b>3</b>	
<b>Screens client using <i>Checklist for Screening Clients Who Want to Initiate Contraceptive Implants</i>.</b> Asks all questions on checklist and record responses.				
1. Have you ever been told you have breast cancer?				
2. Do you currently have a blood clot in your legs or lungs?				
3. Do you have severe cirrhosis of the liver, a liver infection, or liver tumor? Are her eyes or skin unusually yellow? (signs of jaundice)				
4. Do you have bleeding between menstrual periods, which is unusual for you?				
5. Have you ever been told that you have a rheumatic disease, such as lupus?				
<ul style="list-style-type: none"> <li>If the client answered <b>NO</b> to <b><i>all of questions 1–5</i></b>, she can use implants. Proceed to questions 6–10.</li> <li>If the client answered <b>YES</b> to <b><i>question 1</i></b>, she is not a good candidate for implants. Counsel about other available methods or refer.</li> <li>If the client answered <b>YES</b> to <b><i>any of questions 2–5</i></b>, implants cannot be initiated without further evaluation. Evaluate or refer as appropriate, and give condoms to use in the meantime.</li> </ul>				

TASK/ACTIVITY	CASES			COMMENTS
<b>Client Screening, continued</b>	<b>1</b>	<b>2</b>	<b>3</b>	
Ask questions 6–10 to be reasonably sure that the client is not pregnant. As soon as the client answers <b>YES</b> to <i>any question</i> , stop, and follow the instructions after question 10.				
6. Did your last menstrual period start within the past 7 days?				
7. 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?				
8. Have you abstained from sexual intercourse since your last menstrual period or delivery?				
9. Have you had a miscarriage or abortion in the last 7 days?				
10. Have you been using a reliable contraceptive method consistently and correctly?				
<ul style="list-style-type: none"> <li>If the client answered <b>YES</b> to <i>at least one of questions 6–10</i> and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can have implants inserted now.</li> <li>If the client began her last menstrual period <i>within the past 7 days (5 days for Implanon)</i>, she can have implants inserted now. No additional contraceptive protection is needed.</li> <li>If the client began her last menstrual period <i>more than 7 days ago (5 days for Implanon)</i>, she can <i>have implants inserted 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.</li> <li>If the client answered <b>NO</b> to <i>all of questions 6–10</i>, pregnancy cannot be ruled out. She must use a pregnancy test or wait until her next menstrual period to have implants inserted. Give her condoms to use in the meantime.</li> </ul>				

TASK/ACTIVITY	CASES			COMMENTS
<b>Preparing For Implant Insertion</b>	<b>1</b>	<b>2</b>	<b>3</b>	
Checks to be sure client has washed her entire				
Covers the procedure table and arm support with a clean cloth.				
Asks client to lie on her back with arm resting on the arm support.				
Prepares clean instrument tray and opens the sterile instrument pack without touching sterile items.				
Opens implant package according to instructions.				
<b>Before Implant Insertion</b>	<b>1</b>	<b>2</b>	<b>3</b>	
Washes hands with antiseptic soap and dries them on a clean towel or air-dries them.				
Puts sterile or high level disinfected (HLD) gloves on both hands without contaminating them.				
Arranges instruments and supplies so that they are easily accessible.				
Cleans insertion site with antiseptic, using cotton or gauze and a tissue forceps.				
Covers insertion arm with sterile or HLD drape.				
Determines optimal insertion site by measuring 8cm/3inches above the elbow fold and marks where the incision will be made.				
Asks client whether she has ever had an allergic reaction to local anesthetic.				
Injects local anesthetic (1% without epinephrine) just under skin, using sterile syringe and needle.				
Injects local anesthetic into tracks where implant will be placed and gently rubs the area to spread the anesthesia.				
Observes for allergic reaction to anesthetic before making incision.				

TASK/ACTIVITY	CASES			COMMENTS
<b>Implant Insertion: <i>Jadelle</i> or <i>Sino-Plant</i></b>	<b>1</b>	<b>2</b>	<b>3</b>	
Gently touch the insertion site with forceps to make sure the anesthetic is working.				
Holds the scalpel at about a 45° angle, makes a small 2mm incision which just penetrates the skin.				
Inserts the trocar and plunger through the incision at a shallow angle with the beveled tip of the trocar facing up and moves the trocar forward, stopping as soon as the tip is completely beneath the dermis.				
While tenting the skin, advances trocar and plunger to mark (1) nearest hub of trocar.				
Removes plunger.				
Inserts first rod into trocar sleeve.				
Reinserts plunger and advances it until resistance against the rod is felt.				
Holds plunger firmly in place with one hand and slides trocar out of incision until it reaches plunger handle.				
Withdraws trocar and plunger together until mark (2) nearest trocar tip just clears incision (does not remove trocar from skin).				
Moves tip of trocar away from end of first rod and holds rod out of the path of the trocar.				
Redirect trocar about 15 degrees and advances trocar and plunger to mark.				
Inserts remaining rod using same technique.				
Palpates ends of rods to be sure the rods are placed correctly ("V" shape) and palpates incision to check that ends of rods are about 5mm away from incision.				
Carefully withdraws the trocar and presses down on the incision with a gauzed finger for a minute or so to stop any bleeding.				
<b>Implant Insertion: <i>Jadelle</i> or <i>Sino-Plant</i>, <i>cont'd</i></b>	<b>1</b>	<b>2</b>	<b>3</b>	
Removes the drape and cleans the area around the insertion site with sterile disinfectant and cotton or gauze				

TASK/ACTIVITY	CASES			COMMENTS
Brings edges of incision together and closes it with band aids or surgical tape with sterile cotton.				
Applies pressure dressing snugly.				
<b>Implant Insertion: <i>Implanon</i></b>	<b>1</b>	<b>2</b>	<b>3</b>	
While keeping the shield on the needle, visually verifies the presence of the implant.				
Stretches skin around the insertion site with thumb and index finger.				
Inserts tip of the needle at a slight angle until the tip of the bevel just barely goes under the skin.				
Releases the skin and lowers the applicator to a horizontal position.				
Lifts the skin with the tip of the needle.				
While tenting the skin, gently inserts the needle to its full length (keeping the cannula parallel to the surface of the skin).				
Breaks the seal of the applicator by pressing the obturator support.				
Turns the obturator 90 degrees with respect to the cannula.				
Fixes the obturator firmly against the arm				
With the free hand, slowly pulls the cannula out of the arm				
Checks the needle for absence of the implant				
Verifies presence of implant by palpitation				
Removes the drape and cleans the area around the insertion site with sterile disinfectant and cotton or gauze				
<b>Implant Insertion: <i>Implanon, continued</i></b>	<b>1</b>	<b>2</b>	<b>3</b>	



TASK/ACTIVITY	CASES			COMMENTS
Brings edges of incision together and closes it with band aids or surgical tape with sterile cotton.				
Applies pressure dressing snugly.				
<b>Post-Insertion Tasks</b>	<b>1</b>	<b>2</b>	<b>3</b>	
Places used instruments in chlorine solution for decontamination before removing gloves.				
Disposes of waste materials according to guidelines.				
Removes reusable gloves and places them in chlorine solution.				
Washes hands with soap and water.				
Completes the client record.				
<b>Post-Insertion Counseling</b>	<b>1</b>	<b>2</b>	<b>3</b>	
Instructs client to keep the insertion area dry for 4 days and that she can take off the elastic bandage or gauze after 2 days and the adhesive bandage after 5 days.				
Explains to the client that her arm may be sore for a few days and that she may have some swelling or bruising at the insertion site.				
Assures the client that she can come back any time she has concerns and tell her the month and year when the implant should be removed.				
Assures the client that she can have the implant removed any time she desires				
Explains in a non-alarming way the <u>warning signs</u> , stressing the rarity of these:				
• Infection at the insertion (red with increased heat and tenderness or pus)				
• Implant begins to come out of the arm				
• Heavy bleeding, twice as long or twice as much as normal				
• Severe lower abdominal pain				
• Repeated very painful headache or blurred vision				

TASK/ACTIVITY	CASES			COMMENTS
<b>Post-Insertion Counseling, continued</b>	<b>1</b>	<b>2</b>	<b>3</b>	
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 15-20 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.				
Documents/records the visit according to local clinic guidelines.				
<b>Return Visit Counseling</b>	<b>1</b>	<b>2</b>	<b>3</b>	
Greets the client in friendly and respectful manner.				
Ensures privacy.				
Asks the following questions:				
• Have you been happy using the implant?				
• Have you had any concerns or problems?				
• Has your health changed in any way since you had your implant was 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?				
<b>Pre-Removal Counseling</b>	<b>1</b>	<b>2</b>	<b>3</b>	
Greets the client in friendly and respectful manner.				
Establishes the purpose of the visit.				
Asks the client her reason for removal and answers any questions she may have.				

TASK/ACTIVITY	CASES			COMMENTS
Reviews the client's present reproductive goals (e.g., does she want to continue spacing or limiting births?).				
<b>Pre-Removal Counseling, counseling</b>	<b>1</b>	<b>2</b>	<b>3</b>	
A new implant can be inserted through the same incision or in the opposite arm if continued use of an implant system is requested.				
Describes the removal procedure and she should expect during the removal and afterwards.				
<b>Removal of Implants</b>	<b>1</b>	<b>2</b>	<b>3</b>	
Checks to be sure that all removal equipment is present, in good condition, and has been properly sterilized.				
Checks to be sure client has thoroughly washed and rinsed her entire arm.				
Washes hands thoroughly with soap and water and dries with a clean cloth or allows to air dry.				
Positions woman's arm over a clean, dry cloth and palpates rod(s) to determine point for incision.				
Confirms the position of each rod by making a mark at both ends of the rod(s).				
Prepares an instrument tray.				
Puts new examination (disposable) or HLD or sterile (reusable) gloves on both hands.				
Prepares removal site with antiseptic solution.				
Places high level disinfected drape over arm.				
Injects small amount of anesthetic (1% without epinephrine) at the incision site and <u>under</u> the end of the capsules.				
Checks for anesthetic effect before make skin incision.				

TASK/ACTIVITY	CASES			COMMENTS
<b>"U" Removal Technique for Jadelle/ Sino-Plant Rods</b>	<b>1</b>	<b>2</b>	<b>3</b>	
Chooses a point for incision between the rods, about 5 mm from the ends of the rods nearest the elbow.				
Makes a small (4 mm) vertical incision with a scalpel to with a scalpel, close to the proximal ends of the implant (below the bottom of the V).				
Pushes each implant gently towards the incision with the finger.				
When the tip of the rod is visible, grasp it with the forceps and gently pull it out. Repeat with the second rod.				
Stabilizes the rod that is closest to the incision by placing the index finger parallel to the rod.				
Advances the forceps until the tip touches the rod. Then opens the forceps and grasps the rod at a right angle to its long axis about 5 mm above the distal end.				
Cleans off and opens the fibrous tissue sheath surrounding the rod by gently rubbing with sterile gauze to expose the rod for easy removal.				
Uses the curved forceps (mosquito or Crile) to grasp the exposed part of the rod. Releases the holding forceps and slowly and gently removes the rod.				
Places the rod in a small bowl containing 0.5% chlorine solution for 10 minutes for decontamination prior to disposal.				
Removes the remaining rod using the same technique outlined above.				
<b>Forceps Technique for Implanon Removal</b>	<b>1</b>	<b>2</b>	<b>3</b>	
Pushes down the proximal tip to fix the implant.				
Makes a longitudinal incision of 2 mm from below the distal tip of the implant toward the distal tip of the implant.				
Gently pushes the implant towards the incision with fingertip until the tip of the implant is visible.				
Grasps the implant with forceps and removes it by gently pulling it toward the incision.				

TASK/ACTIVITY	CASES			COMMENTS
Closes the incision with butterfly closure.				
<b>Post-Removal Tasks</b>	<b>1</b>	<b>2</b>	<b>3</b>	
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 implant removal in client record.				
<b>Post-Removal Counseling</b>	<b>1</b>	<b>2</b>	<b>3</b>	
Discusses what to do if the client experiences any problems such as signs of infection or pain at the removal site.				
Answers any questions.				
Reviews general and method-specific information about family planning methods, if the client wants to continue spacing or limiting				
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: \_\_\_\_\_

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