

Appendix C:

Illustrative Competency-Based Skills Assessment Checklist for POPs

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 POPs. 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 each - 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				
Ensures necessary privacy.				
Obtains necessary biographical data (name, address, age, etc.).				
- If the client chooses POPs: - asks her what she knows about POPs. Corrects any myths, rumors or misinformation she may express - asks if she has used POPs in the past. What was her experience? - gives client a package of POPs to look at and handle - explains advantages of the POP, including non-contraceptive benefits - briefly explains how POPs work and the importance of taking it at the same time every day - explains potential common side effects of the POP. Stress that she may experience some (or possibly none) of these and that they can all be managed: - changes in bleeding patterns (lighter, irregular, infrequent or no monthly period), especially if she is not breastfeeding - nausea (upset stomach)				

TASK/ACTIVITY	CASES			COMMENTS
- headaches - breast tenderness/fullness - dizziness				
METHOD-SPECIFIC COUNSELING continued	1	2	3	
• reassures client that most side effects are not serious and will decrease or stop after a few months of use • responds to any questions or concerns the client may have • explains that s/he will ask the client some questions and performs a minimal physical examination to be sure that the POP is medically appropriate				
CLIENT SCREENING				
• Screens client using <i>Checklist for Screening Clients Who Want to Initiate POPs</i>. Asks all questions on checklist and record responses. 1. Do you currently have a blood clot in your legs or lungs? 2. Have you ever been told you have breast cancer? 3. Do you regularly take any pills for tuberculosis (TB) or seizures (fits)? 4. Have you ever been told that you have a rheumatic disease such as lupus? 5. Do you have serious liver disease or jaundice (yellow skin or eyes)? 6. Are you currently breastfeeding a baby less than 6 weeks of age? 7. Did your last menstrual period start within the past 7 days? 8. 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? 9. Have you abstained from sexual intercourse since your last menstrual period or delivery? 10. Have you had a baby in the last 4 weeks? 11. Have you had a miscarriage or abortion in the last 7 days? 12. Have you been using a reliable contraceptive method consistently and correctly?				

TASK/ACTIVITY	CASES	COMMENTS
• Understands that if the clients answers No to all of questions 1-6 she may use POPs and if the clients answers Yes to at least one of questions 13-18 and is free of signs and symptoms of pregnancy, provider can assume the client is not pregnant. • Reassures client of confidentiality and uses judgment concerning the necessity of asking the following questions: • Do you or your husband/partner have other sex partners? • What medicines do you regularly take? • Checks blood pressure: Is BP very elevated? - Systolic over 160 - Diastolic over 100 • Manages or refers for follow-up any positive findings.		

TASK/ACTIVITY	CASES	COMMENTS
• If POP is appropriate: • Gives client her pill packet to hold and look at • Shows her how to follow the arrows on the pack. • If the client uses a 28- or 35-pill pack: instructs her to start a new pack the day after she finishes all of the pills in the packet and that all pills have active hormone. • If the client is not having menstrual cycles, she may begin POPs anytime and use a backup method for first 2 days. If she is fully or partially breastfeeding, she should wait until the baby is 6 weeks old to start. If she is fully breastfeeding, she does not need a backup method if the baby is less than 6 months old. • If the client is not having menstrual cycles not related to childbirth or breastfeeding, she may begin taking POPs anytime and will need a backup method for the first two days. • Instructs the client to start the pill on first day of her next menstrual period (or on fifth day of her menstrual period, or use local guidelines for this instruction). If the client starts the pill after day five of her cycle she should use a back-up method for the first 2 days. • Gives the following client instructions about missed pills: • Explain to the client that if she forgets to take her pills or takes them more than 3 hours late, she may become pregnant. If she forgets to take her pills, she should do the following: - If she misses one pill, the client should take it as soon as she remembers. Take the next one at the regular time. - If she is having regular monthly bleeding, she should use a backup method for the next two days. If she has had sex in the last 5 days, she can consider taking ECPs.		
• Cautions client that she may feel queasy or nauseated if she takes two pills in one day, but taking two pills reduces her chances of becoming pregnant.		

TASK/ACTIVITY	CASES			COMMENTS
- Explains other situations in which a back-up method is needed: <i>Diarrhea/vomiting</i>: If she vomits within 2 hours after taking a pill, she should take another pill from the pack as soon as possible, and keep taking pills as usual. If vomiting or diarrhea continues, take pills as usual and use a backup method until 2 days after vomiting and diarrhea finish. - If taking certain medications used in the treatment of tuberculosis and seizures (rifampin, phenytoin, carbamazepine).				
Stresses the importance of informing other doctors/health workers who may care for her, that she is using the POP.				
- Asks client to repeat back in her own words instructions for when to start POPs, how she will take the subsequent pills, and what she will do if she misses a pill or pills - Explains in a non-alarming way that the client should see a doctor or nurse if any of these occur, stressing the rarity of these: - Unusually long or heavy bleeding - A bright spot in your vision before very bad headaches - Jaundice (skin and eyes look yellow) - May be pregnant, especially if pain or soreness in belly				
Asks client a few questions to ensure that she understands and remembers key instructions.				
- Prescribes or provides client with at least three- month supply of POPs - Reassures client that she may change the pills or try another method if she does not like these POPs.				
Reassures client that s/he is available to see her if she has any problems or questions or needs advice.				
- Plans for a return visit and gives client a definite return date. - Asks client to bring her pill packets with her on the return visit.				
Documents/records the visit according to local clinic guidelines.				

TASK/ACTIVITY	CASES			COMMENTS
RETURN VISIT COUNSELING				
1. Asks client if she is satisfied with the POP.				
2. Asks if she is having any problems or experiencing any side effects. If yes, manages these as appropriate.				
3. Asks client how she is taking the POPs and to demonstrate for you with the package she is using.				
4. Repeats the history checklist. If history suggests client has developed a precaution, does an appropriate physical examination to rule out or verify. If breastfeeding status has changed, discusses implications for POP use.				
5. Checks client's blood pressure.				
6. Briefly reviews key messages/instructions concerning missed pills, use of back-up method, and warning signs.				
7. Asks client to repeat these back.				
8. If the client is satisfied with the POP, is tolerating the POP well, is not experiencing any serious side effects, and no precautions exist: • Prescribes/provides at least another three cycles of POPs. (She may be provided with 11-13 cycles.) • Provides her with a sufficient supply of condoms, if at risk of an STD.				
9. If client wants to discontinue the POP, helps her make an informed choice of another method.				
10. Encourages client to see her/him at any time if she has questions or problems.				

Comments: _____
