

Section VI. Master copies of written materials

This section includes:

- Agenda/schedule of activities
- Printed copies of slides
- Printed copies of full-page slides for quizzes
- Pre-/posttest
- Handout A: Learning guide for VIA and VILI
- Handout B: Counseling flip chart for VIA screening and treatment
- Handout C: Observation guide for counseling activities
- Handout D: Answers to questions frequently asked by women
- Facilitator's aid: What does informed choice mean?
- Handout E: Key messages for helping clients make an informed choice
- Handout F: Information, education, and communication (IEC) brochure
- Handout G: Points to consider in creating a private atmosphere
- Handout H: How postcryotherapy clients described their health center and district hospital experiences
- Handout I: Types of questions
- Handout J: Visual inspection with acetic acid (VIA) one-page atlas
- Handout K: Sample client register
- Handout L: Sample client card
- Handout M: Sample cervical photos and line drawings
- Sample table to record VIA and VILI quiz responses
- Handout N: VILI one-page atlas
- Handout O: Postcryotherapy instructions
- Handout P: Management of sexually transmitted infections (STI)
- Visual methods for cervical cancer screening course evaluation form

Agenda/schedule of activities

Day 1—morning

Activity	Training methods	Time allotted	Sample schedule
Welcome Instructor and participants discuss their experiences and their expectations of the course.	Group participation	45 minutes	8:30–9:15
Agenda and logistics Course overview—goal, objectives, topics to be covered, teaching methods to be used, and evaluation methods to be used. Explain why it is important to screen using visual methods.	<ul style="list-style-type: none"> • Lecture and handout of agenda/schedule of activities • Questions and answers • Lecture • Introduction slides 	45 minutes	9:15–10:00
Pretest (multiple-choice questions)	Paper and pencil test	30 minutes	10:00–10:30
Tea break		15 minutes	10:30–10:45
Unit 1: Normal anatomy and physiology of the vulva, vagina, and cervix 1. Examination of the female patient 2. The vulva 3. The vagina 4. The cervix	<ul style="list-style-type: none"> • Interactive lecture • Unit 1 slides • Questions and answers • Slides/pictures of female anatomy, the normal cervix, and normal variations • Slide quiz with participant identification of normal and variations • Homework: <ul style="list-style-type: none"> ○ Quiz 1: Gross anatomy of the female genitourinary system ○ Quiz 2: Gross Anatomy of the uterus, cervix, and vagina ○ Quiz 3: Cervical anatomy ○ Quiz 4: Detailed cervical anatomy 	2 hours, 15 minutes	10:45–13:00

Day 1—afternoon

Activity	Training method	Time allotted	Sample schedule
Lunch		1 hour	13:00–14:00
<p>Unit 2: Abnormal vagina and cervix; natural history of cervical cancer</p> <ol style="list-style-type: none"> 1. Cervical and vaginal infection and inflammation 2. HPV and cervical cancer 3. Screening programs 	<ul style="list-style-type: none"> • Interactive lecture • Unit 2 slides • Handshake game • Questions and answers • Short quiz • Slides/photos of abnormal cervixes 	1 hour, 30 minutes	14:00–15:30
Tea break		15 minutes	15:30–15:45
<p>Unit 2 continued</p> <ol style="list-style-type: none"> 4. Identifying precursor lesions 	<ul style="list-style-type: none"> • Interactive slides/photo review • Questions and answers 	15 minutes	15:45–16:00
<p>Unit 3: Screening to detect the precursors of cervical cancer</p> <ol style="list-style-type: none"> 1. Cervical cancer prevention and screening 2. Pap smear 3. VIA 4. VILI 5. Confirmation methods: colposcopy 6. Conclusions about use of VIA and VILI screening in low-resource settings 	<ul style="list-style-type: none"> • Interactive lecture • Unit 3 slides • Case discussion • Questions and answers • Handout A: Learning guide for VIA and VILI 	1 hour	16:00–17:00

Day 2—morning

Activity	Training methods	Time allotted	Sample schedule
Recap Day 1	Review the key points in the first three units; involve the participants as much as possible	30 minutes	8:30–9:00
Unit 4: Counseling and informed choice <i>(1st of two parts—2nd part to be continued on Day 6)</i> 1. Counseling for cervical cancer screening and treatment and effective use of support materials 2. Informed choice	<ul style="list-style-type: none"> • (No slides) • Interactive lecture • Group and paired activities • Role-playing: counseling women • Using handouts B–I • Using the counseling flip chart 	1 hour, 45 minutes	9:00–10:45
Tea break		15 minutes	10:45–11:00
Unit 4 continued 1. Counseling for cervical cancer screening and treatment and effective use of support materials 2. Informed choice	<ul style="list-style-type: none"> • (No slides) • Interactive lecture • Group and paired activities • Role-playing: counseling women • Using handouts B–I • Using the counseling flip chart 	1 hour, 15 minutes	11:00–12:15
Unit 5: Vaginal speculum examination technique and infection prevention 1. Vaginal speculum examination technique 2. Infection prevention and safety issues	<ul style="list-style-type: none"> • Interactive lecture • Unit 5 slide • Demonstration and practice using vaginal speculum, if available • Quiz on infection prevention 	45 minutes	12:15–13:00

Day 2—afternoon

Activity	Training methods	Time allotted	Sample schedule
Lunch		1 hour	13:00–14:00
Unit 6: Visual inspection with acetic acid (VIA) 1. The VIA procedure 2. Reporting VIA results	<ul style="list-style-type: none"> • Interactive lecture • Unit 6 slides (A pointer is helpful.) • Handout A: Learning guide for VIA and VILI • Handout J: VIA one-page atlas • VIA screening results forms— Handout K: Sample client register and Handout L: Sample client card • Handout M: Sample cervical photos and drawings 	120 minutes	14:00–16:00
Tea break		15 minutes	16:00–16:15
Assessment of VIA skills	<ul style="list-style-type: none"> • Oral quiz—list findings of VIA negative, VIA positive, and suspicious for cancer • VIA skills/cervical photo pretest (15 slides; participants need a sheet of paper and pencil) (Trainer completes table of participants' responses) 	30 minutes	16:15–16:45
Unit 7: Visual inspection with Lugol's iodine (VILI) 1. The VILI procedure 2. Reporting VILI results	<ul style="list-style-type: none"> • Interactive lecture • Unit 7 slides • Handout A: Learning guide for VIA and VILI • VILI screening results forms— Handout K: Sample client register and Handout L: Sample client card • Handout M: Sample cervical photos and drawings • Handout N: VILI one-page atlas 	90 minutes	16:45–18:15

Day 3—morning

Activity	Training methods	Time allotted	Sample schedule
Recap Day 2 1. VIA procedure 2. VILI procedure	Questions and answers	30 minutes	8:30–9:00
Assessment of VILI skills	<ul style="list-style-type: none"> • Oral quiz—list findings of VILI negative, VILI positive, and suspicious for cancer • VILI skills/cervical photo pretest (10 slides; participants need a sheet of paper) (Trainer completes table of participants' responses) 	30 minutes	9:00–9:30
Unit 8: Referral and treatment after screening 1. Counseling women about VIA and VILI results 2. Referral for diagnosis and treatment 3. Follow-up of patients—record-keeping systems	<ul style="list-style-type: none"> • Interactive lecture • Unit 8 slides • Handout L: Sample client card • Handout O: Postcryotherapy instructions • Role-play (if there is time) 	1 hour, 15 minutes	9:30–10:45
Tea break		15 minutes	10:45–11:00
Unit 9: Sexually transmitted infections (STIs) 1. Key signs and symptoms of STIs in women 2. Clinical assessment and treatment of STIs	<ul style="list-style-type: none"> • Interactive lecture • Case discussion • Unit 9 slides • Fishbowl game/STI case presentations • Handout P: Management of sexually transmitted infections (STI) 	2 hours	11:00–13:00

Day 3—afternoon

Activity	Training methods	Time allotted	Sample schedule
Lunch		1 hour	13:00–14:00
Clinical Practice Observation and practice in health center (Participants will be divided into two groups and transported to the health center.)	<ul style="list-style-type: none"> • Orient to health center • Gather equipment needed for VIA, VILI • Practice speculum insertion and locating cervix • Observe/perform at least 3 VIA exams including counseling • Use forms—Handout A: Learning guide for VIA and VILI • Can use Handout J: VIA one-page atlas and Handout N: VILI one-page atlas 	3 hours	14:00–17:00

Day 4—morning

Activity	Training Methods	Time allotted	Sample schedule
<p>Clinical practice</p> <p>Observation and practice in health center</p>	<ul style="list-style-type: none"> • Observe/perform at least 10 VIA and/or VILI exams, including counseling • Use forms—Handout A: Learning guide for VIA and VILI • Can use Handout J: VIA one-page atlas and Handout N: VILI one-page atlas 	<p>4 hours, 30 minutes</p>	<p>8:30–13:00</p>

Day 4—afternoon

Lunch		1 hour	13:00–14:00
<p>Clinical practice</p> <p>Observation and practice in health center</p>	Continue morning activities	2 hours, 45 minutes	14:00–16:45
<p>Wrap-up Day 4</p>	<ul style="list-style-type: none"> • Review clinical practicum experiences • Review drawing abnormal cervixes (can use Handout M: Sample cervical photos and drawings) • Problem-solve • Seek feedback from participants • Review self- and peer evaluations recorded on Handout A: Learning guide for VIA and VILI 	1 hour, 15 minutes	16:45–17:00

Day 5—morning

Activity	Training methods	Time allotted	Sample schedule
<p>Clinical practice</p> <p>Observation and practice in health center</p>	<ul style="list-style-type: none"> • Perform at least 10 VIA and/or VILI exams • Use forms—Handout A: Learning guide for VIA and VILI • Can use Handout J: VIA one-page atlas and Handout N: VILI one-page atlas 	4 hours, 30 minutes	8:30–13:00

Day 5—afternoon

Activity	Training methods	Time allotted	Sample schedule
Lunch		1 hour	13:00–14:00
<p>Clinical practice</p> <p>Observation and practice in health center</p>	<ul style="list-style-type: none"> • Perform at least 5 VIA and/or VILI exams • Use forms—Handout A: Learning guide for VIA and VILI • Can use Handout J: VIA one-page atlas and Handout N: VILI one-page atlas 	2 hours, 45 minutes	14:00–16:45
Wrap-up Day 5	<ul style="list-style-type: none"> • Review clinical practicum experiences • Review drawing abnormal cervixes (can use Handout M: Sample cervical photos and drawings) • Problem-solve • Review trainer evaluations of participants 	45 minutes	16:45–17:30

Day 6—morning

Activity	Training methods	Time allotted	Sample schedule
Recap Day 4 and Day 5	<ul style="list-style-type: none"> • Review key points in the clinical practice training • Answer questions about recording results/forms • Review drawing abnormal cervixes (use slides to show examples of abnormal cervixes; can also use Handout M: Sample cervical photos and drawings) • Discuss the key messages for promoting VIA or VILI to lay audiences or other providers 	1 hour	8:30–9:30
Unit 4: Counseling and informed choice (<i>2nd of two parts</i>) 1. What is quality care? 2. Creating a private and comfortable atmosphere 3. Active listening 4. Asking effective questions	<ul style="list-style-type: none"> • (No slides) • Interactive lecture • Group and paired activities • Role-playing: counseling women and answering frequently asked questions • Using handouts B–I 	1 hour, 15 minutes	9:30–10:45
Tea break		15 minutes	10:45–11:00
Continue unfinished counseling and informed choice activities		2 hours	11:00–13:00

Day 6—afternoon

Activity	Training methods	Time allotted	Sample schedule
Lunch		1 hour	13:00–14:00
Wrap-up of the course	<ul style="list-style-type: none"> • Recap of lessons learned by participants and trainers • Feedback on course objectives 	30 minutes	14:00–14:30
Posttest (multiple-choice questions)	<ul style="list-style-type: none"> • Paper and pencil test (repeat pretest) • Repeat VIA and VILI photo quizzes from units 6 and 7 (Trainer completes table of participants' responses) 	45 minutes	14:30–15:15
Discussion Group discussion of the answers to the posttest and cervical photo quiz	Interactive discussion of the posttest and cervical photo slides	1 hour	15:15–16:15
Tea break		45 minutes	16:15–16:30
Evaluation	<ul style="list-style-type: none"> • Self-/peer evaluation of performance • Trainer evaluation of performance for each participant (summarized from Day 5 observations) • Hand out certificates of achievement • Evaluation of course and suggestions for improvement from participants 	1 hour	16:30–17:30

Printed copies of slides, introduction

Printed copies of slides, unit 1

Printed copies of slides, unit 2

Printed copies of slides, unit 3

Printed copies of slides, unit 5

Printed copies of slides, unit 6

Printed copies of slides, unit 7

Printed copies of slides, unit 8

Printed copies of slides, unit 9

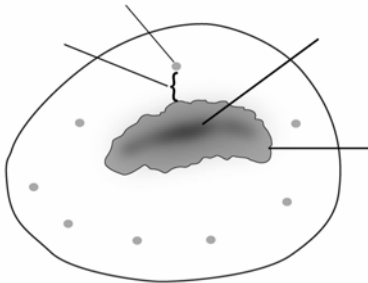
Printed copies of full-page slides for quizzes

Pre-/posttest

Name: _____

Date: _____

1. Use the letters to label the arrows on the diagram of the cervix to indicate the four key features shown.
 - a. External cervical os
 - b. Cervical crypt opening
 - c. Transformation zone (TZ)
 - d. Squamocolumnar junction (SCJ)



Please circle the appropriate answer for each question below.

2. The majority of squamous epithelial abnormalities (precancer and cancer) occur in the transformation zone:
 - (a) True
 - (b) False
3. Visual inspection with acetic acid (VIA) can be done on the following patients EXCEPT (circle the **one** answer that does **not** belong):
 - (a) Nulliparous
 - (b) Parous
 - (c) Pregnant
 - (d) After total hysterectomy
4. The following factors place a woman at risk of developing cervical cancer EXCEPT (circle the **one** answer that does **not** belong):
 - (a) Not being screened.
 - (b) In the higher risk age group (30 to 39 years of age).
 - (c) Having been sexually active.
 - (d) Drinking too much tea.

5. Women have cited the following reasons for **not** undergoing cervical cancer screening: embarrassment, lack of privacy, inconvenience of location or hours, and failure to recognize the importance of screening.
- (a) True
 - (b) False
6. At menopause, the ectocervix is covered mainly by:
- (a) Columnar (glandular) epithelium.
 - (b) Stratified squamous epithelium (either original or metaplastic).
7. The endocervical canal is lined mainly by:
- (a) Columnar (glandular) epithelium.
 - (b) Stratified squamous epithelium (either original or metaplastic).
8. Advise the patient that VIA may be uncomfortable and spotting may occur for about a day after the procedure.
- (a) True
 - (b) False
9. A VIA-positive lesion has distinctive features EXCEPT (circle the **one** answer that does **not** belong):
- (a) Starts at the squamocolumnar junction and grows outward.
 - (b) Is densely acetowhite.
 - (c) May be an endocervical polyp that turns white.
 - (d) Has definite borders.
10. Common causes of acute inflammation of the cervix (cervicitis) or of the vagina (vaginitis) are all of the following EXCEPT (circle the **one** answer that does **not** belong):
- (a) Chlamydia
 - (b) Herpes simplex virus
 - (c) *Trichomonas*
 - (d) *Candida* (yeast)
 - (e) Malaria
11. Cervical cancer (choose the **one** best answer):
- (a) Is a rapidly progressing disease with little chance for early detection.
 - (b) Is caused by the same virus that causes herpes.
 - (c) Has a precursor stage that can last for 10 to 15 years before cancer occurs.
 - (d) Is more common among women who have never had sexual intercourse.

12. All of the following are true about VIA EXCEPT one of these statements (circle the one answer that is not true):
- (a) About 80% of clients will have negative results and should be screened again in 5 years.
 - (b) Expensive equipment is needed.
 - (c) Counseling and the procedure take about 15 to 20 minutes.
 - (d) VIA does not require a laboratory.
 - (e) Results are available to the client and provider immediately.
13. During the education and counseling session before VIA or visual inspection with Lugol's iodine, it is important to (choose the **one** best answer):
- (a) Speak in a soft, reassuring voice.
 - (b) Use words that are easy to understand.
 - (c) Listen carefully to what the woman says.
 - (d) All of the above.
14. The precursor lesion that is present for 10 to 15 years before cervical cancer occurs (circle the **one** answer that does **not** belong):
- (a) Is usually easily treated with an outpatient procedure.
 - (b) Is most common among women in the 30 to 39 year age group.
 - (c) Is only found in African women.
 - (d) Does not have any symptoms associated with it.
15. To be successful in the prevention of cervical cancer, a screening program needs to test as many women in the higher-risk group as possible—ideally more than 70%.
- (a) True
 - (b) False

Handout A: Learning guide for VIA and VILI

LEARNING GUIDE FOR VIA and VILI*

(to be used by participants and trainers)

NOTE: This guide is written as if the screening assessment is based on VILI but VIA may be included as a step leading up to a final assessment by VILI. In some programs, VIA may be the only procedure on which screening is based; if so, the steps for VILI can be omitted.

Rate the performance of each step or task observed using the following rating scale:

- 1 **Needs Improvement:** Step or task not performed correctly, 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 yet proceed efficiently between steps.
- 3 **Proficiently Performed:** Step or task efficiently and precisely performed in the proper sequence (if necessary).

STEP/TASK	CASES				
CLIENT ASSESSMENT (This section also applies to VIA)					
1. Greet the woman respectfully and with kindness.					
2. Establish why the VILI test is being done and describe the procedure.					
3. Tell her what the findings might be and what follow-up or treatment might be necessary.					
4. Take a reproductive health history for VILI or, if medical record is available, confirm the following information: <ul style="list-style-type: none"> • Parity • Currently pregnant • Age at first intercourse • Current contraceptive method • LMP and menstrual interval (days) • Bleeding pattern • History of STDs, including HIV/AIDS • History of abnormal Pap smear 					

GETTING READY (This section also applies to VIA)					
1. Check that speculum, gloves and other supplies are available.					
2. Ensure that light source and dilute acetic acid (for VIA) and/or Lugol's iodine (for VILI) are ready to use.					
3. Tell the woman what is going to be done and encourage her to ask questions.					
4. Check that the woman has emptied her bladder.					
5. Ask her to undress from the waist down.					
6. Help her onto the examining table.					
7. Wash hands thoroughly with soap and water and dry them appropriately.					
8. Place a drape over the woman for pelvic examination.					
9. Put new examination or high-level disinfected surgical gloves on both hands.					
10. Arrange instruments and supplies on high-level disinfected tray or container.					
VISUAL INSPECTION WITH LUGOL'S IODINE (VILI) (This section also applies to VIA)					
1. Inspect external genitalia and check urethral opening for discharge.					
2. Insert vaginal speculum and adjust the speculum and light source so that the entire cervix can be seen.					
3. Fix the speculum blades in the open position so that the speculum will remain in place with the cervix in view.					
4. Examine the cervix for cervicitis, ectropion, tumors, Nabothian cysts or ulcers.					
5. Use a clean vaginal swab to remove any discharge, blood or mucus from the cervix.					
6. Identify the cervical os, transformation zone and squamocolumnar junction.					
7. Soak a clean swab in dilute acetic acid and apply thoroughly to the cervix if VIA is being done first – if not then proceed directly to step #11.					
8. Wait 1 minute for the acetic acid to be absorbed and any acetowhite reaction to appear.					
9. Inspect the transformation zone carefully and look for any acetowhite change. <ul style="list-style-type: none"> • Check whether cervix bleeds easily. • Check to be sure the entire T-zone can be seen. • Check whether the T-zone is thick, raised, lumpy or bumpy. • As needed, reapply acetic acid or swab the cervix with a clean swab to remove mucus, blood or debris. • If assessment is based only on VIA, record findings, then proceed to step # 13. 					
10. Apply Lugol's iodine solution to the cervix using a clean swab and inspect the transformation zone carefully and record any iodine negative areas.					

<ul style="list-style-type: none"> • Check whether cervix bleeds easily. • Check to be sure the entire T-zone can be seen. • Check whether the T-zone is thick, raised, lumpy or bumpy. 					
11. When VILI has been completed, use a fresh swab to remove any remaining iodine solution from the cervix and vagina.					
12. Alert the woman that she may have a brown, iodine discharge that stains her undergarments but that it can be easily removed by washing.					
13. Remove the speculum and place in 0.5% chlorine solution for 10 minutes for decontamination.					
14. [OPTIONAL STEP, DEPENDS ON PROGRAM – Perform the bimanual and rectovaginal (if indicated) examinations.]					
15. Have the woman sit up, get dressed and get down from the table.					
16. Assure the woman she can return to the same clinic at any time to receive advice or medical attention.					
POST-VILI TASKS (This section also applies to VIA)					
1. Before removing gloves, dispose of used swabs by placing in a leakproof container or plastic bag.					
2. Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning inside out. <ul style="list-style-type: none"> • If disposing of gloves, place in leakproof container or plastic bag. [Gloves must be disposed of if rectovaginal examination performed.] • If reusing surgical gloves, submerge in 0.5% chlorine solution for 10 minutes for decontamination. 					
3. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.					
4. Wipe down and dry examining table surface and light source with 0.5% chlorine solution after each use.					
5. Record the VILI (or VIA) test results and other findings in woman's record. <ul style="list-style-type: none"> • If abnormal, draw a map of the cervix and the abnormal area(s) on the record. 					
6. Discuss the VILI (or VIA) results with the woman and answer any questions. <ul style="list-style-type: none"> • If result is normal, reassure the woman that test was negative. • If result is abnormal or cancer is suspected, discuss recommended next steps. • After counseling, provide treatment or refer. • [If applicable, discuss any abnormal findings of the pelvic examination and what needs to be done.] 					

* In developing this Learning Guide we wish to acknowledge that we have borrowed liberally from JHPIEGO Corporation's draft of the document "*Cervical Cancer Prevention Course Notebook for Trainers,*" July 2000. Jsvp15340

Handout B: Counseling flip chart for VIA screening and treatment

For counseling sessions at a health center and for discussing tests and treatment at a referral-level facility.

Handout C: Observation guide for counseling activities

Health center: _____

Name of provider being observed: _____ Date: ___/___/_____

TASK/ACTIVITY	Cases			
	1	2	3	4
ORIENTATION AND COUNSELING				

First step: Establish a cordial relationship.

1.1	Greets client in a kind and respectful manner.				
1.2	Assures confidentiality and privacy.				
1.3	Determines the purpose of the consultation.				

Second step: Identify the client's needs.

2.1	Asks questions in a clear and appropriate manner.				
2.2	Inquires about the client's health. Asks the client how she feels.				
2.3	Maintains an attentive posture.				
2.4	Does not criticize or give opinions about the client's comments.				
2.5	Clarifies and repeats the information that the client gives, when appropriate.				
2.6	Asks about client's partner's opinion.				

Third step: Respond to the client's needs.

3.1	Offers general information about screening to prevent cervical cancer and VIA/VILI.				
3.2	Describes the process and possible side-effects (if applicable).				
3.3	Describes the cases in which the client should return to the health center.				
3.4	Responds with clarity to the client's questions.				
3.5	Speaks with simple language.				
3.6	Uses support material during the counseling (if it is not used, provide written comments explaining why it was not used).				

Fourth step: Verify the client's understanding.

4.1	Verifies that the client understood everything, asking in an appropriate manner.				
4.2	Does not ask leading questions.				
4.3	Clarifies information and any doubts.				
4.4	Asks the client if she would like to participate in VIA/VILI screening exam.				
4.5	Makes sure that the client is making an informed choice to participate in the study.				
4.6	Tests for comprehension by asking the client to explain what informed choice is and what will happen to her during the exam.				

Fifth step: Maintain a cordial relationship.

5.1	Maintains an approachable posture with the client.				
5.2	<p>If the result of the VIA/VILI is negative: instructs the client to return to the clinic in 5 years to be examined again.</p> <p>If the result of the VIA/VILI is positive: instructs the client that she is being referred to the district hospital for further testing. Explores the possibility of partner support for the district hospital visit.</p>				
5.3	Asks client whether she has any remaining questions or concerns.				

Handout D: Answers to questions frequently asked by women

Why should I get screened today when I am feeling healthy? Cervical cancer is a serious health problem for many older women. It is a major cause of death of women aged 40 to 60. But before the cancer starts, there are some early changes in your cervix that can be seen. Screening today can identify problems in your cervix years before they might turn into cancer. These problems can be easily treated. Women cannot tell if they have these early problems—they feel fine. By examining the cervix before you have any symptoms (meaning when you feel healthy and fine), we can find any abnormality and provide effective treatment provided to prevent cancer.

Am I being tested for HIV/AIDS? No. You are not being tested for anything except for early problems with your cervix that could lead to cancer.

Does this test treat sexually transmitted infections? No. This is a screening test to see whether you have abnormal areas on your cervix. If we see that you have an STI during the examination, we will offer you treatment if you want it. (Syndromic treatment for STIs following MOH or WHO guidelines—refer to clinical technical guidelines such as Handout P: Management of sexually transmitted infections [STI].)

I am embarrassed. Do I really need this exam? Yes. You have made a wise decision to protect your health. Even if you are embarrassed or ashamed, you should feel proud of taking steps to make sure you are healthy. Some women feel embarrassed if a male clinician is examining them. Remember, it is a required procedure to have a female clinician in the room to accompany you during the examination.

If I have a “bad seed”(abnormality), does this mean I have cancer? Probably not but if you do have a bad seed that is not treated, it could turn into cancer. To prevent this from happening, treatment can be provided that is almost completely effective in getting rid of the bad seed.

Will you remove my uterus (womb) during the exam? No. The purpose of the exam is to make sure that you do not have problems on your cervix.

Will the vinegar hurt my uterus? The vinegar might sting a little when it is first applied. This is normal and does not mean that anything is wrong or that the vinegar is harming your cervix.

What is the brown solution? The brown solution is iodine similar to that used on cuts or wounds. It allows the provider to see any abnormal spots on your cervix.

Will the brown solution stain my underwear? The brown solution may leave a brownish spot on your underwear. This spot should wash out without permanently staining your underwear.

Will this examination hurt? Aside from a mild stinging that you might feel from the vinegar, the rest of the examination may be a little uncomfortable but will not be painful.

Can I go home and think about it and then come back another time to be screened? Yes. (Clinicians, be sure to clearly explain times/locations where she can return for screening.)

Are the instruments clean? Yes. They have been sterilized (cleaned) so that there is no danger of infection.

Have they been used on other women? Yes. But they have been sterilized (cleaned) after every use; they are completely clean and free of germs for every woman coming in for screening.

Will I have privacy during the examination? Yes. Your clinician and his or her assistant(s) will be the only ones in the enclosed area with you. The door to the exam room will be closed and no one will interrupt you during the exam.

Why should I come back in 5 years if my cervix is healthy? You do not have any abnormalities on your cervix right now, but these signs could develop over the next five years. For this reason, you should return to be screened.

Where should I go in 5 years? You can return to this health center. If services are not offered here at that time, then someone here can tell you where to go for screening.

Should I keep my card? Yes. It is a good record of your exam results and a reminder to come again in five years.

Does a negative test result mean that I don't have cervical cancer? Yes. This means that your cervix looks normal and we are fairly sure that you do not have cervical cancer or the abnormal signs that come before developing cancer.

Does a positive result mean that I have cancer? Probably not. A positive result means that you may have a bad seed (precancerous lesion) that, if not treated, might turn into cancer over several years. To prevent this from happening, treatment can be provided that is almost completely effective in getting rid of the bad seed. However, it is very important that you go to the district hospital to make sure that you don't have a bad seed.

If they find at the district hospital that I have a bad seed, what is the treatment? Treatment involves freezing the abnormal cervical tissue using a simple procedure called cryotherapy. To do cryotherapy, an instrument that becomes very cold is put on the "bad seeds" on the cervix, and they are destroyed by freezing. Your clinician will explain the process to you in detail if he or she thinks you should have it done.

Will treatment hurt? During the treatment you may feel some mild cramping in the lower abdomen. The cramping usually disappears quickly over 15 to 30 minutes. You may have some mild cramping over the following couple of days. Your clinician will explain the process to you in detail if he or she thinks you should have cryotherapy.

Will treatment affect my daily life? If you are treated for "bad seeds," there are certain things you will need to do to make sure that your cervix heals properly. You will need to avoid heavy lifting for several days, take medicines, not place anything in the vagina, and abstain from sexual intercourse for 4 weeks. If abstaining will not be possible for you, you will be given a supply of condoms for use during every act of intercourse.

How much will the examination at the district hospital cost? You may be charged a small fee for treatment at the district hospital. (Health center staff should find out how much the district hospital will be charging and be able to provide women with accurate cost information.)

What if I can't afford to go? If your daily responsibilities or other barriers make it difficult for you to go to the health centre or the district hospital, you can discuss these things with your chief

or sub-chief. You can also talk to the intake nurse when you arrive at the health center or DH. Hopefully they can help you find solutions to these problems.

How do I get to the district hospital? Where is it? (Must be answered by each health center)

How long will my appointment at the district hospital take? The exam takes about 20 minutes, but we cannot predict how long the whole visit may take. If there are many women ahead of you or if you do need treatment, your visit will be longer.

What if my husband won't support my going to the district hospital? What can I do? If you explain why the visit is important to protect your health and he still does not want you to go, then ask him to come with you to this health center so that our clinician can explain it to him. We will explain the examination to him and why he should be supportive of your going to the district hospital. We will also tell him about the qualifications of the clinicians, and encourage him to join you on the visit if he is interested.

Will my family think that I have cancer? What should I tell them? Be sure to explain to your family that your positive test result today only means that you might have “bad seeds” that, if not treated, might turn into cervical cancer. You need to go to the district hospital to find out whether you have an abnormal area that can be easily treated.

Handout E: Key messages for helping clients make an informed choice

At the primary care facility:

We want to make sure that you understand and you agree to have the tests to check whether the mouth of your womb [cervix] is healthy. We will give you treatment, if needed (*review the procedure if needed*).

We want to make sure that you want to have the examination. In order to have the examination, you should be within the eligible age range.

If you have any questions about taking this test that you do not want others to hear, please ask the health care provider when you see her alone in the examination room and before you have the examination.

When you agree to have the exam, this means that you understand what the exam consists of:

- a. The mouth of the womb will be wiped first with vinegar and then may be wiped with brown solution (VILI).
- b. The vinegar and the brown solution (VILI) are used to see if they can find a sore on the mouth of the womb.

If you do not agree to have this examination, you should feel free to leave this health facility without receiving the examination.

If you are pregnant, the test may not be comfortable. You should wait until approximately 6 weeks after the pregnancy ends.

Most of the time the test is right, but not always. But it is the best test that we have at this time.

The test is very safe. Very rarely, someone might have a problem. They might need to return to this health facility or be referred to a referral facility. If you have a problem or questions after your exam, return to this health facility and talk to any cervical screening provider. Be sure to tell the health care provider that you were screened for problems on the cervix.

The screening test may cost a small fee. There may be a fee for the referral visit (tests and treatment) to the referral facility, if needed. (Health staff, please advise on amount of current fees.)

(Ask the participants if they have any other questions. Thank the participants.)

Test for Comprehension

Ask the client to explain:

1. What the informed choice is.
2. What will happen to her during the exam.

Important: If she cannot tell you correctly, repeat the messages until she understands.

At the referral-level facility:

We want to make sure that you understand and then agree to have the tests to check whether the mouth of your womb [cervix] is healthy. We will give you treatment, if needed (*review procedure, if needed*).

You are free to have the tests today or to change your mind now and not take them. However, if you have a problem and don't treat it, it might get worse and grow into cancer.

When you agree to have the exam this means that you understand what the exam consists of:

- a. You understand that your cervix will be wiped first with vinegar and then may be wiped with brown solution (VILI). The brown solution is used to see if there is a problem on the cervix.
- b. You know what you have to do after the exam and/or treatment.

If you do not agree to have this examination, you should feel free to leave this health facility without receiving the examination. However, you should understand that you were referred to this facility today because a spot was found on your cervix. If you leave without an examination or, if needed, treatment, the spot that was found may eventually develop into cancer.

If we find that your cervix needs treatment, we will give it to you right away if you are not pregnant. If you are pregnant, you will be asked to come back for an examination 6 weeks after the end of your pregnancy. If you want to talk to your partner first and then come back for treatment that is fine.

You will need to rest your cervix to promote healing. You should not put anything into your vagina (such as herbs, objects, or have penetrative sex) for four weeks after the treatment. You must use a condom if you engage in penetrative sex. (*If needed, discuss other options for sex that do not involve penetrative sex.*)

If you are treated, you may need to come back to this referral facility between one and three months after treatment to check the healing process. In addition, you will need to return again in one year to make sure that you have healed properly.

If you do need the freezing treatment, this does not mean that you have cancer. You may have a problem on your cervix that, if it is not frozen, could turn into cancer.

Most of the time the test is right, but not always. But it is the best test that we have at this time.

There may be a fee for treatment. (*Health staff, please advise on amount of current fees.*)

The test is very safe. Very rarely, someone might have a problem. If you have a problem or questions after your exam tell the provider that you were screened for problems on the cervix.

Test for Comprehension

Ask the client to explain:

1. What the informed choice is.
2. What will happen to her during the exam.

Important: If she cannot tell you correctly, repeat the messages until she understands.

Facilitator's aid. What does informed choice mean?

Note to facilitator: Write out the words “INFORMED CHOICE” and ask participants to discuss the meaning of this phrase. Then review the following points:

When a person freely makes a thought-out decision based on accurate, useful information, this is an informed choice. One important purpose of counseling is to help the client make an informed choice about cervical screening and treatment if she has been referred.

“Informed” means that:

- Clients have appropriate information. Clients need to have the clear, accurate, and practical information in order to make their own choices. Good counseling should explain the screening or treatment procedure, what to expect, and possible risks—without information overload—and can help clients to make an informed decision about being screened or receiving treatment. Providers must be prepared to address questions or concerns that clients may have about the service. They must be prepared to dispel myths or rumors that may exist about cervical cancer and its prevention.
- Clients understand their own needs because they have thought about their own situations. They have come to their own conclusion about the benefits of cervical screening and treatment of precancerous cervical lesions, if needed. Through person-to-person discussions, counseling, and community mobilization efforts, clients have become aware of the importance of cervical cancer prevention in their own lives.

“Choice” means that:

- Clients have service options to choose from. A good service delivery program should offer a client the option of returning another day or at a different time if she so chooses; being seen by either a male or female provider; returning with her husband or male partner to be included in decision-making; and seeking care at other facilities offering cervical screening services.
- Clients make their own decisions. VIA screening providers help clients think through their options and decisions. They do not pressure client to make a certain choice or coerce them to be screened. The client's right to choose is respected and supported.

Sources:

Hatcher et al. *The Essentials of Contraceptive Technology: A Handbook for Clinic Staff*. Baltimore: Population Information Program, Center for Communication Program, Johns Hopkins University; 1997.

EngenderHealth. *Choices in Family Planning: Informed and Voluntary Decision-Making*. New York: EngenderHealth; 2003.

Handout F: Information, education, and communication (IEC) brochure

Handout G: Points to consider in creating a private atmosphere

Creating an atmosphere of privacy is critical to protecting the woman's confidentiality, sense of security and dignity, and willingness to communicate honestly.

Often, simple changes in the physical setting where clients are treated or counseled will offer the woman more privacy. The following are some suggestions for maintaining privacy:

- Use a separate area, such as an office, closed treatment room, or curtained space, to encourage open communication when giving preprocedure information, discharge information, or counseling.
- Draw curtains around the treatment area whenever the woman is undressed, or, if curtains are not available, turn the treatment table so that the woman's feet are not facing a doorway or public space. Also provide a curtained area for changing clothes.
- Use drapes (or sheets, or even clothing if drapes are not available) to cover the woman's legs and body during examinations and procedures.
- Limit the number of people in the client-care area during screening to those involved in providing care. Even if the woman gives permission for a clinical training demonstration, limit the number of persons who are in the room during the demonstration. In addition, staff and trainees in the client area should refrain from conversing casually among themselves.

Handout H: How postcryotherapy clients described their health center and district hospital experiences

What made respondents feel COMFORTABLE

Verbal communication:

- Client being welcomed by the provider and warmly greeted.
- Client being spoken to gently.
- Client being spoken to using kind words that made the client relax and less nervous.
- Client being treated with respect.
- Client being asked how she was feeling.
- Provider who appeared to be concerned about client's condition.
- Provider who took time for questions and answered questions appropriately.
- Provider who prepared client well by taking the time to educate the client about the treatment and disease.
- Provider who was friendly and humble.
- Provider who assured the client that she would be fine.

Nonverbal communication:

- Providers who looked dedicated to their work—even though the line was long, they made sure everyone was attended to.
- Provider who was neatly dressed and clean.
- Provider who looked happy.
- Provider who tried to cooperate with the client.
- Client not being hurried to undress or to climb on the bed.
- Kind gestures, such as finding a chair or stool for a patient to sit on, or assistance with directions.

What made respondents feel UNCOMFORTABLE

Verbal communication:

- Client being spoken to harshly or rudely.
- Client being scolded.
- Client being shouted at and told to come back after lunch (this client was very upset because she had come very early that morning).
- Client feeling neglected and being turned away for follow-up care.

- Client being told by a male doctor to simply undress, get on the couch, and spread the legs without any explanation.
- Client being examined ONLY by a male clinician (doctor, clinical officer, or nurse).

Nonverbal communication:

- Client having five people present while being treated (training sessions).
- Client being in the stirrups with speculum inserted while many people examined the client.
- Client having no place to sit in the waiting area for up to 3 hours.
- Client waiting a long time to be seen without an explanation for the delay.
- Client being examined by a male provider in the room.
- Client not knowing whether the instrument used to screen/treat clients was also being used on other women.

Handout I: Types of questions

Types of questions	When to use	Examples
Close-ended	When asking for specific, quantifiable information that has only one answer.	How many children do you have? How old are you?
Open-ended	When seeking information about thoughts, perceptions, feelings, or experiences.	What have you heard about cervical cancer? What happened after you were treated at the district hospital? What was the screening process like?
Clarifying (probing)	When following up a response, as when clarifying the meaning of a comment. NOTE: When out of context, or if worded or expressed inappropriately, probing questions sound leading.	Why do you think screening for cervical cancer is important? What do you mean when you say that you were not well treated? What do you mean by the word "culture"?
Leading	Leading questions direct a respondent to answer a certain way or anticipate a certain answer. AVOID using leading questions.	Aren't women who get cervical cancer promiscuous? Husbands should accompany wives when going for screening, shouldn't they? Haven't you heard that HPV causes cervical cancer?

Handout J: Visual inspection with acetic acid (VIA) one-page atlas

Handout K: Sample client register

Handout L: Sample client card

Handout M: Sample cervical photos and line drawings

Sample table of VIA and VILI photo quiz responses

VIA quiz, unit 6

	Correct answer	Participant 1 answers	Participant 2 answers	Participant 3 answers	Participant 4 answers	Participant 5 answers
1.	suspicious					
2.	negative					
3.	negative					
4.	positive					
5.	positive					
6.	negative					
7.	suspicious					
8.	positive					
9.	negative					
10.	suspicious					
11.	suspicious					
12.	positive					
13.	suspicious					
14.	positive					
15.	negative					

VILI quiz, unit 7

	Correct answer	Participant 1 answers	Participant 2 answers	Participant 3 answers	Participant 4 answers	Participant 5 answers
1.	negative					
2.	negative					
3.	positive					
4.	positive					
5.	negative					
6.	positive					
7.	suspicious					
8.	positive					
9.	positive					
10.	negative					

Handout N: VILI one-page atlas

Handout O: Postcryotherapy instructions

Handout P: Management of sexually transmitted infections (STI)

Visual methods for cervical cancer screening course evaluation form

Date of training: _____

Location of training: _____

Trainers: _____

To help the trainers improve future courses, please rate the training by placing a check in the boxes below in the appropriate column. Don't be shy. We want your suggestions for improvement.

	POOR	GOOD	VERY GOOD
1. Value of this course for you			
2. Usefulness of the contents/topics			
3. Ability of the trainers to share information			
4. Effectiveness of the training methods			
5. Rating of the course in terms of meeting the objectives			
	TOO SHORT	JUST RIGHT	TOO LONG
6. Length of participant's participation in discussion and interactions			
7. Duration of the course			
8. Amount of clinical practice			

Please take a moment to respond to the questions below, as briefly or at as much length as you would like:

9. What was the most important thing you learned in this course?

10. What did you like most about the contents of this course?

11. What did you dislike the most about the contents of this course?

12. Would you recommend this course to others? Why or why not? If yes, who?

13. What are your suggestions for improving this course in the future?

a. Content

b. Food, venue, etc.

14. What aspects of the training do you intend to use or try?

15. What other related skills or topics do you need to learn about?

16. Any other comments you want to add?