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Cervical Cancer Prevention Guidelines for Low-Resource Settings

Guide for Trainers

Jhpiego is an international, non-profit health organization affiliated with The Johns Hopkins University. For nearly 40 years, Jhpiego has empowered front-line health workers by designing and implementing effective, low-cost, hands-on solutions to strengthen the delivery of health care services for women and their families. By putting evidence-based health innovations into everyday practice, Jhpiego works to break down barriers to high-quality health care for the world's most vulnerable populations.

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CERVICAL CANCER PREVENTION COURSE NOTEBOOK FOR TRAINERS

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¹This section is reprinted from the JHPIEGO publication of the same title, by Paul D. Blumenthal. 2005.

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OVERVIEW

BEFORE STARTING THIS TRAINING COURSE

This clinical training course will be conducted in a way that is different from traditional training courses. First of all, it is based on the assumption that people participate in training courses because they:

- Are **interested** in the topic
- Wish to **improve** their knowledge or skills, and thus their job performance
- Desire to be **actively involved** in course activities

For these reasons, all of the course materials focus on the **participant**. For example, the course content and activities are intended to promote **learning**, and the participant is expected to be actively involved in **all** aspects of that learning.

Second, in this training course, the **clinical trainer** and the **participant** are provided with a similar set of educational materials. The clinical trainer by virtue of her/his previous training and experiences works with the participants as an expert on the topic and guides the learning activities. In addition, the **clinical trainer** helps create a comfortable learning environment and promote those activities that assist the participant in acquiring the new knowledge, attitudes and skills.

Finally, the training approach used in this course stresses the importance of the cost-effective use of resources and application of relevant educational technologies including humane training techniques. The latter encompasses the use of anatomic models, such as the ZOE[®] pelvic model and audiovisual materials, to minimize risk to the woman and facilitate learning.

TRAINING APPROACH

The **mastery learning** approach to training assumes that all participants can master (learn) the required knowledge, attitudes or skills provided there is sufficient time and appropriate training methods are used. The goal of mastery learning is that 100 percent of those being trained will “master” the knowledge and skills on which the training is based.

While some participants are able to acquire new knowledge or a new skill immediately, others may require additional time or alternative learning methods before they are able to demonstrate mastery. Not only do people vary in their abilities to absorb new material, but individuals learn best in different ways—through written, spoken or visual means. Effective

learning strategies, such as mastery learning, take these differences into account and use a variety of teaching methods.

The mastery learning approach also enables the participant to have a self-directed learning experience. This is achieved by having the clinical trainer serve as facilitator and by changing the concept of testing and how test results are used. Moreover, the philosophy underlying the mastery learning approach is one of a continual assessment of participant learning where the clinical trainer regularly informs participants of their progress in learning new information and skills.

With the mastery learning approach, assessment of learning is:

- **Competency-based**, which means assessment is keyed to the course objectives and emphasizes acquiring the essential skills and attitudinal concepts needed to perform a job, not just to acquiring new knowledge.
- **Dynamic**, because it enables participants to receive continual feedback on how successful they are in meeting the course objectives.
- **Less stressful**, because from the outset participants, both individually and as a group, know what they are expected to learn, know where to find the information and have ample opportunity for discussion with the clinical trainer.

KEY FEATURES OF MASTERY LEARNING

Mastery learning is based on principles of **adult learning**. This means that learning is **participatory**, **relevant** and **practical**. It builds on what the participant already knows or has experienced and provides opportunities for practicing new skills. Other key features of mastery learning are that it:

- Uses **behavior modeling**
- Is **competency-based**
- Incorporates **humanistic training techniques**

Behavior Modeling

Social learning theory states that when conditions are ideal, a person learns most rapidly and effectively from watching someone perform (model) a skill or activity. For modeling to be successful, however, the trainer must clearly demonstrate the skill or activity so that participants have a clear picture of the performance expected of them.

Behavior modeling, or observational learning, takes place in three stages. In the first stage, **skill acquisition**, the participant sees others perform the procedure and acquires a mental picture of the required steps. Once the mental image is acquired, the participant attempts to perform the procedure, usually with supervision. Next, the participant practices until **skill competency** is achieved and s/he feels **confident** performing the procedure. The final stage, **skill proficiency**, only occurs with repeated practice over time.

<i>Skill Acquisition</i>	Knows the steps and their sequence (if necessary) to perform the required skill or activity but needs assistance
<i>Skill Competency</i>	Knows the steps and their sequence (if necessary) and can perform the required skill or activity
<i>Skill Proficiency</i>	Knows the steps and their sequence (if necessary) and efficiently performs the required skill or activity

Competency-Based Training

Competency-based training (CBT) is learning by **doing**. It focuses on the specific knowledge, attitudes and skills needed to carry out a procedure or activity. How the participant performs (i.e., a combination of knowledge, attitudes and, most important, skills) is emphasized rather than just what information the participant has learned. Competency in the new skill or activity is assessed objectively by evaluating overall performance.

To successfully accomplish CBT, the clinical skill or activity to be taught first must be broken down into its essential steps. Each step is then analyzed to determine the most efficient and safe way to perform and learn it. The process is called **standardization**. Once a procedure, such as performing VIA, has been standardized, competency-based learning guides and evaluation checklists can be developed to make learning the necessary steps or tasks easier and evaluating the participant's performance more objective.

An essential component of CBT is **coaching**, in which the clinical trainer first explains a skill or activity and then demonstrates it using an anatomic model or other learning aid, such as a video. Once the procedure has been demonstrated and discussed, the trainer/coach then observes and interacts with participants to guide them in learning the skill or activity, monitoring their progress and helping them overcome problems.

The coaching process ensures that the participant receives **feedback** regarding performance:

- **Before practice**—The clinical trainer and participant meet briefly before each practice session to review the skill/activity, including the steps/tasks which will be emphasized during the session.
- **During practice**—The clinical trainer observes, coaches and provides feedback to the participant as s/he performs the steps/tasks outlined in the learning guide.
- **After practice**—Immediately after practice, the clinical trainer uses the learning guide to discuss the strengths of the participant's performance and also offer specific suggestions for improvement.

Humanistic Training Techniques

The use of more humane (humanistic) techniques also contributes to better clinical training. A major component of humanistic training is the use of anatomic models, which closely simulate the human body, and other learning aids. Working with models initially allows participants to learn and practice new skills in a simulated setting rather than with women. This reduces stress for the learner as well as risk of injury and discomfort to the woman. Thus, the effective use of models (humanistic approach) is an important factor in improving the quality of clinical training and, ultimately, service provision.

Before a participant performs a clinical procedure with a woman, two learning activities should occur:

- The clinical trainer should demonstrate the required skills and client interactions with women several times using an anatomic model and appropriate training video.
- Under the guidance of the clinical trainer, the participant should practice the required skills and client interactions using the model and actual instruments in a setting that is as similar as possible to the real situation.

Only when **skill competency** and some degree of **skill proficiency** have been demonstrated should participants have their first contact with a woman.

When mastery learning, which is based on adult learning principles and behavior modeling, is integrated with CBT, the result is a powerful and extremely effective method for providing clinical training. And when humanistic training techniques, such as using anatomic models and other learning aids, are incorporated, training time and costs can be reduced significantly.

COMPONENTS OF THE LEARNING PACKAGE

This clinical training course is built around use of the following components:

- Need-to-know information contained in a **reference manual** and **presentation graphics**
- A **course handbook** for participants containing validated questionnaires, learning guides and checklists which break down the skills or activities into their essential steps
- A **trainer’s notebook**, which includes questionnaire answer keys and detailed information for conducting the course
- **Well-designed learning aids**, such as CD-ROMs, anatomic models and other educational materials
- **Competency-based performance evaluation**

The reference manual recommended for use in this course is *Cervical Cancer Prevention Guidelines for Low-Resource Settings*. It is organized into **seven chapters** and **seven appendices** and contains essential information on the following topics: biomedical data on human papillomavirus and cervical cancer, counseling, infection prevention and cervical cancer screening and treatment.

USING THE LEARNING PACKAGE

In designing the training materials for this course, particular attention has been paid to making them “user friendly” and to permit the course participants and clinical trainer the widest possible latitude in adapting the training to the participants’ (group and individual) learning needs. For example, at the beginning of each course an assessment is made of each participant’s knowledge. The results of this precourse assessment are then used jointly by the participants and clinical trainer to adapt the course content as needed so that the training focuses on acquisition of **new** information and skills.

A second feature relates to the use of the reference manual and course handbook. The **reference manual** is designed to provide all of the essential information needed to conduct the course in a logical manner. Because it serves as the “text” for the participants and the “reference source” for the clinical trainer, special handouts or supplemental materials are not needed. In addition, because the manual **only** contains information that is consistent with the course goals and objectives, it becomes an integral part of all classroom exercises—such as giving an

illustrated lecture or providing problem-solving information. The **presentation graphics** highlight the key information in each chapter of the reference manual.

The **course handbook**, on the other hand, serves a dual function. First, and foremost, it is the road map which guides the participant through each phase of the course. Second, it contains the course syllabus and course schedule, as well as all supplemental printed materials (precourse questionnaire, individual and group assessment matrix, learning guides and checklists and the course evaluation form) needed during the course.

The **trainer's notebook** contains the same material as the course handbook as well as specific material for the trainer. This includes the course outline, precourse questionnaire answer key, midcourse questionnaire, midcourse image assessment and answer keys and competency-based qualification checklists.

In keeping with the mastery learning approach on which this course is based, all training activities will be conducted in an interactive, participatory manner. To accomplish this requires that the role of the clinical trainer continually change throughout the course. For example, s/he is an **instructor** when presenting a classroom demonstration; a **facilitator** when conducting small group discussions or using role plays; and shifts to the role of **coach** when helping participants practice a procedure. Finally, when objectively assessing performance, the trainer serves as an **evaluator**.

SUMMARY

The mastery learning approach used in this course incorporates a number of key features. **First**, it is based on adult learning principles, which means that it is interactive, relevant and practical. Moreover, it requires that the clinical trainer facilitate the learning experience rather than serve in the more traditional role of an instructor or lecturer. **Second**, it involves use of behavior modeling to facilitate learning a standardized way of performing a skill or activity. **Third**, it is competency-based. This means that evaluation is based on **how well** the participant performs the procedure or activity, not just on **how much** has been learned. **Fourth**, where possible, it relies heavily on the use of anatomic models and other learning aids (i.e., it is humanistic) to enable participants to practice repeatedly the standardized way of performing the skill or activity **before** working with women. Thus, by the time the clinical trainer evaluates each participant's performance at the end of the training, **every** participant should be able to perform **every** skill or activity competently. **This is the ultimate measure of clinical training.**

INTRODUCTION

COURSE DESIGN¹

This clinical training course is designed for healthcare providers (physicians, nurses and midwives). The course builds on each participant's knowledge and takes advantage of her/his high motivation to accomplish the learning tasks in the minimum time. Training emphasizes **doing**, not just knowing, and uses **competency-based evaluation** of performance.

This training course differs from traditional courses in several ways:

- During the first day, participants are introduced to the key features of mastery learning and then are briefly tested (**Precourse Questionnaire**) to determine their individual and group knowledge of cervical cancer screening and treatment. In addition, participant skills in counseling and in performing a pelvic examination are assessed through role play and use of a pelvic model.
- Classroom and clinic sessions focus on key aspects of service delivery (e.g., counseling of clients, infection prevention and how to provide services).
- Progress in knowledge-based learning is measured during the course using standardized assessments (**Midcourse Questionnaire** and **Midcourse Image Assessment**).
- Clinical skills training builds on the participant's previously mastered skills. Participants first practice on the anatomic models using detailed learning guides that list the key steps in visual inspection of the cervix with acetic acid (VIA) and cryotherapy. In this way, they learn more quickly the skills needed to perform VIA and cryotherapy in a standardized way.
- Progress in learning new skills is documented using the learning guides and less detailed checklists.
- Evaluation of each participant's performance is conducted by a clinical trainer using competency-based skills checklists.

¹ There are two versions of the Model Course Schedule and Outline presented in this package: a 10-day version, and a 7-day version. Both are designed to prepare the participant to become competent in performing VIA and cryotherapy. However, the 7-day course is more streamlined and may be more practical in situations where less time is available.

Successful completion of the course is based on mastery of both the knowledge and skills components, as well as satisfactory overall performance in providing cervical cancer screening and treatment services to clients.

EVALUATION

This clinical training course is designed to produce healthcare providers qualified to perform cervical cancer screening and treatment of precancerous lesions by:

- VIA, and
- cryotherapy.

Qualification is a statement by the training institution(s) that the participant has met the requirements of the course in knowledge, skills and practice. Qualification does **not** imply certification. Personnel can be certified only by an authorized organization or licensing agency (e.g., ministry of education or health).

Qualification is based on the participant's achievement in three areas:

1. **Knowledge**—A score of at least 85% on the **Midcourse Questionnaire** and **Midcourse Image Assessment**
2. **Skills**—Satisfactory performance of VIA and cryotherapy
3. **Practice**—Demonstrated ability to provide screening and treatment services in the clinical setting

Responsibility for the participant becoming qualified is shared by the participant and the trainer.

The evaluation methods used in the course are described briefly below:

- **Midcourse Questionnaire and Midcourse Image Assessment.** The questionnaire and image assessment will be given at the time in the course when all subject areas have been presented. A score of 85% or more correct indicates knowledge-based and image-based mastery of the material presented in the reference manual. For those scoring less than 85% on their first attempt, the clinical trainer should review the results with the participant individually and guide her/him on using the reference manual and cervical images to learn the required information. Participants scoring less than 85% can take the Midcourse Questionnaire and Midcourse Image Assessment at any time during the remainder of the course.

- **Provision of Services (Practice).** During the course, it is the clinical trainer’s responsibility to observe each participant’s overall performance in providing services. This provides a key opportunity to observe the impact on clients of the participant’s **attitude**—a critical component of quality service delivery. Only by doing this can the clinical trainer assess the way the participant uses what s/he has learned.
- **Counseling and Clinical Skills Checklists.** The clinical trainer will use these checklists to evaluate each participant as s/he counsels clients and performs VIA and cryotherapy with clients. Evaluation of the **counseling skills** of each participant may be done with clients; however, it may be accomplished at any time during the course through observation during role plays using participants or volunteers. Evaluation of the **clinical skills** usually will be done on the last day of the course (depending on class size and client case load).

In determining whether the participant is qualified, the clinical trainer(s) will observe and rate the participant’s performance for each step of the skill or activity. The participant must be rated “satisfactory” in each skill or activity to be evaluated as qualified.

Within three to six months of qualification, it is recommended that graduates be observed and evaluated working in their institution by a course trainer using the same counseling and clinical skills checklist. (At the very least, the graduate should be observed by a skilled provider soon after completing training.) This postcourse evaluation activity is important for several reasons. First, it not only gives the graduate direct feedback on her/his performance, but also provides the opportunity to discuss any start-up problems or constraints to service delivery (e.g., lack of instruments, supplies or support staff). Second, and equally important, it provides the training center, via the clinical trainer, key information on the adequacy of the training and its appropriateness to local conditions. Without this type of feedback, training easily can become routine, stagnant and irrelevant to service delivery needs.

COURSE SYLLABUS

Course Description

Both the 10- and 7-day versions of the clinical training course are designed to prepare the participant to become competent in performing VIA, either as a means of screening for cervical cancer or its precursors

or in preparation for treatment of the abnormal cervix by cryotherapy.² The 7-day course is a more streamlined version of the 10-day course, and may be more practical in situations where less time is available.

Course Goals

- To influence in a positive way the attitudes of the participant toward the benefits and appropriate use of VIA and cryotherapy.
- To provide the participant with counseling skills needed to talk with women about cervical cancer testing using VIA and outpatient treatment of precancerous cervical lesions with cryotherapy.
- To provide the participant with the knowledge and skills needed to perform VIA and, if indicated, cryotherapy.
- To provide the participant with the knowledge needed to manage side effects or other problems related to the treatment of precancerous cervical lesions with cryotherapy.

Participant Learning Objectives

By the end of the training course, the participant will be able to:

1. Talk to women about cervical cancer prevention.
2. Explain who should have cervical cancer screening and how VIA screens for cervical cancer.
3. Explain how cryotherapy treats precancerous cervical lesions.
4. Perform a pelvic examination.
5. Perform VIA.
6. Perform cryotherapy, if indicated.
7. Provide followup instructions and counseling after VIA or cryotherapy.
8. Provide care and referral, as needed.
9. Use recommended infection prevention practices to protect the woman, healthcare provider and other healthcare workers.
10. Perform routine maintenance and care of the cryotherapy unit.

Learning Methods

- Illustrated lectures and group discussions
- Individual and group exercises (case studies, role plays)

² In many countries, it is common to screen for breast and cervical disease at the same time. Although this training course focuses on cervical disease, the course can also include screening for breast disease. (See **Appendix F**.)

- Simulated visual inspection using cervical images, photographs and video footage
- Simulated practice with anatomic (pelvic) and cervical models
- Guided clinical activities (counseling and provision of VIA and cryotherapy) with clients
- Case conferences

Learning Materials

- Reference manual *Cervical Cancer Prevention Guidelines for Low-Resource Settings* and presentation graphics
- Cervical Cancer Prevention Course Handbook
- VIA Atlas: Visual Inspection of the Cervix with Acetic Acid
- Cervical image CD-ROM
- Cervical image flash cards
- ZOE Gynecologic Simulator and video
- Cervical model for cryotherapy (sausage)

Audiovisual Equipment

- LCD (liquid crystal display) projector
- Power strip with surge protector, extension cords and plug adaptors
- Projection screen
- Laptop computer with CD-ROM drive
- Digital camera

Clinical Supplies

- Examining table
- Drapes to cover woman during examination
- Light source
- Bivalve specula (medium and large Graves)
- Instrument tray or container
- New examination or high-level disinfected surgical gloves
- Wooden spatulas
- Small bowl for acetic acid
- Dilute (3–5%) acetic acid solution
- Cotton swabs
- Cryotherapy unit

- Gas cylinder with carbon dioxide
- Wrench
- Countdown timer
- Condoms

Participant Selection Criteria

Participants for this course should be clinicians (physicians, nurses or midwives) working in a healthcare facility (health post, clinic or hospital) that provides women's health services.

Methods of Evaluation

Participant

- Precourse Questionnaire
- Midcourse Questionnaire
- Midcourse Image Assessment
- Learning Guides and Checklists for VIA and Cryotherapy Counseling and Clinical Skills

Course

- Course Evaluation Form (to be completed by each participant)

Course Duration

- 20 sessions for a 10-day course, or
- 12 sessions for a 7-day course

Suggested Course Composition

- 15 healthcare professionals (maximum)
- 2 or 3 clinical trainers

Note: The number of participants and trainers will depend on the number of clients expected in the clinic (both normal and abnormal), the number of examining tables and availability of supplies and equipment (e.g., cryotherapy units). In general, not more than three participants can assess a client at any one time, and usually, not more than four clients can be seen per hour for VIA alone. If treatment (cryotherapy) is recommended and voluntarily elected by the woman, an additional 20–30 minutes per case will be required.

MODEL CERVICAL CANCER PREVENTION COURSE SCHEDULE (Standard: 10 days, 20 sessions)

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
AM (4 hours)	AM (4 hours)	AM (4 hours)	AM (4 hours)	AM (4 hours)
<p>Opening:</p> <ul style="list-style-type: none"> Welcome and introductions Overview of the course (Goals, Objectives, Schedule) Review course materials Participant expectations Precourse Questionnaire Identify individual and group learning needs <p>Chapter 1: Introduction:</p> <ul style="list-style-type: none"> Background Rationale for screening Treatment Managing precancerous disease Links to other RH services 	<p>Agenda and opening activity</p> <p>Chapter 1: Introduction (continued)</p> <p>Chapter 2: Human Papillomavirus (HPV) and Cervical Cancer:</p> <ul style="list-style-type: none"> Background <p>Activity: Hand scratch game:</p> <ul style="list-style-type: none"> The virus How HPV induces cancer Risk factors for cervical cancer <p>Activity: Ball-of-Knowledge Game:</p> <ul style="list-style-type: none"> Preventing cervical cancer 	<p>Agenda and opening activity</p> <p>Chapter 3: Pathophysiology of Cervical Cancer:</p> <ul style="list-style-type: none"> Key considerations for low-resource settings Anatomy and physiology of normal cervix <p>Activity: Small group work with flipcharts</p> <p>Clinical Practice: Observe and provide services in the clinic:</p> <ul style="list-style-type: none"> Counseling client VIA Cryotherapy 	<p>Agenda and opening activity</p> <p>Chapter 4: Talking with Women about Cervical Cancer:</p> <ul style="list-style-type: none"> Background Clients' Rights Confidentiality Privacy Who should talk with the woman Being a good counselor <p>Clinical Practice: Observe and provide services in the clinic:</p> <ul style="list-style-type: none"> Counseling clients VIA Cryotherapy 	<p>Agenda and opening activity</p> <p>Chapter 5: Preventing Infections in Healthcare Workers:</p> <ul style="list-style-type: none"> Disease transmission cycle How risky is healthcare work <p>Clinical Practice: Observe and provide services in the clinic:</p> <ul style="list-style-type: none"> Counseling clients VIA Cryotherapy
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
PM (3 Hours)	PM (3 Hours)	PM (3 Hours)	PM (3 Hours)	PM (3 Hours)
<p>Precourse Skills Assessment</p> <p>Assess each participant's skills:</p> <ul style="list-style-type: none"> Pelvic examination on models Counseling (role play) <p>Discussion/Demonstration:</p> <ul style="list-style-type: none"> Pelvic examination review Demonstration on models <p>Activity:</p> <ul style="list-style-type: none"> Pelvic examination practice 	<p>Demonstration:</p> <ul style="list-style-type: none"> Setup practice models Review of VIA and cryotherapy learning guide VIA steps on model Cryotherapy steps on model <p>Activity: In groups of three, participants rotate as client, provider and observer:</p> <ul style="list-style-type: none"> Pelvic examination VIA test Cryotherapy <p>Discussion: Preparing for clinical work:</p> <ul style="list-style-type: none"> Norms and conduct Tour of clinic 	<p>Review of Clinical Practice:</p> <ul style="list-style-type: none"> Review cervical images Discuss clinic observations Additional practice on models as needed <p>Chapter 3: Pathophysiology of Cervical Cancer (continued):</p> <ul style="list-style-type: none"> Appearance of the cervix in normal and abnormal states <p>Activity: The VIA Atlas and identifying cervical conditions</p>	<p>Review of Clinical Practice:</p> <ul style="list-style-type: none"> Review cervical images Discuss clinic observations Additional practice on models as needed <p>Chapter 4: Talking with Women about Cervical Cancer (continued):</p> <ul style="list-style-type: none"> Counseling prior to VIA testing Counseling prior to cryotherapy Counseling following cryotherapy Questions frequently asked by women 	<p>Review of Clinical Practice:</p> <ul style="list-style-type: none"> Review cervical images Discuss clinic observations Additional practice on models as needed <p>Chapter 5: Preventing Infections in Healthcare Workers (continued):</p> <ul style="list-style-type: none"> Making infection prevention programs work How can healthcare be made safer What to do if exposure occurs Maintenance of a safe environment
Review of day's activities	Review of day's activities	Review of day's activities	Review of day's activities	Review of day's activities
Reading Assignment: Chapters 1–2, Learning Guides for VIA and Cryotherapy (and sections of Appendix G as needed)	Reading Assignment: Chapter 3	Reading Assignment: Chapter 4	Reading Assignment: Chapter 5 and Appendices C, D and E	Assignment: Chapters 6 and 7

MODEL CERVICAL CANCER PREVENTION COURSE SCHEDULE (Standard: 10 days, 20 sessions)

DAY 6	DAY 7	DAY 8	DAY 9	DAY 10
AM (4 hours)	AM (4 hours)	AM (4 hours)	AM (4 hours)	AM (4 hours)
<p>Agenda and opening activity</p> <p>Chapter 6: Client Assessment and VIA Testing:</p> <ul style="list-style-type: none"> • Background • Who should be tested • When to perform VIA • Client Assessment • Instruments and supplies <p>Activity: Olympics of Cryotherapy Setup</p> <p>Clinical Practice: Observe and provide services in the clinic:</p> <ul style="list-style-type: none"> • Counseling clients • VIA • Cryotherapy 	<p>Agenda and opening activity</p> <p>Chapter 7: Treatment and Followup:</p> <ul style="list-style-type: none"> • Background • Outpatient treatment procedures • Cryotherapy treatment and referral <p>Clinical Practice: Observe and provide services in the clinic:</p> <ul style="list-style-type: none"> • Counseling clients • VIA • Cryotherapy 	<p>Agenda and opening activity</p> <p>Activity:</p> <ul style="list-style-type: none"> • Midcourse Questionnaire • Review of questionnaire results <p>Clinical Practice: Evaluate provision of services in the clinic:</p> <ul style="list-style-type: none"> • Counseling clients • VIA • Cryotherapy 	<p>Agenda and opening activity</p> <p>Discussion: Preparing clinical site to provide VIA and cryotherapy services:</p> <ul style="list-style-type: none"> • Clinic setup • Client flow <p>Clinical Practice: Evaluate provision of services in the clinic:</p> <ul style="list-style-type: none"> • Counseling clients • VIA • Cryotherapy 	<p>Agenda and opening activity</p> <p>Discussion: Implementation</p> <p>Clinical Practice: Evaluate provision of services in the clinic:</p> <ul style="list-style-type: none"> • Counseling clients • VIA • Cryotherapy
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
PM (3 Hours)	PM (3 Hours)	PM (3 Hours)	PM (3 Hours)	PM (3 Hours)
<p>Review of Clinical Practice:</p> <ul style="list-style-type: none"> • Review cervical images • Discuss clinic observations • Additional practice on models as needed <p>Activity: Image Review</p> <p>Activity: Practice Exercises</p> <p>Review of day's activities</p>	<p>Review of Clinical Practice:</p> <ul style="list-style-type: none"> • Review cervical images • Discuss clinic observations • Additional practice on models as needed <p>Chapter 7: Treatment and Followup (continued):</p> <ul style="list-style-type: none"> • Instruments and equipment • Cryotherapy procedure • Routine procedure <p>Review of day's activities</p>	<p>Review of Clinical Practice:</p> <ul style="list-style-type: none"> • Review cervical images • Discuss clinic observations • Additional practice on models as needed <p>Discussion: Treatment and referral decision-making</p> <p>Activity:</p> <ul style="list-style-type: none"> • Midcourse Image Assessment • Review of questionnaire results <p>Review of day's activities</p>	<p>Review of Clinical Practice:</p> <ul style="list-style-type: none"> • Review cervical images • Discuss clinic observations • Additional practice on models as needed <p>Discussion: Preparing clinical site to provide VIA and cryotherapy services (continued):</p> <ul style="list-style-type: none"> • Referral • Supervision • Implementation <p>Review of day's activities</p>	<p>Review of Clinical Practice:</p> <ul style="list-style-type: none"> • Review cervical images • Discuss clinic observations <p>Course summary</p> <p>Course evaluation</p> <p>Closing ceremony</p>

MODEL CERVICAL CANCER PREVENTION COURSE SCHEDULE (Streamlined: 7 days, 12 sessions)

DAY 1 Sunday	DAY 2 Monday	DAY 3 Tuesday	DAY 4 Wednesday	DAY 5 Thursday
AM	AM (4 Hours)	AM (4 Hours)	AM (4 Hours)	AM (4 Hours)
Arrival and registration	Agenda and opening activity Recap Chapter 1: Introduction Chapter 2: Human Papillomavirus (HPV) and Cervical Cancer Activity: VIA and cryotherapy: In groups of three, participants rotate as client, provider and observers: <ul style="list-style-type: none"> • Pelvic examination • VIA test and cryotherapy 	Agenda and opening activity Recap: Chapters 1–4 Chapter 5: Preventing Infections in Healthcare Workers Clinical Practice: Observe and/or provide services in the clinic: <ul style="list-style-type: none"> • Counseling client • VIA • Cryotherapy 	Agenda and opening activity Recap: Chapter 5 Activity: Chapter 6: Client Assessment and VIA Testing Clinical Practice: Observe and provide services in the clinic: <ul style="list-style-type: none"> • Counseling client • VIA • Cryotherapy 	Agenda and opening activity Recap: Chapters 6 and 7 Activity: <ul style="list-style-type: none"> • Midcourse Image Assessment • Midcourse Questionnaire Clinical Practice: Evaluate participant provision of services in the clinic: <ul style="list-style-type: none"> • Counseling clients • VIA • Cryotherapy
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
PM (3½ Hours)	PM (3½ Hours)	PM (3½ Hours)	PM (3½ Hours)	PM (3½ Hours)
Opening: <ul style="list-style-type: none"> • Welcome and introductions • Overview of the course (Goals, Objectives, Schedule) • Review course materials • Participant expectations • Precourse questionnaire • Identify individual and group learning needs Precourse Skills Assessment Assess each participant’s skills: <ul style="list-style-type: none"> • Pelvic examination on models • Counseling (role play) Discussion/Demonstration: <ul style="list-style-type: none"> • Pelvic examination review • Demonstration on models • Review of VIA and cryotherapy learning guide • VIA steps on model • Cryotherapy steps on models Review of day’s activities	Chapter 3: Pathophysiology of Cervical Cancer Activity: VIA practice: <ul style="list-style-type: none"> • Image projection • CD-ROM Chapter 4: Talking with Women about Cervical Cancer Activity: Small group work with flipcharts Discussion: Clinical work preparation: <ul style="list-style-type: none"> • Norms and conduct • Assignment to groups Discussion: Using the VIA form Activity: Tour of clinic practice sites Review of day’s activities	Review of Clinical Practice: <ul style="list-style-type: none"> • Review cervical images • Discuss clinic observations • Additional practice on models as needed Demonstration/Activity: Essential IP practices for VIA and cryotherapy Small Group Activity: Two groups of up to 10 participants each go through both activities alternately Activity 1: VIA visual skills practice: <ul style="list-style-type: none"> • VIA atlas/flash card • Image projection Activity 2: Practice VIA and cryotherapy on models Review of day’s activities	Review of Clinical Practice: <ul style="list-style-type: none"> • Review cervical images • Discuss clinic observations • Additional practice on models as needed Activity: Chapter 7: Treatment and Followup Small Group Activity: Two groups of up to 10 participants each go through both activities alternately Activity 1: VIA visual skills practice: <ul style="list-style-type: none"> • VIA atlas/flash card • Image projection Activity 2: Practice VIA and cryotherapy on models Review of day’s activities	Review of Clinical Practice: <ul style="list-style-type: none"> • Review cervical images • Discuss clinic observations • Additional practice on models as needed Review results of midcourse questionnaire and image test Activity: Classroom evaluation - Evaluate provision of services in a simulated condition Presentation/Discussion: Preparing clinical site to provide VIA and cryotherapy services: <ul style="list-style-type: none"> • Clinic setup • Client flow • Referral • Supervision • Implementation Review of day’s activities
Reading Assignment: Chapters 1–4, Learning Guides for VIA and cryotherapy (and sections of Appendix G as needed)	Reading Assignment: Chapter 5 and Appendices C, D and E	Reading Assignment: Chapters 6 and 7	Assignment: Discuss and develop action plan for implementing VIA and cryotherapy based on provided template	Assignment: Finalize action plan for implementing VIA and cryotherapy

MODEL CERVICAL CANCER PREVENTION MODEL COURSE SCHEDULE (Streamlined: 7 days, 12 sessions)

DAY 6 Friday		DAY 7 Saturday		
<p align="center">AM (4 Hours)</p> <p>Agenda and opening activity</p> <p>Activity: “Olympics of Cryotherapy” setup</p> <p>Activity: Cleaning and caring for the cryotherapy unit</p> <p>Clinical Practice: Evaluate participant provision of services in the clinic:</p> <ul style="list-style-type: none"> • Counseling clients • VIA • Cryotherapy 	<p align="center">AM (4 Hours)</p> <p>Agenda and opening activity</p> <p>Small Group Activity: Share finalize action plans per facility group</p> <p>Course summary</p> <p>Course evaluation</p> <p>Closing ceremony</p>			
LUNCH	LUNCH			
<p align="center">PM (3½ Hours)</p> <p>Review of Clinical Practice:</p> <ul style="list-style-type: none"> • Review cervical images • Discuss clinic observations • Additional practice on models as needed <p>Activity: Image review</p> <p>Presentation/Discussion: VIA and cryotherapy performance standards</p> <p>Discussion: Completing the VIA and cryotherapy log book and summary form</p> <p>Small group activity: Finalize action plan</p> <p>Review of day’s activities</p>	<p align="center">PM</p> <p>Check out and return</p>			

PRECOURSE QUESTIONNAIRE

HOW THE RESULTS WILL BE USED

The main objective of the **Precourse Questionnaire** is to assist both the **clinical trainer** and the **participant** as they begin their work together in the course by assessing what the participants, individually and as a group, know about the course topic. Providing the results of the precourse assessment to the participants enables them to focus on their individual learning needs. In addition, the questions alert participants to the content that will be presented in the course.

The questions are presented in the true-false format. A special form, the **Individual and Group Assessment Matrix**, is provided to record the scores of all course participants. Using this form, the clinical trainer and participants can quickly chart the number of correct answers for each of the 20 questions. By examining the data in the matrix, the group can easily determine their collective strengths and weaknesses and jointly plan how to best use the course time to achieve the desired learning objectives.

For the clinical trainer, the questionnaire results will identify particular topics which may need additional emphasis during the learning sessions. Conversely, for those categories where 85% or more of participants answer the questions correctly, the clinical trainer may elect to use some of the allotted time for other purposes. For example, if the participants as a group did well (85% or more correct) in answering the questions in the category “Cervical Cancer, HPV and Risk Factors” (questions 1 through 6), the clinical trainer may elect to assign Chapters 1, 2 and 3 as homework rather than discussing these topics in class.

For the participants, the learning objective(s) related to each question and the corresponding chapter(s) in the reference manual are noted beside the answer column. To make the best use of the limited course time, participants are encouraged to address their individual learning needs by studying the designated chapter(s).

PRECOURSE QUESTIONNAIRE

Instructions: In the space provided, print a capital **T** if the statement is **true** or a capital **F** if the statement is **false**.

CERVICAL CANCER, HPV AND RISK FACTORS		
1. High grade squamous intraepithelial lesions/cervical intraepithelial neoplasia III of the cervix will almost always regress.		Participant Objective 1 (Chapter 1 and 3)
2. The squamocolumnar junction (SCJ) is the place on the cervix where the columnar epithelium of the endocervix meets the squamous epithelium of the ectocervix.		Participant Objective 1 (Chapter 3)
3. Cervical cancer is more common in women who have never had sexual intercourse.		Participant Objective 1 and 2 (Chapter 2)
4. Frequent induced abortions are a risk factor for developing cervical cancer.		Participant Objective 2 (Chapter 2)
5. Any sexually active woman should have cervical cancer screening every 5 years.		Participant Objective 2 (Chapter 2)
6. Dysplasia always develops first near the SCJ.		Participant Objective 4 (Chapter 2)
COUNSELING		
7. The patient should be told about the different types of HPV during counseling.		Participant Objective 1 and 2 (Chapter 4)
8. During counseling, the patient should be told about the relationship between HPV and the risk of cervical cancer.		Participant Objective 1 and 2 (Chapter 4)
9. Cryotherapy is 100% effective for the treatment of dysplasia and the patient should receive this information during pretreatment counseling.		Participant Objective 1 and 4 (Chapter 4)
INFECTION PREVENTION		
10. The provider should wear a sterile cap and mask when performing cryotherapy.		Participant Objective 5 (Chapter 5)
11. After use, specula should be decontaminated for 10 minutes in 0.5% chlorine solution.		Participant Objective 5 (Chapter 5)
VIA TESTING		
12. Visual inspection of the cervix with acetic acid (VIA) is a procedure used to identify stages of cervical cancer.		Participant Objective 7 (Chapter 6)
13. Nabothian cysts in the cervix are considered a test-positive result in VIA.		Participant Objective 7 (Chapter 6)
14. After application of acetic acid, it is recommended that the provider wait at least 5 minutes before proceeding with VIA.		Participant Objective 7 (Chapter 6)
15. The SCJ is visible in a postmenopausal woman.		Participant Objective 7 (Chapter 6)

TREATMENT AND FOLLOWUP		
16. Cryotherapy is a practical, safe and effective treatment of precancerous lesions of the cervix.		Participant Objective 8 (Chapter 7)
17. Freezing the cervical tissue 3–5 mm beyond the edges of the cryotip is recommended in cryotherapy.		Participant Objective 8 (Chapter 7)
18. The eligibility criteria for cryotherapy include a precancerous lesion occupying less than 75% of the cervix.		Participant Objective 8 (Chapter 7)
19. Vaginal bleeding for 1–2 weeks is the most common consequences of cryotherapy.		Participant Objective 9 (Chapter 7)
20. Immediately after cryotherapy, one of the followup warning signs include fever of more than 2 days in duration.		Participant Objective 10 (Chapter 7)

VIA AND CRYOTHERAPY TRAINING COURSE: INDIVIDUAL AND GROUP ASSESSMENT MATRIX

COURSE: _____ DATES: _____ CLINICAL TRAINER(S): _____

Question Number	CORRECT ANSWERS (Participants)															CATEGORIES
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1																CERVICAL CANCER, HPV AND RISK FACTORS
2																
3																
4																
5																
6																
7																COUNSELING
8																
9																
10																INFECTION PREVENTION
11																
12																VIA TESTING
13																
14																
15																
16																TREATMENT AND FOLLOWUP
17																
18																
19																
20																

LEARNING GUIDES AND CHECKLISTS FOR VIA AND CRYOTHERAPY

USING THE LEARNING GUIDES AND CHECKLISTS

The Learning Guides and Checklists for VIA and Cryotherapy are designed to help the participant learn the steps or tasks involved in:

- Counseling a woman about cervical cancer screening and treatment
- Performing the VIA test on women¹
- Performing cryotherapy

There are three **learning guides** in this handbook:

- **Learning Guide for VIA and Cryotherapy Counseling Skills**
- **Learning Guide for VIA**
- **Learning Guide for Cryotherapy**

Each learning guide contains the steps or tasks performed by the counselor and clinician when providing VIA and cryotherapy services. These tasks correspond to the information presented in relevant chapters of the *Cervical Cancer Prevention Guidelines for Low-Resource Settings* reference manual (**Chapter 4**: Talking with Women about Cervical Cancer, **Chapter 6**: Client Assessment and VIA Testing and **Chapter 7**: Treatment and Followup). This facilitates participant review of essential information.

The two **checklists** in this handbook combine the learning guides and focus only on the key steps in providing VIA and cryotherapy services:

- **Checklist for VIA Counseling and Clinical Skills**
- **Checklist for Cryotherapy Counseling and Clinical Skills**

The checklists included here for skill practice by the participant are the same as the checklists that the clinical trainer will use to evaluate each participant's performance at the end of the course.

¹ If participants do not demonstrate competency in performing pelvic or breast (optional) examinations, see **Appendix G** in the reference manual for details and the appropriate learning guides and checklists.

The participant is not expected to perform all the steps or tasks correctly the first time s/he practices them. Instead, the learning guides are intended to:

- Assist the participant in learning the correct steps and sequence in which they should be performed (**skill acquisition**)
- Measure progressive learning in small steps as the participant gains confidence and skill (**skill competency**)

Each participant will have the opportunity to witness VIA and cryotherapy using the ZOE pelvic model and/or to observe the activity being performed in the clinic with a woman. Thus, by the time the group breaks up into pairs to begin practicing and rating each other's performance, each participant should be familiar with the processes for performing VIA and cryotherapy.

Used consistently, the learning guides and checklists enable each participant to chart her/his progress and to identify areas for improvement. Furthermore, the learning guides and checklists are designed to make communication (coaching and feedback) between the participant and clinical trainer easier and more helpful. When using the learning guides, it is important that the participant and clinical trainer work together as a team. For example, **before** the participant attempts the skill or activity (e.g., VIA) for the first time, the clinical trainer (or person rating the participant, if not the clinical trainer) should briefly review the steps involved and discuss the expected outcome. In addition, immediately **after** the skill or activity has been completed the clinical trainer or rater should meet with the participant. The purpose of this meeting is to provide **positive feedback** regarding learning progress and to define the areas (knowledge, attitude or practice) where improvement is needed in subsequent practice sessions.

Because the learning guides are used to assist in developing skills, it is important that the rating (scoring) be done carefully and as objectively as possible. The participant's performance of each step is rated on a three-point scale as follows:

- | |
|---|
| <ol style="list-style-type: none">1 Needs Improvement: Step or task not performed correctly or out of sequence (if necessary) or is omitted2 Competently Performed: Step or task performed correctly in proper sequence (if necessary) but participant does not progress from step to step efficiently3 Proficiently Performed: Step or task efficiently and precisely performed in the proper sequence (if necessary) |
|---|

Using the Learning Guides

- The **Learning Guide for VIA and Cryotherapy Counseling Skills**, **Learning Guide for VIA** and **Learning Guide for Cryotherapy** are designed to be used primarily during the early phases of learning (i.e., skill acquisition) when participants are practicing with the anatomic (pelvic) model.
- Initially, participants can use the learning guides to follow the steps as the clinical trainer role plays counseling a woman or demonstrates VIA and cryotherapy using a pelvic model.
- Subsequently, during the classroom practice sessions, they serve as step-by-step guides for the participant as s/he performs the skill using pelvic models. During this phase, participants work in teams with one “healthcare provider” participant performing the skill or activity while the other participant uses the learning guide to rate the performance or prompt the “healthcare provider” as necessary. During this initial learning phase, clinical trainer(s) will circulate to each group of participants to oversee how the learning is progressing and check to see that the participants are following the steps as outlined in the learning guides.

Using the Checklists for Practice

As participants progress through the course and gain experience, dependence on the detailed learning guides decreases and they advance to using the condensed **Checklist for VIA Counseling and Clinical Skills** and **Checklist for Cryotherapy Counseling and Clinical Skills**. This guide focuses on **key** steps in the entire procedure.

Once participants become confident in performing the procedure using the pelvic model, they can use the checklist to rate each other’s performance. This exercise can serve as a point of discussion during a clinical conference **before** the participants begin providing services to women.

Remember: It is the goal of this training that **every** participant perform **every** task or activity correctly with women by the end of the course.

For clinic practice sessions with women, participants again are paired. Here, one “healthcare provider” participant performs the procedure while the other observes and uses the checklist to remind the “healthcare provider” of any missed steps. During this phase the clinical trainer(s) is always present in the clinic to supervise the initial woman encounter for each participant. Thereafter, depending on the circumstances s/he circulates between groups of participants to be sure that there are no problems, coaching them as they perform the skill/activity.

LEARNING GUIDE FOR COUNSELING SKILLS IN VIA AND CRYOTHERAPY

(To be used by **Participants**)

Rate the performance of each step or task observed using 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)

LEARNING GUIDE FOR COUNSELING SKILLS IN VIA AND CRYOTHERAPY					
STEP/TASK	CASES				
COUNSELING					
Initial Interview (Woman Reception Area)					
1. Greet the woman respectfully and with kindness.					
2. Establish purpose of the visit and answer questions.					
3. Provide general information about preventing cancer by early detection.					
4. Give the woman information about the pelvic examinations and the benefits and limitations of each in early detection of cancer. <ul style="list-style-type: none"> • Explain how the pelvic examination is done. • Explain how the VIA test and cryotherapy can prevent cervical cancer. 					
5. Explain what to expect during the clinic visit.					
VIA-Specific Counseling (Counseling Area)					
1. Assure necessary privacy.					
2. Obtain biographic information (name, address, etc.)					
3. Ask the woman about her reproductive health history (Age at first sexual contact? Sexually transmitted diseases?)					
4. Give the woman additional information about VIA and cryotherapy: <ul style="list-style-type: none"> • Explain the nature of cervical cancer and its relationship to HPV infection. • Discuss the risk factors for the disease. • Describe how the VIA test is done and the possible findings. • Explain the treatment options if the VIA test is abnormal. 					
5. Ask about any attitudes or religious beliefs that will affect the woman's decision to have a VIA test.					
6. Discuss the woman's needs, concerns and fears in a thorough and sympathetic manner.					
7. Help the woman begin to decide to have a VIA test.					
If woman chooses to have a VIA test:					
8. Ask the woman if she has any other questions about the VIA test.					
9. Describe the VIA test procedure and what she should expect during the pelvic examination and afterward.					

LEARNING GUIDE FOR COUNSELING SKILLS IN VIA AND CRYOTHERAPY					
STEP/TASK	CASES				
If the VIA test is negative:					
1. Discuss with the woman the results of the VIA test and what it means to her reproductive health.					
2. Tell her when to return for future screening.					
3. Assure the woman she can return to the same clinic at any time to receive advice or medical attention.					
4. Provide followup visit instructions.					
COUNSELING (CRYOTHERAPY)					
If the VIA test is positive:					
1. After completing the pelvic examination, ask the woman if she is more comfortable discussing the results while lying on or sitting up on the table.					
2. Inform the woman about the VIA test findings.					
3. Ask the woman if she is pregnant. If she is pregnant, ask her the age of gestation.					
4. Give detailed information about the treatment option: <ul style="list-style-type: none"> • Show how the cryotherapy procedure is used. • Explain the cryotherapy steps. • Describe the benefits and effectiveness of cryotherapy. • Explain the potential side effects and ensure that the woman understands. 					
5. Encourage the woman to ask questions and discuss her condition.					
6. Give the woman some time to decide.					
7. Ask the woman if she will give her consent for treatment.					
Post-Cryotherapy Counseling					
1. Provide the woman instructions for self-care at home.					
2. Advise the woman about warning signs.					
3. Discuss what to do if the woman experiences any problems (e.g., prolonged bleeding or abdominal or pelvic pain).					
4. Provide instructions for using the supplied condoms and feminine pads (if available).					
5. Ask the woman to repeat the instructions.					
6. Answer any questions.					
7. Schedule a followup visit.					

LEARNING GUIDE FOR VIA CLINICAL SKILLS

(To be used by **Participants**)

Rate the performance of each step or task observed using 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)

LEARNING GUIDE FOR VIA CLINICAL SKILLS					
STEP/TASK	CASES				
CLIENT ASSESSMENT					
1. Greet the woman respectfully and with kindness.					
2. Explain why the VIA test is recommended and describe the procedure.					
3. Tell her what the findings might be and what followup or treatment might be necessary.					
GETTING READY					
1. Check that the instruments and supplies are available.					
2. Ensure that the light source is available and ready to use.					
3. Check that the woman has emptied her bladder and washed and rinsed her genital area if necessary.					
4. Ask her to undress from the waist down.					
5. Help her onto the examining table and drape her.					
6. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry. Palpate the abdomen.					
7. Put one pair of new examination or high-level disinfected surgical gloves on both hands.					
8. Arrange instruments and supplies on high-level disinfected tray or container, if not already done.					
VISUAL INSPECTION WITH ACETIC ACID					
1. Inspect external genitalia and check urethral opening for discharge.					
2. Palpate Skene's and Bartholin's glands.					
3. Insert speculum and adjust it so that the entire cervix can be seen.					
4. Fix the speculum blades in the open position so that the speculum will remain in place with the cervix in view.					
5. Move the light source so that you can see the cervix clearly.					
6. Examine the cervix for cervicitis, ectropion, tumors, Nabothian cysts or ulcers.					
7. Use a clean cotton swab to remove any discharge, blood or mucus from the cervix. Dispose of swab in a leakproof container or plastic bag.					

LEARNING GUIDE FOR VIA CLINICAL SKILLS					
STEP/TASK	CASES				
8. Identify the cervical os, squamocolumnar junction (SCJ) and transformation zone.					
9. Soak a clean swab in 3–5% acetic acid and apply it to the cervix. Dispose of swab in a leakproof container or plastic bag.					
10. Wait at least 1 minute, and observe the cervix for acetowhite changes.					
11. Inspect the SCJ carefully. <ul style="list-style-type: none"> • Check whether cervix bleeds easily. • Look for any raised and thickened white plaques or acetowhite epithelium. 					
12. As needed, reapply acetic acid or swab the cervix with a clean swab to remove mucus, blood or debris. Dispose of swab in a leakproof container or plastic bag.					
13. When visual inspection has been completed, use a fresh swab to remove any remaining acetic acid from the cervix and vagina. Dispose of swab in a leakproof container of plastic bag.					
14. Remove the speculum. <ul style="list-style-type: none"> • If VIA test was negative, place in 0.5% chlorine solution for 10 minutes for decontamination. • If the VIA test was positive, place speculum on high-level disinfected tray or container. 					
15. Perform the bimanual examination and rectovaginal examination (if indicated).					
POST-VIA TASKS					
1. Wipe light source with 0.5% chlorine solution or alcohol.					
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 them 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. If VIA test is negative, ask woman to sit up, get down from the examining table and get dressed.					
5. Record the VIA test results and other findings in woman's record. <ul style="list-style-type: none"> • If acetowhite change is present, draw a map of the cervix and the diseased area on the record. 					
6. Discuss the results of the VIA test and pelvic examination with the woman and answer any questions. <ul style="list-style-type: none"> • If VIA test is negative, tell her when to return for repeat VIA testing. • If VIA test is positive or cancer is suspected, discuss recommended next steps. • After counseling, provide treatment or refer. 					

LEARNING GUIDE FOR CRYOTHERAPY CLINICAL SKILLS

(To be used by **Participants**)

Rate the performance of each step or task observed using 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)

LEARNING GUIDE FOR CRYOTHERAPY CLINICAL SKILLS					
STEP/TASK	CASES				
CLIENT ASSESSMENT					
1. Explain why the treatment is recommended and describe the procedure.					
2. Check that if woman is pregnant, she is less than 20 weeks gestation.					
3. Tell her about the side effects to expect and the alternatives to cryotherapy.					
GETTING READY					
1. Check that instruments and supplies are available.					
2. Ensure that the light source is available and ready to use.					
3. Check that cryotherapy instrument is ready to use, that gas (CO ₂) is turned on at the cylinder and the pressure reads at least 40–70 kg/cm ² . Set timer to 0.					
4. Insert high-level disinfected cryotip into protective sleeve. Remove protective cover from end of probe.					
5. Check that the woman has emptied her bladder if more than 30 minutes since VIA test.					
6. Help her onto examining table and drape her.					
7. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.					
8. Put one pair of new examination or high-level disinfected surgical gloves on both hands. If available, put a second glove on one hand.					
9. Arrange instruments and supplies on high-level disinfected tray or container, if not already done.					
CRYOTHERAPY					
10. Insert speculum and fix blades so that entire cervix can be seen clearly. If using outer glove, remove it from left hand by turning inside out. <ul style="list-style-type: none"> • If disposing of glove, place in leakproof container or plastic bag. • If reusing surgical glove, submerge in 0.5% chlorine solution for 10 minutes for decontamination. 					
11. Fix the speculum blades in the open position so that the speculum will remain in place with the cervix in view.					
12. Move the light source so that you can see the cervix clearly.					
13. Use a clean cotton swab to remove any discharge, blood or mucus from the cervix. Dispose of swab in a leakproof container or plastic bag.					

LEARNING GUIDE FOR CRYOTHERAPY CLINICAL SKILLS					
STEP/TASK	CASES				
14. Identify the cervical os, SCJ and site and size of the lesion. (If necessary, apply 3–5% acetic acid with a clean swab so that lesion can be seen. Dispose of swab.)					
15. Point probe at ceiling. Press freeze button for 1 second and then defrost button for 1 second.					
16. Screw cryotip with sleeve onto end of probe.					
17. Apply the cryotip to the cervix ensuring that the nipple is placed squarely onto the os. Check to be sure the cryotip is not touching the vaginal walls.					
18. Set timer for 3 minutes. Press freeze button. Apply pressure to the cervix as the gas begins to flow to the cryoprobe. Watch as the ice ball develops.					
19. Use “freeze-clear-freeze technique,” and freeze cervix for 3 minutes.					
20. Wait for the cryotip to detach from the cervix. Remove cryoprobe from vagina and place it on clean instrument tray.					
21. Wait 5 minutes and repeat the procedure (steps 8, 9 and 10) until freeze ball is 4 mm beyond edges of cryotip.					
22. Inspect the cervix carefully to ensure that a hard, white completely frozen ice ball is present.					
23. Close master cylinder valve.					
24. Inspect cervix for bleeding. If there is bleeding, apply pressure to area using clean cotton swab. Dispose of swab in a leakproof container or plastic bag.					
25. Remove the speculum and place it in 0.5% chlorine solution for 10 minutes for decontamination.					
POSTCRYOTHERAPY TASKS					
1. Wipe light source with 0.5% chlorine solution or alcohol.					
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 them in leakproof container or plastic bag. • If reusing surgical gloves, submerge them 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. Check to be sure woman is not having excessive cramping before she sits up, gets off the table and gets dressed.					
5. Advise the woman about post-treatment care, warning signs and followup instructions.					
6. Record the results of treatment and followup schedule in woman’s record.					
7. Observe the woman for at least 15 minutes. Ask her how she feels before sending her home.					

CHECKLISTS FOR VIA AND CRYOTHERAPY

USING THE CHECKLISTS FOR PRACTICE

The checklists are derived from the information provided in the learning guides. As the participant progresses through the course and gains experience, dependence on the detailed learning guides decreases and the checklist may be used in their place. The **Checklist for VIA Counseling and Clinical Skills** and **Checklist for Cryotherapy Counseling and Clinical Skills** focus only on the key steps in the **entire** procedure, and can be used by participants, when providing services in a clinical situation, to rate one another's performance. These checklists that the participant uses for practice are the same as the checklists which the clinical trainer will use to evaluate each participant's performance at the end of the course. The rating scale used is described below:

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

CHECKLIST FOR VIA COUNSELING AND CLINICAL SKILLS

(To be used by the **Participant** for practice and by the **Trainer** at the end of the course)

Place a “✓” in case box if step/task is performed satisfactorily, an “✗” if it is not performed satisfactorily or N/O if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not observed: Step, task or skill not performed by participant during evaluation by trainer

CHECKLIST FOR VIA COUNSELING AND CLINICAL SKILLS					
STEP/TASK	CASES				
PRE-VIA COUNSELING					
1. Greet woman respectfully and with kindness.					
2. If cancer screening counseling not done, counsel patient prior to performing pelvic (VIA test) examination.					
3. Determine that the woman has decided to have VIA done.					
4. Assess woman’s knowledge about VIA test.					
5. Respond to woman’s needs and concerns about the VIA test.					
6. Describe the procedure and what to expect.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
GETTING READY					
1. Check that instruments, supplies and light source are available and ready for use.					
2. Check that the woman has emptied her bladder and washed and rinsed her genital area if necessary.					
3. Have the woman undress from the waist down. Help her get on to examining table and drape her.					
4. Wash hands thoroughly and dry them. Palpate the abdomen.					
5. Put one pair of new examination or high-level disinfected surgical gloves on both hands.					
6. Arrange instruments and supplies on high-level disinfected tray or container.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
VISUAL INSPECTION WITH ACETIC ACID					
1. Inspect external genitalia and check urethral opening and Skene’s and Bartholin’s glands.					
2. Insert speculum and fix blades so that entire cervix can be seen clearly.					
3. Move light source so cervix can be seen clearly.					
4. Check the cervix for cervicitis, ectropion, tumors, Nabothian cysts or ulcers and clean cervix with cotton swab if necessary. Dispose of swab.					
5. Identify the cervical os, SCJ and transformation zone.					
6. Apply 3–5% acetic acid to cervix and wait 1 minute. Dispose of swab.					
7. Check if cervix bleeds easily. Check for any raised and thickened white plaques or acetowhite epithelium.					

CHECKLIST FOR VIA COUNSELING AND CLINICAL SKILLS					
STEP/TASK	CASES				
8. Remove any remaining acetic acid from the cervix and vagina with a swab. Dispose of swab.					
9. Remove speculum. <ul style="list-style-type: none"> • If VIA test is negative, place in 0.5% chlorine solution for 10 minutes for decontamination. • If VIA test is positive, place speculum on tray or container. 					
10. Perform the bimanual examination and rectovaginal examination (if indicated).					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
POST-VIA TASKS					
1. Wipe light source with 0.5% chlorine solution or alcohol.					
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 and dry them.					
4. If VIA test negative, have the woman get dressed.					
5. Record the VIA test results and other findings in woman record.					
6. Discuss the results of VIA test and pelvic examination with woman and answer any questions. <ul style="list-style-type: none"> • If VIA test is negative, tell her when to return for repeat VIA testing. • If VIA test is positive or cancer suspected, discuss recommended next steps. • After counseling, provide treatment or refer. 					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
POST-VIA COUNSELING					
1. Assure woman that she can return for advice or medical attention at any time.					
2. Provide followup instructions.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

CHECKLIST FOR CRYOTHERAPY COUNSELING AND CLINICAL SKILLS

(To be used by the **Participant** for practice and by the **Trainer** at the end of the course)

Place a “✓” in case box if step/task is performed satisfactorily, an “✗” if it is not performed satisfactorily or N/O if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not observed: Step, task or skill not performed by participant during evaluation by trainer

CHECKLIST FOR CRYOTHERAPY COUNSELING AND CLINICAL SKILLS					
STEP/TASK	CASES				
PRE-CRYOTHERAPY COUNSELING					
1. Explain why the treatment is recommended and describe the procedure.					
2. Check that if pregnant, is less than 20 weeks.					
3. Tell her about the side effects to expect and the alternatives to cryotherapy.					
4. Ask the woman for her consent for treatment.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
GETTING READY					
1. Check that instruments, supplies and light source are available and ready to use.					
2. Check that cryotherapy instrument and gas (CO ₂) are ready to use.					
3. Tell the woman what is going to be done and encourage her to ask questions.					
4. Check that woman recently (30 minutes) has emptied her bladder, help her onto examining table and drape her.					
5. Wash hands thoroughly and dry them.					
6. Put one pair of new examination or high-level disinfected surgical gloves on both hands. If available, put a second glove on one hand.					
7. Arrange instruments and supplies on high-level disinfected tray or container.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
CRYOTHERAPY					
1. Insert speculum and fix blades so that entire cervix can be seen clearly. If using outer glove, remove it from left hand by turning inside out. <ul style="list-style-type: none"> • If disposing of glove, place in leakproof container or plastic bag. • If reusing surgical glove, submerge in 0.5% chlorine solution for 10 minutes for decontamination. 					
2. Move light source so cervix can be seen clearly.					
3. Clean cervix with swab and identify the cervical os, SCJ and site and size of lesion (apply dilute acetic acid if necessary). Dispose of swab.					
4. Point probe at ceiling. Press freeze button for 1 second and then defrost button for 1 second. Screw cryotip with sleeve onto end of probe.					
5. Apply the cryotip to cervix. Using “freeze-clear-freeze” technique, freeze cervix for 3 minutes. Wait for tip to release from cervix.					

CHECKLIST FOR CRYOTHERAPY COUNSELING AND CLINICAL SKILLS					
STEP/TASK	CASES				
6. Wait 5 minutes. Repeat procedure (step 5). Close master cylinder valve.					
7. Inspect cervix to ensure that a hard, white frozen ice ball is present.					
8. Inspect cervix for bleeding and, if needed, apply pressure with clean cotton swab. Dispose of swab.					
9. Remove speculum and place it in 0.5% chlorine solution for 10 minutes for decontamination.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
POST-CRYOTHERAPY TASKS					
1. Wipe light source with 0.5% chlorine solution or alcohol.					
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. • If reusing surgical gloves, submerge in 0.5% chlorine solution for 10 minutes for decontamination. 					
3. Wash hands thoroughly and dry them.					
4. Check to be sure woman is not having excessive cramping before helping her sit up, get down from table and get dressed.					
5. Advise woman about post-treatment care and followup instructions.					
6. Record the treatment and followup plan in woman's record.					
7. Have the woman wait at the clinic for at least 15 minutes before sending home.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

CERVICAL CANCER PREVENTION COURSE EVALUATION FORM

(To be completed by **Participants**)

Please indicate on a 1–5 scale your opinion of the following course components:

5-Strongly Agree 4-Agree 3-No Opinion 2-Disagree 1-Strongly Disagree

COURSE COMPONENT	RATING
1. The precourse questionnaire helped me to study more effectively.	
2. There was sufficient time scheduled for practicing counseling through role play and with clients.	
3. The demonstration of VIA and cryotherapy using the pelvic model helped me get a better understanding of the procedure before practice in the classroom and clinic	
4. The practice sessions with the model made it easier to perform VIA and cryotherapy with clients.	
5. There was sufficient time scheduled for practicing VIA with clients.	
6. There was enough opportunity for practicing cryotherapy with clients.	
7. I am now confident in performing VIA and cryotherapy.	
8. I am now able to use the infection prevention practices recommended for VIA and cryotherapy.	
9. I am now confident on caring and maintaining the cryotherapy unit.	
10. Seven days were adequate for learning how to provide VIA and cryotherapy services.	

ADDITIONAL COMMENTS:

1. What topics (if any) should be added to improve the course? Please explain your suggestion.

2. What topics (if any) should be deleted to improve the course? Please explain your suggestion.

**SECTION TWO: PERFORMANCE SUPPORT/
QUALITY ASSURANCE HANDBOOK¹**
—For Using VIA and Cryotherapy in Cervical Cancer Prevention Services

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¹This section is reprinted from the JHPIEGO publication of the same title, by Paul D. Blumenthal. 2005.

INTRODUCTION

The primary purpose of this performance support/quality assurance (PS/QA) handbook is to provide guidance on conducting PS/QA visits in connection with cervical cancer prevention programs. The handbook was developed for use in connection with the training manual, *Cervical Cancer Prevention Guidelines for Low-Resource Settings*.¹ However, the handbook provides valuable information for anyone who is responsible for performance support and/or quality assurance for cervical cancer prevention services based on visual inspection using acetic acid (VIA) and cryotherapy. For example:

Trainers conducting cervical cancer prevention courses can use this handbook when *planning* and *conducting* PS/QA visits after training. They will also use this handbook *during training* to help providers *plan implementation* of services.

Supervisors of cervical cancer prevention services at healthcare delivery sites can use the *standards* and *PS/QA indicators* in this handbook to help *guide the delivery* of quality services.

Providers of cervical cancer prevention services can use the standards in this handbook during training to *plan* and after training to *deliver* quality services.

Performance support coordinators (who may be trainers, supervisors, providers or other staff designated for the PS/QA role) can use this handbook to help *monitor* and *evaluate* cervical cancer prevention services. Note that anyone who takes on the role of performance support coordinator will need to have some background or orientation in cervical cancer prevention services to use this handbook appropriately.

Typically, a trainer conducts the initial PS/QA visit. Ultimately, however, a local supervisor or a specially assigned staff member will take on the responsibility for conducting and/or coordinating PS/QA visits. Whether you are a trainer, supervisor, provider or performance support coordinator, this handbook will help you **plan** PS/QA visits, **conduct** quality assurance visits using **performance standards**, assist the provider and supervisor with developing an **action plan** to improve the quality of services and complete a **report after the quality assurance visit**. In addition, the programmatic and individual **quality assurance indicators and tools** will help the site supervisor collect data to monitor the quality of cervical cancer prevention services. **Table 1** describes how and when each handbook user can use the performance support handbook to ensure the delivery of quality cervical cancer prevention services.

¹ *Cervical Cancer Prevention Guidelines for Low-Resource Settings*. JHPIEGO: Baltimore, 2005.

Table 1. Applications of the Performance Support Handbook

BEFORE TRAINING	DURING TRAINING	IMMEDIATELY AFTER TRAINING (TRANSFER OF LEARNING)	PERFORMANCE SUPPORT/QUALITY ASSURANCE VISITS
<p>Supervisor and provider, with input from the trainer, review plan to implement services and how performance support will be incorporated</p>	<p>Trainer ensures provider has the knowledge and skills to provide quality services and reviews with provider an action plan concerning how to implement services and provide performance support</p>	<p>Trainer visits the site for a PS/QA visit to help the provider and supervisor implement services</p>	<p>Trainer or performance support coordinator conducts periodic quality assurance visits to ensure the continued provision of quality services*</p>

*The trainer will conduct the initial PS/QA visits. Ultimately, a local supervisor or a specially assigned staff member will take on the responsibility of conducting PS/QA visits.

USING THE PERFORMANCE SUPPORT HANDBOOK IN TRAINING

This handbook is designed to facilitate the tasks ascribed to trainers, supervisors, and providers, as described in **Table 1**, during:

- The PS/QA portion of the clinical training skills (CTS) course,
- PS/QA site visits,
- Subsequent site improvement based on findings of PS/QA visits, and
- Continuous self- and on-site assessments and improvements.

To encourage and enable effective use of the handbook, trainers conducting the CTS courses should keep in mind the following tasks, which must be completed during PS/QA training, during the PS/QA visit, after the visit, and during the return visit.

During Training

- Provide training according to standards
- Review indicators outlined in this handbook with trainers
- Provide work-related exercises and appropriate job aids (e.g., practicing coassessment, developing action plans, and PS/QA visit reports)
- Give immediate and clear feedback during training
- Help learners develop realistic action plans

During PS/QA Visit

- Use individual performance standards to assess individual performance
- Use programmatic indicators to assess program performance
- Reach conclusion about level of performance

After PS/QA Visit

- Make recommendations concerning areas for quality/performance improvement
- Develop action plan
- Implement recommendations from action plan
- Complete PS/QA visit report

Return Visit

- Review action plan and PS/QA visit report
- Reassess areas of previous concern
- Revisit indicators

PLANNING PERFORMANCE SUPPORT/QUALITY ASSURANCE VISITS

The checklist below should be used when planning a PS/QA visit. Responsibilities for this visit fall on both the individual conducting the performance support visit and the staff at the facility being visited.

Responsibilities of Individual Conducting Performance Support Visit

- ***Schedule performance support visit with staff at facility being visited.*** Scheduling includes consulting with the staff at the facility on an agreeable date for the visit; identifying the amount of time the visit will take; and ensuring that the schedule of the individual conducting the performance support visit is cleared for the visit.
- ***Coordinate with local staff.*** Inform local staff of the time of the performance support visit and which aspects of the program will be reviewed (e.g., counseling, cryotherapy, and VIA). Ensure that the day of the visit is a screening day.
- ***Have all necessary materials, tools, and checklists on hand.***
- ***Review previous PS/QA visit reports prior to the visit.*** The visit coordinator should be familiar with refresh strengths and weaknesses previously identified at the facility.
- ***Schedule plenty of time for the visit.*** There should be enough time to discuss the findings of the PS/QA visit with the staff of the facility as well as time to review the clinic's logbooks and/or computer database (if up to date and available).

Responsibilities of On-Site Supervisor

- ***Communicate with facility staff regarding the visit.*** Prepare staff for the visit and let them know what will be reviewed that day. Schedule time at the end of the day to discuss findings with the performance support coordinator.
- ***Update logbooks and/or computer databases.*** The performance support coordinator will want to review statistics collected in the logbooks and/or computer databases. Ensure that these are up-to-date and, if possible, calculate the necessary indicators (listed in **Table 2**).

Table 2. Programmatic Quality Assurance Indicators for Cervical Cancer Prevention Programs

AREA	INDICATOR	HOW TO CALCULATE
Overall Services	Recruitment rates*	Number of women recruited for VIA during last month/Total number of women eligible for VIA testing
	Initial and final followup visit rate*	During a period of time: Number of women coming for repeat VIA test/Number of women who received initial VIA test Number of women coming for followup after cryotherapy/Number of women who received cryotherapy
Counseling	Proportion of providers providing counseling to standards**	Number of providers performing VIA and cryotherapy counseling to standards/Total number of providers providing VIA and cryotherapy counseling
	Proportion of women adhering to home care requirements***	Number of women adhering to home care requirements/Total number of women advised on home care requirements
VIA testing	Test positive rates*	Number of women testing positive to VIA/Number of women who had a VIA test
	Proportion of providers able to delineate the extent of the aceto-white lesions correctly**	Number of providers able to delineate the extent of aceto-white lesions correctly/Number of providers performing VIA at the site
Cryotherapy	Cryotherapy rate*	Number of women getting cryotherapy/Number of women getting VIA tests
	Complication (minor and major) rate*	Number of women experiencing complications following cryotherapy/Number of women getting cryotherapy
Documents/ Recordkeeping	Rates of complete and correct documentation**	Number of correct/complete record documentation/Total number of women getting VIA test per provider
Clinical Decision-making	Proportion of provider making appropriate case management recommendations**	Number of providers making correct case management recommendations/Total number of providers providing VIA services

*Data should be calculated by facility staff prior to PS/QA visit from information in up-to-date logbooks or computer databases.

**Calculated from assessments conducted on-site by the performance support coordinator.

***Calculated by facility staff prior to PS/QA visit, if data are available.

CONDUCTING PERFORMANCE SUPPORT/QUALITY ASSURANCE VISITS

The objectives of the PS/QA visit are to assess the quality of care at the facility, to make recommendations for improving care and to develop an action plan. During the performance support visit, the performance support coordinator conducts the following tasks to achieve these objectives:

- Assesses client-provider interaction and provider performance using the performance standards outlined in **Appendix A**;

- Reviews the programmatic quality assurance indicators for the facility outlined in **Table 2**;
- Conducts an image review exercise (flashcard or computer-based, as appropriate) with each provider;
- Conducts a series of coassessments; and
- Meets before and after with the providers and supervisor of the facility to discuss the purpose of the performance support visit and the visit findings.

The performance support visit should take a half to a full day to conduct. It is not necessary to assess every indicator or every provider at every PS/QA visit. The performance support coordinator reviews the indicators for which an action plan was developed at a previous visit or those indicators that have not been reviewed in some time. During or after the meeting with the staff of the facility, the performance support coordinator develops an action plan to address areas of improvement. After the visit, she or he writes up the performance support evaluation report.

The remainder of this handbook provides information needed for performing the tasks listed above.

USING PERFORMANCE STANDARDS

Two complementary aspects of provider performance can be assessed: **client-provider interaction** and **client assessment**, focusing on VIA testing and cryotherapy. **Appendix A** is a set of evaluation forms that outline standards for client-provider interaction and client assessment. Assessment criteria for each standard are also included. Below is an abbreviated list of the standards.

Client-Provider Interaction

The provider's performance in the area of client-provider interaction can be evaluated according to the following performance standards.

The service provider:

- Provides accurate information about cervical cancer prevention
- Uses effective counseling skills
- Respects women's rights at all times
- Provides counseling prior to VIA test
- Provides counseling after negative VIA test
- Counsels the woman after positive VIA test and describes management options—referral or immediate cryotherapy
- Counsels the woman following cryotherapy
- Documents findings in record
- Answers correctly questions asked frequently by women

Client Assessment

The following two standards are used to evaluate client assessment, VIA testing, and cryotherapy performance standards.

The service provider and clinic:

- Perform VIA testing according to protocol
- Perform cryotherapy according to protocol

USING PROGRAMMATIC INDICATORS FOR QUALITY ASSURANCE

PS/QA activities focus on regular assessment of relevant quality of care indicators and the resolution of identified problems. For “single visit” VIA-based cervical cancer prevention services, care can be divided into five areas, each with its own quantitative performance standards:

- Overall service
- Counseling
- VIA testing
- Clinical decision-making
- Treatment with cryotherapy

Once individual performance standards related to client-provider interaction have been assessed, it is important to assess programmatic indicators to ensure that individual performance has the desired impact on programmatic outcomes. The evaluation of program performance involves calculating and monitoring over time the programmatic indicators described in **Table 2**.

USING QUALITY ASSURANCE TOOLS: INSTRUCTIONS FOR CONDUCTING PS/QA ASSESSMENTS OF PROVIDERS

Coassessment

The **purpose** of coassessment is to evaluate the service provider’s skills in assessing the cervix during VIA and in making management decisions regarding the client’s care. For every client case, the provider’s assessment is compared to the assessment of the person conducting the PS/QA visit in the clinical setting (i.e., the “gold standard”). The **indicator** for the coassessment technique is the agreement between the findings and management recommendations made by the service provider and the gold standard. The following percentages are targets for agreement between the provider’s findings and recommendations and the gold standard:

- 70% for negative test results
- 70% for positive test results
- 90% for all cancerous lesions

Method

When visiting a site for followup, work with the providers in the clinic. The provider individually performs the VIA test procedure, interprets the test, and documents the test results.

The PS/QA visit coordinator also interprets the test and documents the test results. Depending on the client load at the site and the time available, the performance support coordinator should meet with the provider periodically (at least once in a year) during routine PS/QA visits to review the percentage of the provider's test findings that agree with the gold standard as represented by the opinion of the PS visit coordinator. In addition, the coordinator and the provider should each draw a map of the cervix showing the location of the os, the squamocolumnar junction (SCJ), and the lesion, if there is one. The service provider's test findings should agree with the supervisor's test findings in 7 out of 10 negative and 7 out of 10 positive VIA tests. For cancerous lesions, the service provider's findings should agree with the gold standard in 9 out of every 10 cases. Mapping of the SCJ should agree in 90% of cases, and in 90% of cases in which a lesion is observed.

During a PS/QA visit, coassessment should be performed on as many patients as possible. However, if test-positive and suspected cancer cases do not present during a given visit, flashcards or another means of image assessment should be substituted. Over time, the agreement between the provider and the supervisor on clinical cases is expected to increase, as the provider gains more experience and becomes more in tune with the supervisor's views.

Conclusions

If the service provider and the supervisor agree on 70% of all negative and positive test results and 90% of all cancerous lesions, the supervisor should congratulate the service provider and encourage her/him to continue to perform in the same way. If the percentage of agreement is lower than these standards, the supervisor may take the following steps as needed:

- Provide feedback to the service provider and help the service provider with interventions to improve performance.
- Review the VIA procedure and how to interpret the test.
- Arrange for orientation on-site or retraining as needed.

Image Review Exercise with Flashcards

This assessment exercise is based on the use of a set of flashcards containing images of cervixes treated with acetic acid on one side and the correct findings of the test and management recommendations on the reverse side.² There are 116 such images. The **purpose** of working through the flashcards with the service provider is to assess the VIA test reading skills of the provider. The **indicator** to use in assessing the VIA test reading skills is the service provider's ability to "read" the cervical lesions correctly. The service provider should be able to correctly identify the images in 90% of the flashcards.

Method

Select 10 flashcards representing a range of disease and use them for all service providers during your visit. This will ensure that all service providers in your area will see the same images. Show the images to the service providers and let them write or tell you their findings for both VIA results and treatment/management recommendations. Go through this process with the 10

² "Visual Inspection of the Cervix Flash Card Set." JHPIEGO: Baltimore, 2003.

flashcards. The service providers should be able to correctly read the extent to which a cervical lesion is present in at least nine of the images shown.

Conclusions

If the service provider is able to correctly read at least 9 out of 10 images, congratulate and encourage her/him to keep it up.

If the service provider is not able to correctly read the extent of cervical lesions in 90% of the images shown, you should discuss with the service provider the possible reasons for such performance.

If required, provide a technical update on the VIA test procedure and how to interpret the test results. Observe the provider performing the test with a client and identify the steps that require improvement. This may give you an opportunity to motivate the service provider and offer constructive suggestions to improve performance. If the performance does not improve or begins to deteriorate during your subsequent visits, arrange for a formal refresher training course for the service provider.

DEVELOPING AN ACTION PLAN

After the performance support coordinator (or trainer or supervisor) has performed the coassessment, evaluated individual performance standards, and reviewed the quantitative programmatic performance indicators, the areas of service provision that need improvement should be evident. To support the facility in improving its service performance, the performance support coordinator should work with the facility staff to jointly develop an action plan for them to follow. The action plan should be developed in collaboration with staff at the facility, and should be as sensitive as possible to the conditions of the site.

Below is an example of an action plan. The purpose of this particular action plan is to improve performance of cervical cancer prevention services at Site C. A blank copy of the action plan is shown in **Appendix D**.

ACTION PLAN GOAL:

FACILITY NAME: *Site C*

AREA	PERSON(S) RESPONSIBLE	RESOURCES NEEDED	DEADLINE	HOW TO MONITOR THE ACTIVITY	EXPECTED RESULTS AND HOW TO MEASURE
Overall Service	<i>Entire Staff at Site C</i>				
Counseling	<i>Service Providers</i>				
VIA Testing	<i>Service Providers</i>				

THE PS/QA VISIT REPORT

After the performance support visit has been completed, the performance support coordinator summarizes the findings of the visit and suggestions for improvement for the facility in the PS/QA visit report. The report should include the objectives of the visit, the activities conducted during the visit, the findings and recommendations, and the action plan developed for the facility. Below is a sample of a performance support visit report. This report is based on the action plan on page 9. A template for the PS/QA visit form is included in **Appendix E**.

Staff Name: *Sr. Nurse Supervisor*

Date of Visit: *1 June 2004*

Facility Visited: *Urban Health Center*

Date Report submitted: *7 June 2004*

Objective(s) of the Visit

To follow up on previous action plan for the urban health center, with specific attention to recruitment rates, cryotherapy rates, and client-provider interaction (specifically, patient care counseling after cryotherapy). Nurse Agatha needed improvement at the time of the last PS/QA visit.

Activities Carried Out at the Facility

Met with six providers to review monthly logbook to determine recruitment and cryotherapy rates. Observed two providers performing VIA and cryotherapy, Nurse Agatha and Nurse Elizabeth. Assessed performance of the two providers using performance standards checklist and coassessment of VIA test and client management. Reviewed individual self-assessment of counseling for both providers.

Findings

Nurse Agatha's VIA and client management recommendations were satisfactory and counseling skills have improved. Nurse Elizabeth's coassessment for VIA test was unsatisfactory with flashcards (below 80%). Review of monthly logbooks indicated 20% increase in recruitment over previous period, whereas cryotherapy rate remained the same (low).

Recommendations

Ship/send additional educational materials to the urban health center for use during recruitment. Strongly encourage supervisor and service providers to regularly use peer and/or supervisor assessment for VIA test findings and client management suggestions coassessment. Send Nurse Elizabeth for followup training on VIA test and client management.

Action Plan Attached: **YES**

OTHER PERFORMANCE ASSESSMENT METHODS

There are other ways that the performance support coordinator can collect information regarding the performance at the facility. Below are some other methods that can be used to evaluate the quality of services.

Self-Assessment

Self-assessment is the most effective way for staff members to assess how their clinical skills compare to the standards. Encourage providers to review their own performance using the self-assessment tools and checklists from their training course. Meet with individual staff during the visit to discuss their findings. Review the areas in which they perform well and the areas in which they need to improve, and identify ways to help them improve their performance. Comparing the self-assessment of performance with standards helps individuals improve performance.

Peer Assessment

Peer assessment is another effective method of performance assessment. The tools used during peer assessment are the same as those used by the performance support coordinator (i.e., coassessment, performance standards, and so on) for assessment of clinical practices, client-provider interactions, and other areas. Since peer assessment involves staff members, staff should help one another by assessing and providing feedback in the way that is most comfortable for them. A trusting environment is needed for this method to be successful.

Supervisor Assessment

Supervisors should also assess their own performance in their role as on-site supervisors. **Appendix C** provides a tool to help supervisors assess their own performance. When a performance support coordinator visits the facility, she or he may want to discuss the supervisor's self-assessment in this area of performance. Go over the areas that the on-site supervisor has identified as needing improvement as well as those areas that the supervisor has indicated are being performed to standard.

Site Assessment

Site assessment, as well as individual assessment, can be conducted using various approaches like meeting with staff, observing clinical practices, and reviewing cases. During such meetings, ask staff to examine their service performance honestly, identify gaps, and identify interventions to address the gaps. One of the best ways to objectively assess performance is to directly observe the service provider providing services in the clinic using the performance standards. If clients are not available, you can use role plays and anatomical models to assess how service providers are performing a skill or an activity. Case review is another effective way to assess the decision-making and problem-solving skills of the staff. For example, reviewing all clients who were treated with cryotherapy in one week and looking at the lesion size as described on the case paper for each client may help assess whether a right decision was made regarding the treatment. The performance support coordinator or the on-site supervisor can perform on-site assessment.

Other Assessment Methods

Client feedback

Client feedback is a powerful way of finding out how services at a given site are perceived by clients. Feedback can be obtained by interviewing clients, keeping a suggestion box in the clinic, or having a notebook in the waiting area. Exit interviews can be conducted as clients leave the clinic, or visits can be made to clients' homes in order to meet the clients and listen to their ideas on how to improve services.

Community discussion

Meeting community members informally or formally is another effective way to assess the performance of the site. Ask them for their perceptions of site performance and encourage site staff to initiate changes to improve services. Involving clinic staff and having honest and open discussion between the staff and the community are vital in implementing this method.

Reviewing records and reports

Reviewing records and reports provides a numerical picture of how services are being delivered. Review the registers, records, and data collection forms for completeness, compilation, and analysis, and then use this information in making recommendations and developing an action plan.

Benchmarking

Identifying and communicating best practices and interventions that address specific gaps at a variety of service locations can be a very effective approach to improving services at all sites. This gives all sites an opportunity to compare their services, identify best practices, and make efforts to achieve better performance. Networking various sites and promoting the exchange of ideas could generate a healthy competition among the sites, leading to improved services. Setting numerical standards for some services (such as expected percentage test-positive, percentage who will have cryotherapy, and percentage who will be lost to followup) based on observed baseline experiences will provide the health center with specific service delivery expectations and standards.

APPENDIX A

PERFORMANCE STANDARDS FOR CERVICAL CANCER PREVENTION SERVICES

Facility: _____

Date: _____

Supervisor: _____

PART I: CLIENT-PROVIDER INTERACTION

STANDARDS	ASSESSMENT CRITERIA	YES, NO, OR NOT APPLICABLE	COMMENTS
<p>1. Service provider provides accurate information about cervical cancer prevention to women</p>	<p>Verify by observing the following criteria and note any deficiencies:</p> <p>The service provider informs the woman about the following:</p> <ul style="list-style-type: none"> • What and where the cervix is • What cervical cancer is and how it is detected • What causes cervical cancer • Preventing cervical cancer, with emphasis on early detection of precancerous disease • Tests used to examine the cervix and treatment options 		
<p>2. Service provider uses effective counseling skills</p>	<p>Verify by observing the patient interview and note any deficiencies:</p> <p>The service provider:</p> <ul style="list-style-type: none"> • Listens actively to what the woman has to say • Encourages the woman to express her concerns, without interrupting • Uses supportive nonverbal communication, such as nodding and smiling • Answers questions directly in a calm and reassuring manner • Keeps the message simple by using short sentences • Helps the woman make her own decision, without suggesting what she should do 		

STANDARDS	ASSESSMENT CRITERIA	YES, NO, OR NOT APPLICABLE	COMMENTS
3. Service provider respects the woman's rights at all times	<p>Verify by observing the following and note any deficiencies:</p> <p>The service provider:</p> <ul style="list-style-type: none"> • Provides all need-to-know information. • Assures the woman of confidentiality by: <ul style="list-style-type: none"> – Telling her that the information she provides will not be shared with anyone not directly involved in her treatment without her permission – If woman wants to involve anyone in decision-making, respects her wishes • Ensures privacy at all times by: <ul style="list-style-type: none"> – Using a separate area such as an office, closed treatment room, or curtained space – Drawing curtains around the treatment area whenever the woman is undressed, or turning the treatment table so that the woman's feet are not facing the doorway or public space – Promoting appropriate decorum, including using a drape or plain cloth sheet to cover the woman's legs and body during the examination 		
4. Service provider provides counseling prior to VIA test	<p>Verify by observing the provider giving the following information and note deficiencies:</p> <p>The service provider:</p> <ul style="list-style-type: none"> • Gives information about the pelvic examination and benefits and limitations of each in early detection of cancer: <ul style="list-style-type: none"> – Explains how the pelvic examination is done – Explains how the VIA test and cryotherapy prevent cervical cancer – Explains what to expect during the clinic visit • Provides information about the VIA procedure and describes the steps involved • Discusses the woman's needs, concerns, and fears in a thorough and sympathetic manner • Helps the woman with the decision to have a VIA test • If the woman chooses to have a VIA test, asks the woman if she has any other questions about the VIA test 		

STANDARDS	ASSESSMENT CRITERIA	YES, NO, OR NOT APPLICABLE	COMMENTS
5. Service provider provides counseling after negative VIA test	<p>Verify by observing provider-client interaction and note deficiencies:</p> <p>The service provider:</p> <ul style="list-style-type: none"> • Discusses with the woman the results of the VIA test and what it means to her reproductive health • Advises the woman to return for a repeat test as per program policy (for example, after 5 years) • Assures the woman that she can return to the same clinic at any time to receive advice or medical attention 		
6. Service provider counsels woman on cryotherapy after positive VIA test	<p>Verify by observing provider-client interaction and note deficiencies:</p> <p>The service provider:</p> <ol style="list-style-type: none"> 1. Informs the woman about the VIA test finding <p>If the woman is eligible for cryotherapy:</p> <ul style="list-style-type: none"> • Asks the woman if she is pregnant, and, if she is pregnant, asks her the age of gestation • Gives detailed information about the treatment options: <ul style="list-style-type: none"> – Shows how the cryotherapy procedure is used – Explains the cryotherapy steps – Describes the benefits and effectiveness of cryotherapy – Explains the potential side effects and ensures that the woman understands <p>If the woman is not eligible for cryotherapy (for extra large lesion or suspect cancer):</p> <ul style="list-style-type: none"> • Counsels the woman about management options or referral, as appropriate • Encourages the woman to ask questions and discuss her condition <ol style="list-style-type: none"> 2. Gives the woman some time to decide 3. Asks the woman if she will give her consent for treatment 		

STANDARDS	ASSESSMENT CRITERIA	YES, NO, OR NOT APPLICABLE	COMMENTS
7. Service provider counsels woman following cryotherapy	<p>Verify by observing the following and note deficiencies:</p> <p>The service provider:</p> <ul style="list-style-type: none"> • Provides the woman instructions for self-care at home, including recommendation for abstinence for 1 month • Advises the woman about warning signs that require coming to clinic as soon as possible: fever for more than 2 days, severe lower abdominal pain associated with fever, bleeding for more than 2 days, bleeding with clots • Discusses what to do if the woman experiences any problem • Provides instructions for using condoms and pads • Provides supply of condoms for 2 months • Asks the woman to repeat the instructions • Answers any questions • Schedules a followup visit 		
8. Service provider adequately documents findings in record	<p>Verify by reviewing the records and note deficiencies:</p> <p>The service provider:</p> <ul style="list-style-type: none"> • Completes each required element in the VIA and/or cryotherapy record • Documents the cervical lesion findings on the cervical map • Adequately documents referral and reasons for referral • Documents the reasons for delaying or refusing treatment • Documents recommended followup 		
9. Service provider is able to correctly answer questions asked frequently by women	<p>Ask the service provider any four of the following questions and verify that she/he answers correctly:</p> <ul style="list-style-type: none"> • Why should I have this test? • What is cervical cancer, and how would I get it? • I am a smoker. Does it increase my risk of cervical cancer? • How does visual inspection with acetic acid work? • If I have a positive test, does that mean that I have cancer? • What is the treatment if there are abnormal cells? • How effective is cryotherapy in curing abnormal cells? • Will the cryotherapy hurt me? • What could happen if I don't use a condom following cryotherapy? • What is the advantage of the treatment if I might not actually have the disease? 		

PART II: CLIENT ASSESSMENT, VIA TESTING, AND CRYOTHERAPY

STANDARDS	ASSESSMENT CRITERIA	YES, NO, OR NOT APPLICABLE	COMMENTS
<p>1. Service provider and clinic perform VIA testing according to protocol</p>	<p>Verify by observing the following and note deficiencies:</p> <ul style="list-style-type: none"> • Clinic has instruments and supplies to perform VIA • Service provider prepares acetic acid to standards • Service provider conducts client assessment to standards and records findings on record form completely • Service provider prepares the patient for VIA according to standards • Service provider prepares all instruments and supplies prior to performing VIA • Service provider performs VIA according to protocol • Service provider performs pelvic examination according to standards • Service provider performs post-VIA tasks according to standards: <ul style="list-style-type: none"> – Infection prevention – Instrument care – Patient counseling and referral – Record documentation 		
<p>2. Service provider and clinic perform cryotherapy according to protocol</p>	<p>Verify by observing the following and note deficiencies:</p> <ul style="list-style-type: none"> • Instruments and supplies for cryotherapy are available at the clinic • Service provider maintains cryotherapy unit and gas cylinders according to standards • Service provider uses the cryotherapy unit and gas cylinder according to standards • Service provider performs clinical assessment for cryotherapy to standards • Service provider prepares instruments for cryotherapy as per standards • Service provider performs “freeze-clear-freeze” technique to standard using CO₂ • Service provider performs cryotherapy procedure to standards: <ul style="list-style-type: none"> – Centers cryotherapy probe on cervix – Applies adequate pressure to cervix to assure adequate “ice ball” – Avoids contact between cryotherapy probe and vaginal walls • Service provider performs post-counseling tasks to standards: <ul style="list-style-type: none"> – Infection control – Instrument care – Counseling and referral – Record documentation • Service provider is knowledgeable about handling cryotherapy problems and proficient in solving problems including: <ul style="list-style-type: none"> – Gas leak at cylinder level – Gas leak at tubing or handle – Pressure in system too high – Pressure in system too low 		

APPENDIX B

COASSESSMENT RESULTS FORM

PURPOSE

To assess the agreement, between service provider and trainer, on VIA test findings and/or suggestions for client management.

INSTRUCTIONS FOR COMPLETING THE COASSESSMENT FORM

The first column of the form is used to identify the clients who receive the VIA test or client management that day. However, the number in this column is not a client identification number.

The second column is used for recording the VIA test results or client management suggestions for both the service provider and the trainers.

Instructions for Service Provider

After you finish performing VIA, record your finding in the client's case paper and other documents. Then record your findings under the column "Service Provider." If the VIA test is negative, enter (-). If the test is positive, enter (+). If there is a cancerous lesion, enter (C) for each VIA test you perform.

After recording your findings, record your client management suggestion in the client management coassessment chart. If you do not recommend treatment, indicate this on the chart. If treatment is recommended, record that recommendation. If referral appears to be the best option, record that suggestion on the coassessment result form.

Instructions for Trainer

After the service provider has recorded her/his finding under the "Service Provider" column, observe the cervix and record your findings under the column "Trainer" on both the VIA test coassessment result form and the client management form. At this time, do not discuss the reasons that the service provider's findings differ from yours.

When you have finished coassessing 10 clients, under the column "Agreement" write (+) if the service provider's findings agree with your findings and (-) if the service provider's findings are not the same as yours. Use the formula provided below both the VIA test and client management coassessment result forms to calculate the percent agreement. The service provider's findings should be the same as yours in at least 80% of the VIA test results and client management recommendations.

Coassessment Result Form

VIA Test

VIA PATIENT NO.	VIA TEST RESULTS: NEGATIVE (-) POSITIVE (+) CANCER (C)		AGREEMENT: AGREE (+) DISAGREE (-)	MAPPING: * AGREEMENT BETWEEN SERVICE PROVIDER AND TRAINER (Y OR N)
	Service Provider	Trainer		
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Percent Agreement: _____ (Number of times service providers' findings are same as trainer's findings/Total number of clients coassessed X 100)

Mapping agreement: _____ (Number of times service providers' maps same as trainer's map/total number of clients coassessed X 100)

* Agreement for mapping indicates that the provider and trainer/PS-QA coordinator have drawn maps of the cervix that place the SJC, the os and any lesion in the same location and relationship. Some allowance will need to be made for artistic skills, but the general shape and location of these landmarks should reasonably close.

Client Management

VIA PATIENT NO.	MANAGEMENT DECISION NO TREATMENT/TREATMENT/REFERRAL		AGREEMENT AGREE (+) DISAGREE (-)
	Service Provider	Trainer	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Percent Agreement: _____ (Number of times the service provider's decision regarding treatment is the same as the trainer's decision/Total number clients coassessed X 100)

APPENDIX C

SUPERVISORY SKILLS SELF-ASSESSMENT TOOL

SUPERVISORY SKILLS SELF-ASSESSMENT TOOL	
STEP/TASK	Y or N
Communication	
1. I treat my staff with respect	
2. I encourage staff to express their views freely	
3. I use language that staff understand	
4. I ensure feedback on all communication	
5. I maintain eye contact during conversation	
6. I accept the speaker's opinions as valid	
7. I use appropriate body language and gestures	
8. I allow speakers to control the conversation	
9. I reflect back on what the speaker says	
While in conversation with my staff:	
10. I use positive facial expressions while talking	
11. I position myself facing the staff	
12. I do not do other work	
I seek clarification if needed by:	
13. I ask questions to ensure that I understand what is being said	
14. I paraphrase the speaker's response and ask the speaker if that was correct	
15. I ask open-ended questions	
16. I avoid asking leading questions of my staff	
Team Building	
17. I limit members in any team to 10	
18. I develop common goals that are known by every team member	
19. I identify strengths and weaknesses of all team members and accept them	
20. I help the team remain focused on goals by providing feedback and direction	
21. I encourage team members to forgo personal goals and work for common goals	
22. I treat all team members fairly and equally	
23. I facilitate the process of developing an action plan for the team	
24. I meet regularly with team members	
Planning Meeting	
25. I determine the need for meetings	
26. I develop the objective of the meeting	
27. I gather necessary information for the meeting	
28. I decide who should participate in the meeting	
29. I determine the date, time, place and duration of the meeting	
30. I prepare a meeting agenda	

SUPERVISORY SKILLS SELF-ASSESSMENT TOOL	
STEP/TASK	Y or N
31. I send the date, time, place, duration, and agenda for the meeting to the participants well in advance	
Conducting Meeting	
32. I start meetings on time	
33. I welcome and thank participants for attending meetings	
34. I set the rules of conduct for a meeting	
35. I keep meetings moving by managing discussions	
36. I help participants respect each other and avoid conflict	
37. I periodically summarize the discussion	
38. I help participants make decisions	
39. I identify the need for a followup meeting and plan one if needed	
40. I end meetings on time	
Assessing Performance	
41. I ensure that staff know the desired performance	
42. I explain the purpose of performance assessment and set time	
43. I select the appropriate performance assessment method	
44. I involve staff, clients and community members in assessing site performance	
45. I assess performance using performance support/quality assurance tools	
46. I encourage self-assessment and peer assessment	
47. I document the finding of performance assessment	
48. I provide immediate, positive feedback to staff on findings	
Providing Performance Feedback	
49. I provide feedback immediately	
50. I first let the staff reflect on her/his performance	
51. I provide feedback on what was done well and the areas that need to be improved	
52. I give constructive suggestions to improve performance	
53. I work with staff to develop a plan for performance improvement	
Motivating Staff	
54. I recognize and acknowledge strong performance	
55. I appreciate good performance individually and publicly	
56. I carry out activities to motivate my staff. Examples may include: <ul style="list-style-type: none"> • Displaying names of “employee of the week” in the clinic • Granting extra time off to reward good performance • Providing training opportunities to staff members • Writing letters of appreciation • Providing supplies to perform the job • Addressing staff welfare issues 	

APPENDIX D

ACTION PLAN TEMPLATE

ACTION PLAN GOAL:

FACILITY NAME:

AREA	PERSON(S) RESPONSIBLE	RESOURCES NEEDED	DEADLINE	HOW TO MONITOR THE ACTIVITY	EXPECTED RESULTS AND HOW TO MEASURE

APPENDIX E

**PERFORMANCE SUPPORT/QUALITY ASSURANCE
VISIT REPORT TEMPLATE FOR CERVICAL CANCER
PREVENTION SERVICES**

Staff Name: _____

Date of Visit: _____

Facility Visited: _____

Date Report Submitted: _____

Objective(s) of the Visit:

Activities Carried Out at the Facility:

Findings:

Recommendations:

Action Plan Attached: YES/NO

APPENDIX F

CHECKLISTS FOR VIA AND CRYOTHERAPY COUNSELING AND CLINICAL SKILLS

VIA CHECKLIST

Place a “Y” in case box if step/task is performed satisfactorily, an “X” if it is not performed satisfactorily or “N/O” if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not observed: Step, task or skill not performed by participant during evaluation by trainer

CHECKLIST FOR VIA COUNSELING AND CLINICAL SKILLS					
STEP/TASK	CASES				
PRE-VIA COUNSELING					
1. Greet the woman respectfully and with kindness.					
2. If cancer screening counseling is not done, counsel patient prior to performing pelvic (VIA test) examination.					
3. Determine that the woman has decided to have VIA done.					
4. Assess woman’s knowledge about VIA test.					
5. Respond to woman’s needs and concerns about the VIA test.					
6. Describe the procedure and what to expect.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
GETTING READY					
1. Check that instruments, supplies and light source are available and ready for use.					
2. Check that the woman has emptied her bladder and washed and rinsed her genital area if necessary.					
3. Have the woman undress from the waist down. Help her get on to examining table and drape her.					
4. Wash hands thoroughly and dry them. Palpate the abdomen.					
5. Put one pair of new examination or high-level disinfected surgical gloves on both hands. If available, put a second glove on one hand.					
6. Arrange instruments and supplies on high-level disinfected tray or container.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
VISUAL INSPECTION WITH ACETIC ACID					
1. Inspect external genitalia and check urethral opening and Skene’s and Bartholin’s glands.					
2. Insert speculum and fix blades so that entire cervix can be seen clearly. <ul style="list-style-type: none"> • If using outer glove, immerse this hand in 0.5% chlorine solution and remove the glove by turning it inside out. • If disposing of glove, place it in a leakproof container or plastic bag. • If reusing surgical glove, submerge in 0.5% chlorine solution for 10 minutes for decontamination. 					

CHECKLIST FOR VIA COUNSELING AND CLINICAL SKILLS					
STEP/TASK	CASES				
3. Move light source so cervix can be seen clearly.					
4. Check the cervix for cervicitis, ectropion, tumors, Nabothian cysts or ulcers and clean cervix with cotton swab if necessary. Dispose of swab.					
5. Identify the cervical os, SCJ and transformation zone.					
6. Apply dilute acetic acid to cervix and wait 1 minute. Dispose of swab.					
7. Check if cervix bleeds easily. Check for any raised and thickened white plaques or acetowhite epithelium.					
8. Remove any remaining acetic acid from the cervix and vagina with a swab. Dispose of swab.					
9. Remove speculum. <ul style="list-style-type: none"> • If VIA test is negative, place in 0.5% chlorine solution for 10 minutes for decontamination. • If VIA test is positive, place speculum on tray or container. 					
10. Perform the bimanual examination and rectovaginal examination (if indicated).					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
POST-VIA TASKS					
1. Wipe light source with 0.5% chlorine solution or alcohol.					
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 and dry them.					
4. If VIA test negative, have the woman get dressed.					
5. Record the VIA test results and other findings in woman record.					
6. Discuss the results of VIA test and pelvic examination with woman and answer any questions. <ul style="list-style-type: none"> • If VIA test is negative, tell her when to return for repeat VIA testing. • If VIA test is positive or cancer suspected, discuss recommended next steps. After counseling, provide treatment or refer. 					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
POST-VIA COUNSELING					
1. Assure woman that she can return for advice or medical attention at any time.					
2. Provide followup instructions.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

CRYOTHERAPY CHECKLIST

Place a “Y” in case box if step/task is performed satisfactorily, an “X” if it is not performed satisfactorily or “N/O” if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not observed: Step, task or skill not performed by participant during evaluation by trainer

CHECKLIST FOR CRYOTHERAPY COUNSELING AND CLINICAL SKILLS					
STEP/TASK	CASES				
PRE-CRYOTHERAPY COUNSELING					
1. Explain why the treatment is recommended and describe the procedure.					
2. Check that if pregnant, is less than 20 weeks.					
3. Tell her about the side effects to expect and the alternatives to cryotherapy.					
4. Ask the woman for her consent for treatment.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
GETTING READY					
1. Check that instruments, supplies and light source are available and ready to use.					
2. Check that cryotherapy instrument and gas (CO ₂) are ready to use.					
3. Tell the woman what is going to be done and encourage her to ask questions.					
4. Check that woman recently (30 minutes) has emptied her bladder, help her onto examining table and drape her.					
5. Wash hands thoroughly and dry them.					
6. Put one pair of new examination or high-level disinfected surgical gloves on both hands. If available, put a second glove on one hand.					
7. Arrange instruments and supplies on high-level disinfected tray or container.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
CRYOTHERAPY					
1. Insert speculum and fix blades so that entire cervix can be seen clearly. <ul style="list-style-type: none"> • If using outer glove, remove it from left hand by turning inside out. • If disposing of glove, place in leakproof container or plastic bag. • If reusing surgical glove, submerge in 0.5% chlorine solution for 10 minutes for decontamination. 					
2. Move light source so cervix can be seen clearly.					
3. Clean cervix with swab and identify the cervical os, SCJ and site and size of lesion (apply dilute acetic acid if necessary). Dispose of swab.					
4. Point probe at ceiling. Press freeze button for 1 second and then defrost button for 1 second. Screw cryotip with sleeve onto end of probe.					
5. Apply the cryotip to cervix. Using “freeze-clear-freeze” technique, freeze cervix for 3 minutes. Wait for tip to release from cervix.					
6. Wait 5 minutes. Repeat procedure (step 5). Close master cylinder valve.					

CHECKLIST FOR CRYOTHERAPY COUNSELING AND CLINICAL SKILLS					
STEP/TASK	CASES				
7. Inspect cervix to ensure that a hard, white frozen ice ball is present.					
8. Inspect cervix for bleeding and, if needed, apply pressure with clean cotton swab. Dispose of swab.					
9. Remove speculum and place it in 0.5% chlorine solution for 10 minutes for decontamination.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
POST-CRYOTHERAPY TASKS					
1. Wipe light source with 0.5% chlorine solution or alcohol.					
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. • If reusing surgical gloves, submerge in 0.5% chlorine solution for 10 minutes for decontamination. 					
3. Wash hands thoroughly and dry them.					
4. Check to be sure woman is not having excessive cramping before helping her sit up, get down from table and get dressed.					
5. Advise woman about post-treatment care and followup instructions.					
6. Record the treatment and followup plan in woman's record.					
7. Have the woman wait at the clinic for at least 15 minutes before sending home.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

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MODEL COURSE OUTLINE

The course outline presented here is a model plan of the training to be delivered. It presents topics for presentations and supporting activities needed to accomplish the participant learning objectives described in the course syllabus. For each topic or activity, there are suggestions regarding appropriate learning activities and resources and materials needed. The trainer may develop other practice activities and prepare case studies, role plays or other learning situations which are specific to the country or group of participants.

The course outline is divided into four columns.

Time

This section of the outline indicates the approximate amount of time to be devoted to each learning activity.

Remember: There are two versions of the Model Course Schedule and Outline presented in this package: a 10-day version, and a 7-day version. Both versions of the course are designed to prepare the participant to become competent in performing VIA and cryotherapy. However, the 7-day course is more streamlined and may be more practical in situations where less time is available.

Topics/Activities

This column lists the presentation topics and learning activities. Because the presentation topics outline the sequence of training, the topics are presented here in order. The combination of the topics and activities (introductory activities, small-group exercises, clinical practice, breaks, etc.) outlines the flow of training.

Learning Methods

This column describes the various methods, activities and strategies to be used to deliver the content and skills related to each topic.

Resources/Materials

The fourth column in the course outline lists the resources and materials needed to support the learning activities.

Note that the course schedule is based on the course outline and that changes or modifications to one should be reflected in the other.

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION ONE: DAY 1, AM			
10 minutes	Activity: Welcome participants	Welcome by representatives of the organization(s) sponsoring the training course.	Course equipment: See list of required equipment and supplies in the Course Syllabus
20 minutes	Activity: Facilitate introductions of participants	Participants divide into pairs, interview and then introduce each other sharing their partner's name, position and unique characteristics. The clinical trainers should also be involved in this activity.	
20 minutes	Activity: Provide an overview of the course	Review the course syllabus and schedule. Discuss goals of the course and the participant learning objectives.	Handbook: Course Syllabus
10 minutes	Activity: Review course materials	Distribute, review and discuss materials used in this course. Review the table of contents of the reference manual and participant handbook.	Cervical Cancer Prevention Reference Manual (1 per participant) Cervical Cancer Prevention Course Handbook (1 per participant)
5 minutes	Activity: Identify participant expectations	Ask participants to share their expectations of the course. Record their responses on the flipchart. Attach the flipchart page to the wall for reference throughout the course.	
45 minutes	Activity: Assess participants' precourse knowledge	Ask participants to turn to the precourse questionnaire in their handbooks and answer each of the questions (or the clinical trainer may distribute copies of the questionnaire for the participants to complete). Ask the participants to close their handbook or turn the questionnaire over when finished (clinical trainer may decide to have them leave the room as they finish in order to keep the noise to a minimum).	Handbook: Precourse Questionnaire
15 minutes	BREAK		
30 minutes	Activity: Identify individual and group learning needs	Group grades questionnaires, completes Individual and Group Assessment Matrix.	Handbook: Individual and Group Assessment Matrix Precourse Questionnaire Answer Key
SESSION ONE CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION ONE, CONTINUED: DAY 1, AM			
60 minutes	<p>Chapter 1: Introduction (part one)</p> <p>Topics: Background Rationale for screening Treatment Managing precancerous disease Links to other reproductive health services</p>	<p>Ask participants if they have encountered cervical cancer in their clinical practice. Select a few participants to share their experiences.</p> <p>Present an illustrated lecture using the presentation graphics for this chapter. The clinical trainer should be interactive and ask questions throughout the presentation.</p>	<p>Before beginning training, the room should be set up with two to three stations for practicing VIA and cryotherapy (refer to list of supplies).</p> <p>Presentation graphics for Chapter 1</p>
25 minutes	<p>Activity: Chapter summary</p>	<p>Ask participants working in small groups to create a drawing or picture of a woman who is likely to have cervical cancer. Ask the following questions and draw on the flipchart a picture of a woman that represents the answers.</p> <p>What country does she live in? Has she had previous cervical cancer screening? How old is she? Is she a very rich woman? Does she have a husband and children?</p> <p>The completed drawing will be a visual reminder of the target group for cervical cancer prevention and illustrate the important roles these women play in the community and within their families. The main point to emphasize is that screening and treatment of precancerous lesions is a life saving intervention.</p>	<p>Flipchart Markers Masking tape</p>
TOTAL: 240 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLIN (Standard: 10 days, 20 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION TWO: DAY 1, PM			
60 minutes	Activity: Precourse skills assessment	<p>Assess each participant’s counseling and pelvic examination skills using a role play. Complete a checklist for each participant and review results individually.</p> <p>The clinical trainer will need to set up the room for the skill assessments in advance. It is recommended that at least three stations be set up in order to assess all of the participants as quickly as possible.</p> <p>Divide participants into small groups of two to three people. One participant plays the provider, one plays the client seated at the head of the ZOE model and the other observes and follows along with the checklist. The role play should begin with the client already sitting on the examining table having consented to being examined. The role play should end with the client being given the results (normal) of her examination.</p>	<p>ZOE pelvic models and instruments</p> <p>Reference Manual: Appendix F Checklist for Pelvic Examinations</p>
30 minutes	Demonstration: How to perform a pelvic examination	<p>Discuss the importance of performing a good pelvic examination. Review the steps in the checklist.</p> <p>Following the steps in the checklist, the clinical trainer will use an anatomic model to demonstrate the standard procedure for performing a pelvic examination.</p>	<p>Reference Manual: Appendix G Checklist for Pelvic Examinations ZOE pelvic model and instruments Participants should refer to the learning guide during the demonstration</p>
15 minutes	BREAK		
SESSION TWO CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION TWO, CONTINUED: DAY 1, PM			
60 minutes	Activity: Practice standard method for performing pelvic examinations in a simulated clinical setting	In groups of three, participants will practice talking with clients and performing pelvic examinations using the models. Participants should satisfactorily demonstrate the ability to: <ul style="list-style-type: none"> • Talk to clients • Perform pelvic examinations • Use recommended IP practices Participants assess each other's performance using the learning guides for pelvic examinations.	Three to four stations set up for practicing counseling and pelvic examinations including Learning Guide for Pelvic Examinations ZOE pelvic model and instruments Cervical model (sausage) Reference Manual: Learning Guide for Pelvic Examinations
15 minutes	Activity: Review of the day's activities	Involve participants in review and discussion of the topics and events covered during the day. Review assignments listed in the course schedule.	
TOTAL: 180 minutes			
Reading Assignment: Reference Manual: Chapters 1 and 2, Learning Guides for VIA Clinical Skills and Learning Guide for Cryotherapy Clinical Skills (and sections of Appendix G as needed)			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION THREE: DAY 2, AM			
10 minutes	Activity: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is then written on the flipchart. One or more of the participants plans and conducts an opening activity or warmup.	Flipchart Markers
90 minutes	Chapter 1: Introduction (part two)	Continue illustrated lecture of the key components of Chapter 1.	Presentation graphics for Chapter 1
20 minutes	<p>Chapter 2: Human Papillomavirus (HPV) and Cervical Cancer</p> <p>Topic: Background Activity: Hand scratch game</p>	<p>A slip of paper is prepared for each participant. All slips are blank except for one on which the word <i>virus</i> is written. Participants are asked to introduce themselves to each other by shaking hands. Everyone who has a blank slip of paper will shake normally. The participant who has the paper with <i>virus</i> written on it will scratch the palm of the individual she is shaking hands with. Once a participant's palm has been scratched she joins the <i>virus</i> group. Any member of the <i>virus</i> group will now scratch the palm of any new person she meets. Participants will continue to introduce themselves by shaking hands until they have introduced themselves to all other participants. Participants take their seats and those who have had their hand scratched will write the word <i>virus</i> on their slip of paper. Participants who have not had their hand scratched write <i>no-virus</i>.</p> <p>All slips are collected and the number of <i>virus</i> slips are counted. The results are shared with the participants who are asked to give feedback on the exercise. The focus of the exercise is to point out how easy it is to transmit a virus and that it is impossible to tell who has the virus by looking at them.</p>	Slips of paper Markers
SESSION THREE CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION THREE, CONTINUED: DAY 2, AM			
50 minutes	Topics: The virus How HPV induces cancer	Present an illustrated lecture using presentation graphics for this chapter. The clinical trainer should be interactive and continue to ask questions and refer to the hand scratch activity as a reference point.	Presentation graphics for Chapter 2 Flipchart Markers
15 minutes	BREAK		
20 minutes	Topics: Risk factors for cervical cancer Preventing cervical cancer	Present an illustrated lecture using presentation graphics for this chapter continues. The seven major risk factors will also be written on a flipchart so that they may be posted on the classroom wall and referred to throughout the course.	Presentation graphics for Chapter 2 Flipchart Markers
20 minutes	Activity: Ball-of-Knowledge Game	Participants stand in a circle away from the conference table. The clinical trainer holds a ball in her/his hand and indicates that it is the Ball-of-Knowledge, which holds the answers to all the questions that will be asked. The clinical trainer states that there are seven major risk factors for cervical cancer and tosses the ball to one of the participants. The participant is to state one of the seven risk factors and then toss the ball to another participant who will state another risk factor until all seven have been listed. A participant may toss the ball to another participant if s/he does not know the answer. When all seven have been listed, the clinical trainer refers back to the presentation graphic where all risk factors are listed for confirmation. The ball may be tossed to a participant who will be asked a question at any other time during the course for review.	Supplies: Small ball
15 minutes	Activity: Chapter summary	Review the key points and concepts presented in this chapter. Involve the participants as much as possible in the summary.	Flipchart Markers
TOTAL: 240 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION FOUR: DAY 2, PM			
30 minutes	Demonstration: VIA on an anatomic model Cryotherapy on an anatomic model	Clinical trainer will demonstrate how participants will organize their classroom practice sites and will review each step in the Learning Guide for VIA Clinical Skills and Learning Guide for Cryotherapy Clinical Skills Clinical trainer will demonstrate standard method for performing VIA and cryotherapy using the ZOE pelvic model	ZOE pelvic model and instruments VIA equipment Cryotherapy equipment Cervical model (sausage) Handbook: Learning Guide for VIA Clinical Skills Learning Guide for Cryotherapy Clinical Skills
60 minutes	Activity: Participants practice the pelvic examination, perform VIA screening and perform cryotherapy	Participants work in groups of three and rotate as the client, provider and observer to practice the standard method for performing a pelvic examination, VIA screening and cryotherapy procedure in a simulated clinical setting. They should satisfactorily demonstrate: <ul style="list-style-type: none"> • Talking to clients • Performing a pelvic examination • Preparation for VIA instruments • VIA • Cryotherapy • Use of recommended IP practices Participants assess each other's performance using the Learning Guides for VIA Clinical Skills and Learning Guide for Cryotherapy Clinical Skills while the clinical trainer observes and coaches. Clinical trainer facilitates discussion of classroom practice experience	Handbook: Learning Guide for VIA and Cryotherapy Counseling Skills Learning Guide for VIA Clinical Skills Learning Guide for Cryotherapy Clinical Skills 1 ZOE pelvic model per 3 participants 1 Cervical model (sausage) per 3 participants 1 set VIA equipment per 3 participants 1 Cryotherapy unit per 3 participants 1 Instrument set per 3 participants Carbon dioxide cylinders (1-3, depending on availability)
15 minutes	BREAK		
SESSION FOUR CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION FOUR, CONTINUED: DAY 2, PM			
60 Minutes	Discussion: Preparing for clinical work	<p>Clinical trainer facilitates group discussion of norms and conduct of participants during clinical practice.</p> <p>Tour of Clinic Facilities: To orient participants, a tour of the clinical facilities should be conducted before starting clinical practice sessions (Day 3). The tour should include brief presentations by clinic staff (clinic manager, counselors, healthcare providers), demonstrations of assessment protocols, infection prevention practices and facilities for processing instruments and other items.</p>	Flipchart Markers
15 Minutes	Activity: Review of the day's activities	Involve participants in review and discussion of the topics and events covered during the day. Review assignments listed in the course schedule.	
TOTAL: 180 minutes			
Reading Assignment: Reference Manual: Chapter 3			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION FIVE: DAY 3, AM			
15 Minutes	Activity: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is written on the flipchart. One or more of the participants plans and conducts an opening activity or warmup.	Flipchart Markers
30 minutes	Chapter 3: Pathophysiology of Cervical Cancer Topics: Key considerations for low-resource settings Anatomy and physiology of normal cervix	Illustrated lecture using presentation graphics and flipcharts to orient participants to both normal and abnormal anatomy of the cervix.	Presentation graphics for Chapter 3 Flipchart Markers
20 minutes	Activity: Small group work: Flipchart competition	The goal is for participants to draw an easily understandable representation of the anatomic features of the cervix. Participants are divided into groups of two to three people. On a piece of flipchart paper each group is asked to draw a cervical map and label the following: <ul style="list-style-type: none"> • Cervical os • Columnar epithelium • Transformation zone • Squamous epithelium • Squamocolumnar junction <p>The clinical trainers will then judge the competition to determine the winner. All groups will win and receive a piece of candy or other small prize.</p>	Flipchart Markers Masking tape Small prize or candy
15 minutes	BREAK		
SESSION FIVE CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION FIVE, CONTINUED: DAY 3, AM			
160 minutes	Activity: Clinical practice: Observe and provide services in the clinic	<p>Clinical trainers will divide the group into two smaller groups. Each group will take turns rotating to the clinic for clinical work while the other group will continue classroom practice on models or accompany another clinical trainer to a separate clinic location. Those who are competent performing pelvic examinations on models and counseling clients in role plays may, with supervision, begin to provide services.</p> <p>Participants observe/assist the clinical trainer in performing the following activities:</p> <ul style="list-style-type: none"> • Talking to clients • Client assessment • VIA and cryotherapy (if indicated) • Followup care, management of side effects and other problems <p>Participants observe or assist using the Learning Guides for VIA Clinical Skills and Learning Guide for Cryotherapy Clinical Skills.</p> <p>Clinical trainer will capture on video cervical images of selected cases for classroom discussion.</p>	<p>Handbook: Learning Guide for VIA and Cryotherapy Counseling Skills Learning Guide for VIA Clinical Skills Learning Guide for Cryotherapy Clinical Skills</p> <p>VIA Atlas Video camera and film</p>
TOTAL: 240 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION SIX: DAY 3, PM			
45 minutes	Activity: Review of clinical practice	Clinical trainer will show video images of cervixes and facilitate the discussion of cases seen in the clinic. Additional demonstrations and practice with anatomic models as needed. Cervical images from the CD-ROM may also be used.	Video camera and video monitor Cervical Image CD-ROM VIA Atlas
45 minutes	Chapter 3: Pathophysiology of Cervical Cancer Topic: Appearance of the cervix in normal and abnormal states	The VIA Atlas is introduced as a tool for use in both training and clinical practice. Participants are to carry the atlas with them to the clinic to use as a reference tool. Images on the atlas represent most common cervical conditions. The atlas images will be used to compare and contrast with other images as well as the cervixes of clients seen in clinic.	VIA Atlas: 1 copy per participant
15 minutes	BREAK		
60 minutes	Activity: The VIA Atlas and identifying cervical conditions	Participants are asked to volunteer to come to the screen at the front of the class. They use the pointer to identify the following cervical anatomy: <ul style="list-style-type: none"> • Squamocolumnar junction • Cervical os • Squamous epithelium • Columnar epithelium • Transformation zone • Other anatomical features <p>Participants may also be asked if the cervix is suspicious for cancer, if it is VIA-positive or VIA-negative and what would be their next step in the care of the client. The depth of questions will depend on the participants' understanding of the material. The focus should be to familiarize the participants with the VIA Atlas and continue to reinforce the basics of cervical anatomy.</p>	Boxlight Laptop computer VIA Atlas images on Cervical Image CD-ROM Projection Screen Retractable Pointers

SESSION SIX CONTINUED ON NEXT PAGE

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION SIX, CONTINUED: DAY 3, PM			
15 minutes	Objective: Review of the day's activities	Involve the participants in review and discussion of the topics and events covered during the day. Review assignments listed in the course schedule.	
TOTAL: 180 minutes			
Reading Assignment: Reference Manual: Chapter 4			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION SEVEN: DAY 4, AM			
15 minutes	Activity: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is written on the flipchart, One or more of the participants plans and conducts an opening activity or warmup.	Flipchart Markers
60 minutes	Chapter 4: Talking With Women About Cervical Cancer Topics: Background Clients rights Confidentiality Privacy Who should talk with the woman Being a good counselor	Present an illustrated lecture using the presentation graphics for this chapter and a flipchart to orient participants to general counseling issues.	Presentation graphics for Chapter 4 Flipchart Markers
45 minutes	Activity: Role play	Two participants are asked to participate in a role play. One participant acts as the client and the other acts as the provider. The client has heard about cervical cancer screening from a community health educator and has come to the clinic today for screening. The role play should begin with the provider greeting the client and end when she has had appropriate counseling to be ready to proceed to her physical examination. As time allows, one or several role plays may be used. Enough time should be allowed at the end of the role plays to allow for the positive feedback from the other participants as well as suggestions for improvement.	

SESSION SEVEN CONTINUED ON NEXT PAGE

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION SEVEN, CONTINUED: DAY 4, AM			
120 minutes	Activity: Clinical practice: Observe and provide services in the clinic	<p>Clinical trainers will divide the group into two smaller groups. Each group will take turns rotating to the clinic for clinical work while the other group will continue classroom practice on models. Those who are competent performing pelvic examinations on models, counseling clients in role plays and performing VIA on models should rotate to the clinic first.</p> <p>Participants observe/assist the clinical trainer perform the following activities:</p> <ul style="list-style-type: none"> • Talking to clients • Client assessment • VIA and cryotherapy (if indicated) • Followup care, management of side effects and other problems <p>Participants observe and assist using the Learning Guides for VIA Clinical Skills and Learning Guide for Cryotherapy Clinical Skills.</p> <p>Clinical trainer will capture on video cervical images of selected cases for classroom discussion.</p>	<p>Handbook: Learning Guide for VIA and Cryotherapy Counseling Skills Learning Guide for VIA Clinical Skills Learning Guide for Cryotherapy Clinical Skills</p> <p>VIA Atlas Video camera and film Clinical instruments and supplies</p>
TOTAL: 240 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION EIGHT: DAY 4, PM			
45 minutes	Activity: Review of clinical practice	Clinical trainer will show video images of cervixes and facilitate the discussion of cases seen in the clinic. Additional demonstrations and practice with models as needed.	Video monitor and video camera Cervical Image CD-ROM with Boxlight projector may be used to view additional images
40 minutes	Chapter 4: Talking With Women About Cervical Cancer Topics: Counseling prior to VIA testing Counseling prior to cryotherapy Counseling following cryotherapy Questions frequently asked by women	Present an illustrated lecture using the presentation graphics for this chapter and a flipchart to orient participants to specific counseling issues for VIA and cryotherapy.	Presentation graphics for Chapter 4 Flipchart Markers
15 minutes	BREAK		
60 minutes	Activity: Role play	Two volunteers (may be clinical trainers or participants) participate in a role play. One acts as the client and other acts as the provider. The role play begins with the client getting her VIA results. The result is positive and cryotherapy is offered to her. All the client's questions should be answered and appropriate consent obtained before proceeding. If time allows, role play may continue with the counseling that follows cryotherapy and one or several role plays may be used. The "frequently asked questions" in the chapter may be used in the role play. Allow some time at the end of the role play to allow other participants to give positive feedback and to hear suggestions for improvement.	
SESSION EIGHT CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION EIGHT, CONTINUED: DAY 4, PM			
5 minutes	Activity: Chapter summary	Review the key points and concepts presented in this chapter. Involve participants as much as possible in the summary.	Flipchart Markers
15 minutes	Activity: Review of the day's activities	Involve the participants in review and discussion of the topics and events covered during the day. Review the assignments listed in the course schedule.	
TOTAL: 180 minutes			
Reading Assignment: Reference Manual: Chapter 5 and Appendices C, D and E			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION NINE: DAY 5, AM			
15 minutes	Activity: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is written on the flipchart. One or more of the participants plans and conducts an opening activity or warmup.	Flipchart Markers
60 minutes	Chapter 5: Preventing Infection in Healthcare Workers Topics: Disease transmission cycle How risky is healthcare work	Present an illustrated lecture using the presentation graphics for this chapter.	Presentation graphics for Chapter 5 Flipchart Markers
15 minutes	BREAK		
150 minutes	Activity: Clinical practice: Observe and provide services in the clinic	<p>Clinical trainers will divide the group into two smaller groups. Each group will take turns rotating to the clinic for clinical work while the other group will continue classroom practice on models. Those who are competent performing pelvic examinations on models, counseling clients in role plays and performing VIA on models should rotate to the clinic first.</p> <p>Participants observe/assist the clinical trainer in performing the following activities:</p> <ul style="list-style-type: none"> • Talking to clients • Client assessment • VIA and cryotherapy (if indicated) • Followup care, management of side effects and other problems <p>Participants observe and assist using the Learning Guides for VIA Clinical Skills and Learning Guide for Cryotherapy Clinical Skills.</p> <p>Clinical trainer will capture on video cervical images of selected cases for classroom discussion.</p>	<p>Handbook: Learning Guide for VIA and Cryotherapy Counseling Skills Learning Guide for VIA Clinical Skills Learning Guide for Cryotherapy Clinical Skills</p> <p>VIA Atlas Video camera and film Clinical instruments and supplies</p>
TOTAL: 240 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION TEN: DAY 5, PM			
45 minutes	Activity: Review of clinical practice	Clinical trainer will show video images of cervixes and facilitate the discussion of cases seen in the clinic. Additional demonstrations and practice with models as needed.	Video monitor and video camera Cervical Image CD-ROM with Boxlight projector may be used to view additional images
60 minutes	Chapter 5: Preventing Infection in Healthcare Workers Topics: Making infection prevention programs work How can healthcare be made safer What to do if exposure occurs Maintenance of a safe environment	Present an illustrated lecture using the presentation graphics for this chapter.	Presentation graphics for Chapter 5 Flipchart Markers
15 minutes	BREAK		
45 minutes	Activity: Chapter summary	Review the key points and concepts presented in this chapter. Involve the participants as much as possible in the summary.	Flipchart Markers
15 minutes	Activity: Review of the day's activities	Involve the participants in review and discussion of the topics and events covered during the day. Review and assignments listed in the course schedule.	
TOTAL: 180 minutes			
Reading Assignment: Reference Manual: Chapter 6 and 7			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION ELEVEN: DAY 6, AM			
15 minutes	Activity: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is then written on the flipchart, One or more of the participants plans and conducts an opening activity or warmup.	Flipchart Markers
30 minutes	Chapter 6: Client Assessment and VIA Testing Topics: Background Who should be tested When to perform VIA Client assessment Instruments and supplies	Present an illustrated lecture using the presentation graphics for this chapter.	Presentation graphics for Chapter 6 Flipchart Markers
SESSION ELEVEN CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION ELEVEN, CONTINUED: DAY 6, AM			
60 minutes	Activity: The Olympics of VIA/Cryotherapy Setup	<p>Step one: All participants should stand and divide into two groups. Ask each group to set up the anatomic model and examining table with all supplies needed to perform VIA and cryotherapy. They may use the guide in Chapter 6 and any other written materials. Once everything is set up and the clinical trainer has confirmed that setup is complete, all supplies are removed from the table and immediate area and placed in a box.</p> <p>Step two: Each group is asked to select the group member whom they think has the best understanding of how to set up for VIA and cryotherapy. This individual is the <i>Olympian</i> who will represent their team in the <i>Olympics of Setup</i>.</p> <p>Each group will stand back while the two <i>Olympians</i> approach the clinical trainer who has the box of supplies. Extra supplies that are not needed in the setup may be added to the box to increase the difficulty of this exercise. Each <i>Olympian</i> should set up the examining table and area without any assistance from the rest of the group. When the <i>Olympian</i> believes the setup is complete s/he may call out “finished!”</p> <p>The winner is then decided, with the help of the group members acting as judges. The setup must be complete in order to declare a winner. If the setup of the team that called out is not complete, the other team automatically wins. Small prizes may be given to all participants.</p>	<p>2 sets VIA equipment 2 sets cryotherapy equipment Boxes Small prize and candy</p>
15 minutes	BREAK		
SESSION ELEVEN CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION ELEVEN, CONTINUED: DAY 6, AM			
120 minutes	Activity: Clinical practice: Observe and provide services in the clinic	<p>Participants observe/assist the clinical trainer in performing the following activities:</p> <ul style="list-style-type: none"> • Talking to clients • Client assessment • VIA and cryotherapy (if indicated) • Followup care, management of side effects and other problems <p>Participants observe and assist using the Learning Guides for VIA Clinical Skills and Learning Guide for Cryotherapy Clinical Skills.</p> <p>Clinical trainer will capture on video cervical images of selected cases for classroom discussion.</p>	<p>Handbook: Learning Guide for VIA and Cryotherapy Counseling Skills Learning Guide for VIA Clinical Skills Learning Guide for Cryotherapy Clinical Skills</p> <p>VIA Atlas Video camera and film Clinical instruments and supplies</p>
TOTAL: 240 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION TWELVE: DAY 6, PM			
30 minutes	Activity: Review of clinical practice	Clinical trainer will show video images of cervixes and facilitate the discussion of cases seen in the clinic. Additional demonstrations and practice with models as needed.	Video monitor and video camera Cervical Image CD-ROM with Boxlight projector may be used to view additional images
30 minutes	Activity: Image review	Images are reviewed using the Cervical Image CD-ROM. Participants are asked to approach the screen and, using the pointer, describe what they see. They also answer questions pertaining to the projected image.	
15 minutes	BREAK		
85 minutes	Activity: Practice exercises	Clinical trainer will show four exercises of 10 cervical images each to the participant and ask questions about each image.	Cervical Image CD-ROM
5 minutes	Activity: Chapter summary	Review the key points and concepts presented in this chapter. Involve the participants as much as possible in the summary.	Flipchart Markers
15 minutes	Activity: Review of the day's activities	Involve the participants in review and discussion of the topics and events covered during the day. Review assignments listed in the course schedule.	
TOTAL: 180 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION THIRTEEN: DAY 7, AM			
15 minutes	Activity: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is then written on the flipchart. One or more of the participants plans and conducts an opening activity or warmup.	Flipchart Markers
45 minutes	Chapter 7: Treatment and Followup Topics: Background Outpatient treatment procedures Cryotherapy treatment and referral	Present an illustrated lecture using the presentation graphics from this chapter.	Presentation graphics for Chapter 7 Flipchart Markers
15 minutes	Activity: Steps of Cryotherapy	Each of the 14 steps (see pages 7-12 to 7-15) are written on a slip of paper. The slips are then distributed randomly to 14 participants (one participant may receive more than one slip if there are fewer than 14 participants). Participants read their slips and say the steps in the correct order while the clinical trainer (or another participant) writes them on a flipchart numbered 1–14. The clinical trainer may shorten the steps as needed. For example, Step 1 on page 7-12 may be written “tell woman the speculum is about to be inserted.”	Reference Manual: Chapter 7 Slips of paper Flipchart Markers
15 minutes	BREAK		
SESSION THIRTEEN CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION THIRTEEN, CONTINUED: DAY 7, AM			
150 minutes	Activity: Clinical practice: Observe and provide services in the clinic	<p>Participants observe/assist the clinical trainer perform the following activities:</p> <ul style="list-style-type: none"> • Talking to clients • Client assessment • VIA and cryotherapy (if indicated) • Followup care, management of side effects and other problems <p>Participants follow observation/assistance using the Learning Guides for VIA Clinical Skills and Learning Guide for Cryotherapy Clinical Skills.</p> <p>Clinical trainer will capture on video cervical images of selected cases for classroom discussion.</p>	<p>Handbook: Learning Guide for VIA and Cryotherapy Counseling Skills Learning Guide for VIA Clinical Skills Learning Guide for Cryotherapy Clinical Skills</p> <p>VIA Atlas Video camera and film Clinical instruments and supplies</p>
TOTAL: 240 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION FOURTEEN: DAY 7, PM			
60 minutes	Activity: Review of clinical practice	Clinical trainer will show video images of cervixes and facilitate the discussion of cases seen in the clinic. Additional demonstrations and practice with models as needed.	Video monitor and video camera Cervical Image CD-ROM with Boxlight projector may be used to view additional images
85 minutes	Chapter 7: Treatment and Followup Topics: Instruments and equipment Cryotherapy procedure Routine procedure	Present an illustrated lecture using the presentation graphics from this chapter.	Presentation graphics for Chapter 7 Flipchart Markers
15 minutes	BREAK		
5 minutes	Activity: Chapter summary	Review key points and concepts presented in this chapter. Involve participants as much as possible in the summary.	Flipchart Markers
15 minutes	Activity: Review of the day's activities	Involve participants in review and discussion of the topics and events covered during the day. Review assignments listed in the course schedule.	
TOTAL: 180 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION FIFTEEN: DAY 8, AM			
15 minutes	Activity: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is then written on the flipchart. One or more of the participants plans and conducts an opening activity or warmup.	Flipchart Markers
60 minutes	Activity: Midcourse Questionnaire	<p>Make copies of the Midcourse Questionnaire and answer sheet. Give each participant a copy of the questionnaire and answer sheet. Review the instructions printed on the questionnaire.</p> <p>After the questionnaires are completed, the clinical trainer should score them. The clinical trainer should meet with those participants scoring less than 85%. After discussing the items missed, participants should spend additional study time and then retake those items they missed until they achieve a score on the overall questionnaire of 85%.</p> <p>For example, with 20 items each participant must achieve a score of 85% or at least 17 items correct. If a participant were to correctly answer 14 items (a score of 70%), then s/he would need to answer at least three of the six questions missed when retaking those six items.</p>	Trainer's Notebook: Midcourse Questionnaire and answer sheet Midcourse Questionnaire Answer Key
15 minutes	BREAK		
SESSION FIFTEEN CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION FIFTEEN, CONTINUED: DAY 8, AM			
150 minutes	Activity: Clinical practice: Evaluate provision of services in the clinic	<p>Participants perform the following activities:</p> <ul style="list-style-type: none"> • Talking to clients • Client assessment • VIA and cryotherapy (if indicated) • Followup care, management of side effects and other problems <p>Participants assess each other's performance using the Checklist for VIA Counseling and Clinical Skills and Checklist for Cryotherapy Counseling and Clinical Skills</p> <p>Clinical trainer will capture on video cervical images of selected cases for classroom discussion.</p> <p>Clinical trainer will evaluate participant performance using the Checklist VIA Counseling and Clinical Skills and Checklist for Cryotherapy Counseling and Clinical Skills</p>	<p>Handbook: Checklist for VIA Counseling and Clinical Skills Checklist for Cryotherapy Counseling and Clinical Skills</p> <p>VIA Atlas Video camera and film Clinical instruments and supplies</p> <p>Trainer's Notebook: Checklist for VIA Counseling and Clinical Skills Checklist for Cryotherapy Counseling and Clinical Skills</p>
TOTAL: 240 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION SIXTEEN: DAY 8, PM			
45 minutes	Activity: Review of clinical practice	Clinical trainer will show video images of cervixes and facilitate the discussion of cases seen in the clinic. Additional demonstrations and practice with models as needed. Clinical trainer should indicate when each participant has achieved competency in providing VIA and cryotherapy services.	Video monitor and video camera Cervical Image CD-ROM with Boxlight projector may be used to view additional images
45 minutes	Discussion: Treatment and referral decision-making	Clinical trainer will facilitate discussion of referral process	
15 minutes	BREAK		
60 minutes	Activity: Midcourse Image Assessment	Make copies of the Midcourse Image Assessment answer sheet. Clinical trainer will show Midcourse Questionnaire Image Assessment to participants. Clinical trainer will review the results of the assessment with each participant. Those not scoring at least 85% will have an opportunity to repeat those images which they have identified incorrectly.	Trainer's Notebook: Midcourse Image Assessment answer sheet Midcourse Image Assessment Answer Key and Individual Assessment Matrix Cervical Image CD-ROM VIA Atlas
15 minutes	Activity: Review of the day's activities	Involve the participants in review and discussion of the topics and events covered during the day. Review assignments listed in the course schedule.	Flipchart Markers
TOTAL: 180 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION SEVENTEEN: DAY 9, AM			
15 minutes	Activity: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is then written on the flipchart. One or more of the participants plans and conducts an opening activity or warmup.	Flipchart Markers
60 minutes	Discussion: Preparing clinical site to provide VIA and cryotherapy services	Discuss how the participants will prepare their clinical site to provide VIA and cryotherapy services including clinic setup and client flow.	
15 minutes	BREAK		
150 minutes	Activity: Clinical practice: Evaluate provision of services in the clinic	<p>Participants perform the following activities:</p> <ul style="list-style-type: none"> • Talking to clients • Client assessment • VIA and cryotherapy (if indicated) • Followup care, management of side effects and other problems <p>Participants assess each other's performance using the Checklist for VIA Counseling and Clinical Skills and Checklist for Cryotherapy Counseling and Clinical Skills</p> <p>Clinical trainer will capture on video cervical images of selected cases for classroom discussion.</p> <p>Clinical trainer will evaluate participant performance using the Checklist VIA Counseling and Clinical Skills and Checklist for Cryotherapy Counseling and Clinical Skills</p>	<p>Handbook: Checklist for VIA Counseling and Clinical Skills Checklist for Cryotherapy Counseling and Clinical Skills</p> <p>VIA Atlas Video camera and film Clinical instruments and supplies</p> <p>Trainer's Notebook: Checklist for VIA Counseling and Clinical Skills Checklist for Cryotherapy Counseling and Clinical Skills</p>
TOTAL: 240 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION EIGHTEEN: DAY 9, PM			
30 minutes	Activity: Review of clinical practice	<p>Clinical trainer will show video images of cervixes and facilitate the discussion of cases seen in the clinic. Additional demonstrations and practice with models as needed.</p> <p>Clinical trainer should indicate when each participant has achieved competency in providing VIA and cryotherapy services.</p>	Video monitor and video camera Cervical Image CD-ROM with Boxlight projector may be used to view additional images
135 minutes (including break)	Discussion: Preparing clinical site to provide VIA and cryotherapy services (continued)	<p>Discuss how the participants will prepare their clinical site to provide VIA and cryotherapy services including referral, supervision and implementation.</p> <p>Encourage participants to discuss potential barriers in implementing these services. Help participants identify possible solutions.</p> <p>Ask each participant to develop an implementation plan describing the specific steps that s/he will follow in order to implement these services.</p> <p>In addition to sharing these implementation plans on the last day of the course, encourage the participants to share their plans with their supervisor as soon as they return to their service delivery site.</p>	Flipchart Markers
15 minutes	Activity: Review of the day's activities	Involve participants in review and discussion of the topics and events covered during the day. Review assignments listed in the course schedule.	
TOTAL: 180 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION NINETEEN: DAY 10, AM			
15 minutes	Activity: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is then written on the flipchart. One or more of the participants plans and conducts an opening activity or warmup.	Flipchart Markers
60 minutes	Discussion: Implementation	Participants are to share their implementation plans describing how they will implement services and overcome any potential challenges. The clinical trainer should provide positive feedback and encouragement. The clinical trainer should again encourage the participants to work closely with their supervisors during implementation. The clinical trainer should try and schedule followup visits at the site of each participant.	Flipchart Markers
15 minutes	BREAK		
SESSION NINETEEN CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION NINETEEN, CONTINUED: DAY 10, AM			
150 minutes	Activity: Clinical practice: Evaluate provision of services in the clinic	<p>Participants perform the following activities:</p> <ul style="list-style-type: none"> • Talking to clients • Client assessment • VIA and cryotherapy (if indicated) • Followup care, management of side effects and other problems <p>Participants assess each other's performance using the Checklist for VIA Counseling and Clinical Skills and Checklist for Cryotherapy Counseling and Clinical Skills</p> <p>Clinical trainer will capture on video cervical images of selected cases for classroom discussion</p> <p>Clinical trainer will evaluate participant performance using the Checklist VIA Counseling and Clinical Skills and Checklist for Cryotherapy Counseling and Clinical Skills</p>	<p>Handbook: Checklist for VIA Counseling and Clinical Skills Checklist for Cryotherapy Counseling and Clinical Skills</p> <p>VIA Atlas Video camera and film Clinical instruments and supplies</p> <p>Trainer's Notebook: Checklist for VIA Counseling and Clinical Skills Checklist for Cryotherapy Counseling and Clinical Skills</p>
TOTAL: 240 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Standard: 10 days, 20 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION TWENTY: DAY 10, PM			
30 minutes	Activity: Review of clinical practice	Clinical trainer will show video images of cervixes and facilitate the discussion of cases seen in the clinic. Clinical trainer should indicate when each participant has achieved competency in providing VIA and cryotherapy services.	Video monitor and video camera Cervical Image CD-ROM with Boxlight projector may be used to view additional images
15 minutes	Activity: Course summary	Review the goals and objectives of the course. Describe how the course content and activities have allowed participants to achieve the course goals and objectives.	Flipchart Markers
15 minutes	Activity: Course evaluation	Participants are to complete the course evaluation form. Clinical trainer may want to make copies of the form so participants do not have to remove theirs from their handbooks.	Handbook: Course Evaluation
30 minutes	Activity: Closing ceremony	Participants should receive their statements of qualification indicating they are qualified VIA and cryotherapy service providers.	Certificates
TOTAL: 180 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION ONE: DAY 1, PM			
10 minutes	Activity: Welcome participants	Welcome by representatives of the organization(s) sponsoring the training course.	Course equipment: See list of required equipment and supplies in the Course Syllabus
20 minutes	Activity: Facilitate introductions of participants	Participants divide into pairs, interview and then introduce each other sharing their partner's name, position and unique characteristics. The clinical trainers should also be involved in this activity.	
10 minutes	Activity: Provide an overview of the course	Review the course syllabus and schedule. Discuss goals of the course and the participant learning objectives.	Handbook: Course Syllabus
5 minutes	Activity: Review course materials	Distribute, review and discuss materials used in this course. Review the table of contents of the reference manual and participant handbook.	Cervical Cancer Prevention Reference Manual (1 per participant) Cervical Cancer Prevention Course Handbook (1 per participant)
10 minutes	Activity: Identify participant expectations	Ask participants to share their expectations of the course. Record their responses on the flipchart. Attach the flipchart page to the wall for reference throughout the course.	
30 minutes	Activity: Assess participants' precourse knowledge	Ask participants to turn to the precourse questionnaire in their handbooks and answer each of the questions (or the clinical trainer may distribute copies of the questionnaire for the participants to complete). Ask the participants to close their handbook or turn the questionnaire over when finished (clinical trainer may decide to have them leave the room as they finish in order to keep the noise to a minimum).	Handbook: Precourse Questionnaire
15 minutes	BREAK		
10 minutes	Activity: Identify individual and group learning needs	Group grades questionnaires, completes Individual and Group Assessment Matrix.	Handbook: Individual and Group Assessment Matrix Precourse Questionnaire Answer Key
SESSION ONE CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION ONE, CONTINUED: DAY 1, PM			
45 minutes	Activity: Precourse skills assessment	<p>Assess each participant’s counseling and pelvic examination skills using a role play. Complete a checklist for each participant and review results individually.</p> <p>The clinical trainer will need to set up the room for the skill assessments in advance. It is recommended that at least three stations be set up in order to assess all of the participants as quickly as possible.</p> <p>Divide participants into small groups of two to three people. One participant plays the provider, one plays the client seated at the head of the ZOE model and the other observes and follows along with the checklist. The role play should begin with the client already sitting on the examining table having consented to being examined. The role play should end with the client being given the results (normal) of her examination.</p>	<p>ZOE pelvic models and instruments</p> <p>Reference Manual: Appendix G Checklist for Pelvic Examinations</p>
40 minutes	<p>Demonstration: VIA on an anatomic model</p> <p>Cryotherapy on an anatomic model</p>	<p>Clinical trainer will demonstrate how participants will organize their classroom practice sites and will review each step in the Learning Guide for VIA Clinical Skills and Learning Guide for Cryotherapy Clinical Skills</p> <p>Clinical Trainer will review the VIA and cryotherapy Learning Guides before demonstrating the standard method for performing VIA and cryotherapy using the ZOE pelvic model.</p>	<p>ZOE pelvic model and instruments</p> <p>VIA equipment</p> <p>Cryotherapy equipment</p> <p>Cervical model (sausage)</p> <p>Handbook: Learning Guide for VIA Clinical Skills</p> <p>Learning Guide for Cryotherapy Clinical Skills</p>
15 minutes	Activity: End of the day summary	<p>Divide into three small groups with each group receiving a set of 3X5 index cards, flip chart, marker and masking tape. Each of the index cards is printed with a step of the VIA and cryotherapy. The small groups has 5 minutes to lay out the VIA and cryotherapy steps in the correct order of occurrence by posting the index card to the flip chart. The facilitator together with the large group will review each flip chart and provide feedback.</p>	<p>3 Sets of 10 3X5 index card pre-printed with VIA and cryotherapy steps (see Trainers Notebook)</p> <p>Flipchart</p> <p>Markers</p> <p>Masking tape</p>
TOTAL: 210 minutes			
Reading Assignment: Reference Manual: Chapters 1–4; Learning Guides for VIA Clinical Skills and Learning Guide for Cryotherapy Clinical Skills (and sections of Appendix G as needed)			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION TWO: DAY 2, AM			
15 minutes	Activity: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is then written on the flipchart. One or more of the participants plans and conducts an opening activity or warmup.	Flipchart Markers
45 minutes	Chapter 1: Introduction Topics: Background Rationale for screening Treatment Managing precancerous disease Links to other reproductive health services	Ask participants if they have encountered cervical cancer in their clinical practice. Select a few participants to share their experiences. Present an illustrated lecture using the presentation graphics for this chapter. The clinical trainer should be interactive and ask questions throughout the presentation.	Before beginning training, the room should be set up with two to three stations for practicing VIA and cryotherapy (refer to list of supplies). Presentation graphics for Chapter 1
45 minutes	Chapter 2: HPV and Cervical Cancer	Present an illustrated lecture using presentation graphics for this chapter. The clinical trainer should be interactive and continue to ask questions and refer to the hand scratch activity as a reference point.	Presentation graphics for Chapter 2 Flipchart Markers
15 minutes	BREAK		
90 minutes	Activity: Practice standard method for performing pelvic examination, VIA and cryotherapy in a simulated clinical setting	In groups of three, participants will practice talking with clients, performing pelvic examination including VIA and cryotherapy using the Zoe pelvic models. Participants should satisfactorily demonstrate the ability to: <ul style="list-style-type: none"> • Talk to clients • Perform pelvic examinations • VIA and cryotherapy • Use recommended IP practices Participants assess each other's performance using the learning guides for VIA and cryotherapy	Three to four stations set up for practicing counseling and pelvic examinations, including Learning Guide for Pelvic Examinations ZOE pelvic model and instruments Cervical model (sausage) Reference Manual: Learning Guide for VIA
TOTAL: 240 minutes			
60 minutes	LUNCH BREAK		
SESSION THREE CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION THREE: DAY 2, PM			
5 minutes	Warm Up activity		
45 minutes	<p>Chapter 3: Pathophysiology of Cervical Cancer</p> <p>Topics: Key considerations for low-resource settings Anatomy and physiology of normal cervix</p>	<p>Illustrated lecture using presentation graphics and flipcharts to orient participants to both normal and abnormal anatomy of the cervix.</p>	<p>Presentation graphics for Chapter 3</p> <p>VIA Atlas Flipchart Markers</p>
15 minutes	<p>Activity: Small group work: Flipchart competition</p>	<p>The goal is for participants to draw an easily understandable representation of the anatomic features of the cervix. Participants are divided into groups of two to three people. On a piece of flipchart paper each group is asked to draw a cervical map and label the following:</p> <ul style="list-style-type: none"> • Cervical os • Columnar epithelium • Transformation zone • Squamous epithelium • Squamocolumnar junction <p>The clinical trainers will then judge the competition to determine the winner. All groups will win and receive a piece of candy or other small prize.</p>	<p>Flipchart Markers Masking tape Small prize or candy</p>
10 minutes	<p>Activity: Image review</p>	<p>Large group exercise: Images are reviewed using the Cervical Image CD-ROM Participants are asked to approach the screen and, using the pointer, describe what they see. They also answer questions pertaining to the projected image.</p> <p>Alternately: In small groups of 2-3 participants cervical images are reviewed using the flash card. One participant will be holding the card for the other 1-2 participants answer questions pertaining to the image.</p>	<p>Cervical Image CD-ROM LCD projector Computer Flash card set</p>
SESSION THREE CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION THREE, CONTINUED: DAY 2, PM			
45 minutes	<p>Chapter 4: Talking With Women About Cervical Cancer</p> <p>Topics: Background Clients rights Confidentiality Privacy Who should talk with the woman Being a good counselor</p>	Present an illustrated lecture using the presentation graphics for this chapter and a flipchart to orient participants to general counseling issues.	Presentation graphics for Chapter 4 Flipchart Markers
15 Minutes	BREAK		
45 Minutes	Discussion: Preparing for clinical work	<p>Clinical trainer facilitates group discussion of norms and conduct of participants during clinical practice.</p> <p>Tour of Clinic Facilities: To orient participants, a tour of the clinical facilities should be conducted before starting clinical practice sessions (Day 3). The tour should include brief presentations by clinic staff (clinic manager, counselors, healthcare providers), demonstrations of assessment protocols, infection prevention practices and facilities for processing instruments and other items.</p>	Flipchart Markers
15 minutes	Discussion: How to use the VIA form	Clinical trainer provides each participant a copy of the VIA form. Together with the participants, the clinical trainer will walk through the form explaining how it is completed and where it is filed after clinical practice	VIA form
15 minutes	Activity: Review of the day's activities	Involve participants in review and discussion of the topics and events covered during the day. Review assignments listed in the course schedule.	
TOTAL: 210 minutes			
Reading Assignment: Reference Manual: Chapter 5 (and sections of Appendices C, D and E as needed)			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION FOUR: DAY 3, AM			
10 minutes	Activity: Agenda	Participants use the course schedule to develop the agenda, which is then written on the flipchart.	Flipchart Markers
30 minutes	Activity: Recap Chapters 1–4	Participants form a large circle and choose a simple song the group can sing together. While the group is singing, the paper ball is passed along until the clinical trainer calls a stop to the singing. The last participant holding the ball will peel off a paper from the ball, reads the question from the paper and either answers the question or ask a colleague for help to answer the question. The activity is repeated until all questions have been answered.	Ball of Questions – 1 question on a piece of paper for a total of 10 questions (3 for Chapter 1; 2 for Chapter 2; 3 for Chapter 3; 2 for Chapter 4) made into a paper ball.
50 minutes	Chapter 5: Preventing Infection in Healthcare Workers Topics: Disease transmission cycle How risky is healthcare work	Present an illustrated lecture using the presentation graphics for this chapter.	Presentation graphics for Chapter 5 Flipchart Markers
150 minutes	Activity: Clinical practice: Observe and provide services in the clinic Break – Arrange for break during clinical practice without disrupting the flow of service	Clinical trainers will divide the group into two smaller groups. Each group will take turns rotating to the clinic for clinical work while the other group will continue classroom practice on models. Those who are competent performing pelvic examinations on models, counseling clients in role plays and performing VIA on models should rotate to the clinic first. <ul style="list-style-type: none"> • Participants observe/assist/performs with the clinical trainer the following activities: • Talking to clients • Client assessment • VIA and cryotherapy (if indicated) • Followup care, management of side effects and other problems Clinical trainer will capture on digital cervical images of selected cases for classroom discussion.	Handbook: Learning Guide for VIA and Cryotherapy Counseling Skills Learning Guide for VIA Clinical Skills Learning Guide for Cryotherapy Clinical Skills VIA Atlas Digital camera Clinical instruments and supplies
TOTAL: 240 minutes			
60 minutes	LUNCH BREAK		
SESSION FIVE CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION FIVE: DAY 3, PM			
5 minutes	Warm Up activity		
15 minutes	Activity: Review of clinical practice	Clinical trainer will show digital images of cervixes and facilitate the discussion of cases seen in the clinic.	Digital camera, LCD may be used to view images
15 minutes	Activity: Image review	Large group exercise: Images are reviewed using the Cervical Image CD-ROM. Participants are asked to approach the screen and, using the pointer, describe what they see. They also answer questions pertaining to the projected image. Alternately: In small groups of two to three participants, cervical images are reviewed using the flash card. One participant will hold the card for the other participants, while they answer questions pertaining to the image.	Cervical Image CD-ROM LCD projector Computer Flash card set
45 minutes	Demonstration / Activity: Essential IP Practices	Demonstrate/review essential IP practices with use of actual materials: <ul style="list-style-type: none"> • Hand Hygiene • Preparing Alcohol Rub • Decontamination • Washing and rinsing • High Level Disinfection • Storage • Waste Disposal • Cleaning and disinfecting Cryotherapy Unit 	IP materials: 60–70 % Alcohol + Glycerine and 5 cc syringe Soap, personal hand towel Liquid Bleach Plastic buckets
15 minutes	Break		
100 minutes	Activity 1: Participants practice the pelvic examination, perform VIA screening and perform cryotherapy Activity 2: Participants practice developing their visual skills identifying negatives and positives	The group will be divided into 2 smaller groups who will complete activities 1 and 2. After 50 minutes, the groups will switch activities. For Activity 1: Participants work in teams of 2 and rotate as the client and provider to practice the standard method for performing a pelvic examination, VIA screening and cryotherapy procedure in a simulated clinical setting. They should satisfactorily demonstrate: <ul style="list-style-type: none"> • Talking to clients • Performing a pelvic examination 	Handbook: Learning Guide for VIA and Cryotherapy Counseling Skills Learning Guide for VIA Clinical Skills Learning Guide for Cryotherapy Clinical Skills 1 ZOE pelvic model per 2 participants 1 Cervical model (sausage) per 2 participants 1 set VIA equipment per 2 participants 1 Cryotherapy unit per 2 participants 1 Instrument set per 2 participants Carbon dioxide cylinders (1–3, depending

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
		<ul style="list-style-type: none"> • Preparation for VIA instruments • VIA • Cryotherapy • Use of recommended IP practices <p>Participants assess each other's performance using the Learning Guides for VIA Clinical Skills and Learning Guide for Cryotherapy Clinical Skills while the clinical trainer observes and coaches. Clinical trainer facilitates discussion of classroom practice experience</p> <p>For Activity 2: Participants work in teams of 2 to practice their visual skills in identifying positives from negatives using the set of flash cards. One will be the examiner who will hold up the card while the other participant will be the provider who will be evaluating the cervix. The former will call up the set of 4 standard questions: Is the cervix suspicious for cancer, is the SCJ visible, is the cervix positive or negative and, f positive, treat or refer?</p>	<p>on availability) Flash cards</p>
15 Minutes	Activity: Review of the day's activities	Involve participants in review and discussion of the topics and events covered during the day. Review assignments listed in the course schedule.	
TOTAL: 210 MINUTES			
Reading Assignment: Reference Manual: Chapters 6 and 7 Assignment: Develop Action Plan for Implementing VIA and cryotherapy			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION SIX: DAY 4, AM			
5 minutes	Activity: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is then written on the flipchart. One or more of the participants plans and conducts an opening activity or warm-up.	Flipchart Markers
30 minutes	Activity: Recap Chapter 5	Ask each participants to think of 1 thing they learned from session 4 and 5;and convert this new information into a question format. They will write their question on a piece of paper, fold it and drop into a bowl. The clinical trainer will pick the first question and ask a volunteer for an answer.	Pen, paper and bowl
50 minutes	Chapter 6: Client Assessment and VIA Testing Topics: Background Who should be tested When to perform VIA Client assessment Instruments and supplies	Present an illustrated lecture using the presentation graphics for this chapter.	Presentation graphics for Chapter 6 Flipchart Markers
SESSION SIX CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION SIX, CONTINUED: DAY 4 AM			
150 minutes	Activity: Clinical practice: Observe and provide services in the clinic	<p>Clinical trainers will divide the group into two smaller groups. Each group will take turns rotating to the clinic for clinical work while the other group will continue classroom practice on models. Those who are competent performing pelvic examinations on models, counseling clients in role plays and performing VIA on models should rotate to the clinic first.</p> <p>Participants observe/assist the clinical trainer perform the following activities:</p> <ul style="list-style-type: none"> • Talking to clients • Client assessment • VIA and cryotherapy (if indicated) • Followup care, management of side effects and other problems <p>Participants observe and assist using the Learning Guides for VIA Clinical Skills and Learning Guide for Cryotherapy Clinical Skills.</p> <p>Clinical trainer will capture on digital cervical images of selected cases for classroom discussion.</p>	<p>Handbook: Learning Guide for VIA and Cryotherapy Counseling Skills Learning Guide for VIA Clinical Skills Learning Guide for Cryotherapy Clinical Skills</p> <p>VIA Atlas Digital camera Clinical instruments and supplies</p>
TOTAL: 240 minutes			
60 minutes	LUNCH BREAK		

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION SEVEN: DAY 4, PM			
5 minutes	Warm Up activity		
15 minutes	Activity: Review of clinical practice	Clinical trainer will show digital images of cervixes and facilitate the discussion of cases seen in the clinic. Additional demonstrations and practice with models as needed.	Digital monitor and digital camera Cervical Image CD-ROM with LCD projector may be used to view additional images
15 minutes	Activity: Image review	Large group exercise: Images are reviewed using the Cervical Image CD-ROM. Participants are asked to approach the screen and, using the pointer, describe what they see. They also answer questions pertaining to the projected image. Alternately: In small groups of two to three participants, cervical images are reviewed using the flash card. One participant will hold the card for the other participants, while they answer questions pertaining to the image.	Cervical Image CD-ROM LCD projector Computer Flash card set
45 minutes	Chapter 7: Treatment and Follow-up Topics: Background Outpatient treatment procedures Cryotherapy treatment and referral	Present an illustrated lecture using the presentation graphics from this chapter.	Presentation graphics for Chapter 7 Flipchart Markers
15 minutes	BREAK		
100 minutes	Activity 1: Participants practice the pelvic examination, perform VIA screening and perform cryotherapy Activity 2: Participants practice developing their visual skills identifying negatives and positives	The group will be divided into 2 smaller groups who will complete activities 1 and 2. After 50 minutes, the groups will switch activities. For Activity 1: Participants work in teams of 2 and rotate as the client and provider to practice the standard method for performing a pelvic examination, VIA screening and cryotherapy procedure in a simulated clinical setting. They should satisfactorily demonstrate: <ul style="list-style-type: none">• Talking to clients• Performing a pelvic examination• Preparation for VIA instruments• VIA• Cryotherapy	Handbook: Learning Guide for VIA and Cryotherapy Counseling Skills Learning Guide for VIA Clinical Skills Learning Guide for Cryotherapy Clinical Skills 1 ZOE pelvic model per 2 participants 1 Cervical model (sausage) per 2 participants 1 set VIA equipment per 2 participants 1 Cryotherapy unit per 2 participants 1 Instrument set per 2 participants Carbon dioxide cylinders (1–3, depending on availability) Flash cards

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
		<ul style="list-style-type: none"> Use of recommended IP practices <p>Participants assess each other's performance using the Learning Guides for VIA Clinical Skills and Learning Guide for Cryotherapy Clinical Skills while the clinical trainer observes and coaches. Clinical trainer facilitates discussion of classroom practice experience</p> <p>For Activity 2: Participants work in teams of 2 to practice their visual skills in identifying positives from negatives using the set of flash cards. One will be the examiner who will hold up the card while the other participant will be the provider who will be evaluating the cervix. The former will call up the set of 4 standard questions: Is the cervix suspicious for cancer, is the SCJ visible, is the cervix positive or negative and, if positive, treat or refer?</p>	
15 Minutes	Activity: Review of the day's activities	Involve participants in review and discussion of the topics and events covered during the day. Review assignments listed in the course schedule.	
Total: 210 minutes			
Assignment: Develop Action Plan for Implementing VIA and cryotherapy			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION EIGHT: DAY 5, AM			
15 minutes	Activity: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is then written on the flipchart. One or more of the participants plans and conducts an opening activity or warm-up.	Flipchart Markers
30 minutes	Activity: Midcourse Image Assessment	<p>Make copies of the Midcourse Image Assessment answer sheet. Clinical trainer will show Midcourse Questionnaire Image Assessment to participants.</p> <p>Clinical trainer will review the results of the assessment with each participant. Those not scoring at least 85% will have an opportunity to repeat those images which they have identified incorrectly.</p>	<p>Trainer's Notebook: Midcourse Image Assessment answer sheet Midcourse Image Assessment Answer Key and Individual Assessment Matrix</p> <p>Cervical Image CD-ROM</p> <p>VIA Atlas</p>
30 minutes	Activity: Midcourse Questionnaire	<p>Make copies of the Midcourse Questionnaire and answer sheet. Give each participant a copy of the questionnaire and answer sheet. Review the instructions printed on the questionnaire.</p> <p>After the questionnaires are completed, the clinical trainer should score them. The clinical trainer should meet with those participants scoring less than 85%. After discussing the items missed, participants should spend additional study time and then retake those items they missed until they achieve a score on the overall questionnaire of 85%.</p> <p>For example, with 20 items each participant must achieve a score of 85% or at least 17 items correct. If a participant were to correctly answer 14 items (a score of 70%), then s/he would need to answer at least three of the six questions missed when retaking those six items.</p>	<p>Trainer's Notebook: Midcourse Questionnaire and answer sheet Midcourse Questionnaire Answer Key</p>
15 minutes	BREAK		
SESSION EIGHT CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION EIGHT, CONTINUED: DAY 5, AM			
150 minutes	Activity: Clinical practice: Observe and provide services in the clinic	<p>Participants perform the following activities: Talking to clients Client assessment VIA and cryotherapy (if indicated) Followup care, management of side effects and other problems</p> <p>Participants assess each other's performance using the Checklist for VIA Counseling and Clinical Skills and Checklist for Cryotherapy Counseling and Clinical Skills</p> <p>Clinical trainer will capture on digital cervical images of selected cases for classroom discussion.</p> <p>Clinical trainer will evaluate participant performance using the Checklist VIA Counseling and Clinical Skills and Checklist for Cryotherapy Counseling and Clinical Skills</p>	<p>Handbook: Checklist for VIA Counseling and Clinical Skills Checklist for Cryotherapy Counseling and Clinical Skills</p> <p>VIA Atlas Digital Camera Clinical instruments and supplies</p> <p>Trainer's Notebook: Checklist for VIA Counseling and Clinical Skills Checklist for Cryotherapy Counseling and Clinical Skills</p>
TOTAL: 240 minutes			
45 minutes	BREAK		

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION NINE: DAY 5, PM			
15 minutes	Activity: Review of clinical practice	Clinical trainer will show digital images of cervixes and facilitate the discussion of cases seen in the clinic. Additional demonstrations and practice with anatomic models as needed. Cervical images from the CD-ROM may also be used.	Digital camera and digital monitor Cervical Image CD-ROM VIA Atlas
15 minutes	Activity: Review midcourse knowledge questionnaire and visual skills evaluation results	Clinical trainer returns the checked midcourse questionnaire for participants to review. Participants who scored below 85 % are individually asked to meet with the trainers after the session to discuss their performance.	
150 minutes	Activity: Classroom Evaluation: Evaluate provision of services in a simulated condition	Participants perform the following activities: <ul style="list-style-type: none"> • Talking to clients • Client assessment • VIA and cryotherapy (if indicated) • Followup care, management of side effects and other problems Clinical trainer individually assess participant's performance using the Checklist for VIA Counseling and Clinical Skills and Checklist for Cryotherapy Counseling and Clinical Skills	Handbook: Checklist for VIA Counseling and Clinical Skills Checklist for Cryotherapy Counseling and Clinical Skills Trainer's Notebook: Checklist for VIA Counseling and Clinical Skills Checklist for Cryotherapy Counseling and Clinical Skills
15 minutes	BREAK		
15 minutes	Activity: Review of the day's activities	Involve participants in review and discussion of the topics and events covered during the day. Review assignments listed in the course schedule.	
TOTAL: 210 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)

TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION TEN: DAY 6, AM			
10 minutes	Activity: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is then written on the flipchart. One or more of the participants plans and conducts an opening activity or warm-up.	Flipchart Markers
50 minutes	Activity: The Olympics of VIA/Cryotherapy Setup	<p>Step one: All participants should stand and divide into two groups. Ask each group to set up the anatomic model and examining table with all supplies needed to perform VIA and cryotherapy. They may use the guide in Chapter 6 and any other written materials. Once everything is set up and the clinical trainer has confirmed that setup is complete, all supplies are removed from the table and immediate area and placed in a box.</p> <p>Step two: Each group is asked to select the group member whom they think has the best understanding of how to set up for VIA and cryotherapy. This individual is the <i>Olympian</i> who will represent their team in the <i>Olympics of Setup</i></p> <p>Each group will stand back while the two <i>Olympians</i> approach the clinical trainer who has the box of supplies. Extra supplies that are not needed in the setup may be added to the box to increase the difficulty of this exercise. Each <i>Olympian</i> should set up the examining table and area without any assistance from the rest of the group. When the <i>Olympian</i> believes the setup is complete s/he may call out 'finished!'</p> <p>The winner is then decided, with the help of the group members acting as judges. The setup must be complete in order to declare a winner. If the setup of the team that called out is not complete, the other team automatically wins. Small prizes may be given to all participants.</p>	2 sets VIA equipment 2 sets cryotherapy equipment Boxes Small prize and candy
30 minutes	Activity: Recap Cleaning and processing Cryotherapy unit	Participants will be divided into 2 large groups. Each group will work with the clinical trainer to review the routine maintenance and care of the cryotherapy unit.	VIA and cryotherapy reference manual
SESSION TEN CONTINUED ON NEXT PAGE			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION TEN, CONTINUED: DAY 6, AM			
150 minutes	Activity: Clinical practice: Evaluate provision of services in the clinic	<p>Participants perform the following activities: Talking to clients Client assessment VIA and cryotherapy (if indicated) Followup care, management of side effects and other problems</p> <p>Participants assess each other's performance using the Checklist for VIA Counseling and Clinical Skills and Checklist for Cryotherapy Counseling and Clinical Skills</p> <p>Clinical trainer will capture on digital cervical images of selected cases for classroom discussion.</p> <p>Clinical trainer will evaluate participant performance using the Checklist VIA Counseling and Clinical Skills and Checklist for Cryotherapy Counseling and Clinical Skills</p>	<p>Handbook: Checklist for VIA Counseling and Clinical Skills Checklist for Cryotherapy Counseling and Clinical Skills</p> <p>VIA Atlas Digital camera Clinical instruments and supplies</p> <p>Trainer's Notebook: Checklist for VIA Counseling and Clinical Skills Checklist for Cryotherapy Counseling and Clinical Skills</p>
TOTAL: 240 minutes			
60 minutes	LUNCH BREAK		

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION ELEVEN: DAY 6, PM			
15 minutes	Activity: Review of clinical practice	Clinical trainer will show digital images of cervixes and facilitate the discussion of cases seen in the clinic. Additional demonstrations and practice with anatomic models as needed. Cervical images from the CD-ROM may also be used.	Digital camera and digital monitor Cervical Image CD-ROM VIA Atlas
15 minutes	Activity: Image review	Large group exercise: Images are reviewed using the Cervical Image CD-ROM. Participants are asked to approach the screen and, using the pointer, describe what they see. They also answer questions pertaining to the projected image. Alternately: In small groups of two to three participants, cervical images are reviewed using the flash card. One participant will hold the card for the other participants, while they answer questions pertaining to the image.	VIA CD ROM LCD projector Computer Flash card set
45 minutes	Presentation Discussion: Performance Standards for VIA and cryotherapy Services	Present an illustrated lecture using the presentation graphics for this topic	Performance Standards material
15 minutes	BREAK		
45 minutes	Discussion: Preparing clinical site to provide VIA and cryotherapy services	Discuss how the participants will prepare their clinical site to provide VIA and cryotherapy services including clinic setup and client flow.	
30 minutes	Discussion: Discussion: Completing the VIA and cryotherapy log book and summary form	Clinical trainer will review the VIA and cryotherapy log book template and how to complete the summary form.	Handout
30 minutes	Small Group Activity: Finalize Action Planning		
15 minutes	Activity: Review of the day's activities	Involve participants in review and discussion of the topics and events covered during the day. Review assignments listed in the course schedule.	
TOTAL: 210 minutes			

MODEL CERVICAL CANCER PREVENTION COURSE OUTLINE (Streamlined: 7 days, 12 sessions)			
TIME	TOPICS/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
SESSION TWELVE: DAY 7, AM			
15 minutes	Activity: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is written on the flipchart. One or more of the participants plans and conducts an opening activity or warmup.	Flipchart Markers
90 minutes	Discussion: Implementation	Participants are to share their implementation plans describing how they will implement services and overcome any potential challenges. The clinical trainer should provide positive feedback and encouragement. The clinical trainer should again encourage the participants to work closely with their supervisors during implementation. The clinical trainer should try and schedule followup visits at the site of each participant.	Flipchart Markers
15 minutes	BREAK		
15 minutes	Activity: Course summary	Review the goals and objectives of the course. Describe how the course content and activities have allowed participants to achieve the course goals and objectives.	Flipchart Markers
15 minutes	Activity: Course evaluation	Participants are to complete the course evaluation form. Clinical trainer may want to make copies of the form so participants do not have to remove theirs from their handbooks.	Handbook: Course Evaluation
30 minutes	Activity: Closing ceremony	Participants should receive their statements of qualification indicating they are qualified VIA and cryotherapy service providers.	Certificates
TOTAL: 180 minutes			

INSTRUCTIONS FOR USING ZOE® GYNECOLOGIC SIMULATORS

A ZOE Gynecologic Simulator is a model of a full-sized, adult female lower torso (abdomen and pelvis). It is a versatile training tool developed to assist health professionals to teach the processes and skills needed to perform many gynecologic procedures. ZOE models are ideal for demonstrating and practicing the following procedures:

- Bimanual pelvic examination including palpation of normal and pregnant uteri
- Vaginal speculum examination
- Visual recognition of normal cervixes and abnormal cervixes
- Uterine sounding
- IUD insertion and removal
- Diaphragm sizing and fitting
- Laparoscopic inspection and occlusion of fallopian tubes (Falope rings or other clips)
- Minilaparotomy (both interval and postpartum tubal occlusion)
- Treatment of incomplete abortion using manual vacuum aspiration (MVA)

CONTENTS OF THE ORIGINAL ZOE MODEL

There are several models of ZOE Gynecological Simulators now available, including an interval model and postpartum kit, so specific parts and accessories will vary. The original ZOE Gynecological Simulator kit includes the following:

ITEM	QUANTITY
Normal ante- and retroverted uteri with clear tops, attachments for round and ovarian ligaments as well as fallopian tubes and normal patent cervical os for pelvic examination and IUD insertion	2
6–8 week uterus with dilated (open) cervical os which allows passage of a 5 or 6 mm flexible cannula	1
10–12 week uterus with dilated (open) cervical os which allows passage of a 10 or 12 mm flexible cannula	1
Postpartum uterus (20 week size) with attached fallopian tubes for practicing postpartum tubal occlusion by minilaparotomy	1

ITEM	QUANTITY
Cervices (not open) for use in visual recognition: <ul style="list-style-type: none"> • Normal cervix • Cervix with proliferation of columnar epithelium (ectropion) • Cervix with inclusion (nabothian) cyst and endocervical polyp • Cervix with lesion (cancer) 	1 1 1 1
Normal cervices with open os for IUD insertion/ removal	5
Cervices for 6–8 week and 10–12 week uteri (2 of each size)	4
Normal tubal fimbriae and ovaries (2 each)	4
Fallopian tubes for tubal occlusion	8
Simulated round and ovarian ligaments (set of 2 each)	4
Extra thin cervical locking rings	3
Flashlight with batteries	1
Soft nylon carrying bag	1

Outer Skin

The **outer skin of the model** is foam-backed in order to simulate the feel of the anterior pelvic wall. The entire outer skin is removable to allow the model to be used for demonstration purposes (e.g., performing IUD insertion).

The 3 cm incision (reinforced at each end) located just **below** the umbilicus can be used to insert a laparoscope to look at the uterus, round ligaments, ovaries and fallopian tubes and practice laparoscopic tubal occlusion. This incision also can be used for practicing postpartum tubal ligation by minilaparotomy.

The 3 cm incision located a few centimeters **above** the symphysis pubis is used for practicing interval minilaparotomy. This incision also is reinforced which allows the skin to be retracted to facilitate demonstration of the minilaparotomy technique.

Cervices

The **normal** cervices have a centrally located, oval-shaped os which permits insertion of a uterine sound, uterine elevator or IUD. The **abnormal** cervices are not open and can be used for demonstration only.

Each of the cervices for treatment of incomplete abortion has a centrally located, oval-shaped os which is dilated to allow passage of a 5 or 6 mm or 10 or 12 mm flexible cannula, respectively.

The normal cervices and interchangeable uteri feature the patented “screw” design for fast and easy changing.

ASSEMBLY OF THE ORIGINAL ZOE MODEL

To use the original ZOE pelvic model for demonstrations or initially to learn how to change the parts (e.g., cervixes and uteri), you need to know how to remove the skin.

Removing and Replacing the Detachable Skin and Foam Backing

First, carefully remove the outer skin and its foam lining away from the rigid base at the “top” end of the model. (“Top” refers to the portion of ZOE nearest to the metal carrying handle located above the umbilicus.)

Lift the skin and foam up and over the legs, one leg at a time.

Be as gentle as possible. The detachable skin is made of material that approximates skin texture and it *can* tear.

If you wish to change the anteverted uterus and normal cervix which are shipped attached to ZOE, first you must remove the uterus.

Start by pulling the round ligaments away from the wall.

Then grasp the uterus while turning the *wide* grey ring counterclockwise until the cervix and uterine body are separated.

To remove the *cervix*, turn the *thin* grey ring counterclockwise until it comes off.

You then can push the cervix out through the vagina.

To **reassemble**, simply reverse this process.

To replace the skin and foam lining, start by pulling them down around the legs.

Then make sure the rectal opening is aligned with the opening in the rigid base.

Pull the skin and foam over the top of the model.

Finally, make sure both are pulled firmly down around the rigid base, and the skin is smoothly fitted over the foam.

Once you understand how ZOE’s anatomic parts fit together, we suggest you change them through the opening at the top of the model. This helps to preserve ZOE’s outer shell as you will only have to remove it for demonstrations or to change the postpartum (20 week size) uterus.

The anteverted and retroverted uteri have transparent top halves and opaque lower halves for use in demonstrating IUD insertion. These uteri are supported by round ligaments attached to the pelvic wall. The round ligaments, ovaries and fallopian tubes are removable.

To **remove the uterus**:

- Unscrew the wide locking ring attached to the uterus using a **counterclockwise rotation**.

To **remove the cervix**:

- Unscrew the thin locking ring immediately outside the apex of the vagina.
- The cervix should be pushed through the vagina and removed from the introitus.

To **reassemble**, proceed in reverse order.

PROCEDURES WITH ALL ZOE MODELS

Speculum examination

- Use a **medium** bivalve speculum.
- Prior to inserting the speculum, dip it into clean water containing a small amount of soap. (This makes inserting the speculum easier.)
- To see the cervix, fully insert the speculum, angle it posteriorly (as in the human, the vagina in the ZOE model is angled posteriorly), **then** open the blades fully.
- To increase the diameter of the opening, use the speculum thumb screw (Pederson or Graves specula).

Passing instruments (uterine sound, uterine elevator, dilator or cannula) through the cervical os:

- Apply a small amount of clean water containing a **drop or two** of soap solution to the cervix (just as you would apply it with antiseptic solution in a client). This will make passing the instrument through the cervical os easier.

Sounding the uterus, inserting an IUD and interval minilaparotomy or laparoscopy: use either the normal (nonpregnant) anteverted or retroverted uterus with a cervix having a patent os.

Postpartum minilaparotomy (tubal occlusion): use the postpartum uterus (20 week size) with a cervix having a patent os.

Treatment of incomplete abortion using MVA: use either the 6 to 8 or 10 to 12 week uteri (incomplete abortion) with the appropriate size cervix.

CARE AND MAINTENANCE OF ALL ZOE MODELS

The specific model of ZOE Gynecological Simulator will vary, depending on the location of the training site and the procedures being performed, but the care and maintenance of these models are the same for all.

- ZOE is constructed of material that approximates skin texture. Therefore, in handling the model, use the same gentle techniques as you would in working with a client.
- To avoid tearing ZOE's skin when performing a pelvic exam, use a dilute soap solution to lubricate the instruments and your gloved fingers.
- Clean ZOE after every training session using a mild detergent solution; rinse with clean water.
- **DO NOT** write on ZOE with any type of marker or pen, as these marks may not wash off.
- **DO NOT** use alcohol, acetone or Betadine[®] or any other antiseptic that contains iodine on ZOE. They will damage or stain the skin.
- Store ZOE in the carrying case and plastic bag provided with your kit.
- **DO NOT** wrap ZOE in other plastic bags, newspaper, plastic wrap or any other kinds of material, as these may discolor the skin.

PRECOURSE QUESTIONNAIRE

USING THE INDIVIDUAL AND GROUP ASSESSMENT MATRIX

The precourse questionnaire is not intended to be a test but rather an assessment of what the participants, individually and as a group, know about the course topic. Participants, however, are often unaware of this and may become anxious and uncomfortable at the thought of being “tested” in front of their colleagues on the first day of a course. The clinical trainer should be sensitive to this attitude and administer the questionnaire in a neutral and nonthreatening way as the following guide illustrates:

- Participants draw numbers to assure anonymity (e.g., from 1 to 12 if there are 12 participants in the course).
- Participants complete the precourse questionnaire.
- The clinical trainer gives the answers to each question.
- The clinical trainer passes around the individual and group assessment matrix for each participant to complete according to her/his number.
- The clinical trainer posts the completed matrix.
- The clinical trainer and participants discuss the results of the questionnaire as charted on the matrix and jointly decide how to allocate course time.

PRECOURSE QUESTIONNAIRE ANSWER KEY

Instructions: In the space provided, print a capital **T** if the statement is **true** or a capital **F** if the statement is **false**.

CERVICAL CANCER, HPV AND RISK FACTORS		
1. High grade squamous intraepithelial lesions/cervical intraepithelial neoplasia III of the cervix will almost always regress.	FALSE	Participant Objective 1 (Chapter 1 and 3)
2. The squamocolumnar junction (SCJ) is the place on the cervix where the columnar epithelium of the endocervix meets the squamous epithelium of the ectocervix.	TRUE	Participant Objective 1 (Chapter 3)
3. Cervical cancer is more common in women who have never had sexual intercourse.	FALSE	Participant Objective 1 and 2 (Chapter 2)
4. Frequent induced abortions are a risk factor for developing cervical cancer.	FALSE	Participant Objective 2 (Chapter 2)
5. Any sexually active woman should have cervical cancer screening every 5 years.	FALSE	Participant Objective 2 (Chapter 2)
6. Dysplasia always develops first near the SCJ.	TRUE	Participant Objective 4 (Chapter 2)
COUNSELING		
7. The patient should be told about the different types of HPV during counseling.	FALSE	Participant Objective 1 and 2 (Chapter 4)
8. During counseling, the patient should be told about the relationship between HPV and the risk of cervical cancer.	TRUE	Participant Objective 1 and 2 (Chapter 4)
9. Cryotherapy is 100% effective for the treatment of dysplasia and the patient should receive this information during pretreatment counseling.	FALSE	Participant Objective 1 and 4 (Chapter 4)
INFECTION PREVENTION		
10. The provider should wear a sterile cap and mask when performing cryotherapy.	FALSE	Participant Objective 5 (Chapter 5)
11. After use, specula should be decontaminated for 10 minutes in 0.5% chlorine solution.	TRUE	Participant Objective 5 (Chapter 5)
VIA TESTING		
12. Visual inspection of the cervix with acetic acid (VIA) is a procedure used to identify stages of cervical cancer.	FALSE	Participant Objective 7 (Chapter 6)
13. Nabothian cysts in the cervix are considered a test-positive result in VIA.	FALSE	Participant Objective 7 (Chapter 6)
14. After application of acetic acid, it is recommended that the provider wait at least 5 minutes before proceeding with VIA.	FALSE	Participant Objective 7 (Chapter 6)
15. The SCJ is visible in a postmenopausal woman.	FALSE	Participant Objective 7 (Chapter 6)

TREATMENT AND FOLLOWUP		
16. Cryotherapy is a practical, safe and effective treatment of precancerous lesions of the cervix.	TRUE	Participant Objective 8 (Chapter 7)
17. Freezing the cervical tissue 3–5 mm beyond the edges of the cryotip is recommended in cryotherapy.	TRUE	Participant Objective 8 (Chapter 7)
18. The eligibility criteria for cryotherapy include a precancerous lesion occupying less than 75% of the cervix.	TRUE	Participant Objective 8 (Chapter 7)
19. Vaginal bleeding for 1–2 weeks is the most common consequences of cryotherapy.	FALSE	Participant Objective 9 (Chapter 7)
20. Immediately after cryotherapy, one of the followup warning signs include fever of more than 2 days in duration.	TRUE	Participant Objective 10 (Chapter 7)

MIDCOURSE QUESTIONNAIRE

USING THE QUESTIONNAIRE

This knowledge assessment is designed to help the participant monitor their progress during the course. By the end of the course, all participants are expected to achieve a score of 85% or better.

The questionnaire should be given at the time in the course where all subject areas have been presented. A score of 85% or more correct indicates knowledge-based mastery of the material presented in the reference manual. For those scoring less than 85% on their first attempt, the clinical trainer should review the results with the participant individually and guide her/him on using the reference manual to learn the required information. Participants scoring less than 85% can retake the Questionnaire at any time during the remainder of the course.

Repeat testing should be done only after the participant has had sufficient time to study the reference manual.

MIDCOURSE QUESTIONNAIRE

Instructions: Write the letter of the single **best** answer to each question in the blank next to the corresponding number on the attached answer sheet.

CERVICAL CANCER, HUMAN PAPILLOMAVIRUS (HPV) AND RISK FACTORS

1. Cervical cancer
 - 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 precancer stage that can last for several years.
 - d. is more common in women who have never had sexual intercourse.

2. Safe and effective methods of treatment for precancerous, cervical lesions include
 - a. electrocautery.
 - b. LEEP.
 - c. cryotherapy.
 - d. all of the above.

3. The squamocolumnar junction (SCJ) is the place on the cervix where
 - a. the vagina meets the cervix.
 - b. the columnar epithelium meets the squamous epithelium.
 - c. the exocervix meets the cervical os.
 - d. none of the above.

4. Risk factor(s) for cervical cancer include
 - a. multiple pregnancies, smoking, mother with uterine cancer.
 - b. multiple pregnancies, uncircumcised partner, early age of sexual intercourse.
 - c. multiple sexual partners, smoking, early age of sexual intercourse.
 - d. multiple sexual partners, uncircumcised partner, mother with ovarian cancer.

5. The most important precancerous lesions are
 - a. warty lesions because if not treated they would rapidly progress to cancer.
 - b. low-grade lesions because if not caught at the earliest time they will almost certainly progress to cancer.
 - c. high-grade lesions because there is more chance they will progress to cancer.
 - d. lesions demonstrating severe inflammation (cervicitis) because they will always progress to cancer.

6. The abnormal changes of the cervix such as dysplasia almost always develop in the
 - a. ectocervix.
 - b. squamocolumnar junction.
 - c. endocervix.
 - d. cervical os.

COUNSELING

7. During initial counseling, the patient should be told about
 - a. the comparative effectiveness of VIA versus colposcopy.
 - b. the importance of VIA testing and treatment options.
 - c. the different types of HPV and how they affect treatment.
 - d. all of the above.
8. During the pretreatment counseling session, it is important to tell the patient that cryotherapy
 - a. will save her life and should not be refused.
 - b. is completely safe and she will be fine.
 - c. is more than 95% effective for all lesions.
 - d. has some side effects and limitations.
9. Following cryotherapy, the patient should be instructed about selfcare at home and to immediately return to the healthcare center
 - a. after 1 week if she has a watery discharge.
 - b. after 1 year if she has no problems.
 - c. anytime when there are warning signs.
 - d. anytime after her watery vaginal discharges subsides.

INFECTION PREVENTION

10. An important step in protecting healthcare workers is
 - a. using antiseptics, such as 1% Savlon[®], for decontaminating instruments.
 - b. routine handwashing for 10–15 seconds before and after patient contact.
 - c. surgical handscrub with 0.5% chlorhexidine gluconate before any procedure.
 - d. wearing sterile cap and mask before any procedure.

11. After using the speculum, it should be decontaminated for 10 minutes by soaking in
- 1.0% phenol solution.
 - 0.5% chlorhexidine gluconate solution.
 - 0.5% chlorine solution.
 - 70% ethyl alcohol solution.

VIA TESTING

12. A woman with test-positive VIA findings is eligible for cryotherapy if
- the lesion extends onto the vaginal wall.
 - the lesion extends more than 2 mm beyond the edges of the cryoprobe.
 - the lesion occupies less than 75% of the cervix.
 - she is more than 20 weeks pregnant.
13. The clinical features of test-negative VIA findings include
- white cauliflower-like growth.
 - well-defined whitish plaque.
 - Nabothian cysts.
 - some thickened, opaque, white changes.
14. When performing VIA
- it is important to inspect the cervix immediately after washing the cervix with dilute acetic acid.
 - the cervix should not actually be touched with the swab or the abnormal cells might be wiped away.
 - one should wait about a minute before inspecting the cervix after washing it with dilute acetic acid.
 - none of the above.
15. When performing the VIA for cervical cancer screening, the bimanual examination
- may be omitted if cryotherapy is necessary.
 - follows the speculum examination.
 - is necessary only when the VIA test is positive.
 - should be followed by a rectovaginal examination.

TREATMENT AND FOLLOWUP

16. A woman whose VIA test is positive should be referred for further consultation if
- the lesion occupies less than 75% of the cervix.
 - the lesion extends onto the wall of the vagina.
 - the lesion is located in the squamocolumnar junction.
 - the woman has had multiple sexual partners.
17. When performing cryotherapy
- it is important to apply the probe to both the cervix and the vagina.
 - the frozen tissue should extend 3-5 mm beyond the cryoprobe.
 - the cryoprobe should be applied only once to the cervix for 3 minutes and then removed.
 - the frozen tissue must include the entire exocervix.
18. After treatment of a precancerous cervical lesion with cryotherapy, the most common side effect is
- moderate to heavy bleeding for 1–2 weeks.
 - vaginal spotting for 4–6 weeks.
 - cramping during the first 48 hours.
 - watery vaginal discharge for 4–6 weeks.
19. After cryotherapy, the patient should be advised to return to the healthcare center immediately if she experiences any of the following warning signs.
- fever of more than 2 days
 - vaginal spotting
 - cramping
 - watery vaginal discharge
20. After cryotherapy, a woman should
- have her partner checked for sexually transmitted diseases.
 - abstain from sexual intercourse until she has a repeat VIA test.
 - abstain from sexual intercourse for 4 weeks.
 - clean the inside of her vagina daily with water.

MIDCOURSE QUESTIONNAIRE ANSWER SHEET

Name: _____ Score: _____

CERVICAL CANCER, HUMAN PAPILLOMAVIRUS (HPV) AND RISK FACTORS

1. _____ Participant Objective 1 (Chapter 2)
2. _____ Participant Objective 3 (Chapter 1)
3. _____ Participant Objective 2 (Chapter 3)
4. _____ Participant Objective 1 (Chapter 2)
5. _____ Participant Objective 2 (Chapter 2)
6. _____ Participant Objective 2 (Chapter 3)

COUNSELING

7. _____ Participant Objective 2 (Chapter 4)
8. _____ Participant Objective 3 (Chapter 4)
9. _____ Participant Objective 3 (Chapter 4)

INFECTION PREVENTION

10. _____ Participant Objective 4 (Chapter 5)
11. _____ Participant Objective 4 (Chapter 5)

VIA TESTING

12. _____ Participant Objective 6 (Chapter 6)
13. _____ Participant Objective 6 (Chapter 6)
14. _____ Participant Objective 6 (Chapter 6)
15. _____ Participant Objective 6 (Chapter 6)

(Continued on reverse)

CRYOTHERAPY

- 16. _____ Participant Objective 7 (Chapter 7)
- 17. _____ Participant Objective 7 (Chapter 7)
- 18. _____ Participant Objective 7 (Chapter 7)
- 19. _____ Participant Objective 8 (Chapter 7)
- 20. _____ Participant Objective 9 (Chapter 7)

MIDCOURSE QUESTIONNAIRE ANSWER KEY

CERVICAL CANCER, HUMAN PAPILLOMAVIRUS (HPV) AND RISK FACTORS

1. Cervical cancer
 - 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 PRECANCER STAGE THAT CAN LAST FOR SEVERAL YEARS.**
 - d. is more common in women who have never had sexual intercourse.

2. Safe and effective methods of treatment for precancerous, cervical lesions include
 - a. electrocautery.
 - b. LEEP.
 - c. cryotherapy.
 - D. ALL OF THE ABOVE.**

3. The squamocolumnar junction (SCJ) is the place where
 - a. the vagina meets the cervix.
 - B. THE GLANDULAR EPITHELIUM MEETS THE SQUAMOUS EPITHELIUM.**
 - c. the exocervix meets the cervical os.
 - d. none of the above.

4. Risk factor(s) for cervical cancer include
 - a. multiple pregnancies, smoking, mother with uterine cancer.
 - b. multiple pregnancies, uncircumcised partner, early age of sexual intercourse.
 - C. MULTIPLE SEXUAL PARTNERS, SMOKING, EARLY AGE OF SEXUAL INTERCOURSE.**
 - d. multiple sexual partners, uncircumcised partner, mother with ovarian cancer.

5. The most important precancerous lesions are
 - a. warty lesions because if not treated they would rapidly progress to cancer.
 - b. low-grade lesions because if not caught at the earliest time they will almost certainly progress to cancer.
 - C. HIGH-GRADE LESIONS BECAUSE THERE IS MORE CHANCE THEY WILL PROGRESS TO CANCER.**
 - d. lesions demonstrating severe inflammation (cervicitis) because they will always progress to cancer.

6. The abnormal changes of the cervix such as dysplasia almost always develop in the
- a. ectocervix.
 - B. SQUAMOCOLUMNAR JUNCTION.**
 - c. endocervix.
 - d. cervical os.

COUNSELING

7. During initial counseling, the patient should be told about
- a. the comparative effectiveness of VIA versus colposcopy.
 - B. THE IMPORTANCE OF VIA TESTING AND TREATMENT OPTIONS.**
 - c. the different types of HPV and how they affect treatment.
 - d. all of the above.
8. During the pretreatment counseling session, it is important to tell the patient that cryotherapy
- a. Will save her life and should not be refused.
 - b. is completely safe and she will be fine.
 - c. is more than 95% effective for all lesions.
 - D. HAS SOME SIDE EFFECTS AND LIMITATIONS.**
9. Following cryotherapy, the patient should be instructed about selfcare at home and to immediately return to the healthcare center
- a. after 1 week if she has a water discharge.
 - b. after 1 year if she has no problems.
 - C. ANYTIME WHEN THERE ARE WARNING SIGNS.**
 - d. anytime after her watery vaginal discharges subsides.

INFECTION PREVENTION

10. An important step in protecting healthcare workers is
- a. using antiseptics, such as 1% Savlon[®], for decontaminating instruments.
 - B. ROUTINE HANDWASHING FOR 10–15 SECONDS BEFORE AND AFTER PATIENT CONTACT.**
 - c. surgical handscrub with 0.5% chlorhexidine gluconate before any procedure.
 - d. wearing sterile cap and mask before any procedure.

11. After using the speculum, it should be decontaminated for 10 minutes by soaking in
- a. 1.0% phenol solution.
 - b. 0.5% chlorhexidine gluconate solution.
 - C. 0.5% CHLORINE SOLUTION.**
 - d. 70% ethyl alcohol solution.

VIA TESTING

12. A woman with test-positive VIA findings is eligible for cryotherapy if
- a. the lesion extends onto the vaginal wall.
 - b. the lesion extends more than 2 mm beyond the edges of the cryoprobe.
 - C. THE LESION OCCUPIES LESS THAN 75% OF THE CERVIX.**
 - d. she is more than 20 weeks pregnant.
13. The clinical features of test-negative VIA findings include
- a. white cauliflower-like growth.
 - b. well-defined whitish plaque.
 - C. NABOTHIAN CYSTS.**
 - d. some thickened, opaque, white changes.
14. When performing VIA
- a. it is important to inspect the cervix immediately after washing the cervix with dilute acetic acid.
 - b. the cervix should not actually be touched with the swab or the abnormal cells might be wiped away.
 - C. ONE SHOULD WAIT ABOUT A MINUTE BEFORE INSPECTING THE CERVIX AFTER WASHING IT WITH DILUTE ACETIC ACID.**
 - d. none of the above.
15. When performing the VIA for cervical cancer screening, the bimanual examination
- a. may be omitted if cryotherapy is necessary.
 - B. FOLLOWS THE SPECULUM EXAMINATION.**
 - c. is necessary only when the VIA test is positive.
 - d. should be followed by a rectovaginal examination.

CRYOTHERAPY

16. A woman whose VIA test is positive should be referred for further consultation if
- the lesion occupies less than 75% of the cervix.
 - THE LESION EXTENDS ONTO THE WALL OF THE VAGINA.**
 - the lesion is located in the squamocolumnar junction.
 - the woman has had multiple sexual partners.
17. When performing cryotherapy
- it is important to apply the probe to both the cervix and the vagina.
 - THE FROZEN TISSUE SHOULD EXTEND 3-5 MM BEYOND THE CRYOPROBE.**
 - the cryoprobe should be applied only once to the cervix for 3 minutes and then removed.
 - the frozen tissue must include the entire exocervix.
18. After treatment of a precancerous cervical lesion with cryotherapy, the most common side effect is
- moderate to heavy bleeding for 1–2 weeks.
 - vaginal spotting for 4–6 weeks.
 - cramping during the first 48 hours.
 - WATERY VAGINAL DISCHARGE FOR 4–6 WEEKS.**
19. After cryotherapy, the patient should be advised to return to the healthcare center immediately if she experiences any of the following warning signs.
- FEVER OF MORE THAN 2 DAYS**
 - vaginal spotting
 - cramping
 - watery vaginal discharge
20. After cryotherapy, a woman should
- have her partner checked for sexually transmitted diseases.
 - abstain from sexual intercourse until she has a repeat VIA test.
 - ABSTAIN FROM SEXUAL INTERCOURSE FOR 4 WEEKS.**
 - clean the inside of her vagina daily with water.

MIDCOURSE IMAGE ASSESSMENT

USING THE ASSESSMENT

This image assessment is designed to help the participant monitor their progress during the course. By the end of the course, all participants are expected to achieve a score of 85% or better.

The assessment should be given at the time in the course where all subject areas have been presented. A score of 85% or more correct indicates image-based mastery of the material presented in the reference manual. For those scoring less than 85% on their first attempt, the clinical trainer should review the results with the participant individually and guide her/him on using the reference manual to learn the required information. Participants scoring less than 85% can retake the Assessment at any time during the remainder of the course.

Repeat testing should be done only after the participant has had sufficient time to study the reference manual.

MIDCOURSE IMAGE ASSESSMENT ANSWER SHEET

Instructions: For each of the 20 images shown, assume that acetic acid was applied and 1 minute has passed. Look at the images and choose one of the VIA classifications below. Based on the VIA classification, choose a management option below. Fill in the best response for diagnosis and management according to the patient data provided. Use the following response options to indicate your answers.

POSSIBLE VIA CLASSIFICATIONS	POSSIBLE MANAGEMENT OPTIONS
Suspicious for cancer	No treatment
Positive VIA	Treat with cryotherapy
Negative VIA	Refer

IMAGE NUMBER	VIA CLASSIFICATION	MANAGEMENT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

MIDCOURSE IMAGE ASSESSMENT ANSWER KEY

IMAGE NUMBER	VIA CLASSIFICATION	MANAGEMENT
1	Negative	No Treatment
2	Cancer	Refer
3	Negative	No Treatment
4	Negative	No Treatment
5	Positive	Cryotherapy
6	Negative	No Treatment
7	Positive	Refer
8	Negative	No Treatment
9	Positive	Refer
10	Cancer	Refer
11	Positive	Refer
12	Negative	No Treatment
13	Positive	Refer
14	Negative	No Treatment
15	Positive	Refer
16	Negative	No Treatment
17	Cancer	Refer
18	Positive	Refer
19	Negative	No Treatment
20	Positive	Refer

MIDCOURSE IMAGE ASSESSMENT: INDIVIDUAL ASSESSMENT MATRIX

Image Number		CORRECT ANSWERS (Participants)														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	VIA															
	MGMT															
2	VIA															
	MGMT															
3	VIA															
	MGMT															
4	VIA															
	MGMT															
5	VIA															
	MGMT															
6	VIA															
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7	VIA															
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12	VIA															
	MGMT															
13	VIA															
	MGMT															
14	VIA															
	MGMT															
15	VIA															
	MGMT															

Image Number		CORRECT ANSWERS (Participants)														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	VIA															
	MGMT															
17	VIA															
	MGMT															
18	VIA															
	MGMT															
19	VIA															
	MGMT															
20	VIA															
	MGMT															

CHECKLISTS FOR VIA AND CRYOTHERAPY

USING THE CHECKLISTS

The **Checklist for VIA Counseling and Clinical Skills** and **Checklist for Cryotherapy Counseling and Clinical Skills** are used by the clinical trainer to evaluate each participant's performance in providing VIA and cryotherapy services to women (i.e., counseling, client screening, infection prevention practices, treatment). These checklists are derived from the information provided in the cervical cancer reference manual as well as that in the learning guides. Unlike the learning guides, which are quite detailed with the testing and treatment skills separated, the checklists focus on the **key** steps in the entire process.

Criteria for satisfactory performance by the participant are based on the knowledge, attitudes and skills set forth in the reference manual and learning guides.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

Evaluation of the **counseling skills** of each participant may be done with women. It may, however, also be accomplished through observation during role plays with volunteers or women in real situations at any time during the course.

Evaluation of **clinical skills** usually will be done during the last 3 days of the course (depending on class size and client caseload). In a participant's first few cases, it is not mandatory (or even possible) for the trainer to observe the participant perform a procedure from beginning to end. What is important is that each participant demonstrates the steps or tasks at least once for feedback and coaching prior to the final evaluation. (If a step or task is not done correctly, the participant should repeat the entire skill or activity sequence, **not** just the incorrect step.) In addition, it is recommended that the clinical trainer not stop the participant at the incorrect step unless the safety of the woman is at stake. If it is not, the clinical trainer should allow her/him to finish the skill/activity before providing coaching and feedback on her/his overall performance. In determining whether the participant is qualified, the clinical trainer(s) will observe and rate the participant's performance on each step of a skill or activity. The participant must be rated "Satisfactory" for each

skill/activity group covered in the checklist in order to be evaluated as qualified.

Finally, during the course, it is the clinical trainer's responsibility to observe each participant's overall performance in providing VIA and cryotherapy services. Only by doing this can the clinical trainer assess the way the participant uses what s/he has learned (e.g., her/his attitude towards women). This provides a key opportunity to observe the impact of the participant's **attitude** on women—a critical component of quality service delivery.

Qualification

The number of procedures each participant needs to observe, assist with and perform will vary depending on her/his previous training and experience as well as how the current training is being conducted (e.g., are models being used for initial skill acquisition). The number of clinical cases needed must be assessed on an individual basis; there is no “magic number” of cases which automatically makes a person qualified to provide VIA and cryotherapy services.

When anatomic models are used for initial skill acquisition, nearly all participants will be judged to be competent after only two to four cases. Proficiency, however, invariably requires additional practice. Therefore, when training participants who will become **new** VIA and cryotherapy healthcare providers (i.e., participants without prior training or experience), each participant may need to provide VIA and cryotherapy services to at least 5 to 10 women in order to “feel confident” about her/his skills. Thus, in the final analysis, the judgement of a skilled clinical trainer is the most important factor in determining competence (i.e., whether the participant is qualified).

The goal of this training is to enable **every** participant to achieve competency (i.e., be qualified to provide VIA and cryotherapy services). Therefore, if additional practice in, for example, VIA is needed, sufficient extra cases should be allocated during the course to ensure that the participant is qualified. Finally, once qualified, each participant should have the opportunity to apply her/his new knowledge and skills as soon as possible. Failure to do so quickly leads to loss of **provider confidence** and ultimately **loss of competence**.

CHECKLIST FOR VIA COUNSELING AND CLINICAL SKILLS

(To be completed by the **Trainer**)

Place a “✓” in case box if step/task is performed satisfactorily, an “✗” if it is not performed satisfactorily or N/O if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not observed: Step, task or skill not performed by participant during evaluation by trainer

CHECKLIST FOR VIA COUNSELING AND CLINICAL SKILLS					
STEP/TASK	CASES				
PRE-VIA COUNSELING					
1. Greet woman respectfully and with kindness.					
2. If cancer screening counseling not done, counsel patient prior to performing pelvic (VIA test) examination.					
3. Determine that the woman has decided to have VIA done.					
4. Assess woman’s knowledge about VIA test.					
5. Respond to woman’s needs and concerns about the VIA test.					
6. Describe the procedure and what to expect.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
GETTING READY					
7. Check that instruments, supplies and light source are available and ready for use.					
8. Check that the woman has emptied her bladder and washed and rinsed her genital area if necessary.					
9. Have the woman undress from the waist down. Help her get on to examining table and drape her.					
10. Wash hands thoroughly and dry them. Palpate the abdomen.					
11. Put one pair of new examination or high-level disinfected surgical gloves on both hands.					
12. Arrange instruments and supplies on high-level disinfected tray or container.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
VISUAL INSPECTION WITH ACETIC ACID					
1. Inspect external genitalia and check urethral opening and Skene’s and Bartholin’s glands.					
2. Insert speculum and fix blades so that entire cervix can be seen clearly.					
3. Move light source so cervix can be seen clearly.					
4. Check the cervix for cervicitis, ectropion, tumors, Nabothian cysts or ulcers and clean cervix with cotton swab if necessary. Dispose of swab.					
5. Identify the cervical os, SCJ and transformation zone.					
6. Apply 3–5% acetic acid to cervix and wait 1 minute. Dispose of swab.					
7. Check if cervix bleeds easily. Check for any raised and thickened white plaques or acetowhite epithelium.					

CHECKLIST FOR VIA COUNSELING AND CLINICAL SKILLS					
STEP/TASK	CASES				
8. Remove any remaining acetic acid from the cervix and vagina with a swab. Dispose of swab.					
9. Remove speculum. <ul style="list-style-type: none"> If VIA test is negative, place in 0.5% chlorine solution for 10 minutes for decontamination. If VIA test is positive, place speculum on tray or container. 					
10. Perform the bimanual examination and rectovaginal examination (if indicated).					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
POST-VIA TASKS					
1. Wipe light source with 0.5% chlorine solution or alcohol.					
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 and dry them.					
4. If VIA test negative, have the woman get dressed.					
5. Record the VIA test results and other findings in woman record.					
6. Discuss the results of VIA test and pelvic examination with woman and answer any questions. <ul style="list-style-type: none"> If VIA test is negative, tell her when to return for repeat VIA testing. If VIA test is positive or cancer suspected, discuss recommended next steps. After counseling, provide treatment or refer. 					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
POST-VIA COUNSELING					
1. Assure woman that she can return for advice or medical attention at any time.					
2. Provide followup instructions.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

PARTICIPANT IS **QUALIFIED** **NOT QUALIFIED** TO PERFORM VISUAL INSPECTION WITH ACETIC ACID (VIA) BASED ON THE FOLLOWING CRITERIA:

- Score on Midcourse Questionnaire Knowledge Assessment _____% (attach Answer Sheet)
- Score on Midcourse Questionnaire Image Assessment _____% (attach Answer Sheet)
- VIA Clinical Skills Evaluation: Satisfactory Unsatisfactory
- Provision of VIA services (practice): Satisfactory Unsatisfactory

Trainer's Signature _____ Date _____

CHECKLIST FOR CRYOTHERAPY COUNSELING AND CLINICAL SKILLS

(To be completed by the **Trainer**)

Place a “✓” in case box if step/task is performed satisfactorily, an “✗” if it is not performed satisfactorily or N/O if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not observed: Step, task or skill not performed by participant during evaluation by trainer

CHECKLIST FOR CRYOTHERAPY COUNSELING AND CLINICAL SKILLS					
STEP/TASK	CASES				
PRE-CRYOTHERAPY COUNSELING					
1. Explain why the treatment is recommended and describe the procedure.					
2. Check that if pregnant, is less than 20 weeks.					
3. Tell her about the side effects to expect and the alternatives to cryotherapy.					
4. Ask the woman for her consent for treatment.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
GETTING READY					
1. Check that instruments, supplies and light source are available and ready to use.					
2. Check that cryotherapy instrument and gas (CO ₂) are ready to use.					
3. Tell the woman what is going to be done and encourage her to ask questions.					
4. Check that woman recently (30 minutes) has emptied her bladder, help her onto examining table and drape her.					
5. Wash hands thoroughly and dry them.					
6. Put one pair of new examination or high-level disinfected surgical gloves on both hands. If available, put a second glove on one hand.					
7. Arrange instruments and supplies on high-level disinfected tray or container.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
CRYOTHERAPY					
1. Insert speculum and fix blades so that entire cervix can be seen clearly.					
2. Move light source so cervix can be seen clearly.					
3. Clean cervix with swab and identify the cervical os, SCJ and site and size of lesion (apply 3–5% acetic acid if necessary). Dispose of swab.					
4. Point probe at ceiling. Press freeze button for 1 second and then defrost button for 1 second. Screw cryotip with sleeve onto end of probe.					
5. Apply the cryotip to cervix. Using “freeze-clear-freeze” technique, freeze cervix for 3 minutes. Wait for tip to release from cervix.					
6. Wait 5 minutes. Repeat procedure (step 5). Close master cylinder valve.					
7. Inspect cervix to ensure that a hard, white frozen ice ball is present.					

CHECKLIST FOR CRYOTHERAPY COUNSELING AND CLINICAL SKILLS					
STEP/TASK	CASES				
8. Inspect cervix for bleeding and, if needed, apply pressure with clean cotton swab. Dispose of swab.					
9. Remove speculum and place it in 0.5% chlorine solution for 10 minutes for decontamination.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
POST-CRYOTHERAPY TASKS					
1. Wipe light source with 0.5% chlorine solution or alcohol.					
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. • If reusing surgical gloves, submerge in 0.5% chlorine solution for 10 minutes for decontamination. 					
3. Wash hands thoroughly and dry them.					
4. Check to be sure woman is not having excessive cramping before helping her sit up, get down from table and get dressed.					
5. Advise woman about post-treatment care and followup instructions.					
6. Record the treatment and followup plan in woman's record.					
7. Have the woman wait at the clinic for at least 15 minutes before sending home.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

PARTICIPANT IS **QUALIFIED** **NOT QUALIFIED** TO PERFORM VISUAL INSPECTION WITH ACETIC ACID (VIA) BASED ON THE FOLLOWING CRITERIA:

- Score on Midcourse Questionnaire Knowledge Assessment _____% (attach Answer Sheet)
- Score on Midcourse Questionnaire Image Assessment _____% (attach Answer Sheet)
- VIA Clinical Skills Evaluation: Satisfactory Unsatisfactory
- Provision of VIA services (practice): Satisfactory Unsatisfactory

Trainer's Signature _____ Date _____

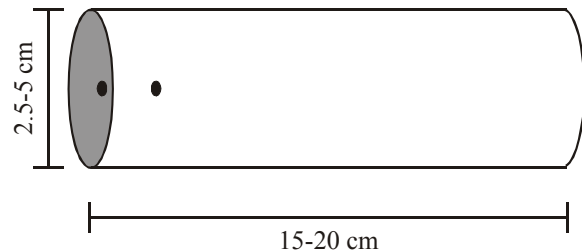
INSTRUCTIONS FOR ASSEMBLING A CERVICAL MODEL

Before starting the course, the trainer should assemble a model that the participants can use to practice cryotherapy. The number of models the trainer will assemble depends on the number of participants in the course.

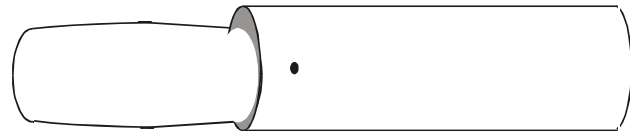
For each cervical model, the materials needed include:

- One plastic polyvinyl chloride (PVC) pipe (5 cm diameter, 15 cm length) or cardboard paper roll
- Four 7.5 cm nails or toothpicks
- One piece of sausage (less than 5 cm diameter)

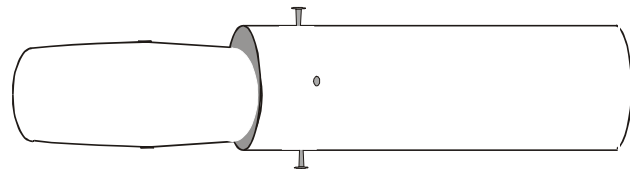
Step 1: Drill four holes about 2.5 cm from the rim of the PVC pipe at 12, 3, 6 and 9 o'clock positions around the perimeter. The diameter of the holes should be wide enough to allow the nails to fit snugly. Alternatively, use the toothpicks to poke four holes into the cardboard paper roll.



Step 2: Cut about 2.5 cm from one end of the sausage to make the end flat. Insert the flat end of the sausage 1/4 of the way into the PVC pipe or paper roll at the end with the holes.



Step 3: Use the nails or toothpicks to hold the sausage in place by inserting them through the holes and then through the sausage.



Note: If you are going to reuse the models, refrigerate them after each use.

EVALUATION OF CECAP LEARNING RESOURCE PACKAGE

(To be completed by Trainers)

REFERENCE MANUAL

Please indicate on a 1–5 scale your opinion of the following chapters and appendices:

5-Excellent 4-Very Good 3-Satisfactory 2-Needs Improvement[†] 1-Unsatisfactory[†]

CONTENTS	EASY TO READ/ USER- FRIENDLY	FOCUSES ON NEED-TO- KNOW INFORMATION	FIGURES, TABLES, TEXTBOXES HELPFUL	USEFUL IN PROBLEM SOLVING
Overall Evaluation of Manual: <i>Cervical Cancer Prevention Guidelines for Low-Resource Settings</i>				
CHAPTERS				
1. Introduction				
2. Human Papillomavirus and Cervical Cancer				
3. Pathophysiology of Cervical Cancer				
4. Talking with Women about Cervical Cancer				
5. Preventing Infection in Healthcare Workers				
6. Client Assessment and VIA Testing				
7. Treatment and Followup				
APPENDICES				
A. Tests for Cervical Cancer				
B. Screening Test Qualities and Their Interpretation				
C. Infection Prevention Processes				
D. Technical Overview of the Cryotherapy System				
E. Troubleshooting with the Cryotherapy System				
F. Processing Surgical Gloves				
G. Performing Breast and Pelvic Examinations				
H. Perceived Barriers to Providing Cervical Cancer Prevention Services				

[†] Please comment on the back if you rated any chapters/appendices less than satisfactory (2 or 1).

1. What **topics (if any) should be covered** in more detail to improve the manual?
2. What topics (if any) should be covered in less detail to improve the manual?
3. What topics (if any) should be added (and why) to improve the manual?
4. What topics (if any) should be deleted (and why) to improve the manual?
5. Did you receive this manual when attending/conducting a training course? If not, how?

COURSEWARE

1. Was the model course outline useful/effective? Why/why not? Any additional comments or suggestions on this would be appreciated.
2. Were the exercises useful/effective? Why/why not? Any additional comments or suggestions on these would be appreciated.
3. Were the learning guides and checklists useful/effective/effective? Why/why not? Any additional comments or suggestions on these would be appreciated.
4. Were the presentation graphics useful/effective/effective? Why/why not? Any additional

comments or suggestions on these would be appreciated.

5. Were the precourse and midcourse questionnaires useful/effective/effective? Why/why not? Any additional comments or suggestions on these would be appreciated.

6. Did you use the 7- or 10-day version of the course schedule/outline? If the 7-day version, what critical training challenges (if any) were encountered in conducting the course?

ANY OTHER COMMENTS OR SUGGESTIONS?

THANK YOU FOR YOUR TIME! PLEASE RETURN YOUR EVALUATION TO:

Attn: Rebecca Fowler
JHPIEGO
Brown's Wharf
1615 Thames Street, Suite 304
Baltimore, MD 21231-3492, USA

Alternately, e-mail Rebecca for an electronic version of this form at rfowler@jhpiego.net; return the completed form to the same e-mail address.

