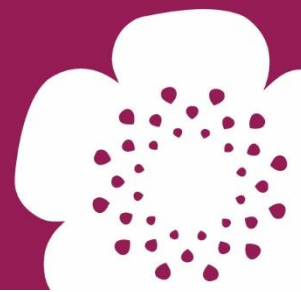


# Self-Learning Instructional Module and Practicum (SLIM-P): An Innovative Strategy for Intrauterine Contraceptive Device (IUCD) Training

Lessons Learned from the Expanding Access to Intrauterine Device Services in India (EAISI) Project



## Background

Intrauterine contraceptive devices (IUCDs) are an effective method of family planning used around the world. They offer long-term contraceptive protection and can be easily inserted at any time, including during the postpartum or postabortion periods. Effectiveness and satisfaction rates for IUCDs are high and their lifespan (copper IUCDs are effective for up to 10 years, hormonal IUCDs are effective for up to 5 years) makes them ideal for clients seeking to space births. However, providers require additional training in IUCD insertion and removal, and the costs associated with traditional IUCD training may be too high for health systems to bear, particularly those with the greatest need.

Traditional IUCD training requires six days of off-site training, combining knowledge acquisition with practical applications, followed by on-site supervision. This may not be feasible in many resource-poor settings for several reasons. This arrangement renders providers unable to maintain routine clinical duties for the duration of the training and facility managers, particularly in understaffed facilities, may be reluctant to allow providers to attend training workshops that require them to be absent for such a length of time. Additionally, the training and related follow-up support can be expensive, with costs related to travel, per diem, housing, and facility rental as well as other programmatic expenditures. Further, where facilities are able to overcome these challenges, they risk reallocation of the newly trained providers, due to central and local human resource requirements, which would leave these facilities again bereft of competent IUCD providers and unable to support training for a new cadre of clinicians.

To address these primary challenges, EngenderHealth developed the innovative Self-Learning Instructional Module and Practicum (SLIM-P) approach, a blended learning methodology designed to increase access to and scalability of effective clinical training. This brief reviews the process and impact of the SLIM-P approach, as implemented through our Expanding Access to Intrauterine Device Services in India (EAISI) project.

## The SLIM-P Approach

EngenderHealth developed the SLIM-P approach as part of the Visayas Health project (2014 to 2018) in the Philippines, with the aim of building the capacity of clinicians to offer high-quality contraceptive services. India's blended learning model, with a self-paced structure, allows providers to flexibly review a set of self-learning modules as their availability allows, based on their clinical schedules and client loads, while continuing to serve their home facilities. This methodology, which combines self-paced learning with practical training and facility-based support, is divided into three phases.

### Phase I: Orientation

To begin, SLIM-P implementers conduct a one-day on-site orientation to the self-learning approach. These implementers also help managers select a preceptor from among facility staff to support and mentor the trainees as they work through the learning modules and complete practical exercises. This orientation introduces the course contents and the roles of the trainees and preceptor to the facility

manager, preceptor, and trainees. During the orientation, trainees complete a knowledge assessment and observe IUCD demonstrations completed on anatomical models (the preceptor is also welcome to join these demonstrations). At the end of orientation, trainees receive their learning modules and preceptors receive their training materials.

### **Phase II: Self-Learning**

After the orientation, the trainees initiate the self-learning component at their own pace, with the aim of completing the course within approximately seven days. During this time, preceptors are tasked with maintaining daily communication (in-person or via phone) with the trainees to track their progress and address any concerns. Preceptors then begin to build the clinical skills of their trainees by first demonstrating IUCD insertions and removals on anatomical models and then allowing participants to practice similarly. After trainees demonstrate competency with anatomical models, and as IUCD clients are available in the facility, the preceptor demonstrates insertions and removals on clients and then supervises as trainees practice on clients directly. Government facilitators are also available to provide remote support (via telephone) throughout this learning phase.

### **Phase III: Assessment and Certification**

After completing the self-learning component, trainees are required to complete a knowledge assessment and demonstrate their skills for the preceptor, who will use a standardized clinical skills checklist to assess performance. After successfully completing the procedure on a model, each trainee is required to successfully complete two postpartum IUCD and two interval IUCD insertions on clients. Any trainee who is unable to successfully complete the knowledge assessment or demonstrate insertions under observation, will receive additional training to address knowledge and/or skills gaps. After trainees successfully complete the knowledge and skill assessments, the preceptor will submit their training evaluation forms to health and/or training managers who will then share the names of those providers with the government for certification. Once certified, trainees are able to provide IUCD services to clients independently.

## **SLIM-P in India**

In 2019, EngenderHealth introduced the SLIM-P approach in Gujarat and Rajasthan through the EAISI project. Using this innovative method, the project achieved the following results:

- **Trained and certified 42 providers** (7 medical officers and 35 nurses) from across 22 intervention facilities
- **Confirmed 100% of trainees were offering IUCD services** after one post-training follow-up visit (80% had commenced by the end of the course)

- ❁ Demonstrated a **60% increase in provider knowledge** (average) on the theoretical application of IUCDs
- ❁ Verified **trainee and preceptor satisfaction** through a post-course feedback survey in which respondents expressed appreciation for the SLIM-P methodology, highlighting the comfort of working in their own environment and the ability to complete the course at their own pace without the pressure of missing clinical responsibilities



*Photo credit: Dr. Banmala*

*Preceptor demonstrating IUCD insertion for a trainee*

## Benefits of the SLIM-P Approach

EAISI project staff identified several benefits of the SLIM-P methodology for IUCD training. Benefits primarily related clinical effectiveness, cost efficiencies, participant satisfaction, and scalability and sustainability.

### Clinical Effectiveness

Trainees participating in the SLIM-P training scored, on average, higher than trainees participating in traditional training courses. All SLIM-P participants were able to perform to standard by the end of the course and all had begun providing IUCD services either immediately or after one post-training follow-up visit.

### Cost Efficiencies

The primary costs associated with the SLIM-P methodology are related to the one-day orientation, materials production, and remote training coordination and support. These costs are negligible in comparison to the costs of traditional trainings, which require additional funding for participants' travel, lodging, and per diems.

### Participant Satisfaction

The SLIM-P self-learning approach recognizes and responds to the challenges that trainees face in managing their time and that facilities face in managing client caseloads by allowing trainees to complete their course within their home facility and to pace their learning to fit their schedules and workloads. This model not only prevents trainees from spending extended periods of time away from their facility, allowing them to continue serving clients, it also enables them to learn and practice skills in the environment in which they will be providing services to clients. All of these benefits support the expressed satisfaction of trainees and preceptors for the SLIM-P model.

### Scalability and Sustainability

The flexibility of the SLIM-P approach empowers providers and facilities to manage the training and build IUCD clinical skills within schedules that work for them. Further, as preceptors offer supportive supervision during the training and thereafter, while trainees begin applying their new skills with clients, sustainability is built into the model from the outset. This aspect of the SLIM-P, combined with its clinical effectiveness, cost efficiencies, and participant satisfaction, make this an ideal model for scalability.

## **Planning Considerations and Challenges**

As with any clinical training model, there are a few considerations and challenges that are important for implementers to incorporate into planning.

### **Facility Manager Support**

Facility managers provide key inputs, including particularly ensuring trainees and preceptors have the time and resources to complete the training. Thus, implementers must garner facility managers' support for the program to ensure its success.

### **Competency of Preceptors**

The role of the preceptor is critical to the SLIM-P approach. Any facility interested in using this approach must employ at least one provider with the knowledge and expertise in IUCD services required to deliver the mentoring support and supervision to the trainees.

### **Availability of Relevant Materials**

Learning materials must respond to the local requirements and context for IUCD insertion and removal. In some cases, this may require adapting or modifying existing materials per local specifications.

### **Government Advocacy and Support**

As with any clinical training program, SLIM-P requires buy-in from local and national healthcare authorities. In some cases, this may necessitate advocacy to ensure these stakeholders understand the value of and support the implementation of the training program.

## **Future Scope of SLIM-P**

Our experiencing implementing the SLIM-P approach through the EAISI project demonstrated success and promise for future programming. The SLIM-P model proved to be more affordable, efficient, and scalable than the traditional IUCD training model and it is our contention that the SLIM-P could be expanded to additional contexts as well. We specifically identified the following as potential areas for applying SLIM-P in the future.

- Expand SLIM-P beyond IUCD training to include training for other contraceptive methods

- ✿ Expand SLIM-P IUCD training to additional cadres (particularly lower-level cadres) to increase access to services
- ✿ Replicate SLIM-P as refresher course for providers who require knowledge or skills updates
- ✿ Institutionalize SLIM-P as part of pre- and in-service training for family planning providers
- ✿ Digitize and convert SLIM-P methodologies into an e-learning course to further reduce costs and logistical requirements associated with materials production and on-site orientations

## Reference

Visayas Health Project 2013-2018, Philippines.

Visayas Health was a six-year USAID health service strengthening project implemented by EngenderHealth designed to scale-up high-impact practices to reduce maternal and infant deaths, improve child health and nutrition and reduce the unmet need for modern family planning services.

## Acknowledgements

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