

## Introduction for the Trainers

### Course Overview

#### **Course Purpose**

Provision of counseling should be an integral part of comprehensive postabortion care (PAC) services. However, most available training materials on postabortion counseling focus primarily on postabortion family planning and do not cover basic client-provider interaction or address other reproductive health needs, both of which are key elements of postabortion counseling. This curriculum is intended to prepare all levels of PAC service providers to meet the information and counseling needs of postabortion clients, including referral for services and issues outside the scope of their current work.

As a result of this training, PAC providers will be able to use communication and counseling skills to perform the following tasks:

- Assess and acknowledge the client's needs
- Listen to her concerns
- Answer her questions
- Give her information about the procedure, what to expect during her visit, postprocedure care, and warning signs
- Help her make decisions about family planning, sexually transmitted infection (STI) and HIV prevention, and other reproductive health services

#### **Course Participants**

This new training approach is designed specifically for providers who interact with postabortion clients immediately before, during, and after the postabortion treatment procedure, including nurses, midwives, counselors, physicians, social workers, nurse aides, and other nonmedical staff. In settings where manual vacuum aspiration (MVA) is used for uterine evacuation, the participants should include at least one obstetrician-gynecologist with MVA experience. The workshop is not intended to teach formal "counseling," but rather to demonstrate that all PAC providers can offer a client essential information and support within the context of their work. It is assumed that participants will have clinical experience or knowledge about the treatment procedures in use at the service site, or that this curriculum will be used along with PAC training for clinical skills and infection prevention.

This training is intended for a group of six to 15 participants; a greater number of participants will require more time for presenting small-group work and role plays. The group should include multiple cadres of providers, but physicians will be requested to attend only selected portions of the training. Regardless of the size of the group, however, participants will benefit most if the clinical practicum site has enough postabortion clients for all participants to counsel one to two clients each over the course of two days.

Nurses, midwives, social workers, and counselors (and whatever other staff hold primary counseling responsibility) should attend the full training. Some parts of this course may also be appropriate for administrative or supervisory staff who do not actually work with clients but who supervise or make decisions affecting those who do. Such staff should be encouraged to attend both on-site and off-site training whenever possible.

### ***Trainers for This Course***

This curriculum has been designed for use by skilled, experienced trainers. While the curriculum contains information to guide the training process and to assist the trainers in making decisions that will enhance the learning experience, it is assumed that the trainers understand adult learning concepts, employ a variety of training methods and techniques, and know how to adapt materials to meet the participants' needs.

The trainers also must be aware of the standards and guidelines regarding certification, training follow-up, and ongoing supervision of the site or institution sponsoring the training event. While reviewing this curriculum in preparation for conducting the course, the trainers should keep this in mind.

It is imperative that the trainers have a solid grounding in counseling; previous experience in assisting postabortion clients and a familiarity with the treatment of abortion complications are strongly recommended. If, however, the trainers have no background in PAC, they should receive a one- or two-day orientation to PAC-related issues. This should include background in PAC globally and within the specific country, an overview of MVA (if appropriate), and at least half a day spent in a hospital or clinic setting observing postabortion clients before, during, and after treatment.

A team of two trainers (either two co-trainers or a lead trainer and an assistant) is necessary for this intensive training. As one trainer facilitates a session, the other can record information on flipcharts, monitor time, help keep the discussion on track with the session objectives, moderate small-group work, and act in sample role plays.

## **The Training Curriculum**

The training curriculum has three main components: training sessions, handouts, and appendixes.

### ***Training Sessions***

Methodology and instructions for conducting the training are included within this section. The nine sessions are grouped thematically to cover related topics. The beginning of each session contains introductory information with essential details about:

- The objectives of the session
- Suggested training methods to use and materials needed when presenting the content of the session
- Advance preparation (including any additional training supplies that will be needed)
- The amount of time estimated to be needed for the training

Before beginning each session, the trainers should review the session's objectives. These can be prepared in advance on a flipchart or as a handout. The objectives should also be reviewed at the end of each session, as a summary of what was covered.

The “Materials” section notes all of the educational and training materials that will be needed for that session. Materials that need to be adapted, developed, or gathered in advance are noted under “Advance Preparation.” The estimated time that will be needed for the session’s training is noted as well.

The “Training Steps” section gives detailed instructions for conducting the session, with a suggested time for each activity. “Training Tips” provide the trainer with additional background information on content or training approaches. These notes may also include discussion questions, possible responses for brainstorming exercises, and suggested formats for flipcharts. “Training Tips” appear in highlighted boxes following the appropriate step, or, if they are extensive, may appear at the end of the session guide.

### **Handouts**

Handouts are provided to assist the trainers in conducting training activities. When reviewing the training steps for each session, trainers should read the handouts carefully and identify the key points of each to be covered during the group discussions. This advance preparation will facilitate the process of reviewing or summarizing handouts. In this curriculum, the handouts for each session appear following the session activities.

The trainers must make copies of the handouts that they will be using prior to the session. Alternatively, if the trainers cannot or do not wish to make copies of all handouts, they may write the content of selected handouts on flipcharts or on a chalkboard. This option is more appropriate for some of the handouts than for others. For example, the participants will need copies of handouts that instruct them to give written responses. When deciding which handouts to distribute, the trainer should bear in mind that the participants may find it useful to keep copies of handouts containing material that is not otherwise provided. This will enable them to review the material after the training is over.

### **Appendixes**

The appendixes contain materials and tools to be used in conjunction with training activities. These resources can facilitate advance preparation for the trainer. Curriculum appendixes are as follows:

- *Appendix A: Training Outline.* This outline provides the chronology and time of all sessions and subsections, along with a list of the accompanying handouts. The agenda also specifies whether the audience for each session and subsection should include doctors (who are exempt from certain parts of the training).
- *Appendix B: Pretest/Posttest on Postabortion Counseling.* Trainers have the option of using this test at the beginning and at the end of the training event. The trainers can use the results of the pretest to customize the training to best suit the participants’ level of counseling knowledge and experience. After the training, trainers can use the posttest to measure change in the participants’ knowledge and perspectives. Answers to this test (including sample correct responses for the open-ended questions) appear immediately after the blank version of the test. The test is included as an appendix, rather than as a handout, because it is *not* a required component of the curriculum. Trainers and sponsoring institutions are free to decide on a case-by-case basis whether use of the pretest and posttest is an appropriate and constructive complement to each particular training event.

- *Appendix C: Transparencies and Activity Materials.* Throughout this course, trainers may find it useful to use transparencies or flipcharts to present the content of the sessions or conduct training activities. Appendix C contains sample text and images that can be reproduced and used for transparencies and flipcharts during training sessions.
- *Appendix D: Sample Case Studies.* A background explanation on the use of case studies within this training appears later in this introduction (see “The Case Study Approach,” page 6). EngenderHealth strongly recommends that this training curriculum utilize original case studies prepared by participants during the training event, as prescribed in Option 1 of Session 3, Part A (page 35). In certain training situations, however, time may be too limited to complete this case-study development exercise. In such cases, prior to the training, trainers should refer to Option 2 of Session 3, Part A (page 39), and select three or four of the prepared case studies found in Appendix D. The case studies selected should reflect a wide range of client characteristics and situations, including age, parity, marital status, whether the client had a spontaneous or induced abortion, etc. These preselected case studies will then be referred to throughout the training and integrated into various exercises and role plays, in the same manner as would those developed by training participants.
- *Appendix E: The Female and Male Reproductive Systems.* One exercise conducted as part of this curriculum is to have participants label handouts showing the female and male reproductive systems with the names used for particular body parts in their society. The diagrams in this appendix are the same as those in the handout, except with all of the formal names of body parts shown.
- *Appendix F: Additional Trainer’s Resources.* There are many valuable reference materials on postabortion care. Trainers should obtain and review as many as possible of the materials listed in this appendix prior to the training.
- *Appendix G: Sample Client-Education Material.* Following the training, participants or institutions may request client-education materials that reinforce critical instructions on postprocedure care and that provide information on postabortion family planning options. EngenderHealth’s Dominican Republic program developed a low-literacy brochure that can serve as a guide for what such client-education materials might include. A translated and adapted version of this brochure appears in Appendix G, offering an example for another country or program that might wish to relay this information.
- *Appendix H: Workshop Evaluation Form.* Just as the pretest/posttest on postabortion counseling (Appendix B) is an important aspect of evaluating the impact of post-abortion counseling training, the Workshop Evaluation Form is a vital aid to EngenderHealth in helping us to improve this new curriculum. Thus, all participants should be asked to complete this evaluation form, and all completed forms should be sent to EngenderHealth.

## Training Materials, Supplies, and Equipment

Along with the materials provided as part of the curriculum, the trainers should obtain training aids, such as flipchart paper, masking tape or blue tack, and colored markers, for use during the course. In addition, selected training activities may require the use of index cards or large or small pieces of paper.

This training relies heavily on the use of flipcharts to guide or summarize discussions. Most of these can be prepared in advance. However, there are dangers in overusing flipcharts: Paper is expensive and sometimes scarce; participants can become bored with “training by flipchart,” even though it is meant to be more interactive; and some information needs to be saved by participants and might work better as a handout. Specific instructions are given for when to write on the flipchart and when not to; try not to do more than is suggested.

If an overhead projector, transparencies, transparency markers, and electricity are available, then transparencies can be used instead of flipcharts in some instances (see Appendix C for material that may be presented using transparencies or flipcharts). Handouts can also be read during the session and then kept for participants’ later reference. Here are a few guidelines for when to use flipcharts, transparencies, or handouts:

- Use flipcharts if you are recording suggestions or ideas from participants (e.g., during brainstorming), if you want to post the information on the wall or refer to it later in the training, or if you want the participants to think through a question or concept by themselves (maybe referring to a handout later).
- Use an overhead projector and transparencies if you want to present a piece of text for everyone to read and then discuss, but not save, or if you want to post instructions for group work.
- Use handouts if you want the participants to save the information to refer back to after the training.

Session 7, “Postabortion Counseling,” includes the option of using a video camera to record role plays and then give the participants the chance to see themselves on tape. Trainers are free to decide whether the use of video is appropriate and constructive within this session. If trainers choose to utilize video, they will need to obtain a video camera and tape, plus a monitor to play the tape for the group. Trainers should also familiarize themselves with the use of this equipment prior to the training, to avoid delays related to technical difficulties. The main purpose of the exercise should not be sacrificed because of distractions related to the video equipment.

## How to Use These Materials

### *Training Design*

This curriculum has been designed to be flexible, to accommodate different types of participants (doctors, nurses, social workers, etc.), different levels of participant experience, and different social, cultural, and political settings (see “Special Considerations for Settings Where Abortion Is Legal,” page 11). The course design will be affected by the participants’ prior experience and training. While time may be a limiting factor for on-site training in which service providers are participants, it is preferable that all participants be present for all sessions, as dictated by the training agenda (see Appendix A).

The exercises in this curriculum have been carefully designed to achieve specific objectives. Although it will be necessary to adapt certain portions of the training based on the setting, culture, etc., the trainers should follow the instructions as closely as possible.

### ***Use of Training Methods***

The content of the curriculum is covered through a combination of training methods, including presentation and interactive exercises (instructions for which are provided within the steps of training sessions). Although the trainers will need to present some of the material through lectures, they will also use more participatory methods, such as large-group and small-group exercises, role plays, and discussion. The trainers should never lecture for more than 15 to 20 minutes at a time. Even while lecturing, the trainers should use visual aids to illustrate the narrative.

Participatory methods, such as brainstorming or role-play exercises, have been shown to be a critical feature of successful adult learning. While it is desirable for these to be as interactive as possible, both to reduce the amount of lecture time and to engage the participants more fully, the content of this training course does not always lend itself to such activities. The trainers can employ principles of adult learning by relying heavily on the participants to discuss issues and generate solutions based on their own experiences.

### ***Time Frame and Chronology***

The suggested schedule for this training is three and one-half to four days, including in-class training and hands-on counseling practice with PAC clients. Given the personal and controversial nature of many of the issues involved in postabortion counseling, this intensive approach is probably the most effective. However, the training could be conducted in shorter segments, spread out over a longer period of time. Even if changes are made in the length of the training, however, *trainers should always follow the recommended sequence of sessions*, since the later sessions build on knowledge, attitudes, and skills addressed in the earlier sessions.

### ***The Case-Study Approach***

This curriculum is intended to be adaptable across different cultures. To encompass the range of sensitive issues related to abortion and PAC in different countries, participants' input is used to create client profiles that reflect the unique postabortion situation in their given setting. These client profiles are developed into case studies that are used repeatedly throughout the training for small-group work and role plays. The case studies allow the participants to build empathy by constantly applying new concepts to individual clients' personal situations.

Creating client profiles and case studies that accurately cover the range of local issues and challenge providers' stereotypes, biases, and misconceptions requires close attention and sensitivity on the part of the trainers. Guidance is given throughout this curriculum to help the trainers consider the possible range of issues to address and to lead discussions into potentially difficult areas.

The symbol below will appear throughout the training guide to indicate that one or all of the case-study clients whose stories are developed in the beginning of the training should be used in the exercise or role play being described.



### ***The Clinical Practicum***

The clinical practicum (Session 8) is a crucial element of the curriculum. After three days of interactive classroom learning, participants are given hands-on practice in applying their skills to counseling sessions with actual postabortion clients. Working in pairs, participants take turns providing counseling before, during, and after the PAC procedure, under the observation of a supervisor and at least one other participant. The clinical setting provides a context in which to apply the lessons covered previously, and it elevates the skill practice to a level of seriousness difficult to approximate in the in-class role plays. Because the clinical practicum is critical to the impact of the overall training experience, each participant should counsel a minimum of two clients, so that he or she can practice adapting the discussion content according to individual client assessments. This multiclient exposure demonstrates how dramatically counseling needs may vary from one client to the next.

### **Evaluation**

Evaluation is an important component of training. Evaluation gives the trainers and participants an indication of what the participants have learned and helps the trainer determine whether the training strategies employed were effective.

The true test of how successful PAC training has been is whether high-quality counseling practices, services, and protocols have been instituted (or improved). This emphasizes the importance of good follow-up of all training events. However, more immediate evaluation of the course itself is also needed. Because this course covers both knowledge-based and attitude-based material, participants' progress will be measured in large part through the assessment of changes in their knowledge and attitudes.

Evaluation opportunities within the curriculum include:

- Assessing participants' progress during the training by asking questions of individuals and groups, to test their knowledge and comprehension
- Using the pretest/posttest to assess improvements or changes in participants' cumulative knowledge or attitudes before and after the training
- Observing role plays followed by the clinical practicum, to assess how participants' counseling skills developed from the middle to the end of the training

After the training event, the trainers should follow up with the participants to learn how they have applied their new knowledge and skills. If a supervisor is responsible for follow-up, the trainers should contact the supervisor to learn how postabortion counseling has improved as a result of the training.

An end-of-training evaluation allows participants to provide feedback on the overall training process and the results of the course. The Workshop Evaluation Form (Appendix H) should be used for this purpose, and participants should be encouraged to be truthful in their responses (which may be more easily achieved if the handout is completed anonymously).

Finally, this is a new training approach for postabortion counseling; evaluation is very important if EngenderHealth is to further improve the curriculum. Please use the evaluation form provided to obtain feedback from each participant, and please return all completed forms to EngenderHealth.

## Advance Preparation

### ***Obtaining Background Information***

Before the training, trainers should try to find out as much as possible about the course participants—their job responsibilities, background, sex, and experience providing postabortion care services—and about the management hierarchy at their sites, so the training can be adapted to the participants' needs. In addition, the trainers should try to determine the plans of participants' sites regarding comprehensive PAC services in general and postabortion counseling in particular. For example, if there is currently little or no postabortion counseling in practice, or if protocols related to this subject do not exist, the trainers should find out:

- Why the site requested the training
- What the training will entail beyond counseling (e.g., infection prevention, clinical skills, and family planning)
- Who is responsible for supervision of PAC services, including counseling
- What role the participants currently or will soon play in the provision of postabortion counseling services

To obtain this information, EngenderHealth recommends that trainers interview the most involved administrators at the participants' respective sites. To assess the participants' needs and abilities prior to training, trainers may interview them and observe them during service provision or may administer the optional pretest on postabortion counseling (Appendix B).

### ***Guidelines for Training Preparation***

The following steps should assist trainers in becoming familiar with the curriculum and preparing to conduct the training event.

First, read the entire curriculum and the handouts one time quickly to get an overall sense of the purpose, content, and approach of the training.

Next, confer with the program administrators at the PAC service site. If you have been asked to present this training, they are probably well aware of its goals, objectives, and intended audience. Nevertheless, after you first read the curriculum, you should meet with them to clarify the purpose of the training, to see if appropriate participants have been selected, and to confirm the time committed for the workshop.

Then, read the curriculum again, this time slowly. Think about each session in terms of the needs of postabortion clients and PAC service providers at the local service sites. Carefully review each handout—the handouts are the “permanent record” of the workshop that will be left with the participants, and possibly will be seen by others who did not attend the training. Revise them as necessary to reflect and be sensitive to the local situation, issues, and attitudes.

After you have reviewed and revised (if necessary) the handouts, make enough copies of them for all participants. (*Note:* Some handouts can be given out at the beginning of the training for the participants to read as background. Other handouts are meant to be distributed as part of a training activity.) Each participant should have a notebook or folder to keep all of his or her materials organized as they are distributed; trainers should ask the facility manager to notify all participants in advance of the need to bring a notebook or folder.

Write the list of objectives for all sessions on a flipchart. At the beginning of each session, briefly state the objectives to be covered. Review the session's objectives during a "wrap-up," to provide a framework for assessing how well objectives were achieved and where there may be gaps in participants' understanding. (These gaps can be addressed in subsequent sessions.)

### ***Additional Trainer's Resources***

Prior to the training, trainers should obtain and review as many as possible of the materials listed in Appendix F (available either from EngenderHealth or from the publisher). The curriculum sometimes refers to specific sections as starting points for group discussions. Depending on the participants' level of training and interest, trainers may wish to select one or two of these references to copy and give as handouts to participants. (Beware: Giving all of the materials would almost certainly overwhelm participants and would represent a poor use of materials and financial resources.)

## **During the Training Course**

### ***Creating a Positive Learning Environment***

Many factors contribute to the success of a training course. One key factor is the learning environment. Trainers can create a positive learning environment by:

- *Respecting each participant.* Trainers should recognize the knowledge and skills the participants bring to the course. They can show respect by remembering and using the participants' names, encouraging them to contribute to discussions, and requesting their feedback on the course agenda.
- *Giving frequent positive feedback.* Positive feedback increases people's motivation and learning ability. Whenever possible, trainers should recognize participants' correct responses and actions by acknowledging them publicly and making such comments as "Excellent answer!" "Great question!" "Good work!" Trainers can also validate the participants' responses by making such comments as "I can understand why you would feel that way...."
- *Keeping the participants involved.* Trainers should use a variety of training methods that increase participant involvement, such as questioning, case studies, discussions, and small-group work.
- *Making sure the participants are comfortable.* The training room(s) should be well lit, well ventilated, and quiet, and should be kept at a comfortable temperature. Breaks for rest and refreshment should be scheduled.

### ***Presenting Sensitive Content***

This training course addresses a topic that may be difficult for the participants to discuss. While this book provides suggestions for ways to discuss many topics in a group setting, trainers may face situations in which individual (or groups of) participants hesitate to join in discussions, are judgmental, or inhibit other participants from expressing their feelings freely. To encourage risk-taking and create an environment in which the participants feel comfortable discussing and absorbing new content and ideas, trainers may use the following techniques:

- Acknowledge that it is normal to feel nervous, anxious, or uncomfortable in new and unfamiliar situations.
- Begin with less-sensitive content, and build up to content that is more sensitive.

Similarly, avoid scheduling sensitive discussions after breaks or at the very beginning of a session or day, if possible, to ensure a more trusting and cohesive atmosphere.

- Use icebreaker activities at the beginning of the training workshop and during breaks to encourage team-building and comfort.
- Use small-group work to allow the participants to express their feelings in front of a smaller audience. Similarly, split the groups up by sex, if appropriate.
- Use paraphrasing and clarification techniques to demonstrate attention to what the speaker has said, to encourage the speaker to continue speaking, and to ensure understanding.
- Share your own experiences, including situations in which you were and were not successful.
- Give constructive feedback to reassure the participant that his or her remarks are acceptable and appropriate and to encourage additional participation.

### ***Participant Feedback***

The trainers should set aside a segment of time at the *beginning* of each training day to permit the participants to raise issues that can interfere with learning, such as those related to personal situations, accommodations, or content. Depending on the size of the group, a period of 10 to 15 minutes may be needed.

Similarly, the trainers should set aside a segment of time at the *end* of each training day to allow the participants to share their learning insights and their assessment of what did and did not go well for them that day. This assessment will enable the trainers to make any needed adjustments in the agenda and give the participants the opportunity to comment on the way the training course is progressing. One effective way for the trainers to do this is to conduct a “plus/delta” exercise, which is described below.

At the end of the day before the last training day (e.g., on Day 3 of a four-day training), the trainers might ask the participants if they would like anything discussed in the training to be clarified or if they would like anything else to be included on the last day.

### ***Conducting a Plus/Delta Exercise***

Plus/delta exercises provide a useful tool for trainers to solicit feedback about a training workshop. Through these exercises, participants are able to evaluate the workshop experience together, discussing aspects of the workshop that went well and recommending ways to improve it in the future.

To conduct a plus/delta exercise, which may take between 15 and 30 minutes, the trainer asks the participants to call out aspects of the workshop that they liked. The trainer then records them in the left-hand column of a flipchart, entitled “Plus” or “What I liked about this workshop.” Next, the trainer asks the participants to call out one way to improve the workshop and records it in the right-hand column of the flipchart, entitled “Delta” or “What could be done to improve this workshop.”

For each item listed in the “delta” column, the trainer facilitates a discussion by asking whether many people agree or if only one participant feels this way, and by encouraging the participants to offer ways to make the suggested changes. The trainer continues asking for

ways to improve the workshop until the participants have no more suggestions. (*Note: If the participants seem reluctant to point out negative aspects of the training, the trainer might mention one way that he or she has thought of to improve future trainings.*)

If the participants' suggestions for improvement involve changes to the training room or environment, the trainer should communicate the suggestions to someone who can facilitate the changes.

### ***Adjusting the Curriculum***

As the course progresses and the trainers become familiar with the participants' learning styles and level of knowledge, they may need to make selected *minor* adjustments to the course content or the agenda. Time requirements will vary depending on the participants' experience and interests and on the trainers' respective levels of experience.

Adjustments to the curriculum should be few and should not compromise the quality of the training. The trainers should cover all important content—in the order prescribed by the agenda and training sessions—and allow sufficient time for discussion.

## **Special Considerations for Settings Where Abortion Is Legal**

### ***Informed Choice***

Where abortion is legal, a central concern is ensuring informed choice, with respect to both termination of pregnancy and selection of family planning methods. Clients often may be pressured by husbands or other family members to terminate a pregnancy, so providers should be alert to this possibility and counsel clients accordingly. When there are indications that an abortion was coerced, it may be appropriate to include the influential partner or family member in counseling (only with the client's explicit permission, however).

It is also a common unofficial policy to pressure or “convince” clients to accept a family planning method at the time of the abortion. Reinforcing the need for family planning to prevent future unwanted pregnancies is appropriate and warranted for elective abortion; however, providers must be careful not to push clients to select a method prematurely (especially in the case of surgical contraception). This could lead to method discontinuation, client dissatisfaction, or a loss of trust in the health system. The provider's role must be to make the client aware of the need for family planning and of her options and to assist her in choosing the method that best fits her needs. If the client requires more time to come to a decision, she should be free to do so, and providers should inform her of the times and places where she can obtain a method later.

These principles hold true for PAC services in countries where abortion is illegal as well; however, settings in which abortion is legal may be more vulnerable to a postabortion family planning acceptance “requirement” within the service-delivery protocols.

### ***Provider Attitudes and Client Concerns***

Another notable difference from settings where abortion is illegal is a less-judgmental attitude demonstrated by providers toward women who terminate their pregnancies. In settings where abortion is legal, therefore, counseling training may focus less on overcoming

providers' prejudices about abortion. Similarly, clients may feel less guilt and shame about their decision to have an abortion than do women in countries where terminating a pregnancy is a crime. Instead, the emotional needs of women obtaining a legal abortion can center more on the fear of pain or complications as a result of the procedure. The sessions on addressing clients' feelings and providing support before, during, and after the procedure should therefore be adapted as appropriate to fit common concerns in the local setting.

In some countries where abortion is legal and accessible, but where family planning knowledge and use are low, clients may rely on traditional methods or on no method at all, with abortion serving as a back-up contraceptive option. In these cases, providers should be sensitized to barriers that may impede clients' ability to obtain and use modern methods. Being aware of these issues can help them to best aid clients in the free and informed choice of an appropriate and effective method.

## At the End of the Training Course

It is important to summarize the content and activities of the course. The trainer should highlight key points and be sure to review any specific concerns or difficulties that were raised during the course.

The trainers may choose to administer the posttest (Appendix B) to assess changes in the participants' knowledge and attitudes regarding postabortion counseling. It is also important for the participants to complete the end-of-training evaluation (Appendix H) so the trainers can examine overall processes and results.

## After the Training Course

### Follow-Up

Learning about postabortion counseling does not end when this course is completed. At the end of the training, most participants will have gained new knowledge and skills and will have a better understanding of how to integrate comprehensive, high-quality counseling into their routine interactions with postabortion clients. After the course, the trainers might follow up with administrators at the participants' sites to determine whether the new counseling skills are being utilized throughout the provision of PAC services.

Some participants may encounter difficulties integrating counseling into their work without the cooperation of their colleagues and the support of their supervisors. For these and other reasons, the trainers should discuss follow-up with supervisors before the training and with participants during the training.

Before beginning the training, the trainers should understand their role in follow-up. Follow-up can be provided several different ways, depending on the participants' needs, the trainers' availability, and financial considerations. Follow-up mechanisms include:

- *Visiting the participants at their sites.* This is the most effective way to follow up on the course. If possible, trainers should have an opportunity to facilitate a discussion with the participants to talk about the challenges and successes of integrating comprehensive postabortion counseling into existing services. Administrative issues and any problems the participants may encounter can also be discussed at this time.

- *Inviting the participants to visit other sites or meet other providers that provide high-quality comprehensive postabortion counseling.* This enables participants to observe and obtain helpful advice from providers who have successfully integrated comprehensive counseling into PAC services.
- *Requesting participants to establish site logbooks.* Such logbooks, which track detailed counseling information for each client, may include whether the client received counseling, her reproductive intentions, the family planning method she selected (only appropriate for clients wishing to delay a future pregnancy), and referrals given for other services (if applicable). These can be reviewed to assess progress in providing client-centered counseling; however, staff, trainers, and administrators must take care not to misinterpret the data. For example, no site should aim for having 100% of clients leave with a family planning method unless that site is sure that 100% of clients wish to postpone a pregnancy (an unlikely percentage). Counseling and services should match the needs of the individual clients.

Follow-up is an important part of training and should be a planned part of any training course. Participants should know who will conduct follow-up and how it will be conducted.

