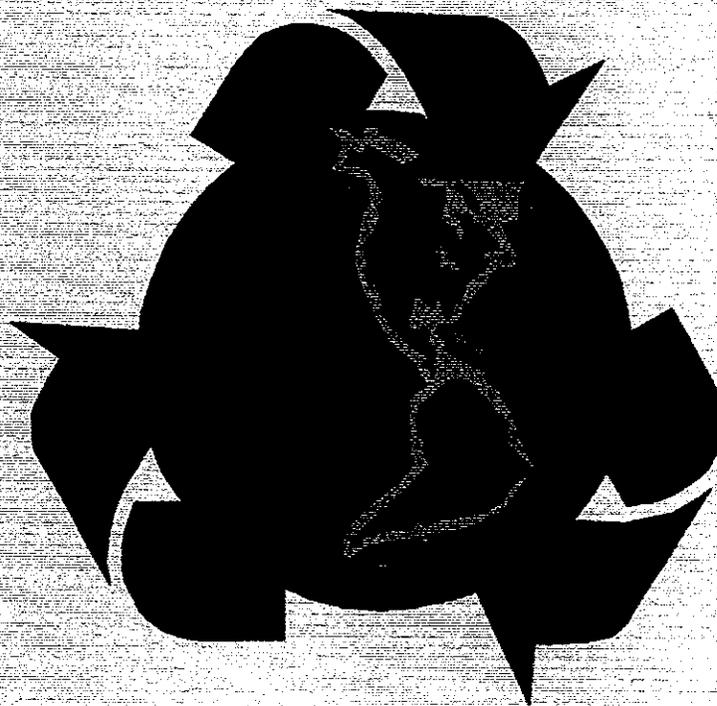


PW-ACR-488

The GRMA/PRIME

**Self-Directed Learning/
Client-Provider Interaction
Adolescent Reproductive
Health Initiative**

a programme in six modules



Module 5:

**Providing Reproductive Health, Family
Planning, Emergency Contraception and
Postabortion Care Services to Adolescents**

1999

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Table of Contents - Module 5

<i>Acknowledgements</i>	iii
<i>Abbreviations</i>	iv
Introduction and Module Objectives.....	1
Monthly calendar	2
Lesson One: Adolescents and family planning.....	3
Self-assessment	3
What are the benefits of providing FP/RH services to adolescents?	4
What do adolescents need to know about their bodies in order to choose and use a FP method?.....	4
What do I need to know about the menstrual cycle?	5
How do I explain the menstrual cycle?.....	6
What does all this have to do with family planning methods?	7
Apply it now (Activities 1, 2 & 3)	8
Lesson Two: Emergency Contraception (EC).....	10
Self-assessment	10
What is emergency contraception?	11
How does EC contribute to ARH?	11
Who is eligible for EC?	11
How does EC work?	11
What is EC's effectiveness?.....	12
When can EC pills be started?	12
What are the side effects of EC pills?	12
How are these side effects managed?	12
EC regimens	12
What else should I tell adolescent clients who come to me for EC?.....	13
Apply it now (Activities 4 & 5)	14
Lesson Three: Postabortion care (PAC) for adolescents.....	15
Self-assessment	15
What is PAC?.....	16
Why is it important for adolescents to receive PAC services?	16
What opportunities does PAC present?	16
How would you identify an adolescent client who needs PAC services?.....	16
How do I handle referrals of adolescents who need more PAC services than I can provide?.....	18
What must I do to provide PAC services for adolescent clients?	18
What more do I need to know about providing PAC services for adolescents?	19
How can I integrate PAC with other RH services?	20
Apply it now (Activities 6 & 7)	21
Paired learner meeting.....	22
Summary	24
Practice applying skills on the job	24
Activity plan for applying skills on the job.....	25
Final Assessment	26
Answers for assessments and activities.....	29

References 36

Evaluation of Module Five 37

Things I want to discuss when I see my facilitator are... 38

Things I want to discuss at the next peer review meeting include... 39

Leamer Accomplishment Form 40

Suggested Reading
Complete Clinical Assessment

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARH	adolescent reproductive health
COC	combined oral contraceptive
CPI	client-provider interaction
DMPA	an injectable progestin-only contraceptive
EC	emergency contraception
FP	family planning
GRMA	Ghana Registered Midwives Association
HIV	human immunodeficiency virus
IEC	information, education and communication
IUD	intrauterine device
LAM	lactational ammenorrhea method
OC	oral contraceptive
PAC	postabortion care
PID	pelvic inflammatory disease
RH	reproductive health
SDL	self-directed learning
STD	sexually transmitted disease
STI	sexually transmitted infection
USAID	United States Agency for International Development

Module 5: Providing Reproductive Health, Family Planning, EC and PAC Services for Adolescents

Introduction

Midwives and other service providers have an important role to play in educating adolescents about their sexuality and helping communities solve problems related to adolescent reproductive health. This module will help you counsel and provide adolescents with reproductive health (RH) and family planning (FP) services.



Objectives

After completing this module and the related peer review session, you will be able to:

Lesson one:

- describe the benefits of providing FP/RH services to young clients.
- relate the functions of male and female reproductive organs to FP methods.
- apply knowledge of menstrual cycle to providing hormonal FP methods.
- apply the principles of interpersonal communication in counselling clients for FP methods.

Lesson two:

- define emergency contraception (EC).
- state the indications for emergency contraception.
- apply the principles of interpersonal communication to providing appropriate EC services when needed and within the proper time frame.

Lesson three:

- define PostAbortion Care (PAC).
- explain the importance of PAC for adolescents.
- list the components of PAC services.
- apply appropriate procedures to assess, treat, and manage PAC services.
- explain how providing PAC services also creates an opportunity for FP and reproductive health (RH) counselling, including counselling about sexually transmitted diseases (STDs) and HIV.

Module Five is divided into three lessons. When completing the module, use the page called, *Things I want to discuss when I see my facilitator are...* to keep track of questions or comments you might have for your facilitator. Keep comments for your next peer review on the page called, *Things I want to discuss at the next peer review meeting include...* Both of these pages are located at the end of this module.

Before you start...

Fill out your schedule for completing the module during the next month. The items should include: **covering the lessons in the module, the meeting with your partner, your practice activities in the work site, preparing for your monthly meeting and the monthly meeting itself.** In order to fill in the schedule ask yourself the following questions: **“What am I doing this month? What time is available? When is the best time to do my lessons? What are my obstacles to completing the lessons? How will I overcome what gets in my way?”**

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							

What are the benefits of providing FP/RH services to adolescents?

For adolescents:

The FP/RH services you provide for adolescents can reduce the incidence of:

- unwanted teenage pregnancy
- unsafe abortion and its complications
- STDs and HIV/AIDS

Providing FP/RH services to pregnant adolescents also gives you an opportunity to improve the health of mother and baby. As you provide quality prenatal, delivery, and post-partum care, you help ensure the health of mothers and children.

For midwives:

Providing FP/RH services to adolescents can have positive results for you, too. Helping adolescent clients address their FP/RH needs will:

- increase your clientele
- increase your income
- reduce medical emergencies
- improve the health of the community

What do adolescents need to know about their bodies in order to choose and use a family planning method?

Adolescents need to know that their bodies are capable of reproduction. Girls can get pregnant even before their menstrual periods become regular. A young woman usually begins menstruating (having periods) between the ages of 9 and 16. Health, nutrition, and genetics influence sexual maturity for both males and females. Girls generally become sexually mature about 2 years ahead of boys. In boys, sperm production begins after the development of secondary sexual characteristics, such as growth of facial and body hair and deepening voice. Testicular enlargement is the most relevant sign of sexual maturity.

Many adolescent girls believe they cannot get pregnant until they have had intercourse several times. Many boys believe this, too. Therefore, adolescents need to know that each and every act of unprotected sex represents the possibility for pregnancy and/or acquiring an STD or HIV. Adolescents tend to think, "That won't happen to me." But it can, of course.

Adolescents need to know there are safe and effective methods for preventing pregnancy and STDs and HIV/AIDS. They need to know what you know: That these methods are available to them and that they are not required to have parental or spousal consent to receive an FP method. Girls, especially, need to learn about ways to say no to unwanted sexual advances or to negotiate the conditions of their sexual activity. They will need encouragement and strategies, for example, to negotiate with a partner about condom use. You can play a very important role in helping young women establish the terms of their sexuality. Boys also need help in resisting peer pressure and in establishing relationships that are healthy and respectful of themselves and of their partners.

Adolescents need to understand the potential consequences of irresponsible sexual behaviour. Besides the impact on educational achievement, pregnancy and childbirth can be damaging to young women who are still physically immature. Sometimes pregnant girls are forced to leave their families. Unsafe abortion can lead to lifelong physical complications or even death. STDs can impair future reproductive capability and several can be fatal. Boys and girls need to know how to protect themselves from STDs and HIV/AIDS and unintended pregnancy.

Adolescents need to have good, basic, accurate information about their sexuality, how their reproductive organs function, how FP methods work, and how to protect themselves and others from disease. They also need to know about emergency contraception if they make a mistake. It's easier for adolescents to understand how to prevent pregnancy if they understand the basic functions of the male and female reproductive organs. Adolescents need to know that girls have a fertile period each month during which time they can become pregnant and that it spans several days to a week. This is when ovulation occurs, as well as the period of time just before and after ovulation. It is then that sexual intercourse could result in pregnancy. Adolescents need to know that boys are capable of fathering a child when they become capable of ejaculation. Let us continue our discussion of what adolescents need to know with a review of the menstrual cycle.

What do I need to know about the menstrual cycle?

All women of reproductive age menstruate unless they are pregnant, nursing a baby, very underweight, ill, or have some problem with their reproductive system. The onset of menstruation is called menarche, and it usually occurs between the ages of 9 and 16. Women continue to have monthly periods until they reach about 40-55 years of age or more. There is great variation in the timing of the last period. After there have been no periods for a year, this last menstruation signals the beginning of menopause.

Most women are "regular" and have a period every 28 days. In women who are less "regular", menstruation typically occurs every 21-35 days, which is still considered to be normal.

The first day of a woman's period is counted as Day 1. Within about five days after the period begins, the pituitary gland near the brain sends a signal to the ovaries, and an egg (usually one only) begins to ripen. Meanwhile, the ovaries send out the hormone called oestrogen, which signals the uterine lining to become thick with blood and tissue. Around Day 14, the ripened egg breaks out of its follicle and rises to the surface of the ovary. This is called ovulation. This fertile period occurs 12 to 16 days before menstruation begins (if the egg is not fertilised). The egg is then swept into the Fallopian tube that connects the ovary to the uterus. While this is happening, the ruptured follicle produces progesterone, which causes the uterine lining to continue its build-up. If the egg does not become fertilised during its trip down the Fallopian tube, it breaks apart and disintegrates.

The oestrogen and progesterone signals to the uterus grow weaker as the cycle progresses, and by Day 24 the signals have stopped. The lining of the uterus begins to break up. By Day 28 the lining has loosened so much that it starts to break off and pass through the cervix and vagina as menstrual fluid. Menstrual fluid is a mixture of tissue, mucus, and blood. The blood gives the menstrual fluid its red colour. The amount of blood is very small. Some women may experience cramps with menstruation. Cramps are the result of the uterus contracting to push the menstrual fluid out.

How do I explain the menstrual cycle to adolescents?

While it is helpful for you to have a more technical understanding of the menstrual cycle, adolescents need a much less technical explanation. A very good explanation of the menstrual cycle for adolescents can be found in Ghana's *Family Life Education and Youth Development Issues* curriculum, which was published in 1997. This explanation is simple, clear, and accurate, and is reprinted here for your use. As you explain the menstrual cycle to clients, use a flip chart or poster that pictures the female reproductive organs. Point out the ovaries, Fallopian tubes, uterus, etc., and trace the route taken by the egg.

Explanation of the menstrual cycle:

1. When a girl is born, she has thousands of egg cells or ova in her two ovaries. Each egg is the size of one grain of sand. The tiny dots in the two balls are the eggs. The two balls are the ovaries. Each month, one egg – too small to be seen – ripens and leaves the ovaries. This is ovulation. The egg is picked up by the broad end of the fallopian tube and starts moving towards the uterus, the V-shaped area. At the same time, the uterus starts getting ready for the egg by thickening its inner lining.
2. An egg can grow only if it meets a sperm cell from the male. If the sperm and egg meet, the egg is fertilised. The fertilised egg attaches to the thick lining of the uterus, and the woman becomes pregnant. This lining nourishes and supports the baby until birth.
3. Menstruation occurs 12 to 16 days after ovulation, if the egg is not fertilised. Menstrual periods may last 2-8 days; the average menstrual period lasts 4-6 days. The menstrual cycle occurs every month until a woman goes through menopause. It also stops during pregnancy and starts again some weeks after the baby is born, (unless the woman is breastfeeding her baby and her breast milk is the baby's only source of food).
4. If the egg is not fertilised by sperm, the lining is not needed and it breaks down. The lining, tissue and the egg flow out of the uterus through the vagina and leaves the body. This is menstruation.
5. Menstruation means that a girl is capable of becoming pregnant but does not mean that she is ready to be a mother. It is not until adulthood that a woman becomes ready for motherhood.

Questions and Answers about Menstruation

1. *When does a girl start menstruation?*

Menstruation occurs regularly every month in girls who have reached puberty (9-16 years) and continues until menopause (when periods stop, generally between 40-55 years). Menstruation is not shameful and is a normal part of development. It does not need to be a secret, but it is a private matter.

2. *How long do periods last?*

Most menstrual periods last 2-8 days, with 4-6 days being the average. Menstruation usually occurs every 21-35 days (from the start of the previous period).

3. *I am 12 years old. I started my period 4 months ago but it does not occur regularly.*

The first periods are often very irregular. It is common to skip several periods or to have periods very close together. A regular menstrual pattern will gradually be established.

4. *I am 18 and have not started menstruating. Should I be concerned?*

If by 18 you have not started having periods, consult a doctor to find the cause of the delay.

What does all this have to do with family planning methods?

The concept behind all FP methods is to prevent fertilisation of a ripe egg by viable sperm. The barrier methods, such as condoms and the diaphragm work by blocking sperm from reaching a ripe egg, while spermicides provide a chemical barrier that impairs the ability of sperm to swim towards the egg. The intrauterine device (IUD) works by creating a mild, localised inflammatory reaction in the uterus and Fallopian tubes. The resulting body fluids impede the transport of sperm and block fertilisation. Hormonal methods, such as oral contraceptive (OC) pills, injectables, and Norplant, work by suppressing ovulation. The lactational ammenorrhea method (LAM) works because exclusive breastfeeding during the first six months postpartum suppresses ovulation. Natural family planning, or "rhythm", relies on abstaining from intercourse during the fertile period to keep the sperm and egg from uniting.

(Note: Sperm can live inside the woman's body for 5 to 8 days. Add that time to the time during which a ripe egg can be fertilised before it passes from the body, and you have a rather large "window of opportunity" for pregnancy to occur.)



Apply it now

Activity 1

A teenager comes to your clinic complaining of having 2 periods in a month. She had the first period on the 1st and the second on the 29th day of the same month. What will you tell this girl?

Activity 2

Abla is a 17-year-old student. She is on her second pack of Secure. She is complaining of spotting and feeling nauseated on and off. History taking and physical examination detect no abnormalities. How would you manage this case?

Activity 3

Match the statement found in column A with the appropriate FP method(s) found in column B by writing the correct letter(s) in the blank to the left of column A.

Note: You may use letters more than once, and you may put more than one letter in any blank if appropriate.

ANSWERS	COLUMN A	COLUMN B
	1. This barrier method may be of interest to adolescents because of its low cost and its effectiveness in protecting against STDs and HIV/AIDS.	A. Injectable contraceptives
	2. One main factor necessary for woman to become pregnant is ovulation. Some FP methods prevent ovulation.	B. Spermicides
	3. May help prevent some STDs and conditions caused by STDs. Possibly some protection against HIV/AIDS but this is not proven.	C. Withdrawal
	4. Long term yet reversible.	D. IUD
	5. Adolescents may need help in convincing their partners the necessity of using this FP method.	E. Condoms
	6. This method is not very effective because some sperm fluid is secreted during sexual excitement.	F. Hormonal FP methods
	7. Should not be used as the only method by clients with multiple partners because they do not protect against STDs and HIV/AIDS.	

What is emergency contraception?

The term, emergency contraception (EC), covers a number of methods used by women within a few hours or a few days following unprotected intercourse to prevent pregnancy. Most of these methods have been known to the medical community for many years and involve the use of standard contraceptive products. Our discussion will focus on the use of oral contraceptives for EC.

How does EC contribute to adolescent reproductive health (ARH)?

Providing EC for adolescent clients can:

- reduce the incidence of unwanted teenage pregnancy.
- reduce the incidence of unsafe abortion and its complications.
- provide an opportunity for the adolescent to receive counselling for FP and other RH services.

Who is eligible for EC?

Oral contraceptives can be effective for EC if a woman does not already have an established pregnancy. An established pregnancy will not be disrupted by using oral contraceptives for EC. In Ghana, women of all ages are eligible to receive EC. However, emergency oral contraception should not be used in place of family planning methods. It should be used only in an emergency.

Examples of emergencies are:

- a woman has had unprotected intercourse against her will or has been forced to have sex (rape).
- a condom has broken.
- an IUD has come out of place.
- a woman has run out of oral contraceptives or has missed 2 or more progestin-only oral contraceptive pills, or is more than three weeks late for a DMPA injection and has had sex without using another family planning method.
- sex took place without contraception, and the woman wants to avoid pregnancy.

How does EC work?

Oral contraceptives for EC primarily work by suppressing the release of an egg from an ovary, although it is believed that they also work in other ways. As already mentioned, using oral contraceptives for EC does NOT disrupt an existing pregnancy.

What is EC's effectiveness?

The risk of pregnancy is only about 2% after taking EC pills. The chances of pregnancy are approximately four times greater when no emergency contraceptives are used.

When can EC pills be started?

Oral contraceptives for EC should be started as soon as possible within 72 hours of unprotected sex. The sooner they are started, the better they work in preventing pregnancy. Using OCs for EC after 72 hours after unprotected sex is ineffective in preventing pregnancy.

What are the side effects of EC pills?

Nausea and vomiting are possible side effects. These usually do not last more than 24 hours. In some cases your clients may experience irregular bleeding or spotting, menses a few days early or late, breast tenderness, headache, or dizziness.

How are these side effects managed?

To avoid nausea, the client should eat after taking the pills. If vomiting occurs within two hours of dose, repeat the dose. In cases of extreme vomiting, vaginal administration may be considered. Anti-emetics are not likely to be effective if given after the onset of nausea. Prophylactic anti-emetics may help reduce nausea in some women, but their impact is not great enough to warrant providing these to all EC clients.

EC regimens

Common brand names	Number of pills to swallow as soon as possible	Number of pills to swallow 12 hours later
Ovrette, Neogest, Norgel (progestin-only OCs of norgestrel 0.075 mg)	20	20
Norgestrel (progestin-only OCs of levonorgestrel 0.03 mg)	25	25
Secure	- 4	4
Lo-femenal, Lo/Ovral, Nordette, Microgynon (low-dose COCs, containing less than 50 micrograms of ethinyl estradiol plus levonorgestrel)	4	4
Eugyon 50, Femenal, Nordiol, Ovral (standard-dose COCs containing 50 micrograms of ethinyl estradiol plus levonorgestrel)	2	2

What else should I tell adolescent clients who come to me for EC?

1. Advise your client to return to you or to see another health care provider if her next period is quite different from the usual for her, especially if it:
 - is unusually light (possible pregnancy).
 - does not start within 4 weeks (possible pregnancy).
 - is unusually painful (possible ectopic pregnancy). Oral contraceptives for EC do not cause ectopic pregnancy.

2. Describe the symptoms of sexually transmitted diseases (you'll learn more about these in the 6th module). Alert her to watch for signs of unusual vaginal discharge or pain or burning on urination. Advise her to see a health care provider if any of these symptoms occur.

3. Plan continuing contraception and STD protection:

IF	THEN
she is likely to have sex again ...	urge her to start using an effective family planning method. Help her do so or plan to do so.
she does not start any other method immediately ...	give her condoms or spermicide to use at least until she chooses another ongoing method of family planning. ¹

¹ The Essentials of Contraceptive Technology: A Handbook for Clinic Staff, Hatcher et al, pp. 5-23 to 24.



Apply it now

Activity 4

A 15-year-old girl comes to you after having unprotected sex with her boyfriend. She has heard of EC and wants to know how she can avoid getting pregnant. What questions would you ask?

What other health messages would you give to this young woman?

Activity 5

A young bride has come to you for EC after forgetting to take her progestin-only pills for three days. She does not want to become pregnant right away. One hour after taking the first dose of 4 Secure she starts vomiting. How would you handle this case? What issues might you want to discuss with her after she finishes the treatment?

What is PAC?

PAC stands for postabortion care. PAC includes these three components:

- 1) emergency treatment of incomplete or spontaneous abortion and potentially life-threatening conditions related to incomplete or spontaneous abortion
- 2) postabortion FP services
- 3) assistance gaining access to other RH and social services as needed

You will learn more about these three components later in the section.

Why is it important for adolescents to receive PAC services?

It is important for all clients who need PAC to receive quality services. Adolescents need these services as much or more than their adult counterparts. Adolescents are very likely to seek to end unintended pregnancies with abortion, and unsafe abortions often produce complications that are life threatening or that can jeopardise future reproductive ability. Spontaneous abortions, too, can be incomplete and require medical attention.

In providing PAC services to your adolescent clients you will help to:

- prevent maternal mortality and morbidity from unsafe abortion.
- reduce maternal mortality from unsafe abortion in your community.
- improve the health of women by offering an essential obstetric function to treat the complications of abortion, both spontaneous and unsafely induced abortions.
- reduce unwanted pregnancies through postabortion FP.
- support improved overall RH by helping women have access to existing RH services.
- provide an opportunity for educating clients and your community about postabortion services available to them.

What opportunities does PAC present?

As you provide PAC services, you can create an opportunity to provide other FP/RH services and IEC activities. After she is feeling better, a woman who has received PAC services is likely to be very receptive to learning about ways to prevent another similar experience. As you provide PAC services, you can encourage her to return to your clinic to talk about RH and FP methods. When she returns, you can use this same opportunity to counsel her about EC and about how to avoid STDs and HIV/AIDS.

How would you identify an adolescent client who needs PAC services?

You have probably already had the experience of identifying adult clients in need of PAC when they have come to you for other RH services. You may already be familiar with the fact that clients don't necessarily know or reveal that the complications of abortion are what has brought them to you. Often you must "discover" incomplete or unsafe abortion as the reason for the client's visit.

Any of the following symptoms may indicate an abortion:

- a missed period
- vaginal bleeding after a late period or a vaginal haemorrhage
- vaginal infection
- cramping or lower abdominal pain
- passage of pregnancy tissue
- unexplained fever, chills

Examination is required to determine the stage of abortion.

The following are signs and symptoms of incomplete abortion complications:

- signs of oral poisoning (nausea, vomiting, blood by mouth, throat burning, abdominal pain)
- signs of shock: fast, weak pulse; low blood pressure; paleness; sweatiness; rapid breathing; unconsciousness; confusion
- signs of severe vaginal bleeding: heavy, bright red vaginal bleeding with or without clots; blood-soaked pads; paleness, dizziness or fainting
- signs of intra-abdominal injury (e.g., perforated uterus or injury to the bowel): distended abdomen; decreased bowel sounds; hard abdomen; rebound tenderness; nausea; shoulder pain; fever; abdominal pain
- signs of infection: fever; foul-smelling vaginal discharge; lower abdominal tenderness; mucopus from the cervical os; cervical motion tenderness on bimanual examination; history of previous unsafe abortion or miscarriage; lower abdominal pain; prolonged bleeding; general discomfort

If the signs and symptoms suggest that PAC is needed, you will need to perform a complete clinical assessment for PAC. Please refer to *Complete Clinical Assessment* at the back of this module.

PAC treatment depends on the stage of abortion which can be determined by history, signs, symptoms and examinations. In most maternity homes you will be able to treat for threatened abortion by prescribing bed rest and observing for signs of resolution (bleeding slows or stops, cramping stops) or progression to inevitable or incomplete abortion (increased bleeding, cervical dilation, passage of tissue). In the case of the latter, referral may be necessary.

How do I handle referrals of adolescent clients who need more PAC services than I can provide?

Referral of an adolescent for PAC must be prompt but may be complicated because of the need to involve parents. Make sure that you explain to your client the need for the referral and the dangers involved if she does not seek further medical assistance. You may need to act as an intermediary with the parents while at the same time ensuring confidentiality to your client.

As with all patients you will need to:

- 1) Refer promptly.
- 2) Have standing arrangements for referral and transport with previously identified health facilities and transportation means.
- 3) Stabilise the client for referral by managing airway, respiration and circulation; controlling bleeding; providing intravenous fluid replacement when necessary and managing pain.
- 4) Prepare the woman for transport, keeping her warm and her feet elevated, and having someone accompany her.
- 5) Send a case summary along with the client including the immediate and past history of her condition, her physical condition, the actions taken so far and other relevant information.
- 6) Ask for feedback and/or invite the client to come back to see you after she is better (or inform relative of your wish to see the client).

What must I do to provide PAC services for adolescent clients?

Any woman or girl of reproductive age may seek help for a spontaneous abortion, and any woman or girl of reproductive age may have an unwanted, unplanned, mistimed or problem pregnancy leading to unsafe abortion. When you know or suspect that an adolescent has come to you because of complications from a spontaneous or unsafe abortion, remember to use what you have learned about counselling and CPI to establish interpersonal communication with her. This will help you to get the information you need to treat her effectively.

Remember that:

- women seeking PAC will often be stressed, anxious, afraid, in pain.
- many may not want to talk about their condition.
- some may have waited a long time or travelled a great distance to find help.
- some may be in serious physical condition.
- the effect of abortion complications on each individual woman will depend on her unique personal needs and her psychological and social situation.

What more do I need to know about providing PAC services for adolescents?

From a technical perspective, providing PAC services for adolescents is like providing PAC services for your adult clients. You will follow GRMA protocols as you assess, treat, and refer. However, for adolescents you will also want to use your knowledge of their special characteristics and needs and the counselling skills you have been developing.

As you interact with an adolescent who has come to you for PAC services, remember to:

- be respectful, supportive, empathetic, non-judgmental, and adopt a health care point of view.
- preserve confidentiality before, during and after examinations and treatment.
- obtain consent for needed medical treatment if the woman is able to give it.
- ensure privacy.
- express concern appropriately.

Be sure to give her information about:

- how you can help her or, if you cannot, who can.
- her overall physical condition.
- the results of her physical and pelvic examinations and any laboratory tests.
- the time frame for treatment.
- the reason for referral and transport if this is required.
- the procedures to be used as well as the risks and benefits.

Don't forget to allow her to talk about her individual situation and needs, and listen to her concerns. Here are some ways you can do this:

- Express concern for her situation, physical condition, and feelings.
- Ask her if she wanted to be pregnant.
- Ask if she is feeling stressed or in pain.
- Ask if there someone with her or someone at home who can be supportive.
- Ask if her partner is with her or would she like to have him (or a friend or family member) with her.

Remember to reassure her that, in most cases, future fertility is not at risk if she receives appropriate PAC.

How can I integrate PAC with other RH services?

Sometimes when you are providing other FP/RH services and education for adolescents, you may also discover the need to address abortion-related health care.

The following situations may uncover the need for PAC-related services:

- after education of clients on the availability of PAC services.
- during medical history-taking (FP, prenatal, other).
- during physical/pelvic exam.
- during a health care talk or informal conversation.
- at a FP follow-up appointment.
- when an adolescent girl seeks help for rape, incest, domestic violence.
- when an adolescent girl seeks emergency contraceptive (EC) services.
- when an adolescent girl seeks advice for a contraceptive failure.
- when an adolescent girl seeks advice because she suspects she might be pregnant.
- when an adolescent girl seeks advice about an unwanted pregnancy.
- when an adolescent girl seeks advice or care for bleeding during pregnancy.
- when an adolescent girl seeks treatment for injury.
- when an adolescent girl seeks treatment for complications following her postabortion treatment.
- when an adolescent girl seeks screening and treatment for STDs, including HIV/AIDS.
- when an adolescent girl comes to you with an unrelated health care problem.

In many of these situations, you may need to be alert to the possible connections between what the adolescent girl says or does not say to you, her health care problem or request, and the possible need for postabortion care. It may take sensitive counselling skills to help the adolescent girl talk about her situation and provide the PAC services and/or referrals for other RH and social services that she needs. Providing PAC creates an opportunity to counsel adolescent clients about FP methods, EC, and how to protect themselves from STDs and HIV/AIDS.



Apply it now

Activity 6

A 16-year-old girl comes to you with vaginal bleeding. She has 2 pads and some clots wrapped in cloth. Her last menstrual period was 10 weeks ago. She is having painful contractions. You suspect incomplete abortion. What will you look for?

Activity 7

Adolescents need to know that fertility returns almost immediately after an abortion. An adolescent client must decide whether or not she wants to become pregnant soon. What FP information will you give her?

Paired learner meeting

The meeting with your learning partner is an opportunity for you to talk about what you have learned and the activities you have performed in the module. Use this time to discuss the self-directed learning process and to review what you have learned, your questions, your experiences and anything you might not agree with. Also use this time to put your learning into practice.

Suggested time: 2-4 hours

1. Discuss with your partner the learning process to date

- What are you enjoying about the process?
- What difficulties are you having with the process?
- Are you able to find time to learn without being interrupted?
- What time management and planning strategies have worked for you?
- What time management and planning activities will you do differently with the next module?

2. Discuss the content

- What is the most important thing you have learned in this module?
- Is there anything you have found in this module that you disagree with?
- What in this module was review for you?
- Compare your responses on the self-assessments with your partner's responses.
- Share your completed activities with your partner. How were they similar or different?

3. Partner activities

1. Take turns with your partner playing the role of the midwife and the client. After conducting the role play, tick off which skills from the list were demonstrated by the partner playing the midwife on the Role Play Assessment Inventory on the next page. Discuss how the use of these skills affected how the "client" felt and the results of the role play. What were the positive points and the places for improvement for the midwife role?

Role play

Yaa, a young woman of 18 years of age comes to your clinic. She describes a spontaneous abortion that occurred one month ago. She does not want to become pregnant too soon but is worried about being able to have children in future. Demonstrate how you would counsel her.

Role play assessment inventory: Give your module to your learning partner. Ask her to use the inventory below to check off the skills that you demonstrate as you role play the midwife. Then switch roles so your learning partner plays the midwife. Use the inventory in your learning partner's module to note the skills she demonstrates as the two of you repeat the role play.

Skills	Skills observed
Communicates caring, interest and acceptance	
Pays attention to the client	
Asks about feelings	
Assures confidentiality	
Encourages client to talk	
Helps client identify decision areas or problems	
Lets client make the decision	
Asks about risks of STD/HIV	
Gives accurate, concise information requested by the client	
Able to summarise the discussion with the client	
Invites client to bring or send others	
Thanks client for coming	
Other:	

Summary

In this module you have continued to focus on the reproductive health needs of adolescents. These needs include family planning, emergency contraception, and postabortion care. Meeting these needs represents both a challenge and an opportunity to integrate FP/RH, EC, and PAC services and can help adolescents avoid unwanted pregnancies, the complications of unsafe or spontaneous abortion and STDs and HIV/AIDS. Providing the services that meet these needs in a caring, non-judgmental manner can also help you increase your clientele and improve the health of your community.

Practice applying skills on the job

This section is designed to help you apply your new knowledge and skills to your work site.

1. Choose at least two of the following suggested activities and complete them before your next peer review meeting. These activities are designed to help you apply your new knowledge and skills to your work site.
 - a. Explain the menstrual cycle to an adolescent who comes to your clinic or in a community or IEC situation. Be sure to check for understanding on the part of the client. Give her opportunities to ask questions.
 - b. Make a sign to post in your clinic to inform clients about EC. Include only the information that clients need to know.
 - c. Prepare a short explanation about how you would identify a client who needs PAC. If you have an assistant, ask her to listen to your explanation and give you feedback. If you do not have an assistant, find a friend or colleague to listen while you give your explanation and give you feedback.
2. Complete the Activity Plan for Applying Skills on-the-job that is found on the next page. This plan will help you identify the specific changes related to counselling adolescents that you can make in your maternity home. (See Module 1 for more complete instructions on how to prepare your activity plan.)

Adolescents

ACTIVITY PLAN FOR APPLYING SKILLS ON-THE-JOB
MODULE 5: PROVIDING FP, EC AND PAC SERVICES FOR ADOLESCENTS

1. Name of Provider: _____

2. Name of Maternity home/Work Site: _____

3. District and Region: _____

Specific Changes I Wish to Introduce at My Work Site	What Activities Will be Done to Effect the Change at My Work Site	Outcomes at the Work Site and/or Among the Clients as a Result of the Changes	Time Period for the Changes to Occur (from _____ to _____)	Comments

95-



Final assessment

This final assessment will help you review your learning and prepare you for your next meeting with your fellow learners. Look back over the answers you gave to the self-assessments in the module and correct them given the knowledge you have gained during the module.

Use the following questions to help yourself judge your level of mastery of the module's objectives. If there are areas in which you are still weak, review the corresponding sections of the module.

1. What is the relationship between the menstrual cycle and helping young clients choose FP methods?
2. How does EC contribute to ARH?
3. Who is eligible for EC?
4. How does EC work?

5. What is EC's effectiveness?

6. When can EC pills be started?

7. What are the side effects of EC pills?

8. How are these side effects managed?

9. What else should I tell adolescent clients who come to me for EC?

10. How would you identify an adolescent client who needs PAC services?

11. How do I handle referrals of adolescents who need more PAC services than I can provide?

12. What must I do to provide PAC services for adolescent clients?

13. What more do I need to know about providing PAC services for adolescents?

14. What is the relationship between PAC with other RH services?



Answer key for self-assessments and activities

This answer key is intended to be a guide. It may not reflect your exact response to each question.

Lesson 1 Self-Assessment

1. a. The FP/RH services you provide for adolescents can reduce the incidence of:
 - unwanted teenage pregnancy
 - unsafe abortion and its complications
 - STDs and HIV/AIDS infections
- b. Helping adolescent clients address their FP/RH needs will:
 - increase your clientele
 - increase your income
 - reduce medical emergencies
 - improve the health of the community
2. Girls and boys should know that intercourse can result in pregnancy—even the first time. They should know about how to protect themselves from unintended pregnancy, STDs and HIV/AIDS.
3. Young women do not need a complicated medical explanation of the menstrual, but they do need good, basic, accurate information about this normal function. Use a flip chart or poster that shows the female reproductive organs. Point out the organs as you describe way the egg is produced and the route it takes. You can explain about how long periods last, that periods may be irregular in the beginning, and when ovulation occurs. Be sure to include the role of the menstrual cycle in reproduction. You can provide more detailed information to older adolescents, and you could even use this opportunity to relate menstruation to family planning.

Activity 1

You can tell her that is common to have two periods in the same month if the first of the two occurs early in the month. You can use the opportunity to talk about the menstrual cycle. She may want to know about the length of the cycle, when ovulation typically occurs, and how long periods usually last. You may want to tell her that there is some variation in menstrual patterns.

Activity 2

Reassure her that spotting and nausea may occur during the first few months of starting any new oral FP method. Advise her to continue with the method. Schedule a return visit for when she has completed the third pack of pills. Encourage her to return to the clinic if she has more concerns about nausea or spotting.

Activity 3

ANSWERS	COLUMN A
E. Condoms	1. This barrier method may be of interest to adolescents because of its low cost and its effectiveness in protecting against STDs and HIV/AIDS.
A. Injectables, F. Hormonal FP methods	2. One main factor necessary for woman to become pregnant is ovulation. Some FP methods prevent ovulation.
B. Spermicides	3. May help prevent some STDs and conditions caused by STDs. Possibly some protection against HIV/AIDS but this is not proven.
A. Injectables, D. Norplant	4. Long term, yet reversible.
E. Condoms	5. Adolescents may need help in convincing their partners the necessity of using this FP method.
C. Withdrawal	6. This method is not very effective because some sperm fluid is secreted during sexual excitement.
A., B., C., D., F. All but condoms	7. Should not be used as the only method by clients with multiple partners because they do not protect against STDs and HIV/AIDS.

Lesson 2 Self-Assessment

- Emergency Contraception (EC) is the term applied to a number of methods used by women within a few hours or a few days following unprotected intercourse to prevent pregnancy. In Ghana, women of all ages can receive EC.
- EC should not replace regular family planning methods. Using a method with each act of intercourse decreases the likelihood of unintended pregnancy. EC does not protect against STDs and HIV/AIDS.
- Adolescents should know that EC is available to them, regardless of their age or marital status. No parental or spousal consent is required. They should also know that EC should not be considered a substitute for a regular, reliable FP method.
- Examples of emergencies are:
 - a woman has had unprotected intercourse against her will or has been forced to have sex (rape).
 - a condom has broken.
 - an IUD has come out of place.
 - a women has run out of oral contraceptives or has missed 2 or more progestin-only oral contraceptive pills, or is more than three weeks late for a DMPA injection and has had sex without using another family planning method.

- sex took place without contraception, and the woman wants to avoid pregnancy.

Activity 4

You should take a sexual and health history to help decide if she is a candidate. You will also need to refer to GRMA protocols. Be sure to get answers to these questions:

- Date of last normal menstrual period?
- Description of normal cycles (shortest, longest, most unusual)
- Probable day of ovulation?
- Days of this menstrual cycle on which all episodes of unprotected sex occurred?
- Number of hours since last episode (this cycle) of unprotected sex?
- Current FP method?

If it is likely that she is already pregnant, counsel her about the signs and symptoms of pregnancy and ask her to return to see you if she does not have a period within 1 month. If you decide EC pills are appropriate for her, tell her how to use them and advise her about side effects. In either case, you should also counsel her about the need to use a family planning method to prevent unintended pregnancy. Using your counselling skills, help her assess her risk for STDs and HIV/AIDS and tell her about how condoms can help prevent disease. You may want to demonstrate proper technique for putting on a condom and give her some condoms to take with her. You can also let her know you would be willing to counsel her boyfriend about condom use if he would like.

Activity 5

Because vomiting occurred within two hours of the dose, ask the client to repeat the dose. Advise her to eat after taking the pills to avoid nausea. Then encourage her to develop a plan for how to remember to take the pills that she will resume after EC. You can also encourage her consider another FP method that doesn't require her to remember to take it on a daily basis. Be sure to counsel her about how to protect herself from STDs and HIV/AIDS.

Lesson 3 Self-Assessment

1. PAC is postabortion care, medical treatment given following incomplete or complicated abortion. Abortion may have been spontaneous or induced.
2. PAC is important for adolescents because it can:
 - prevent maternal mortality and morbidity from unsafe abortion.
 - reduce maternal mortality from unsafe abortion in your community.
 - improve the health of women by offering an essential obstetric function to treat the complications of abortion, both spontaneous and unsafely induced abortions.
 - reduce unwanted pregnancies through postabortion FP.
 - support improved overall RH by helping women have access to existing RH services.

- provide an opportunity for educating clients and your community about postabortion services available to them.
3. The components of PAC services are:
- emergency treatment of incomplete or spontaneous abortion and potentially life-threatening conditions related to incomplete or spontaneous abortion.
 - postabortion FP services.
 - assistance gaining access to other RH and social services as needed.
4. The following are signs and symptoms of incomplete abortion complications:
- signs of oral poisoning (nausea, vomiting, blood by mouth, throat burning, abdominal pain)
 - signs of shock: fast, weak pulse; low blood pressure; paleness; sweatiness; rapid breathing; unconsciousness; confusion
 - signs of severe vaginal bleeding: heavy, bright red vaginal bleeding with or without clots; blood-soaked pads; paleness, dizziness or fainting
 - signs of intra-abdominal injury (e.g., perforated uterus or injury to the bowel): distended abdomen; decreased bowel sounds; hard abdomen; rebound tenderness; nausea; shoulder pain; fever; abdominal pain
 - signs of infection: fever; foul-smelling vaginal discharge; lower abdominal tenderness; mucopus from the cervical os; cervical motion tenderness on bimanual examination; history of previous unsafe abortion or miscarriage; lower abdominal pain; prolonged bleeding; general discomfort
5. When you provide PAC, you have an opportunity to counsel adolescent clients about RH/FP services, EC, and especially about how to protect themselves from STDs and HIV/AIDS.

Activity 6

Check for signs of shock. You already know the client has vaginal bleeding and pain. Check for intra-abdominal bleeding, infection or sepsis (using GRMA protocols). Check for the following as you perform a speculum and bimanual exam:

- In the speculum exam, check for bleeding, signs of trauma and infection.
- In the bimanual exam, check: the size of the uterus, comparing it with the clients reported time since her last menstrual period; the consistency (soft or firm) of the uterus; the position of the uterus; and the degree of openness of the cervix.
- If you see or feel tissue in the cervical os during either the speculum or bimanual exam, you should remove it.

Refer the client for other PAC services that you are not able to provide at your clinic. Ask her to return to see you when she is feeling better. At that time you can counsel her about how she can prevent unintended pregnancy in the future.

Activity 7

Help her talk about her plans (school? work? family?) and how these relate to her choice of an FP method. Give her simple, basic, and accurate information related to her needs so she can make a choice that is right for her. Counsel her about how to protect herself from STDs and HIV/AIDS. Demonstrate proper condom use and give her some condoms to take with her.

Final Assessment

1. Clients will be better able to choose and use an FP method if they have a basic understanding of ovulation and its place in the menstrual cycle. A simple explanation of the menstrual cycle makes it easier to explain (and easier for clients to understand) how FP methods work.
2. Providing EC for adolescent clients can:
 - reduce the incidence of unwanted teenage pregnancy
 - reduce the incidence of unsafe abortion and its complications
 - provide an opportunity for the adolescent to receive counselling for FP and other RH services
3. In Ghana, women of all ages are eligible for EC. Consent of parents or spouses is not needed.
4. Oral contraceptives for EC primarily work by suppressing the release of an egg from an ovary, although it is believed that they also work in other ways. Using oral contraceptives for EC does NOT disrupt an existing pregnancy.
5. After taking EC pills properly, the risk of pregnancy is only about 2%. (The chances of pregnancy are approximately four times greater when no emergency contraceptives are used.)

6. Oral contraceptives for EC should be started as soon as possible within 72 hours of unprotected sex. The sooner they are started, the better they work in preventing pregnancy. Using OCs for EC after 72 hours after unprotected sex is ineffective in preventing pregnancy.
7. Nausea and vomiting are possible side effects. These usually do not last more than 24 hours. In some cases your clients may experience irregular bleeding or spotting, menses a few days early or late, breast tenderness, headache, or dizziness.
8. To avoid nausea, the client should eat after taking the pills. If vomiting occurs within two hours of dose, repeat the dose. In cases of extreme vomiting, vaginal administration may be considered. Anti-emetics are not likely to be effective if given after the onset of nausea. Prophylactic anti-emetics may help reduce nausea in some women, but their impact is not great enough to warrant providing these to all EC clients.
9. Advise your client to return to you or to see another health care provider if her next period is quite different from the usual for her, especially if it:
 - is unusually light (possible pregnancy).
 - does not start within 4 weeks (possible pregnancy).
10. Any of the following symptoms may indicate an abortion:
 - a missed period
 - vaginal bleeding after a late period or a vaginal hemorrhage
 - vaginal infection
 - cramping or lower abdominal pain
 - passage of pregnancy tissue
 - unexplained fever, chills

Examination is required to determine the stage of abortion.

The following are signs and symptoms of incomplete abortion complications:

- signs of oral poisoning (nausea, vomiting, blood by mouth, throat burning, abdominal pain)
- signs of shock: fast, weak pulse; low blood pressure; paleness; sweatiness; rapid breathing; unconsciousness; confusion
- signs of severe vaginal bleeding: heavy, bright red vaginal bleeding with or without clots; blood-soaked pads; paleness, dizziness or fainting
- signs of intra-abdominal injury (e.g., perforated uterus or injury to the bowel): distended abdomen; decreased bowel sounds; hard abdomen; rebound tenderness; nausea; shoulder pain; fever; abdominal pain
- signs of infection: fever; foul-smelling vaginal discharge; lower abdominal tenderness; mucopus from the cervical os; cervical motion tenderness on bimanual examination; history of previous unsafe abortion or miscarriage; lower abdominal pain; prolonged bleeding; general discomfort

11. Referral of an adolescent for PAC must be prompt but may be complicated because of the need to involve parents. Make sure that you explain to your client the need for the referral and the dangers involved if she does not seek further medical assistance. You may need to act as an intermediary with the parents while at the same time ensuring confidentiality to your client.

As with all patients you will need to:

1. Refer promptly.
 2. Have standing arrangements for referral and transport with previously identified health facilities and transportation means.
 3. Stabilise the client for referral by managing airway, respiration and circulation; controlling bleeding; providing intravenous fluid replacement when necessary and managing pain.
 4. Prepare the woman for transport, keeping her warm and her feet elevated, and having someone accompany her.
 5. Send a case summary along with the client including the immediate and past history of her condition, her physical condition, the actions taken so far and other relevant information.
 6. Ask for feedback and/or invite the client to come back to see you after she is better (or inform relative of your wish to see the client).
12. Any woman or girl of reproductive age may seek help for a spontaneous abortion, and any woman or girl of reproductive age may have an unwanted, unplanned, mistimed or problem pregnancy leading to unsafe abortion. When you know or suspect that an adolescent has come to you because of complications from a spontaneous or unsafe abortion, remember to use what you have learned about counselling and CPI to establish interpersonal communication with her. This will help you to get the information you need to treat her effectively.
 13. Providing PAC services for adolescents is like providing PAC services for your adult clients. You will follow GRMA protocols as you assess, treat, and refer. However, for adolescents you will also want to use your knowledge of their special characteristics and needs and the counselling skills you have been developing.

As you interact with an adolescent who has come to you for PAC services, remember to:

- be respectful, supportive, empathetic, non-judgmental, and adopt a health care point of view.
 - preserve confidentiality before, during and after examinations and treatment.
 - obtain consent for needed medical treatment if the woman is able to give it.
 - ensure privacy.
 - express concern appropriately.
14. PAC services are part of an integrated approach to reproductive health. Providing PAC creates an opportunity to counsel adolescent clients about FP methods, EC, and how to protect themselves from STDs and HIV/AIDS. An adolescent may come to you as a client for the first time when she needs PAC services. If she receives the services she needs in a caring manner during this stressful time, she is very likely to return to you for future RH and FP services. You can build a relationship that will last for many years.

References

Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development, INTRAH, 1997

Private Maternity Home Assistant CBD Training Manual, Ghana Registered Midwives Association (GRMA), 1998.

Ghana Registered Midwives Association (GRMA) RH/FP/STD Curriculum.

Ghana Registered Midwives Association (GRMA): An Assessment of GRMA Private Sector Reproductive Health Service Providers (report), 1997.

Counselling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitator's Guide, World Health Organization, 1993.

Clinical Guidelines for Emergency Treatment of Abortion Complications, World Health Organization, 1994.

The Essentials of Contraceptive Technology: A Handbook for Clinic Staff, Hatcher, Rinehart, Blackburn, Geller, 1997.

Reproductive Health of Young Adults: Contraception, Pregnancy and Sexually Transmitted Diseases, Family Health International, 1997.

Evaluation of Module Five

GRMA and PRIME are in the process of testing the suitability of using Self Directed Learning for identified training needs. Your thoughts and observations on the SDL process and materials will be helpful. Please take a few minutes to fill out the evaluation below. You will be asked to turn it in at your next monthly meeting.

✓ Checklist: Tick the boxes that apply. If your answer is "no" please explain at the right.

YES	NO	OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>	I was able to complete Module Three in the allotted time.
<input type="checkbox"/>	<input type="checkbox"/>	The amount of content and length of activities is appropriate.
<input type="checkbox"/>	<input type="checkbox"/>	The content corresponds to the stated objectives.
<input type="checkbox"/>	<input type="checkbox"/>	The content is sequenced logically.
<input type="checkbox"/>	<input type="checkbox"/>	The content is stated simply and clearly and corresponds to my job responsibilities.
<input type="checkbox"/>	<input type="checkbox"/>	The text is legible, clear and easy-to-read.
<input type="checkbox"/>	<input type="checkbox"/>	The instructions are easy to follow.
<input type="checkbox"/>	<input type="checkbox"/>	The self-assessments help me identify my knowledge and skills gaps and help focus my attention on important information.
<input type="checkbox"/>	<input type="checkbox"/>	The suggested activities help reinforce learning.
<input type="checkbox"/>	<input type="checkbox"/>	The information and practice is adequate for having an effective meeting with my partner.
<input type="checkbox"/>	<input type="checkbox"/>	I was able to complete the module without assistance.
<input type="checkbox"/>	<input type="checkbox"/>	I had all the materials needed to complete the module.
<input type="checkbox"/>	<input type="checkbox"/>	I was able to receive all necessary help from my facilitator if/when I needed it.
<input type="checkbox"/>	<input type="checkbox"/>	I will apply my new knowledge and skills in my workplace.

What did you like best about the module? Explain.

Did you have any problems in completing the module that are not discussed above? Explain.

Please add any other comments or observations that you think would help improve the self-directed learning process or the materials that you have been provided.

Things I want to discuss when I see my facilitator are...

Things I want to discuss at the peer review meeting include...

Learner Accomplishments Form

Please complete this form by the end of each monthly peer review and submit it to your facilitator. The form has two purposes:

- to help you organize your learning activities each month
- to help GRMA and PRIME identify any problems that learners may be having with the self-directed learning process.

Please note that this form is anonymous to ensure your freedom to provide honest feedback on your activities. This form will not be used to evaluate your individual progress. Please record any additional comments in the "comments" column.

1. Date of Peer Review Meeting: _____
2. Region: _____
3. Which module(s) have you been working on to prepare for this meeting: _____

My accomplishments during the previous month			
	Yes	No	Comments
1. I have completed the module(s)			
2. I have prepared questions for the paired learning meeting			
3. I have attended the paired learning meeting for the previous module and have completed the related exercises			
4. I have received my facilitator's field visit			
5. I have discussed content and process with my facilitator during the visit			
6. I have brought questions for today's peer review meeting			
7. I had problems/difficulties with the module or the process. (Use space below to record major problems.)			
8. I have filled out the evaluation form for this module			
9. I have filled in and used my calendar			
10. I have filled in my Activity Plan			
11. I benefited from the facilitator's field visit			
12. I discussed my Activity Plan with my facilitator			

Please use the back of this page to record any problems or comments you have about the self-directed learning process, the modules, the content, or your responsibilities.

Suggested Reading

Complete Clinical Assessment