NZ COLLEGE OF SEXUAL & REPRODUCTIVE HEALTH

Jadelle subdermal implant insertion assessment

Trainee name: Trainee place of work:

Trainee profession: Trainee APC number:

This assessment tool contains the detailed steps that a service provider should follow in counselling and providing Jadelle implant insertions. The checklist is to be used to support the clinical credentialing of the trainee for the insertion of Jadelle implants.

Instructions for the Assessor

1. Always explain to the person what you are doing before beginning the assessment. Ask for the person's permission to observe.
2. Begin the assessment when the trainee greets the person.
3. Use the following rating scale:

   0 = Not observed: Step, task or skill not performed by the trainee during evaluation by the trainer.

   1 = Needs improvement. Step or task not performed correctly or is out of sequence (if necessary) or is omitted

   2 = Competently Performed. Step or task efficiently and correctly performed but participant does not progress from step to step efficiently

   3 = Proficiently Performed. Step or task efficiently performed in the proper sequence (if necessary).

4. Continue assessing the trainee throughout the time they are with the person, using the rating scale
5. Write specific comments when a task is not performed according to the standard.
6. Use the same checklist for 4 people.
7. When you have completed the observation, review the results with the trainee.
8. Advise certifying body whether a trainee has successfully met the requirements of the clinical supervision.

Trainee has completed the theoretical requirements and meets all prerequisites (please circle) Yes No

Training session number	**Case 1**	**Case 2**	**Case 3**	**Case 4**
Date of training session				
Implant insertion assessment criteria				
A safe and non-judgemental environment is supported.				
Trainee greets person and introduces themselves. **Trainee appropriately identifies person by name.** *Trainer ensures trainee is the correct person and explains the confidential nature of the patient conversation and procedure.*				
Trainee takes appropriate history. *History includes contraceptive history, menstrual history including LMP, recent sexual history (including considering the need for STI testing), medical history including medications, and allergies.*				
Trainee explains method, insertion, potential risks and complications, and ensures person's informed consent for procedure. *The procedure is explained. Expected side-effects and possible risks are explained, including irregular bleeding and its management. The person's written consent is confirmed.*				
Trainee identifies an appropriate insertion site. *Left or right arm is agreed with the person. The Site is marked on correct arm. Sulcus and superficial veins avoided where possible. Person is positioned to allow insertion posterior to sulcus.*				
Local anaesthetic use appropriate. *Lignocaine plain is used as recommended. The expiry date, suitable volume and placement are checked before infiltration. The person is asked whether anaesthesia is sufficient before making the incision.*				

Set up and maintain aseptic area. *Dressing pack use and handling of sterile pouches on opening is appropriate. Maintain asepsis with no-touch technique.*				
Trocar is used correctly to ensure placement of both rods. *The trainee uses the markings on the trocar to guide insertion, tents the skin, and releases the first rod before advancing trocar for insertion of second rod. Insertion technique is consistent with manufacturer's instructions.*				
Checks both rods are palpable.				
Closure of wound/use of appropriate dressings. *Steristrips and dressing with compression bandage are used.*				
Appropriate post-procedure instructions for wound care and follow up are given. *Standard wound care and contraceptive safety advice (i.e., depending on cycle day/prior contraceptive use, is given). The person is advised to return for wound concerns and/or side effects/bleeding problems. Local pathways are identified for removal. A removal/change date given.*				
All required documentation is completed and includes: • *written consent for procedure* • *anaesthetic used* • *batch numbers, expiry and removal dates* • *advice given and follow-up arrangements.*				
Equipment is compliant and managed according to infection control guidelines, including disposal of sharps.				
Device insertion funded by NZCSRH (tick if yes)				

Confirmation of competence achieved: (circle one) Competent Needs development plan

Development plan details:_____

Fast-track observation and sign-off only Y / N

Signature of assessor:_____ Signature of trainee:_____

Name of assessor:_____