Removal of Jadelle subdermal implants' assessment

Trainee name:	Trainee place of work and PHO:
Trainee profession:	Trainee APC number:

This assessment tool contains the detailed steps that a service provider should follow in counselling and providing Jadelle implant removals. The checklist is to be used to support the clinical credentialing of the trainee for the removal 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 out of sequence (if necessary) or is omitted
   2 = Competently Performed. Step or task efficiently and correctly performed in proper sequence (if necessary) 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 standards.
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 removal 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, medical history including medications, and allergies*.				
Trainee explains removal procedure and ensures person's consent.				
Trainee can identify placement of both rods before attempting removal. *Placement is confirmed. Trainee is reassured that abandoning removal, if appropriate when rods cannot be located, is not a negative reflection on them*.				
Local anaesthetic use appropriate. *Adrenaline is recommended for removals. 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 sterile field. *Dressing pack use and handling of sterile pouches on opening is appropriate. Maintain asepsis with no-touch technique*.				
Incision placement is appropriate for location of rods. *Was it an appropriate length (i.e., not too long or short)*				
Suitable instruments are used and handled correctly. *Was sterility maintained, curved and straight forceps used appropriately?*				

Both implants are removed whole and checked intact once removed.				
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 is provided (i.e., immediate return to fertility unless alternative contraception started). Folic acid is offered if planning conception. The person is advised to return for wound concerns.*				
All required documentation is completed and includes: • *written consent for procedure* • *anaesthetic used* • *batch numbers, expiry and removal dates* • *the advice given and follow-up arrangements.*				
Device removal funded by NZCSRH (tick if yes)				

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

Details of development plan:_____

Fast-track sign-off only Y / N

Signature of assessor:_____ Signature of trainee:_____

Name of assessor:_____