

Best Practices for Teaching IUD Counseling and Placement Skills

- Emphasize patient-centered counseling that focuses on patient priorities for contraception and respect for patient autonomy. [1]
- Teach routine use of evidence-based medical eligibility criteria to dispel contraceptive myths and assure patient access and safety. [2]
- Assure appropriate screening utilizing evidence-based medical eligibility criteria, exclusion of pregnancy, appropriate screening tests and back-up method as needed.
- Assure trainees (and their patients) know about non-contraceptive benefits, bleeding changes, and side effects of contraceptive methods.
- Teach that IUDs are highly effective for EC as well as ongoing contraception, with the importance of advanced anticipatory guidance, and same-day access showing each additional visit significantly decreases likelihood that patient will get method. [3]
- Empower staff to initiate counseling, prepare consent, and set up for IUD placement, which allows providers to focus on placement and facilitates same-day access.
- Invest in the beginning of client contact, establishing rapport with patients [4]. Use language aligned with trauma-informed care.
- Have trainees utilize “teach back” method answering patient questions and reinforcing understanding of key points such as risks, side effects including bleeding changes, method duration and removal upon request [5].
- Use a competency-based approach including model-work, proctoring, case-based learning, reference protocols (as needed) [6], and skills assessment with verbalization, demonstration, and sign-off with checklist [7].
- Teach evidence-based pain management skills, including breathing and relaxation techniques (consistent trauma-informed care), paracervical block (as needed), as well as lack of evidence for routine misoprostol.
- Introduce yourselves as a team, and initially lead the patient conversation, allowing a trainee to focus on new procedural skills.
- Teach pelvic exam skills that emphasize uterine angle, including intravaginal sweep to assess flexion. With trainees gaining pelvic exam skills, trainer and trainee should do a bimanual exam, to assure their assessment of uterine angle is similar, and they proceed with caution if not.
- A growing body of literature supports the use of simulation models in medical education [8, 9, 10]. Limited patient encounters, demands on training hours, and heightened focus on safety have all lead to the increasing use of models and simulated complication scenarios. Simulation can help learners with procedural comfort, safety, and complication management.

- Existing uterine simulation models include plastic disk IUD models, anatomic models, and fruit models, enabling trainees to practice pelvic exam, cervical anesthesia, dilation, IUD placement, or complication management. [11]
- Consider requiring comfort IUD models to refresh skills BEFORE each proctored insertion to maximize learning and success during procedures.
- Improve trainee IUD placement success as demonstrated in prospective intervention trial teaching paracervical block and dilation (4.8 odds after controlling for patient / provider characteristics; to be used only as needed). [12]
- The trainer may consider sounding initially with the learner then placing the IUD. Trainers may also place their hands-on learner hands as needed, and not hesitate stepping in if they feel concerned about patient comfort or safety using a signal for “trading places” such as a tap on the shoulder if the case becomes challenging. Also encourage trainees to ask for assistance if the procedure does not feel right (i.e. they feel resistance with dilation or instruments pass further than usual).
- Routinely include teaching enhanced skills for challenging insertion and removal, including appropriate traction on tenaculum, angling sound to mimic uterine flexion, as well as use of paracervical block, dilation, and ultrasound guidance as needed. [7]
- Reinforce skills for IUD removal including counseling for removal upon request, removal with visible strings, and simple techniques for removal with missing strings. [13]
- Emphasize that competent trainees can help scale IUD access in primary care environments by helping to proctor others with each skill gained, and becoming champions of access.

References:

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