

# EVALUATION OF THE SUBDERMAL IMPLANT TRAINING WORKSHOP

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## Chapter 1 Executive Summary

The single-rod subdermal implant is a new long-term reversible contraceptive that has been offered to the Filipino women since 2010. With its introduction, the Department of Health (DOH), together with the United Nations Population Fund (UNFPA) and the Family Planning Consortium, implemented a series of training workshops which aimed to train service providers on the use of the single-rod subdermal implant.

The present evaluation is conducted to determine if the training workshops have been effective in developing the capacity of the service providers with regards the use of the single-rod subdermal implant.

The primary stakeholders who will benefit from the findings of this evaluation are the DOH, UNFPA and the Family Planning Consortium. For the Family Planning Consortium, through this evaluation they will determine which aspects of the workshop will require improvement to maximize the value of the program. For the DOH and UNFPA, this evaluation will help them decide whether it is worth to continue funding the training workshops, and if indeed the training workshops contributed significantly to the success of the advanced implementation program.

This evaluation consists of review of records, surveys, individual interviews, focused group discussions, trained observer ratings and expert judgment, which looks into different aspects of the program: its context (target population), input (teaching methods used, resource availability), process

(implementation and its obstacles), and its product (objective realization, impact). The study is conducted from November 2013 until February 2014.

This evaluation has shown that the workshop has been effective so far in capacitating the service providers in the use of the single-rod subdermal implant. The teaching methods are effective. The facilitators are well-trained and adequately conduct the prescribed teaching methods. The resources are adequately provided. There was significant improvement in knowledge and skill of the service providers after the workshop. Their competency and confidence levels are recommendable. In general, the workshop had a favorable impact both on the service providers and the patients.

The single-rod subdermal implant training workshops may continuously be conducted in order to improve the family planning practice and options of the service providers and the patients, respective.

## **Chapter 2**

### **Introduction of the Report**

#### ***A. Purpose of the Evaluation***

This evaluation will evaluate the training workshops conducted by the Family Planning Consortium on single-rod subdermal implant.

As it has already been over a year since the first training workshop, it is important to determine if the training workshops have thus far been effective in ensuring the success of the Department of Health's (DOH's) advanced implementation program. This evaluation will determine if the training workshops have been effective in developing the capacity of the service providers with regards the use of the single-rod subdermal implant. The information that will be obtained from this evaluation may guide the Consortium in identifying aspects of the workshops that could be further improved.

On the part of the DOH and UNFPA, this evaluation will help them determine whether the training workshops indeed are able to contribute significantly to the success of the advanced implementation program. The evaluation will also help them decide whether it is worth to continue funding the training workshops.

#### ***B. Audiences for the Evaluation Report***

This evaluation is intended to provide its implementors – DOH, United Nations Population Fund (UNFPA) and the Family Consortium – information regarding the present performance of the training workshops (how they are conducted so far), as well as the current status of the trained service providers. This will in turn help the implementors determine if future endeavors are still worthwhile, and how they could improve on future training

workshops.

### ***C. Limitations of the Evaluation and Explanation of Disclaimers (if any)***

This evaluation has its limitations. One limitation is that the surveys will only be conducted among participants from November 2013 onwards. It may result in unequal representation of the participants, as it will be difficult to go back to all previous participants and ask them to answer the survey. This may impact on the results of the evaluation.

Another limitation is the availability of all the agency records that needs evaluation to complete this report. This is particularly true for the logbooks. Although participants and facilitators are encouraged to report any insight regarding the workshops, not everyone would put entries in the logbooks. As such, results would only depend on those reported incidents, and may not provide the complete data essential in the evaluation.

### ***D. Overview of Report Contents***

This report is divided into 7 chapters. Chapter 1 provides the readers with a summary of this evaluation: its objectives, the procedure, the results and the conclusion. Chapter 2 discusses the purpose of the evaluation and the intended audience of the evaluation. Chapter 3 gives a description of the single-rod subdermal implant training workshops, which is the object being evaluated. This chapter also provides the reader with the objectives of the evaluation, questions the evaluation hopes to answer, and the information needed to complete the evaluation. Chapter 4 discusses the different data collection tools used in this evaluation, and the procedure by which these data are collected, analyzed and interpreted. Chapter 5 provides the results of the evaluation, and discusses these results. Chapter 6 gives the conclusions and recommendations of the evaluator. Finally, chapter 7 is a list of appendices, including the evaluation matrix and sample data collection tools.

## Chapter 3 Focus of the Evaluation

### **A. *Description of the Evaluation Object***

The Department of Health (DOH), in cooperation with the United Nations Population Fund (UNFPA)-Philippines, introduced the single-rod subdermal implant, as an alternative for long-acting reversible contraception in the Philippines. This is in response to the reported unmet need (19.3%) in the country (defined by the World Health Organization [WHO] as the number of women who are fecund, sexually active and not desirous of additional pregnancy or want to delay pregnancy, but are not using any methods of contraception); added the fact that only 3.1% of women use intrauterine device (IUD), which is one of the most effective methods of long-term reversible contraception.

After the introduction of the single-rod subdermal implant in 2010, the Family Planning Consortium conducted a local study to demonstrate Philippine experience with the implant. With the observed high acceptance rate among women in the study, DOH initiated an advanced implementation program which aimed at expanding the choices of family planning methods among Filipino women, particularly offering the single-rod subdermal implant as an alternative to long-acting reversible contraception.

The Family Planning Consortium is responsible for conducting training workshops to ensure the success of DOH's advanced implementation program. The objectives of the training workshops are as follows:

- (1) to ensure that service providers involved in the advanced implementation program are:
  - a. capable of counseling clients on various family planning methods
  - b. knowledgeable on the technical specifications of the single-rod subdermal implant

- c. proficient in the procedures of implant insertion and removal
  - d. capable of recognizing and managing complications and side effects
  - e. capable of client monitoring and follow-up
- (2) to identify and prepare local trainers who will support future implant training activities

The training workshop is a 1-day workshop that uses competency-based approach to develop the participants' knowledge and skills. The activities of the training workshop are divided into 3 parts: (1) a lecture on the information on the single-rod subdermal implant, guidelines in patient counseling, and insertion and removal procedures, (2) simulation session, wherein the facilitators will initially demonstrate the insertion and removal of the single-rod subdermal implant to the participants using arms models and demonstration applicators, then allowing the participants to practice, and (3) actual insertions to patients. At the end of the workshop, the participants will be given a certificate of competency if they have completed 3 insertions. Subsequently, a certificate of proficiency will be given one they have completed 10 insertions.

The training workshops are conducted for most of the time at the Ortoll Primary Reproductive Care Center at the Philippine General Hospital. More recently, the training workshops expanded beyond Metro Manila and are conducted in different provinces in the Philippines. Demand generation (determining target areas to conduct the training program) is the primary responsibility of community health teams of the DOH. Each training workshop targets 30 participants, which consist primarily of obstetrician-gynecologists. However, general practitioners and intravenous (IV) therapy nurses are also allowed to attend the training workshops.

The first training workshop was conducted in May 4, 2011. It was a training of trainers workshop, in which identified obstetrician-gynecologists

from the Philippine General Hospital (PGH), Fabella Hospital and Jose Reyes Memorial Medical Center (JRMMC) were trained to be subsequent lectures and/or trainers. Subsequently, by March 2012, a series of training workshops were conducted to train service providers both in Metro Manila and different provinces in the country.

## ***B. Evaluative Questions or Objectives Used to Focus the Study***

As mentioned, this evaluation will evaluate the training workshop in terms of its context, input, process and product.

The evaluative questions are as follows: (See Appendix 1)

### *Context*

1. Is the workshop serving the right target group?
  - 1.1 Are the actual participants the intended participants?
  - 1.2 Is the target number of participants per workshop achieved?
  - 1.3 Are there obstacles in recruiting the participants for the workshop?

### *Input*

2. How appropriate are the teaching methods/tools/aids used with regards the intended outcome?
3. How are the facilitators prepared for the training workshop?
  - 3.1 Did all the facilitators undergo training of trainers workshop?
4. Is the provision of resources adequate in the effective implementation of the program?

### *Process*

5. How well is the program implemented?
  - 5.1 How well do the facilitators implement the intended teaching methods?
  - 5.2 Are there adjustments made in the implementation of the program?

6. Are there obstacles in the implementation of the program?
  - 6.1 Are there obstacles in the conduct of the intended teaching methods?

*Product*

7. To what extent are the objectives of the program achieved?
  - 7.1 How competent are the participants in the insertion of the implant?
  - 7.2 How confident are the participants in the insertion of the implant?
  - 7.3 Are there obstacles in meeting the objectives of the program?
8. How did the program impact on the society?
  - 8.1 How did the program impact on the family planning practice of the service providers?
  - 8.2 What is the level of acceptance of the implant among patients?

**C. Information Needed to Complete the Information**

Given these evaluation questions, the following information and sources are required in the completion of this evaluation: (See Appendix 1). *Information needed are enumerated to facilitate reading.*

To determine whether the workshop is serving the right target group – in terms of participant characteristics and number of attendees, it is important to know the

- (1) criteria for selection of participants, compare this with the characteristics of actual participants
- (2) number of expected/invited participants, compare this with the actual number of attendees

These are obtained by looking at the program manual for the criteria for selection of participants, and the information sheet of the actual participants and attendance sheet for the characteristics and number of actual participants.

The additional information of identifying

- (3) problems/obstacles in recruiting participants with the ideal characteristics and



number is obtained from the program organizers.

To determine the appropriateness of the teaching methods/tools/aids used in the workshop, information needed include:

- (4) list of the teaching methods/tools/aids used in the workshop

It is also important to have information on the

- (5) list of objectives, and their coverage in the teaching methods/tools/aids used

This information is obtained by looking at the workshop's instructional design and manual.

To determine whether the facilitators are adequately prepared for the workshop, it is need to look into the

- (6) selection criteria of trainers
- (7) certification/accreditation of trainers

This is obtained by looking at the workshop manual for the selection criteria, and the trainer's information sheet (particularly looking for evidence of certification/accreditation as trainers).

To determine adequacy of resources, it is important to look at the

- (8) list of materials used, and check if consistent with the list of materials needed
- (9) number of participants per arm model, determining whether the proportion allowed for maximum practice time per participant
- (10) number of patients assigned per participant, determining whether the number of patients recruited allowed each participant to insert at least 3 implants

These information is obtained by looking at the workshop inventory. Additional information is obtained from the participants' feedback.

Important information needed to answer questions regarding

adequacy of implementation of the workshop include list of the teaching methods/tools/aids, comparing the intended to those actually used by the facilitators (*listed as information #4*). This information is obtained by looking into the workshop manual. Information on

(11) adjustments made in the implementation process, and the reasons for these adjustments is obtained through evaluation of logbooks.

To determine if obstacles are encountered in the implementation of the workshop, information regarding

(12) problems encountered during the conduct of the intended teaching methods/tools/aids should be available. This information is primarily obtained from the facilitators. Additional information is obtained from logbooks.

To determine the extent to which the objectives of the workshop are achieved, it is important to know the workshop objectives, and their coverage in the activities (*Listed as information #5*). This information may be obtained from the workshop manual, the participants and facilitators. To assess the competency of the participants, it is important to know the participants'

(13) obtained knowledge regarding the implant

(14) mastery of the steps in the insertion of the implant

(15) skill in inserting the implant

Information sources include the pretest/posttest results, and demo-return demo evaluation forms. To determine if the participants are confident in the insertion process, it is important to assess the

(16) level of confidence of the participants during insertion

This information may be obtained from the participants. To determine if there are obstacles encountered in attaining the workshop objectives, a listing of the

(17) problems encountered in achieving the objectives

is obtained from facilitators and logbooks.

To evaluate the impact of the workshop to the participants, information regarding the

(18) number of implants inserted 1 year after attendance to the workshop

is needed. This information obtained from the patient information forms which the participants are expected to submit to the organizers. To evaluate the level of acceptance of the implant among patients, it is important to have information on

(19) percentage of patients offered the implant who actually underwent insertion

This information may be obtained from personal reports given by the participants.

## Evaluation Plan and Procedures

### ***A. Information Collection Plan; Design of Study***

Information collection starts in November 2013. Most of the information are collected by the evaluator. A few information are obtained with the help of experts and trained observers.

Information to determine if the workshop is serving the right target is obtained by looking at agency records (workshop manual, participant information sheet and attendance sheet). It is important that these records are made available to the evaluator. At the same time, the evaluator ensures that participant confidentiality is maintained as he reviews the records. Additional information on obstacles in targeting the right participants for the workshop is obtained by interviewing the organizers. The evaluator schedules interviews with the organizers starting December 2013.

Information to determine the appropriateness of the teaching methods in achieving the intended outcome requires evaluation of the workshop instructional design and manual by an expert. The expert conducts a content review of the instructional design and manual.

Information to determine if the facilitators are adequately prepared for the workshops is obtained by looking at agency records (workshop manual, trainer information sheet). The trainer information sheets are made available, which should include an attached proof of certification/accreditation as trainers. The evaluator ensures trainers confidentiality as he reviews the records.

Information to determine whether resources are adequately provided is obtained by looking at agency records. The workshop inventory is evaluated by the evaluator. Additional information is obtained by distributing

survey forms to the participants during the workshops. The conduct of the survey starts in November 2013.

To determine how well the workshop is implemented, trained observers observe at least 2 workshops and provide trained observer ratings. This procedure starts in December 2013. The information on adjustments made in the implementation of the workshop is obtained from agency records (logbooks). The logbook is provided by the evaluator, and the organizers, facilitators and participants are encouraged to freely write down any concerns they have with regards the conduct of the workshop. The evaluator then reads through the logbook to find information regarding adjustments made by the facilitators in the implementation of the workshop.

Information on the obstacles encountered in the conduct of the intended teaching methods is obtained by scheduling a focused group discussion (group meeting) with the facilitators. This is scheduled in December 2013. The logbook, as previously described, is also a useful tool for this information.

Information to determine the extent to which the workshop objectives are achieved, the evaluator will conduct a survey among participants, which survey is distributed during the workshops. The facilitators are also invited for a focused group discussion to get their point of view. Information on the competency of the participants is obtained through review of agency records (pretest/posttest, demonstration-return demonstration evaluation forms). Information on the confidence level of the participants during insertion of the implant is obtained through the survey described above. Information on the obstacles in meeting the objectives of the workshop is obtained through the focused group discussion described above. The evaluator also reviews the logbook for any additional information.

Information on the impact of the workshop on the family planning

practices of the service provider is obtained by looking at agency records for the submitted patient information sheets. Additional information is obtained through individual interview of the participants. Information on the impact of the workshop to the patients is also obtained through interview of the participants. The interview is conducted in January 2014.

## ***B. Overview of Evaluation Instruments***

This evaluation utilizes 6 methods of data collection, namely, use of agency records, expert judgment, trained observer ratings, surveys, individual interviews, and focused group discussions.

Use of agency records is one important data collection tool used in this evaluation. Identified agency records and their utilization include:

- (1) Workshop manual – this provides information on the criteria for selection of participants and facilitators
- (2) Participant information sheet, attendance sheet – this determines whether the workshop is serving the right target group, i.e. whether the actual characteristics and number of participants for each session approximates that of the intended
- (3) Facilitator information sheet – this determines whether the facilitators are qualified for their assigned roles
- (4) Workshop inventory – this determines whether the provision of resources for the workshop is adequate
- (5) Logbooks – this is used to check for adjustments made in the implementation of the workshop, and to check for reported obstacles in the meeting the objectives of the program and, specifically in the conduct of the teaching methods
- (6) Pretest/posttest, demonstration-return demonstration evaluation forms – this determines the competency of the participants
- (7) Patient information forms submitted per participant – this

determines the impact of the workshop to the family planning practice of the participant, i.e. determines the number of completed insertions by the participant after his attendance in the workshop.

Expert judgment is used in determining the appropriateness of the chosen teaching methods with regards the intended outcome.

Trained observer rating is used to determine how well the facilitators implemented the intended teaching methods.

The participants are requested to answer a survey, which will include questions that will explore (1) the adequacy of the resources provided during the workshop, (2) extent to which the objectives of the workshop are achieved, and (3) the confidence level of the participants during insertion of the implant.

Individual interview of the organizers is conducted to identify presence of obstacles in recruiting participants for the workshop. Individual interview of the participants is conducted to determine the impact of the workshop on the family planning practice of the participant, and the level of acceptance of the implant among patients.

Focused group discussions involving facilitators is conducted to (1) identify the obstacles in the conduct of the teaching methods, (2) determine the extent to which the objectives of the workshop are achieved, and (3) identify obstacles in achieving the objectives of the workshop.

### ***C. Overview of Data Analysis and Interpretation***

Interpretation of the collected data is primarily qualitative in nature. Descriptive analysis is in the form of description of mean, averages and percentages. Narrative description of results and content analysis with the objective of answering the evaluative questions are also used. The working hypotheses (or the working criteria) are compared with the observed results. Explanations are attempted should there a discrepancy between the observed results and the working criteria.

In comparing the pretest with posttest results, the T test is used to determine if there is a difference in results, and if the difference is significant. This is the only part in the analysis which is quantitative in nature.



## Chapter 5 Presentation of Evaluation Results

### A. Summary of Evaluation Findings (Dummy Tables and Figures)

Out of 400 participants who attended the workshops (total of 10 workshops evaluated) from March 2012 to February 2014, 80% (320 participants) are obstetrician-gynecologists, 8% (32 participants) are general practitioners, and another 8% (32 participants) are IV therapy nurses. There are 16 midwives (4%) who attended the workshops. (Figure 1)

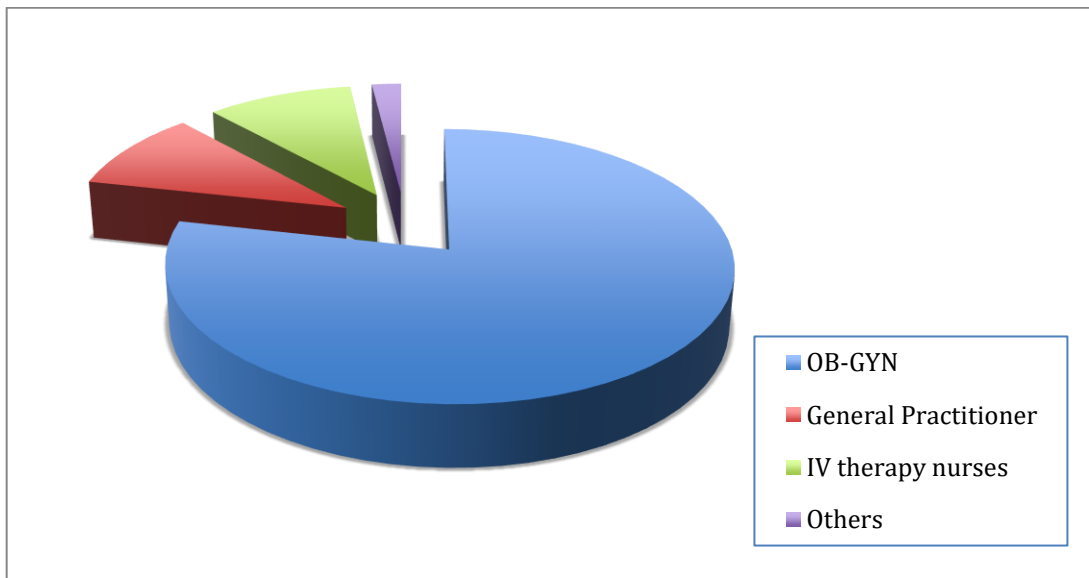


Figure 1. Characteristics (Profession) of Participants

In the evaluated workshops, the mean attendance rate is 90% (Table 1). Identified obstacles in recruiting participants include logistics, etc. etc.

Table 1. Attendance Rate of Workshops

WORKSHOP NO.	NO. OF INVITED PARTICIPANTS	NO. OF ACTUAL PARTICIPANTS	PERCENTAGE
1			
2			
3			
4			
5			
6			
7			

Based on the evaluation of the expert (see Appendix C.1: Expert Evaluation Report), the teaching tools used in the workshops appropriately address all the objectives of the workshop.

The workshop has 8 facilitators so far. All these facilitators are obstetrician-gynecologists who underwent training of trainers (Table 2)

Table 2. Characteristics of Facilitators

FACILITATOR'S ID NO	PROFESSION	WITH TRAINING
AVD	OB-GYN	Yes
LBC	OB-GYN	Yes
RMM	OB-GYN	Yes
ASE	OB-GYN	Yes

The workshop organizers are able to provide all the resources needed in the conduct of the workshop. On the average, 5 participants are assigned to 1 arm model, and majority (95%) agree that this proportion provides adequate opportunity for them to practice insertion of the implant. At the end of the workshop, the average number of insertions done by participants on actual patients is 3 (see Appendix C.2: Summary of Survey Answers)

Based on trained observer ratings (see Appendix C.3: Trained Observer Report), the facilitators were able to adequately conduct the prescribed teaching methods. There were minimal obstacles in the conduct of the prescribed teaching methods, which included etc. etc. These obstacles were addressed through the following adjustments: (1) etc. etc., (2) etc. etc.

Both the participants and facilitators agree that all the objectives of the workshop were achieved (see Appendix C.2: Summary of Survey Answers). There was a statistically significant difference in the test results from the pretest to the posttest (*p value* < 0.05). The average rating of the participants during the demonstration-return demonstration is 4/5. The average rating the participants would give regarding their confidence level is

4/5. (Table 3) Identified obstacles in meeting the objectives of the program include etc. etc.

Table 3. Test Result Evaluation

	Score/Rating	<i>P</i> value
Average grade of pretest	6, range: 5-8	0.02
Average grade of posttest	9, range: 7-10	
Average rating	4, range 3-5	

Among the participants interviewed (n=50), 90% (45 participants) completed 10 insertions within 6 months from the time of attendance in the workshop (Figure 2). The reasons for noncompletion at the prescribed period of time include etc. etc. On the average 80% of the patients offered the implant are agreeable to insertion after proper counseling of the participants (See Appendix C.2: Summary of Survey Answers).

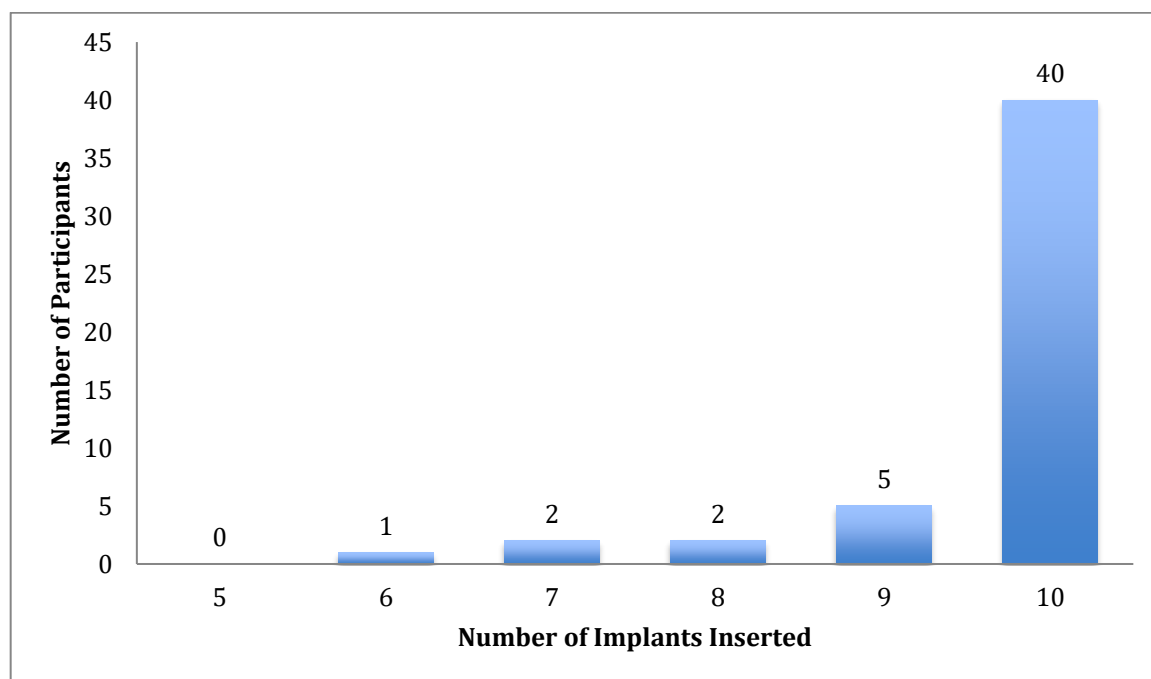


Figure 2. Number of Implants Inserted Within 6 Months

## ***B. Interpretation of Evaluation Findings***

Based on the above results, the workshop has been effective so far in capacitating the service providers in the use of the single-rod subdermal implant. The intended participants are achieved in 90%, with 90% attendance rate.

The teaching methods appropriately reflect the objectives of the workshop, and the facilitators, who are all qualified trainers, are able to adequately conduct the prescribed teaching methods. There are minimal obstacles to the conduct of the prescribed teaching methods, and the facilitators are able to efficiently apply adjustments.

The resources are adequately provided in the workshops. The 5:1 participant to arm model ratio provided the best opportunity for the participants to practice insertion. The workshop is able to provide adequate number of patients, as an average of 3 insertions are conducted per patient.

There is a significant difference in the pretest/posttest result, showing significant improvement in test results, reflecting the effectiveness of the teaching methods used. The participants consider themselves confident in the insertion of the implant after the workshop.

The workshop has increased the awareness both of the service providers and the patients about single rod subdermal implant. Most of the participants are able to complete 10 insertions within 6 months from the workshop, with 70% of their patients accepting the method after proper counseling.

## **Chapter 6**

### **Conclusions and Recommendations**

## Chapter 7 Appendices

### A. Detailed Tabulations or Analyses of Data

### B. Instruments and / or Detailed Procedures Used

SURVEY FORM					
<p><i>Dear participant. Please take a moment to complete this survey to let us know what you think of the single-rod subdermal implant training workshop. After you have completed the survey, please submit it to the secretariat. Your response is important to us. Rest assured, your responses will be kept strictly confidential.</i></p>					
<p>Name of Participant (optional): _____</p> <p>Profession: _____</p>					
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Did the workshop achieve the intended objectives?					
Are the teaching methods used appropriate for the objectives?					
Are all the materials needed provided?					
<p>How many were you in your group during the simulation test? _____</p>					
Did the proportion of the participants to the arm model in your group provided you maximum opportunity for practice?					
<p>How many insertions were you able to perform with actual patients? _____</p> <p>On a scale of 1-5, what is your confidence level after the workshop? _____</p> <p>Would you routinely offer the single-rod subdermal implant to your patients desirous of a family planning method? If yes, why?</p> <p>_____</p> <p>_____</p>					
<p>Would you have any suggestions on how to improve the workshop?</p> <p>_____</p> <p>_____</p>					