

Training in MVA using Papayas

Using papayas as uterine models to introduce medical students and residents to the Manual Vacuum Aspiration has proved to be an excellent teaching tool.

Instructions to group leader for Papaya Workshop



Equipment

The first step to a successful papaya workshop is collecting the necessary equipment and papayas. A store supplying the smaller “Hawaiian” or “Brazilian” papayas, as opposed to larger “Mexican” ones, should be located in advance, as the proper type may be hard to find. The papayas work best if they are somewhat ripe and not too green, but they do ripen quickly so don’t buy them too far in advance. Ideally, each

participant should have his/her own papaya, though in large groups two learners can usually share one.

MVA equipment sets can be shared by groups of four to ten students, depending on how many sets are available. At a minimum, each MVA set must include dilators, a #10 cannula with adaptor, and the aspirator. Depending on the resources available, the following equipment may be added to make the simulation more realistic: speculums, tenaculums, syringes, ring forceps, gauze, and emesis basins. Also useful to have on hand are cups or pitchers of water to rinse out cannulas that are clogged with seeds, and paper towels for clean-up.



The Workshop

A papaya workshop for students or residents should begin with an introduction to abortion care. One meaningful way to model compassionate abortion care to students is a role-play in options counseling. The role-play should demonstrate patient-centered counseling for a patient seeking an abortion – focusing on her decision between medication and aspiration abortion. Many students and residents are surprised that family medicine physicians can do abortions in primary care

settings, and others have only seen counseling in abortion clinics.

The role play scenario is attached. The scenario is flexible. If you are doing this for adolescent medicine physicians, you can have the patient be a teenager; if you are talking to physicians who care for the homeless, you can make the patient be a homeless woman. You can make the

point that women from all walks of life get abortions, and that your role-play is just one of many common scenarios.

Another way to do the role-play is just to ask for a volunteer from the audience to be the patient. You prep her that her preference should be for an aspiration procedure, so that you can end up spending a bit more time describing an MVA, since that is what you will demonstrate on the papaya, but otherwise she can just pretend to be a woman who needs an abortion and who knows nothing about the two options. At some point in the role-play, it works well to open the questions up to the audience, asking, "If you were the patient, what other questions would you have?" This assures that you have covered everything the group wants to know. If the questions begin to overwhelm the time you have allotted, you can ask the students to continue their questions in their small groups when they work on the papayas.



Next, it is helpful to demonstrate once for the whole group the way the aspiration procedure is done. During this demo, you can model the language that family physicians use to talk the patient through the procedure. You can also do a "bimanual exam" on the papaya, demonstrating to students what ante-verted and retro-verted positions of the uterus.

To prepare the papaya, you must pick the stem remains off. Be careful not to remove more than necessary or you may subsequently lose the seal around your cannula. The area under the stem is what you treat as the cervical os. If the papaya is still green and hard, it helps to roll it against the table to soften it, and thus allow the seeds to be aspirated. If you use a tenaculum in your demo, be sure to apply it horizontally so that it does not communicate with the "cervical canal" or you will lose suction. Dilate to a #10 and then use a #10 flexible cannula to aspirate the seeds. Learners often lose suction or find that the seeds get stuck. This is a chance to talk about troubleshooting the cannula and the aspirator and explaining that similar problems occur in reality.

For audiences with little clinical experience, such as first- and second-year medical students, it is important to remember that many have never observed a gynecologic exam, and may have no idea what the names of the instruments are, and what their uses might be. They don't know about uterine position that can be determined from a bimanual exam, so all of this needs to be explained both visually with the papaya and verbally as you demonstrate.

This workshop is a great opportunity to model language for the group. Explain to them when you use the betadine on the cervix that we don't want to say, "Now I'm cleaning your cervix," because that implies to patients that we think the vagina is dirty. It's better to say, "Now you will feel a wet solution on a scratchy gauze against your cervix" or "I am wiping with an antiseptic so that I don't allow any bacteria to enter your uterus."

If you are using the papaya workshop to teach residents prior to learning to do MVAs on patients, you may want to be more thorough with every step of the procedure, explaining no-touch technique, and having them handle each instrument repeatedly, emphasizing how to cock the aspirator, release the tenaculum, etc. In this instance, thorough practice on the papaya can advance competency with the instruments in a much less charged setting, rather than having the residents first learn on an actual patient.

Source:

[Papaya: A Simulation Model for Training in Uterine Aspiration](#)

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